Public Board Meeting

Thu 26 January 2023, 09:30 - 15:20

Agenda

09:30 - 09:32
2 min

1. Welcome & Introductions

Charles Janczewski

09:32 - 09:33
1 min

2. Apologies for Absence

Charles Janczewski

09:33 - 09:34
1 min

3. Declarations of Interest

Charles Janczewski

09:34 - 09:37
3 min

4. Minutes of the Board Meeting held on 24.11.22

Charles Janczewski

04 Public Board Minutes 24.11.22 TD CAJ.pdf (28 pages)

09:37 - 09:40
3 min

5. Action Log – 24.11.22

Charles Janczewski

05 Action Log Public Board.pdf (2 pages)

09:40 - 12:20
160 min

6. Items for Review and Assurance

6.1. Patient Story – Jude's Story (15 minutes)

Jason Roberts

6.2. Chair's Report & Chair's Action taken since last meeting. (10 minutes)

Charles Janczewski

6.2 Chair's Report to Board.pdf (9 pages)

6.3. Chief Executive Report (15 minutes)

Suzanne Rankin

6.3 CE Report to Board Jan 23.pdf (5 pages)
6.3a Appendix 1.pdf (4 pages)
6.3b Appendix 2.pdf (2 pages)

Saunders,Natalie
23/01/2023 12:30:29

6.4. Board Assurance Framework (10 minutes)

Nicola Foreman

- 6.4 BAF Jan 2023 - Covering report.pdf (3 pages)
- 6.4a Board Assurance Framework - January 2023.pdf (58 pages)

6.5. Chairs' reports from Committees of the Board:

Susan Elsmore / Rhian Thomas / Mike Jones / Michael Imperato

1. *QSE – 29 November and 10 January (including ratification of Concerns, Complaints, Claims Policy (UHB 332))*
2. *Finance – 14 December and 18 January 2023*
3. *Health & Safety – 17 January 2023*
4. *Strategy and Delivery – 24 January 2023*

- 6.5.1a QSE Chair's Report (Nov and Jan mtg) cp.pdf (5 pages)
- 6.5.1a Concerns, Complaints, Claims Policy.pdf (51 pages)
- 6.5.1b Concerns, Complaints, Claims Policy EHIA.pdf (24 pages)
- 6.5.3 H&S Chair's Report (Jan meeting).pdf (3 pages)

6.6. Integrated Performance Report: (45 minutes)

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

Population Health

Quality & Safety

Workforce (People)

Operational Performance *(to include Neurodevelopment Update & Stroke Update)*

Finance

- 6.6 C&V Integrated Performance Report January 2023.pdf (32 pages)

6.7. Break for Refreshment (15 minutes)

6.8. Maternity Services Update (15 minutes)

Jason Roberts

- 6.8 Maternity Update 20220111.pdf (3 pages)

6.9. IMTP/Annual Plan (15 minutes)

Abigail Harris

i) Quarter 3 Current position

Documents embedded within Appendix 1 have been published separately under the Supporting Documents section of the (Website/Admin Control).

- 6.9 Board IMTP Q3 assurance paper Jan 2023 v1.pdf (3 pages)
- 6.9a Appendix 1 IMTP QTR3 summary_master.pdf (20 pages)
- 6.9b Appendix 2 22-23 IMTP Baseline.pdf (18 pages)

6.10. Planning Update (10 minutes)

Abigail Harris

- 6.10 Planning Update.pdf (6 pages)

Saunders Nathan 23/01/2023 12:30:3

12:20 - 13:50
90 min

7. Items for Approval / Ratification

7.1. Director of Public Health Annual Report (20 minutes)

Fiona Kinghorn

- 7.1 DPH Report 2021 Board Paper.pdf (3 pages)
- 7.1a FINAL DPH Report Value Based Approach Presentation (1).pdf (13 pages)
- 7.1b DIRECTOR OF PUBLIC HEALTH REPORT 2021 v1 FINAL.pdf (49 pages)

7.2. Welsh Government Addendum to SFIs – Framework Contracts (5 minutes)

Nicola Foreman

- 7.2 Cover report for Addendum to SFI's.pdf (2 pages)
- 7.2a Letter to LHBs and NHS Trusts re Addendum to SFIs - 07.11.2022.pdf (2 pages)

7.3. Break for Lunch at 12.45pm (30 minutes)

7.4. Audit and Assurance Arrangements (10 minutes)

Nicola Foreman

- 7.4 Assurance and Audit Arrangements January 2023.pdf (9 pages)

7.5. Board Champions (10 minutes)

Nicola Foreman

- 7.5 Board Champion - cover report.pdf (2 pages)
- 7.5a BOARD LEADS & CHAMPIONS updated January 23 Appendix 1.pdf (2 pages)
- 7.5b Board Champions Role Description - Appendix 2.pdf (2 pages)

7.6. Committee / Governance Group Minutes:

Nicola Foreman

7.6.1 Finance Committee – 19.10.22 & 16.11.22

7.6.2 Quality, Safety & Experience Committee – 29.11.22

7.6.3 Local Partnership Forum –

7.6.4 EASC Minutes – 8.11.22

7.6.5 Stakeholder Reference Group – 4.10.22

- 7.6.1a Finance Minutes 19.10.22.pdf (9 pages)
- 7.6.1b Finance Minutes 16.11.22.pdf (12 pages)
- 7.6.2 QSE Minutes 29.11.22.pdf (11 pages)
- 7.6.4a Confirmed minutes EASC 8 Nov 2022 English.pdf (16 pages)
- 7.6.4b Confirmed minutes EASC 8 Nov 2022 Cymraeg.pdf (17 pages)
- 7.6.5 SRG Minutes 04.10.22.pdf (5 pages)

13:50 - 14:50
60 min

8. Items for Noting and Information to Report

8.1. MMEW/Healthy Weight in Children (10 minutes)

Fiona Kinghorn

- 8.1 UHB Board paper Healthy weight in Children.pdf (5 pages)

8.2. Corporate Risk Register (10 minutes)

Saunders,Nathan
23/01/2023 12:30:a

Nicola Foreman

- 8.2 Corporate Risk Register Update - November 2022.pdf (4 pages)
- 8.2a Corporate Risk Register January 2023 - Board Summary.pdf (2 pages)

8.3. Annual Consultations Summary (10 minutes)

Nicola Foreman

8.3 Annual Consulatations Update.NF.pdf (3 pages)
8.3a - Appendix 1 - Consultations Summary - Consultations Allocated for Comment.pdf (3 pages)
8.3b - Appendix 2 - Consultations Summary - NICE Consultations Allocated for Comment.pdf (3 pages)

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

Nicola Foreman

8.4.1 Stakeholder Reference Group - November 2022

8.4.2 EASC – 6.12.22

8.4.1 SRG Chairs Report November 22.pdf (3 pages)
8.4.2 Chair's EASC Summary from 6 December 2022 final.pdf (6 pages)

8.5. Break for Refreshments (15 minutes)

14:50 - 15:20
30 min

9. Items for Review and Assurance

9.1. WHSSC Annual Report at 2.50pm (30 minutes)

Charles Janczewski / Sian Lewis

9.1 WHSSC CAV Jan 2023 (FV).pdf (12 pages)

15:20 - 15:20
0 min

10. Agenda for Private Board Meeting:

i) Approval of Private Board minutes

ii) Approval of Private Committee minutes

iii) Inpatient Suicides

iv) New Velindre Cancer Centre Update

15:20 - 15:20
0 min

11. Any Other Business

Charles Janczewski

15:20 - 15:20
0 min

12. Review of the meeting

Charles Janczewski

15:20 - 15:20
0 min

13. Date and time of next meeting:

Thursday 30 March 2023 – Barry Hospital - Mary Lennox Room

15:20 - 15:20
0 min

14. Declaration

Charles Janczewski

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

Saunders,Nathan
23/01/2023 12:38:29

Unconfirmed Draft Minutes of the Public Board Meeting
Held On 24 November 2022
Barry Hospital
9.30am – 4.15pm

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Ceri Phillips	CP	University Health Board Vice Chair
Gary Baxter	GB	Independent Member – University
Paul Bostock	PB	Chief Operating Officer
Vanessa Davies	VD	Head of Reviews – Health Inspectorate Wales
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
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
David Thomas	DT	Director of Digital Health & Intelligence
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance
In attendance:		
Ayla Cosh	AC	Clinical Director - Cardiff and Vale Health Inclusion Service
Malcolm Latham	ML	South Glamorgan Community Health Council Chair
Mitchell Jones	MJ	Equality, Diversity, Inclusion and Welsh Language Senior Manager
Suzanne Wood	SW	Consultant in Public Health Medicine
Observers:		
Joanne Brandon	JB	Director of Communications
Tim Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Janet???		
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Stephen Allen	SA	Chief Officer South Glamorgan Community Health Council
Sam Austin	SA	Stakeholder Reference Group Chair -Llamau
Lance Carver	LC	Director of Social Services – Vale of Glamorgan Council
Susan Elsmore	SE	Independent Member – Local Authority
Mike Jones	MJ	Independent Member – Trade Union

Saunders,Nathan
23/01/2023 12:30:29

Item No	Agenda Item	Action
UHB 22/11/001	**Welcome & Introductions** The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 22/11/002	**Apologies for Absence** Apologies for absences were noted.	
UHB 22/11/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) declared an interest as an elected member of the General Medical Council.	
UHB 22/11/004	**Minutes of the Meeting Held on:** The minutes from the Board meeting held on 29 September 2022 were received. **The Board resolved that:** a) The minutes from the Board meeting held on 29 September 2022 were approved as a true and accurate record of the meeting.	
UHB 22/11/005	**Action Log** The Action Log was received. **The Board resolved that:** a) The Action Log was reviewed and noted.	
UHB 22/11/006	**Patient Story** The Patient Story was received entitled: Sheila's Story. This was in the form of a Poem written by Janet, Sheila's Daughter, who read it in person. The poem outlined the care received by Sheila at various locations within the Cardiff and Vale University Health Board (The Health Board) and their feelings towards the care, which at times had appeared negative. Upon conclusion of the poem, the UHB Chair thanked Janet for the item and noted how powerful it had been. The Executive Director of Therapies and Health Sciences (EDTHS) noted that had various factors outlined within the poem been addressed, Sheila may not have needed to stay in hospital. The Chief Operating Officer (COO) apologised for the experiences received by Sheila and Janet. He asked if the poem could be shared with the wider Organisation as it would be helpful to use it to illustrate necessary change. The Executive Medical Director (EMD) advised the Board that the lack of ownership following the events was not acceptable. The Chief Executive Officer (CEO) added that the poem would set the tone for the Board meeting where discussions would be held around performance. Janet concluded that the Organisation could acknowledge and learn from some of the points identified within the poem but she also recognised the challenges staff were facing. **The Board resolved that:**	

Saunders.Nathan
23/01/2023 12:00:29

	a) The Patient Story was noted	
UHB 22/11/007	**HIW Annual Report** The HIW Annual Report was received. The Head of Reviews – Health Inspectorate Wales (HRHIW) presented the Board with the Health Inspectorate Wales (HIW) annual findings for 2021-2022. It was noted that each year HIW published an annual report setting out its key findings from the regulation, inspection and review of healthcare services in Wales. The annual report also reports on how HIW carried out its functions and the number of inspections undertaken in each type of healthcare setting. The Board was advised that HIW saw a year of significant change in 2022 and had to adapt to ensure that they continued to check that the Welsh population were receiving good quality healthcare. It was noted that HIW had introduced new ways of working to ensure it discharged its statutory functions, whilst being as flexible and adaptable as possible to ensure undue burden was not added to a health system already under significant pressure. HIW had continued with a full range of assurance and inspection activities, whilst building on enhanced ways of working, to both act where standards were not met, and to also support a broader recovery of health and care services. The HRHIW advised the Board that for HIW to continue its work they had to: • Continue to discharge its statutory function; • Introduce a flexible and adaptable approach; • Reduce the burden on a system under significant pressure; • Considered the safety of their own staff; • Rapidly develop approaches to look at short- and long-term changes in healthcare provision. It was noted that in 2021 – 2022 HIW had completed 3 onsite inspections and had undertaken 14 quality checks within the Health Board. The Board were presented with an All Wales summary where it was identified that COVID-19 had continued to impact the way in which HIW inspected and sought assurance of NHS hospitals throughout 2021-2022, and that HIW had resumed all routine NHS onsite inspections following the move to alert level 0 in Wales. It was noted that HIW provided 24 hours' notice for inspections to 'green pathway' wards and areas, to enable arrangements for the HIW team to be present as safely as possible in an area where the flow of patients was carefully planned. HIW had continued to conduct unannounced inspections of clinical areas within unscheduled care areas where the patient flow and conditions seen were already unpredictable. The Board were presented with the key themes identified by HIW in secondary care across Wales which included: • Significant and sustained pressure seen on emergency care providers from the high volume of patients, which impacted patient care. • A clear difference between scheduled and unscheduled care, with more unscheduled care areas requiring improvement. • Staff questionnaires indicated low morale. However, this did not appear to impact on the experience of patients who continued to tell HIW that staff were kind and compassionate. • Low compliance with staff mandatory training.	

Saunders,Nathan
23/01/2023 12:30:29

- Medicines management continued to be a concern for HIW.

The Board were advised that HIW had continued to use quality checks to seek assurance on the quality of care being provided by GP practices during 2021-2022 and had undertaken 25 checks of GP practices across health boards in Wales.

The key themes identified in General Practice across Wales were then presented which included:

- There had been evidence of practices sharing ideas and good practice.
- Change was implemented to ensure environments were safe and could be easily cleaned in response to the challenges of COVID-19.
- In some locations there was evidence of a lack of cleaning policies and full cleaning schedules.
- There was a lack of completed/up-to-date policies and risk assessments.

It was noted that due to COVID-19 risk levels, HIW conducted most of their dental practice assurance work remotely, and undertook nine onsite inspections where the level of risk to patient safety could not be explored remotely.

Positive findings were identified within dental and included:

- Efforts had been made to accommodate patients with additional needs.
- There was good consideration of bilingual requirements.
- There were effective COVID-19 procedures in place to reduce the risks.

The HRHIW provided the Board with an overview of the HIW findings for the Health Board and noted that HIW worked to seek assurance on the safety and quality of the care within the health board with a mix of quality checks and onsite inspections.

She added that HIW considered themes and trends presented by concerns and whistleblowing reports and that they also monitored data sets and intelligence shared by the Health Board.

It was noted that during the 2021-2022 period, HIW had seen evidence of the Health Board working hard through difficult times to recover services following the pandemic and that the Health Board had been proactive in supporting its staff, with a plan in place to support their health and well-being.

The Board were advised of some of the areas of good practice which had been identified by HIW and included:

- The Health Board proactively supported staff with their health and wellbeing following tireless working through the pandemic.
- The health board responded quickly and constructively to the issues identified.
- There had been good engagement with executive team members.

It was noted that some areas for improvement had also been identified and these included:

- Work required on the infrastructure, environment and processes to manage the increase in demand for services exacerbated by the pandemic.
- The continuing need to improve Child and Adolescent Mental Health Services (CAMHS).

Saunders,Nathan
23/01/2023 12:30:29

The HRHIW provided the Board with themes that had been identified during the 14 HIW quality checks and 3 onsite inspections which included:

- Dental:
  - Policies & Procedures not updated or not in place.
  - Training records & Mandatory training needed improvement.

	- Fire risk assessments & fire safety training not completed. • General Practice: - Infection, Prevention & Control (IPC) & Environment risk assessments not completed - Cleaning policy & procedures not in place • Mental Health Inspection: - 'Sleeping out' occurred on other wards - Staffing issues with skill mix per shift - Environmental repairs needed • Hospital Inspection: - Storage facilities needed to prevent clutter/ trip hazards - Displaying of Putting Things Right (PTR) information required - Safe storage of Control of Substances Hazardous to Health (COSSH) - Ensure Medication charts are completed fully - Mandatory training compliance - Appraisal compliance The Board were presented with the future priorities for HIW and it was noted that 2022 had seen the introduction of HIW's new strategy and specifically included a focus on driving and strengthening engagement, improving and modernising ways of working and understanding communities better in relation to equality, diversity and inclusion. The UHB Chair thanked the HRHIW and noted that the Health Board appreciated all of the work undertaken by HIW and outlined that it was positive to see that changes were made once identified. The Executive Director of People and Culture (EDPC) advised the Board that the launch of the people and culture plan had put a focus on mandatory training and so improvements should occur over the coming months. The HRHIW responded that it had been inevitable that mandatory training would suffer due to the COVID-19 pandemic and noted that it was positive to hear that plans were being put into place for improvement. The Executive Director of Public Health (EDPH) highlighted the equality, diversity and inclusion part of HIW's scope and noted that the Health Board were developing an approach for some of the more vulnerable groups which could be shared with the HRHIW outside of the meeting. The HRHIW responded that it was an important area and that from the stakeholder group being implemented, it showed good understanding from people with a diverse background. The IMTS asked what the relationship between HIW and the Health Board was like and asked if there was anything that could be improved upon. The HRHIW responded that HIW had a very good relationship with the Health Board and noted that even with the changing of leadership in areas, it had been a seamless approach and that the relationship with the new END and EMD was excellent. **The Board resolved that:** a) The HIW Annual Report was noted. Saunders,Nathan 23/01/2023 12:30:29	
UHB 22/11/008	**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 and that the first item to note was the incredible work being undertaken by all staff across the Health Board during one of the most challenging periods in its history. He thanked the staff for the superb job they were doing. The Board was advised that the second item to be received was around the All Wales Therapeutics and Toxicology Centre (AWTTC). It was noted that the AWTTC provided a portfolio of prescribing services all of which supported prescribers to make the best use of medicines to help patients in Wales be healthier and better-informed. The UHB Chair advised the Board that AWTTC was a multi-disciplinary team and the workforce included scientists, pharmacists, pharmacy technicians, clinical pharmacologists, health economists, medical writers and administration/IT support with that team coming together to deliver a work programme which aimed to ensure that the right patient gets the right medicines at the right time. It was noted that the All Wales Medicines Strategy Group (AWMSG) 20th anniversary conference was held at the Cardiff City Stadium the week prior to the Board meeting. The Board was advised that the third item to be received was the fixing of the Common Seal/Chair's Action and other signed documents. **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 22/11/009	**Chief Executive Report** The Chief Executive Report was received. The CEO advised the Board that the report consisted of 6 areas for noting: • Maternity Services • Critical Care • Cancer Services • Stroke Services • Planned Care • Digital Strategy She added that she would take the report as read and noted that in each of the areas there was a wide range of issues which would be highlighted. **Maternity Services:** The Board was advised that the recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022 and that becoming compliant with the Ockenden requirements brought opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving British Association of Perinatal Medicine (BAPM) compliance in the Neo-Natal Unit. The CEO added that the report detailed 89 recommendations and upon publication of the report the Health Board had conducted an immediate self-assessment of the service against the Ockenden Report requirements.	

Saunders.Nathan 23/01/2023 12:36:29

It was noted that the self-assessment concluded that 45 of the requirements were already met by the Health Board, 27 partially met and 17 not met at all with the recommendations that the Health Board currently failed to meet being grouped into 3 categories:

- Patient safety,
- Quality and experience,
- Training and workforce.

The CEO advised the Board that in addition to the inability to meet the full range of Ockenden report requirements the Health Board was subject to sustained pressure across the Obstetrics and Maternity care system which had led to a worsening patient experience and in some instance's outcomes, along with a high level of incident reporting.

She added that high levels of incident reporting were not necessarily of concern since high reporting rates could be indicative of an open and transparent learning culture. However, those reported incidents required close inspection.

It was noted that the service had also seen implementation of additional and evolving NICE standards which the Health Board believed had led to an increase in instrumental deliveries which come with additional risks in terms of the input of those deliveries and the additional resource requirements.

It was noted that community Home Birth Services and the Maternity Led Unit had closed to manage demand and staffing challenges which had caused an adverse impact on team morale, well-being and potentially retention.

The Board was advised that assurance could be provided to the Board that immediate actions had been undertaken to stabilise the situation and improve the oversight and governance.

The CEO added that absolute assurance could not be provided that all of the concerns raised were being managed robustly and sustainably and so the Board would receive continued reports on maternity services when appropriate.

She concluded that subsequent to the CEO report being published, HIW had undertaken an unannounced visit to inspect the maternity unit and that further detail would be outlined in the private session of the Board meeting as the formal report had not yet been received.

Critical Care:

The CEO advised the Board that there was a slightly different challenge in Critical Care as there were no capacity challenges to report.

She added that whilst looking at the level of demand, both through tertiary and secondary care, it was anticipated that there was a shortfall in the region of around 15 beds which was supported by a range of external opinions.

It was noted that it brought a number of challenges which included:

- The sustained flow across the Organisation and the implementation of new technologies such as the extracorporeal membrane oxygenation (ECMO) service
- Delayed admission and discharge from critical care leading to poor patient experience and potentially outcomes
- Adverse impact on the wider hospital system including the Emergency Unit, theatre flow and anaesthetics
- Poor staff morale and retention as a consequence of the sustained pressures in the system.

Saunders,Nathan
23/01/2023 12:30:2

The CEO noted that the risks were being managed and would need to be watched closely. The work implemented regionally by Welsh Government (WG) would need to be continued to put the Health Board on a more sustainable footing, including an operational delivery

network that would better enable the Health Board to transfer Critical Care patients around Wales or across the border.

She concluded on Critical Care, that assurance could be provided that issues would be mitigated.

Cancer Services and Planned Care:

The CEO advised the Board that the issues were escalating around the mismatch between demand and capacity.

She added that, fundamentally, the issues had elevated because the Health Board would not be able to meet the ministerial priorities set in terms of the 52 week waits.

It was noted that the Health Boards current position against the 52 week and 104-week objectives was monitored via weekly Planned Care Performance meetings and reported to stakeholders in daily/weekly 'hot' reports.

The CEO concluded that an Elective Care Delivery Group reviewed the suite of metrics monthly, and there were also monthly meetings with the Delivery Unit. She noted that the current controls and mitigations for cancer services were comprehensively described in the BAF report.

Stroke services:

The CEO advised the Board that the issues had been escalated because the Health Board had looked at a snap data set that looked at the outcomes of stroke, time taken to CT, time taken to a dedicated stroke bed and therapy input and that the Health Board were not achieving good quality outcomes from that data.

She added that whilst capacity was a challenge a lot of the issues identified were around clinical leadership, ownership and process of pathway management.

It was noted that a number of the issues had been mitigated with the establishment of the Stroke Operational Group and the operational position which was reported into the Medicine Clinical Board monthly.

It was noted that a dedicated Service Manager for Stroke was recruited in July 2022 and a dedicated Clinical Director for Stroke Services was appointed in October 2022 along with an out of hours Consultant Nurse Specialist.

Digital Strategy:

The CEO advised the Board that there was a risk that the strategy and roadmap would not be implemented, due to a lack of resources which had resulted in a significant deficit in digital infrastructure, applications and informatics capability.

The UHB Chair advised the Board that the Independent Member – Local Authority (IMLA) had sent in a question which asked, given the intervention of HIW in relation to Maternity Services, could the oversight group provide regular reports to the Quality, Safety and Experience (QSE) Committee.

The CEO responded that they absolutely could.

The Independent Member – Capital and Estates (IMCE) asked what activities were being undertaken to mitigate the risks identified within the digital strategy, particularly around existing infrastructure.

The CEO responded that a high level of discussion was being had around the digital strategy and noted that in order for the system change that was needed, it was critical to have the strategy as a focus point.

Saunders,Nathan
23/01/2023 12:30:09

	She added that there was a whole range of offerings coming from various avenues across WG and work could be done from the Health Board to check that it was taking advantage of all of those avenues. The Director of Digital Health & Intelligence (DDHI) responded that all Health Boards had been asked to submit a 10-year plan and that lobbying was ongoing to WG in order for the Health Board to deliver the aspirations it required. The IMCE asked if there were funds in place to ensure continuity if things went wrong, for example, the network collapsed. The DDHI responded that he could not guarantee the funding but noted that work was being undertaken alongside the Executive Director of Finance (EDF) to make the long-term financial plan. The Independent Member – Legal (IML) noted that he had not been fully assured by the maternity piece and asked how the Board and in particular the Independent Members could keep track of the issues. The CEO responded that routine governance would happen and reports would be provided to the QSE Committee. She added that information around maternity services could also be circulated monthly with the key issues being brought from the maternity services oversight group. The Independent Member – University (IMU) noted that it was appropriate to see that stroke issues had been escalated because earlier in 2022, the Board had received a robust stroke action plan but a decline had been observed in the position. He asked what approach was being taken for protecting dedicated stroke beds. The COO responded that beds were protected and assurance could be provided that plans were in place, including as part of the Health Board's Winter Plan, to better protect SU bed capacity for stroke patients and to improve the availability of radiology support to the stroke pathway. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity described in the CEO report was noted.	
UHB 22/11/010	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The Director of Corporate Governance (DCG) advised the Board that she would take the paper as read and noted the top three risks which included: • Workforce • Patient Safety • Capital Assets The DCG advised the Board that changes to the BAF were identified and a significant change was in relation to the financial risk whilst noting that the Board would be receiving more detail in a later item. She added that at the previous Board meeting, members had requested that the risks be grouped and it was noted that this had occurred for the latest BAF report. It was noted that the top 7 risks were:	

Saunders,Nathan 23/01/2023 12:30:29

	• Patient Safety • Maternity • Critical Care • Workforce • Capital Assets • Finance • Digital The IMTS asked where the industrial action sat on the BAF as it could contribute to the workforce risk or the patient safety risk. The DCG responded that it was detailed in the workforce risk. The EDPC responded that further detail would be received by the Board later in the meeting. The UHB Chair advised the Board that the 15 risks needed to be looked at, and work undertaken to reduce the score and hopefully remove from the BAF. **The Board resolved that:** a) The 15 risks to the delivery of Strategic Objectives detailed on the BAF for November 2022 were reviewed and noted.	
UHB 22/11/011	**Chairs reports from Committees of the Board:** The Chairs Reports from the Committees of the Board detailed on the agenda were received and the following specific comments were highlighted by Chairs: • Digital Health & Intelligence Committee – The Chair of the Committee advised the Board that it was worth noting the increased breaches in Information Governance and Compliance. He added that the situation would be monitored and trends would be looked at. • Mental Health Legislation and Mental Capacity Act Committee – The Chair of the Committee advised the Board that it was worth noting the performance against the Mental Health Measure which was 100% which was remarkable. He added that thanks should be relayed to the Mental Health teams. • Strategy & Delivery Committee – The Chair of the Committee advised the Board that workforce was a big concern for the Committee and he drew the Boards attention to the paragraph in the Chairs Report that related to the Health & Safety Culture Plan. • Digital Health & Intelligence Committee – The Chair of the Committee advised the Board that work was ongoing to refresh the Digital Strategy and Roadmap and noted that the concern was the gap between the ambition of the Roadmap and the financial aspect of achieving the Roadmap. The UHB Chair thanked the Chairs of the Committees for their continued support. **The Board resolved that:** a) The Chairs' reports were noted.	
UHB 22/11/012	**Integrated Performance Report:** The Integrated Performance Report was received.	

Saunders,Nathan 23/01/2023 12:11:29

	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 since the submission of the report, some of the data had changed and noted that she would highlight the changes which included: Covid prevalence was now positive news because it was lower that at the time of writing the report. Seasonal flu was increasing and the season had started earlier than previous years. She added that the Public Health team were anxious about seasonal flu and noted that people should be encouraged to have the vaccine if eligible. It was noted that flu could be harmful to immunosuppressed people and pregnant people but also it could take a lot of the workforce out and so there were concerns on multiple fronts. Covid vaccine – the Health Board were tracking above the Welsh average. The Independent Member – Finance (IMF) asked if more information could be provided on the COVID-19 booster vaccine uptake. The EDPH responded that it was regularly discussed between the leadership groups of the Health Board and both Councils for Cardiff and the Vale. She added that there was a Public Health tactical group alongside council partners who monitored the situation. **Quality and Safety:** The Executive Nurse Director (END) advised the Board that the report outlined the performance around concerns. He added that a drop-in response time was noted in early Summer 2022 but that it had picked back up since. It was noted that Patient feedback remained positive on the whole around experience. The Board was advised that The CIVICA 'Once for Wales' software platform was being implemented which enabled Health Boards to collect and report on feedback. It was noted that this could be feedback from patients, staff or the wider public and that the initiative was currently being implemented across all Welsh Health Boards. The END advised the board that pressure damage remained one of the biggest concerns and that all cases continued to be validated as there were 2 Datix systems running alongside each other. It was noted that improvement had been seen in Nationally Reportable Incidents (NRIs). It was noted that the IPC position remained a concern for the Health Board with Cdiff, Ecoli, MRSA and MSSA infections showing no in-year improvement against the 2018/2019 baseline. The END advised the Board that the IPC position had been picked up by the Clinical Boards as part of the Clinical Board Reviews and that an improvement trajectory was expected as part of the review. The EMD concluded and advised the Board that the Health Board's mortality data was maturing and that within the report, the data was crude but offered valuable insight. She added that increased detail would be received by the QSE Committee at their next meeting and noted that in future Board meetings, an easy to read dashboard should be	

Saunders.Nathan
23/01/2023 12:30:29

provided which would also show trends and benchmarking against other Health Boards not just in Wales but across the UK.

Workforce: The Executive Director of People and Culture (EDPC) advised the Board that there were a large number of challenges in workforce, but noted that the work the teams were doing was immense.

She added that work had been undertaken in the Emergency Unit (EU) around culture and one of the key themes identified was that staff were still very passionate about the wellbeing of each other and patients.

It was noted that sickness absence rates remained high with the average monthly sickness rate for November being 6%, with the CD&T Clinical Board being the lowest at 4.25%, and the Medicine Clinical Board being the highest at 7.36%. However, in totality there was a downward trajectory.

The EDPC advised the Board that statutory and mandatory training was being reframed within the Organisation and noted that there had been a good output on face to face training in November 2022 and where fire safety had fallen in September, it had increased during November.

It was noted work was ongoing with standardising culture plans which could be taken through the Organisation. The Board was advised that work had started in the EU and work was being performed with the senior leadership team with a multi-professional workshop taking place in December 2022.

It was noted that the cost of living pressures being experienced by staff had been at the forefront of a lot of people's minds and that there would be People and Culture Roadshows in December to listen, support and signpost staff around the cost of living pressures as well as wellbeing, HR queries etc.

The UHB Chair advised the Board that the IMLA had sent in a question which asked, given the Values Based Appraisals (VBA) compliance rate was 41.81%, what actions were being undertaken to reach and exceed the targets required.

The EDPC responded that a lot of work was being done behind the scenes to raise the VBA compliance and noted that a detailed paper had been received by the Strategy & Delivery Committee which outlined all of the work being undertaken around VBA, how the training could be reframed to check with staff, and having conversations about careers.

She added that Clinical Boards had been challenged to improve the compliance with VBA to 65% by March 2023, then a further improvement to 85% by the end of June 2023.

The Independent Member – Community (IMC) asked what work and initiatives were being done to help staff around the cost of living crisis.

The Director of Communications (DC) responded that the Cardiff and Vale Health Charity (The Health Charity) had been working with lots of different partners in the Local Authority (LA) and third sector groups around financial support for staff and noted that if staff could access the application StaffConnect and the staff SharePoint site, there was a huge amount of information on areas that could help with those issues as well as a number of discounts offered to staff.

The IML asked what benchmarking could be used around VBA.

Saunders,Nathan
23/01/2023 12:30:49

The EDPC responded that benchmarking against other Health Boards in Wales would be received by the S&D Committee at their next meeting around VBA.

Operational: The COO advised the Board that system wide pressures had continued and that the Health Board were seeing access or response delays at a number of points across the health and social care system.

	He added that there were concerns with the overcrowded position and ambulatory holds as well as 12 hour waits and noted that patients who were medically fit for discharge remained high. The Board was advised that stroke performance was below the standards in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP) and a further update would be provided to the Board in the future via the integrated performance report. It was noted that the Health Board had adopted a zero-tolerance approach to patients waiting on the back of ambulances and numbers had come down considerably which had been down to sharing data with the Welsh Ambulance Service (WAST) and the wider system. The COO advised the Board that the cancer position was still difficult and remained significantly below the Single Cancer Pathway (SCP) standard. He added that there had been a small 2.7% improvement but that it was still markedly under the 75% standard. It was noted that there had been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit took place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions were required to reduce the delays experienced by patients. It was noted that demand for adult and children's Mental Health services remained significantly above pre-Covid levels and that significant work had been undertaken to improve access times to adult primary mental health and CAMHS services with confidence that those plans could be delivered. The COO concluded that a number of winter roadshows had taken place within the Health Board about what the plans were for winter. He added that 200 members of staff attended and that updates would be provided continually to staff to outline the Health Board's plans. **Finance:** The EDF advised the Board that she would take the paper as read and noted that the financial position had been superseded by the month 7, month end financial position which was subject to the finance committee's scrutiny the previous week. It was noted that the cumulative financial deficit for the Health Board was £15.43m against a forecast of £19.75m and that the planned deficit for the year as agreed in the plan was £17.1m plus the additional cost of the winter plan (approved by the Board) which would add £2.65m to make a revised forecast of a £19.75m deficit. It was noted that a detail financial update on the financial risks for the Heath Board would be provided later in the meeting. It was noted that a detailed financial update would be provided later on in the meeting. **The Board resolved that:** a) The contents of the report were noted.	**PB**
UHB 22/11/013	**IMTP/Annual Plan** The IMTP/Annual Plan was received i) Current Position ii) Development of IMTP	

Saunders,Nathan 13/11/2023 12:30:29

	The Executive Director of Planning & Strategy (EDSP) advised the Board that they had received the 2nd quarterly report and would take it as read. She added that Audit Wales had asked via a structured assessment for the Board to receive an overview of the IMTP/Annual Plan which provided a narrative around the broad arrangements. It was noted that the report intended to give a comprehensive overview of everything described in the IMTP/Annual Plan. **The Board resolved that:** a) The progress being made in delivery of the 22-23 plan as at quarter two was noted	
UHB 22/11/014	**Planning Update** The Planning Update was received. The EDSP advised the Board that the 2023/24 position would be included in the overarching planning update being provided. She added that the report showed the current positions in terms of the IMTP with key priorities identified. It was noted that 2 amendments were required within the report which included: • The planning team had received helpful feedback from the Public Health team on how to articulate the disease prevention work and how to frame it more positively around health improvement • The elevation of the Health Board's desire to have a priority of inclusion, equity and diversity which would be reflected strongly in the plan. The Board was advised that in relation to the South Wales Spinal Network – the funding for the network team had been approved by the WHSSC Management Team, and recruitment of the team has commenced. It was noted that a Memorandum of Understanding (MoU) had been developed that set out the responsibilities of the host, and the network and the responsibilities of the network member organisations in order that the service could perform to its maximum effectiveness. The EDSP concluded that within the report, there were mentions of: • The South Wales Spinal Network • The Hepato-Pancreatic-Biliary Service Model Project • Adult Specialised Endocrinology It was noted that those items related to tertiary services within Swansea Bay University Health Board (SBUHB). The UHB Chair noted that the planning team would aim towards a more formal template for the IMTP so that each Health Board in Wales would provide the same information for a consistent approach. **The Board resolved that:** a) The priority areas and process for developing the IMTP for '23 – '26 were endorsed. b) The progress with developing the next iteration of our longer-term strategy was noted.	

Saunders.Nathan 23/01/2023 12:30:29

	c) The approach being taken to progress service planning on a regional footprint, including the MOU being put in place between the partner organisations was noted and endorsed. d) The engagement on the PSB Wellbeing Plans were noted and any comments provided should be given to the EDSP. e) The Board agreed to receive the Area Plan and two Wellbeing Plans for approval at the Board meeting in March 2023	
UHB 22/11/015	**Decarbonisation Update** The Decarbonisation Update was received. The EDSP advised the Board that the Health Board had recently submitted its position in terms of its carbon footprint to WG. She added that there was a target to reduce the footprint 16% by 2025 and a further reduction of 34% by 2030. It was noted that the report received highlighted the work being undertaken to reduce the Health Board's carbon footprint and gave an indication of the work being undertaken after findings from Audit Wales were received. The IMC asked what the Health Board were doing to bring down the carbon footprint in relation to procurement. The EDSP responded that supply chain made up a significant portion of the work being undertaken within the Health Board and noted that more work was require with shared services to reduce the carbon footprint in procurement with one example being to try and move away from single use plastics. She added that a deep dive would be provided to the delivery group which would identify a range of improvements such as electric vehicles and others. **The Board resolved that:** a) The Health Board's estimate of carbon emissions was noted b) The key areas of progress the Health Board had made against its action plan for 2022/23 was noted c) It was noted that a new decarbonisation action plan was in the early stages of development which would form part of the next IMTP and that early thinking on what that would contain was presented in the paper. d) It was noted that there was no line of sight to the 2025 or 2030 targets and that radical action was needed to embed sustainability as a core responsibility and ensure delivery of the action plan.	
UHB 22/11/016	**Assurance Mapping** The Assurance Mapping report was received. The DCG advised the Board that 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. She added that a copy of the newly developed Strategy was recommended and approved by the Board at the September 2021 Board Meeting. It was noted that Internal Audit began an Advisory Review of the Strategy and the paper received outlined where the Health Board were with that review. The DCG advised the Board that recommendations had been made which included:	

Saunders,Nathan 23/01/2023 12:39:29

	• To consider reviewing and revising the Health Board's approach to the 'Three Lines of Defence' model, so that it aligned to external risk, governance and assurance models. • To consider reviewing and revising the current Assurance Map template, appended to the Assurance Strategy, so that the layout and content took a risk-based approach, which would assist in prioritising areas to take forward • To consider developing an action plan with actions, designated responsibility and timescales for implementation / review of the Assurance Strategy. The DCG concluded that the final assurance would be provide to the Board in March 2023 and a visual map would be provided to show the risks of the Organisation and where assurance could be provided. **The Board resolved that:** a) The progress made against the Advisory Recommendations made by Internal Audit was noted. b) The proposed action plan detailed in the report was approved c) It was agreed that a further Assurance Strategy update, to include an updated Assurance Strategy and Risk Management and Board Assurance Framework Strategy for approval, would be received by the Board following approval at the February 2023 Audit and Assurance Committee Meeting.	
UHB 22/11/017	**Corporate Meeting Schedule** The Corporate Meeting Schedule was received. The DCG advised the Board that the Corporate Meeting Schedule outlined the dates of each of the Board and Committees of the Board meetings and noted that approval was being sought with the caveat that changes were being made to Committee structures. **The Board resolved that:** a) The draft Corporate Meeting Schedule for 2023/24 was noted and approved with the additional caveat that changes were ongoing to the structures of some of the Committees of the Board.	
UHB 22/11/018	**The Stakeholder Reference Group (SRG) Vice Chair** The SRG Vice Chair information was received. The EDSP advised the Board that the Stakeholder Reference Group was very important to the Health Board as they were used to test out strategy and quality plans. She added that at the SRG meeting on 4 October 2022, the SRG had agreed that Board approval would be sought for the appointment of Sivagnanam Sivapalan as Vice Chair. **The Board resolved that:** a) The appointment of Sivagnanam Sivapalan as Vice Chair of the Stakeholder Reference Group was approved.	
UHB 22/11/019	**Tertiary Tower Long term solution – Business Case** The Tertiary Tower Long term solution – Business Case was received. The EDF advised the Board that the purpose of the report was to set out a summary of proposals and associated Capital and Revenue implications for the upgrade of the main electrical infrastructure within the Tertiary Tower Building on the University Hospital of Wales (UHW) site.	

Saunders.Nathan 23/01/2023 12:38:29

	She added that the Health Board had been asked by WG to upgrade the structure to make sure that the Health Board could manage if there were power outages. It was noted that the funding ask was for £2.286m. The IMCE advised the Board that the Business Case had been received and reviewed fully at the Finance Committee meeting the week prior to the Board meeting and that the Committee was happy to recommend the case to the Board for approval. The CEO asked if there was any added influence with WG as to how important the business case was for additional funding. The EDSP responded that WG were expecting the request from the Health Board. The EDF added that the funding of £2.286m was not a lot of money for the level of assurance that could be provided. The COO asked if there was a plan B if funding was not provided. The EDF responded that it was difficult to plan for that scenario but noted that the Health Board would need to look at discretionary capital if that were the case. **The Board resolved that:** a) The submission of the electrical infrastructure upgrade for the UHW Tertiary Tower – Business Justification Case to Welsh Government for capital funding support of £2.286m was approved. b) The awarding of the construction contract, subject to Welsh Government approval of the BJC, to Amberwell Engineering Services Ltd at a value of £1.647m (inclusive of VAT) under the terms and conditions of the NEC short form contract was approved. c) The appointment of Gleeds Management Services as the Project Manager, subject to Welsh Government approval of the BJC, at the cost of £50.435k (inclusive of VAT) under the terms and conditions of the SBS Framework was approved d) The appointment of Gleeds Cost Management as the Cost Advisor, subject to Welsh Government approval of the BJC, at the cost of £38.572k (inclusive of VAT) under the terms and conditions of the SBS Framework was approved. e) The Board approved that the Health Board would enter into the said contracts, subject to recommendations b, c & d being satisfied	
UHB 22/11/020	**UHW Vascular Hybrid Theatre & MTC Theatres – Business Case** The UHW Vascular Hybrid Theatre & MTC Theatres – Business Case was received. The EDSP advised the Board that this was a big capital business case against available All Wales funding. She added that the Board had approved business case for major trauma a long time ago. One of the standards in the business case was the requirement for a major trauma theatre which the Health Board currently lacks. It was noted that the business case being received by the Board would help to develop the major trauma theatre. The Board was advised the build would be expensive with a cost of £40m and that there would be very advanced equipment within the theatres.	

Saunders,Nathan 23/01/2023 12:30:29

	It was noted that the capital design had to incorporate required decarbonisation measures. It was noted that there was a small revenue consequence which was over and above the cost of delivery of service which would be split between WHSSC and the health boards for their share of the vascular hybrid theatre costs. The COO asked if the business was case was additionality. The EDSP responded that it was in addition to existing theatres and that the build of the new theatres would give back the space that was currently being used for alternative theatres. The EDF added that it would free up capacity in the existing theatres. The EMD noted that WG did want the vascular piece to succeed and there was a lot of scrutiny ongoing around that. The EDSP responded that WG had approved the outline business case which enabled the Health Board to move forward with the full business case. **The Board resolved that:** a) The contents of the full business case (FBC) were noted. b) the submission of the FBC to Welsh Government with a recommendation for approval to progress to the next stage - construction was approved c) The award of the contract to the Supply Chain Partner, Willmott Dixon Construction Ltd, subject to WG approval of the FBC, under the terms and conditions of the NEC Option 3 contract, as required by the Building for Wales Programme with an anticipated target cost of £28.075m (Inclusive of VAT) and a commencement date to be agreed was approved. d) The award of the contract to the Project Manager, Gleeds Management Services, subject to WG approval of the FBC, under the terms and conditions of the NEC Professional Services contract, as required by the Building for Wales Programme at a cost of £0.156m (Inclusive of VAT) and a commencement date to be agreed was approved. e) The award of the contract to the Cost Advisor, Gleeds Cost Management, subject to WG approval of the FBC, under the terms and conditions of the NEC Professional Services contract, as required by the Building for Wales Programme at a cost of £0.130m (Inclusive of VAT) and a commencement date to be agreed was approved. f) The appointment of an NEC Supervisor to be procured under the SBS Framework, subject to WG approval of the FBC, at a cost of £0.125m (Inclusive of VAT) and a commencement date to be agreed was approved g) It was approved that the Health Board would enter into the said contracts, subject to recommendation c, d, e & f being approved	
UHB 22/11/021	**Spinal Services ODN - MoU** The Spinal Services ODN – Memorandum of Understanding (MoU) was received. The EDSP advised the Board that the MoU was being received so that the Board could endorse it and showed the outcomes of the great work done between SBUHB and the Health Board. **The Board resolved that:** a) The Memorandum of Understanding was approved.	
UHB 22/11/022	**Tissue and Organ Donation Annual Report** The Tissue and Organ Donation Annual Report was received.	

Saunders Nathan 23/01/2023 12:39:29

	The EMD advised the Board that she would take the paper as read. She added that the Health Board had done extremely well in relation to how effective the transplant unit in Cardiff had been. The EMD concluded that it was a really positive report and that she was delighted for the Board to receive it. **The Board resolved that:** a) The Tissue and Organ Donation Annual Report was approved.	
UHB 22/11/023	**Welsh Language Annual Report** The Welsh Language Annual Report was received. The EDPC advised the Board that under standard 120 of the Welsh Language Standards, the Health Board were required to publish an annual Welsh Language Report that sets out organisational performance against the Standards and outlines the work undertaken in the Health Board around inclusion of the Welsh language. The Equality, Diversity, Inclusion and Welsh Language Senior Manager (EDIWLSM) presented to the Board in English and Welsh. He added that in compliance with the Standards, the Health Board's Welsh Language Report 2021 – 2022 was published in September 2022 and covered the period from 1st April 2021 to 31st March 2022. Highlights from the report were identified which included: • Meddwl Cymraeg – Think Welsh Campaign – The campaign was developed to support the embedding of the Welsh language into organisational culture with a number of events and promotional days bring organised as part of the campaign during 2021-2022. • The Welsh Language Translation Unit – It was noted that the unit continued to provide an effective translation service for the Health Board and that over the 2021-2022 period, the unit had translated over one million words, which included a wide range of documents for the Health Board's front-line areas. The EDIWLSM advised the Board that the Health Board would be required deliver on the Welsh language strategy through: • Improvement of the recruitment of staff with Welsh Language skills. • An increase in the number of Welsh speaking employees through development of skills. • The continuation of staff registration of Welsh Language skills on ESR. • Ensuring that provision of the Welsh language was considered when patients accessed care. • Ensuring that staff with Welsh Language skills were available to care for patients who preferred to speak Welsh because when a patient received care in their preferred language it provided better outcomes. He added that buy-in from the Clinical Boards would be key in implementing the plan and the Equality Strategy and Welsh Language Standards Group would seek assurances on progress made in those areas. The IMCE thanked the EDIWLSM for the annual report and noted that it was clearer and more concise than previous iterations. She asked how the data would be collected from staff with Welsh language skills.	

Saunders.Nathan 23/01/2023 12:30:29

	The EDIWLSM responded that from the moment people are recruited into the Health Board their skills can be captured and that over time the data should increase naturally. He added that the current gaps in data were from staff already employed by the Health Board. The CEO noted that being new to Welsh language herself, it was clear that the Health Board had much more work to do because beyond statutory meetings, Welsh language did not feature. The IMTS added that communications would be really important and noted that within the annual report it was highlighted that only 4 jobs posted required the essential skills of Welsh language. She added that surely for all front facing staff, some Welsh skills would be required and asked what "Welsh language" desirable meant on applications. The UHB responded that it almost felt like adding "Welsh language desirable" was part of a process and noted that all of the staff and the Board had to buy into it. **The Board resolved that:** a) The Welsh Language Report 2021 – 2022 was ratified. b) The work and support needed around Mwy na geiriau 2022-2027 was noted.	
UHB 22/11/024	**Nurse Staffing Act Report** The Nurse Staffing Act Report was received. The END advised the Board that the report featured twice yearly in line with the act. He added that the Health Board had undertaken its 6-monthly review across the whole of the Organisation and that the report provided the Board with a detailed summary of the nurse staffing level for wards to which section 25B pertained, which was agreed by the designated person in consultation with the Clinical Board teams. The UHB Chair noted that it appeared within the report that staffing in Mental Health had been sorted which had been an issue for some time. The END responded that it had been nuanced and the All Wales position had paused the Mental Health formal staffing part of the act whilst reviews were ongoing across Wales so that meant the Health Board were in a position to interpret the act to ensure that clinical areas were being skill mixed more appropriately given the recruitment and retention issues being anticipated. The EDF added that there were a couple of areas within the Organisation where the operational reality and funded establishment were different but noted that work was being undertaken to ensure those areas were fundamentally safe. **The Board resolved that:** a) The information contained within the Nurse Staffing Levels (Wales) 2016 Act Annual presentation, which was been produced using the All Wales reporting template was noted and approved.	
UHB 22/11/025	**FNC Rate** The FNC Rate was received. The END advised the Board that the paper was for noting and that he would take it as read.	

Saunders,Nathan 23/01/2025 12:30:29

	It was noted that Funded Nursing Care (FNC) was a payment that Health Boards paid for the nursing part of home care and care home care. It was noted that the guidance was now 18 years old and did not reflect the current national legislative and policy landscape and so WG have noted that a review would be set up. The Board was advised that Health Boards across Wales had initially approved the Inflationary Uplift Mechanism (IUM) to apply for a period of five years and then review but it was noted that the five-year period had ended with the 2018/19 calculation and so Health Boards approved a further extension to the IUM for a further 2 years. The END noted that anything extended past 2022/23 required Board approval which was the reason it was being received. **The Board resolved that:** a) The update provided was noted. b) The recommendation of the Finance Committee that the IUM be extended to 2022/23, and beyond was supported, thus providing the opportunity to respond to requirements in future financial years in a timely manner using a tried and tested methodology. It was noted that this would allow time for WG to formulate revised FNC Policy Guidance that may impact on the way the FNC rate was calculated in future; a review of the mechanism to set the rate that complies with any future policy requirement would then be necessary. c) The proposal that, should the anticipated updated policy guidance not be forthcoming, the IUM would be reviewed after three years to ensure it remains an appropriate mechanism to set the FNC rate was supported. d) The recommended uplift to the Health Boards component of the weekly FNC rate to £193.88, backdated to 1 April 2022 was approved.	
UHB 22/11/026	**Health Inclusion Health Needs Assessment** The Health Inclusion Health Needs Assessment was received. The Consultant in Public Health Medicine (CPHM) presented the Board with the Health Inclusion Health Needs Assessment. It was noted that Health Inclusion was about a research, service and policy agenda that aimed to prevent and redress health and social inequities amongst the most vulnerable and marginalised groups which included: • Vulnerable migrants, including asylum seekers and refugees • People engaged in sex work • People recently released from prison • People with experience of homelessness • Gypsy and Traveller communities It was noted that the reason Health Inclusion was important to the Board was because the vulnerable groups identified had markedly worse health outcomes and poor healthcare access and quality which included: • All-cause mortality was on average 12 times higher in men and 8 times higher in women for health excluded groups compared to the general population • The average age of death was 48 for men and 43 for women experiencing homelessness • Mortality was 6 times higher than expected for women during active sex work • Mortality was 20 times higher in the first year following prison release	

Saunders,Nathan
23/01/2023 12:30:29

- Over 6 months, the emergency department was used by people experiencing homelessness in Wales which cost £11 million more in healthcare costs than a general comparator group.

The CPHM advised the Board that to help redress the issues, the Health Board's Local Public Health Team had undertaken a Health Needs Assessment for health excluded populations.

It was noted that all of the data was collected and a gap analysis was performed from which an action plan was created.

It was noted that around 5000 to 7000 people within Cardiff and the Vale fit into the health excluded category and that their needs for support was identified in a number of areas which included:

- Housing
- Employment
- Income
- Community/Peer support
- Mental Health
- Dental Health
- Sexual Health
- Infectious Disease

The CPHM advised the Board that there were a number of key health barriers which had been identified when undertaking the assessment and what could be done to facilitate those barriers which included:

- Stigma and Discrimination – Staff friendliness
- Lack of trauma awareness – Case management
- Inflexible service models – Advocacy
- Lack of care continuity – Flexible care models
- Language and literacy barriers – Knowing of individual cases/histories
- Lack of dedicated strategies for inclusion health – Inclusion Health Plans.

The Board were presented with comments from various stakeholders which identified all of the areas that problems had been risen such as lack of communication and the inability to get appointments.

The CPHM noted that a number of key health priorities had been identified which included:

- The need for mental health care including substance misuse
- Dental care
- Complex case management
- Prevention/Care of Trauma and Adverse Childhood Events
- Improvement to access of services
- Flexible Care Models
- Inclusion Health Strategies
- Prevention
- Reduction of discrimination

It was noted that all of the data fed into a gap analysis as mentioned and a number of key themes were identified which needed to be worked on which included:

- There was limited leadership structures for inclusion health
- Inclusion Health was not included in regular reviews and assessments
- There was limited inclusion health in strategic plans such as the IMTP
- There was variable access to primary care services for health excluded patients
- There was difficulty accessing or engaging with mental health services for health excluded patients

Saunders,Nathan
23/01/2023 12:30:29

	The CPHM concluded that a number of recommendations had been received by the Board outlined in the papers and the leadership role needed to be taken further to address the needs of the excluded groups. The Clinical Director - Cardiff and Vale Health Inclusion Service (CDCAVHIS) advised the Board that from their point of view as a Clinician, the more time she spent working with the excluded groups, the more clear it became that a true partnership approach was required. She added that in terms of the model, there would be an ask of various Clinical Boards to deliver sessions where people could self-present or be referred by the third sector. It was noted that once the patients had the relevant access to services, the aim of the model would not be to keep those patients in hospitals and that once they were stabilised they would be able to access GMS care. The EDPH added that a lot of discussion had been undertaken behind the scenes and that the report provided to Board was one aspect of a wider approach to tackle inequalities. The DDHI advised the Board that it was clear how the model identified could leave to savings further down the line. The IML noted that a lot of the information identified around homelessness was co-dependent on LA and third sector resources and asked how the Health Board would work with those services. The EDPH responded that the Health Board did not track people who were homeless and it was clear there was a data issue when discussing homelessness. She added that the equity of outcome and access would need further discussion to work on that. The CEO advised the Board that just as other areas received by the Board on cancer services and maternity services, Health Inclusion had to be priority of the Board and noted that clarity on the statistics presented had to be given. My offer is that I would like to be a personal champion role in Cardiff. Akin to the fast track work that has been done in Cardiff. Bring others along with us. The EDPH concluded that there was national discussion ongoing around excluded groups and noted that there was a Preventing Homelessness Advisory Board which would continue those discussions. **The Board resolved that:** a) The findings in the draft Health Needs Assessment were noted b) The action plan for implementation was discussed and approved	
UHB 22/11/027	**Financial Forecast** The Financial Forecast was received. The EDF advised the Board that the forecast had been shared privately at the Finance Committee and had also been received by the Senior Leadership Board (SLB) and during Clinical Board reviews. She noted that the report contained considerable detail and she would take it as read. She added that continued deterioration of the Health Board's position into month 7 and the ongoing nature of the cost pressures experienced in 2022-23, placed the Health Boards ambition to return to a planned deficit position within the 2022-23 at significant risk.	

Saunders,Nathan 23/01/2023 12:30:29

It was noted that Executive Performance Reviews within Clinical Boards had been held and finance was a central theme of Operational Group meetings.

The Board was advised that Clinical Board forecasts, combined with an assessment of corporate budgets and Health Board reserves, had concluded that the most likely Health Board Financial Out-turn would be £26.899m. This remained subject to external risk factors during 2022-23 that could worsen the position.

The EDF noted that actions were agreed with Clinical Boards for the rest of 2022-23 to help deliver, and potentially improve, the forecast out-turn including the issuing of revised year end budgetary control totals.

She added that the deterioration in the financial outlook had been discussed with WG colleagues through the mid-year review meeting and noted that the financial outlook was discussed in detail at the Health Board's Finance Committee meeting held on 16th November 2022 they had noted:

- The revised forecast out-turn and the cost pressures that had contributed to the revision
- The requirement to report the revised forecast out-turn to the Health Board's Board
- The requirement for the CEO to send an Accountable Officer letter to WG confirming the revision to the Health Board's forecast financial outlook and requesting cash support for the position.

The EDF noted the Forecast Outturn and highlighted the following:

- Pharmaceuticals and medications costs had increased.
- There have been new unforeseen cost pressures which had included Afghan and Ukraine Patients' costs
- Overall there was a projected outturn of £26.899m

It was noted that the annual leave provision could be put back to help some of the outturn.

The EDF concluded that as mentioned, the Finance Committee had received in detail, an outline of the Financial Forecast and had recommended that the Board receive the information and approve the submission of an Accountable Officer letter from the CEO.

The UHB Chair asked the Chair of the Finance Committee to provide her opinion.

The Chair of the Finance Committee responded the Finance Committee sought to regularly and consistently seek assurance that everything was being done to mitigate the increase in unplanned expenditure and continually strive to find saving opportunities.

The IMF noted that the CEO report noted a request to WG for £2m to support the Ockenden work and asked if there was likelihood that any other support could be found.

The CEO responded that there was no additional slippage in WG available and that where as in the past, slippage had been made available, there was a strong steer from WG that there was not additional money in 2021/22.

The EDF added that the Health Board had to balance the quality, safety, performance and harm to the population whilst they did not get access to services they required or deserved.

She added that in terms of funding, NHS England and NHS Wales had taken different decisions about what they had prioritised with the funding received.

Saunders,Nathan
23/01/2023 12:30:29

The IMTS advised the Board that the CEO had highlighted at a Board Development session that focus should be on what funding the Health Board had and not on what the Health Board did not have and where that sat alongside the financial forecast.

	The EDF responded that at the next Board Development session, the Board would receive a high-level resource map which outlined all the money the Health Board received and what was done with it. The UHB added that it would be good to have benchmarking against other Health Boards. The EDF concluded that 6 of the 7 Health Boards in Wales were hosting a deficit in their forecast, 2 were in enhanced monitoring because they had predicted a deficit at the start of the financial year. **The Board resolved that:** a) The revised forecast Financial Out-turn for 2022-23 was noted b) The submission of an Accountable Officer letter from the UHB Chief Executive Officer to Welsh Government confirming the UHB's forecast Financial Out-turn and requesting cash support for the forecast position was approved.	
UHB 22/11/028	**2022-23 Strategic Cash Request Submission** The 2022-23 Strategic Cash Request Submission was received. The EDF advised the Board that the Health Board needed to go for an uplift in cash due to a range of circumstances which included: • An in year movement in the working balances brought forward in the health Board's Balance Sheet. It was noted that this reflected late accruals for liability made in the 2021-22 financial year that were not backed by cash in the prior financial year due to their proximity to year end and those commitments, created in recognition of 2021-22 liabilities, required payment in 2022-23 and separate cash support from the cash limit intended to support liabilities arising in 2022-23. • Strategic cash support recognising deficits in the Health Board's forecast financial out-turn The COO asked if there was any possibility of the cash request not being approved. The EDF responded that it was all linked to the overspend of the Departmental Expenditure Limits (DEL) and noted that the cash needed depended on the accrual of payments. She added that the Health Board had highlighted the required cash support for the planned deficit of £17.1m throughout the 2022-23 financial year to date and at month 7, the reported forecast deficit was given of £19.850m with the Health Board's forecast deficit subject to board approval assessed at £26.9m. She added that the Health Board should expect to receive £21m. The UHB chair noted that it was a serious situation and without the cash the Health Board could not pay the relevant bills. The IMTS asked if WG could say no to all Health Boards. The EDF responded that that would not happen, but they could offer less money. The IMTS added that the Health Board needed to work to make an equitable decision. The EDF responded that her sense was that the Health Board would get two thirds of the requested money. The UHB Chair concluded that it was important for the Board to support the process described, with the caveat that everything possible needs to be done to reduce the forecast deficit. **The Board resolved that:**	

Saunders,Nathan
23/01/2023 12:30:29

	a) The Health Boards working cash balance requirement of £4.234m identified in the October 2022 Welsh Government Monitoring return was noted b) The Health Boards strategic assistance cash support requirement that would need to be consistent with the Board's recognition of the forecast financial out-turn for 2022-23 was noted c) The submission of an Accountable Officer letter from the UHB Chief Executive Officer to Welsh Government confirming the requirement for cash support in line the UHB's working balance sheet movements and the UHB's forecast financial out-turn was approved.	
UHB 22/11/029	**Committee / Governance Group Minutes:** The Committee / Governance Group Minutes were received. **The Board resolved that:** The Committee / Governance Group Minutes were noted	
UHB 22/11/030	**Industrial Action Report** The Industrial Action Report was received. The EDPC advised the Board that, at the last Board Development meeting, a paper was provided for assurance about the Health Board's plans around industrial action. She added that the first ballot with the Royal College of Nursing (RCN) closed on 2nd November 2022. It was noted that a task force had been implemented. Led by the Deputy Director of People and Culture and the Clinical Board Director for CD&T, with representation from Corporate Directorates and Clinical Boards. The Board was advised that there were 3500 RCN members and that 93.41% had voted to take part in strike action. The EDPC noted that the RCN had worked closely with the Health Board and that a 14 day notice period would be provided before strike action. She added that legal advice had been sought around the people who would be working in strike exclusion areas who still wanted to take strike action. The CEO advised the Board that the impact was unpredictable and that planning would be difficult because of the uncertainty nationally around who would, and who would not, be going into work. The EDPC added that on the actual strike days, WG would put together a risk assessment. The UHB Chair noted the gravity of the situation and highlighted the Board's concern. He added that it was important to ensure that staff were looked after. **The Board resolved that:** a) The contents of the report were noted and supported.	
UHB 22/11/031	**University Designation Status** The University Designation Status was received.	

Saunders,Nathan
23/01/2023 12:30:29

	The EDSP advised the Board that the IMTP Framework 22/23 set out a requirement for WG to conduct a mid-year review of University Designation status. It was noted that the review had taken place in October 2022 and that the formal response had not yet been received. However, initial verbal feedback from WG had been positive. The EDSP concluded that the formal report would be circulated to Board members once received. The UHB Chair thanked the IMU for the work being done behind the scenes with the University. **The Board resolved that:** a) The positive feedback obtained at the mid-year university designation status review and the need to include future plans around the three pillars in the Health Board's next IMTP was noted.	
UHB 22/11/032	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The DCG advised the Board that she would take the paper as read and that it was for noting. She added that there were 24 risks on the CRR and that two risks were new to the CRR. It was noted that the CRR was cross referenced to and reflected the BAF in line with discussions already had during Board. **The Board resolved that:** a) The Corporate Risk Register and the progress of related work was noted.	
UHB 22/11/033	**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 22/11/034	**Agenda for Private Board Meeting:** ***i.*** *Approval of Private Board minutes* ***ii.*** *LINC Programme Review* ***iii.*** *Approval of Private Committee minutes* ***iv.*** *WHSSC Briefing Note (Confidential)* ***v.*** *HIW Maternity review.*	
UHB 22/11/035	**Any Other Business** No other business was raised.	
UHB 22/11/036	**Review of meeting** A number of members identified that the acoustics in the room had hindered the ability to hear some members.	

Saunders, Natalie
19/01/2023 12:30:29

	It was noted that alternative venues and resources would be looked at to resolve those issues.	
	Date & time of next Meeting: January 26th 2023 – Barry Hospital – Mary Lennox Room	

Saunders,Nathan
23/01/2023 12:30:29

ACTION LOG

Following Public Board Meeting

24 November 2022

(Updated for the meeting 26 January 2023)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
Actions in Progress					
UHB 22/07/013	**Health & Safety Annual Report**	Discussion required around actions arising from Patient Walk rounds	**26.01.2022**	Rachel Gidman / Jason Roberts	**Update on 26 January 2023** **Discussed at Board 29 September 2022 –** Conversations had been held with IMs offline around how actions were moved forward following their Patient Safety Walks and a new template was being considered. **Further update to be provided at the January Board meeting.**
UHB 22/07/011	**Integrated Performance Report**	**Performance Section**: Improvements required in communication around waiting times	**26.01.2022**	Paul Bostock / Jo Brandon	**Update on 26 January 2023** Discussed at Board on 29 September 2022 - Further update to be provided at the January Board meeting.

Saunders,Nathan
23/01/2023 12:30:29

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 22/11/012		Stroke data update	**26.01.2022**		Discussed at Board on 26 November 2022 - Further update to be provided at the January Board meeting. Agenda item 6.6
Actions referred TO Committees of the Board/Board Development					
UHB **22/09/011**	**Integrated Performance Report**	Pressure damage – the management approach to mitigating pressure damage issues to be explored further at the Quality, Safety and Experience Committee	**07.03.2023**	Jason Roberts	**Update on 30 March 2023** Due to be considered at the QSE Committee meeting on 7 March 2023.
Actions referred FROM Committees of the Board/Board Development					
FC 28/9/008	**Items referred to Board**	BAF Risk – Financial Sustainability	**24.11.2022**	Nicola Foreman	**COMPLETED** **Board updated on 24 November 2022**
AAC 6/9/22 014	**Assurance mapping Phase 2**	Phase 2 Assurance mapping to be presented to Board in November.	**24.11.2022**	Nicola Foreman	**COMPLETED** **Board updated on 24 November 2022**

Saunders.Nathan 23/01/2023 12:30:29

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2	
Meeting:	**Board**	Public	x		Meeting Date:	26 January 2023	
		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:

My first report of 2023 follows closely on from the very challenging period over Christmas and the New Year when the health board was, and continues to be, confronted with unprecedented levels of demand for our services. Inevitably, it is our wonderful staff who have faced the brunt of these pressures and they have responded magnificently. Across the entire range of services that we provide, they have continued to deliver compassionate and the best possible quality of care to our patients. I would like to thank each and every one of our staff for their outstanding contributions at such a difficult time.

HMP Cardiff Healthcare

Overview: HMP Cardiff is a category B prison holding male adult prisoners on remand or those sentenced to less than two years. The men in our care are mainly drawn from the South East Wales region, but we regularly house men from the South West region of England. The operational capacity is circa 800. Men can be received into HMP 6 days a week. The turnover rate within the prison is significant, with an average of 80-100 new arrivals per week.

Cardiff & Vale University Health Board (the HB) provide Health Care services at HMP Cardiff, which are managed by the South and East Cardiff Locality, Primary and Community Care (PCIC) Clinical Board. All services delivered within HMP Cardiff health care are provided under the principle of equivalence.

Health services include provision of care to the men on the wings and also within a 20 bedded Healthcare Facility for those prisoners assessed as requiring increased levels of health monitoring. There is no access to specialist diagnostic services on site e.g. Radiology.

The Healthcare Team (consisting in total of 50 WTE staff of different disciplines) is led by a Head of Healthcare and Clinical Director for HMP and consists of:

- Salaried GPs who provide general medical services on a daily basis through the week and on Saturdays and Bank Holidays, with Out of Hours cover being provided via a contracted service.
- Registered Nurses and healthcare assistants who undertake reception screening, secondary day screening, medication provision, wound care, triage, general health care on the wings and provide an emergency response to the acutely unwell prisoners, any prisoners injured on the site or any prisoners who attempt self- harm.
- Primary Mental health practitioners who work 7 days a week to undertake specialist assessment of all men that are accepted into custody (within 72 hours) to understand their mental health needs, with access to a small counselling service.
- Secondary Mental health staff, working 5 days a week and provided by the Mental Health Clinical Board, who manage those patients who have serious and enduring mental illness. This is a multidisciplinary service similar to that of a community mental health team.
- Substance Misuse Nurses, operating 7 days a week who manage and coordinate care for those patients who have identified issues with substances misuse, including initiation and monitoring of Opiate Substance therapy. They undertake a short assessment with all men that are accepted into custody (within 72 hours) to understand their substance misuse needs.
- Pharmacy Staff who operate a 5 days a week on site dispensary.

Sandra Mayo 23/01/2023 13:37:29

In addition to this core team from the HMP, the following services are provided on an in-reach basis:

- Dental Services (provided by an external provider).
- Optician Clinic (provided by an external provider).
- Community Podiatry Services.
- Department of Sexual Health.
- Epilepsy Services.
- Blood Borne Virus Nurse.
- Brain injury practitioner from the Disabilities Trust.

Challenges and Improvements: The levels of risks within a prison setting are significant given the psychological and physical vulnerability of the men. An average of 12 emergency codes are called a week from the wings and the average number of deaths in custody over the past 3 years is 4. There are challenges in being able to provide, monitor and sustain good standards of healthcare, whilst working within a secure regime. There are restrictions in terms of access to prisoners, requirements to use various bespoke IT systems and to work to standards/processes set by HMP Prison Service, which can differ from HB recognised procedures. Maintaining professional standards amongst the healthcare team is also a challenge given the isolation of the team. At times it is also challenging to attract and retain suitably trained and committed staff.

Following a clinical governance review undertaken through 2020, and with support from the PCIC Clinical Board, a number of improvements have been made within the prison:

- Appointment of a new Clinical Director with significant experience of working in Prison Settings.
- Introduction of a Head of Healthcare (April 2022) role to ensure strong and visible day to day leadership and oversight.
- An increase in core GMS provision.
- The appointment of an additional pharmacist to provide sustainability within the dispensary.
- Re-invigorated Quality and Safety Meetings, with a greater focus on risk management and learning from significant events.
- Progression of training plans for staff.
- Visioning sessions with the Healthcare Team, with contributions from all staff, to generate a greater sense of shared priorities and aspirations across the team.

The Healthcare Management Team has also developed an improvement plan to increase access to and the quality of care provided to the men. This ‘Reset Plan’ was formally launched on 1 February 2022 and continues to be monitored and enhanced through the learning associated with significant events, including deaths in custody.

As a result of this plan, the following improvements have been made or are in progress:

- *Improvements in Communication*: A daily team briefing has been established to aid communication and continuity of care for those prisoners identified with escalating health care needs. Expected standards of written communication have been set, with a regular audit of note keeping. Regular GP meetings and Prescribing Meetings are also held to ensure consistency of best practice and GPs are now completing discharge summaries and uploading to Welsh Clinical Portal for ease of communication.
- *Access to Information*: GP’s now have access to the Welsh Clinical Portal to aid with prescribing and the English version is being commissioned from February 2023.
- *Improved access to GP Clinics*: Following an increase in GP sessions, wing- based GP clinics are now in operation (additional to clinics being provided within the Healthcare Wing). More direct access to GPs has resulted in reduced non- attendance of appointments by 50% and improved patient satisfaction. The team are also working on the development of specialist chronic disease management clinics.
- *Improved Oversight of Patients in the Healthcare Unit/Improved Response to Emergency codes*: Weekly GP ward rounds have been established on the Healthcare Unit, plus dedicated capacity for

Saunders Kathryn 23/01/23 12:37:29

GPs to engage in case management meetings with other healthcare professionals and to also attend to support with emergency codes on the wings.

- *Provision of Nurse Led Clinics:* Work is underway to resource Nurse Led Clinics and an Asthma clinic is due to start soon.
- *Use of Technology*: The Ministry of Justice agreed the use of Attend Anywhere in prisons in May 2022 and since then 60 appointments have been facilitated.
- *Specialist training*: This has been provided to staff to ensure progress in respect of the learning from historical Prison Ombudsman Reports and Healthcare Inspectorate Wales Reports (e.g. management of nutritional needs, mental capacity assessment, record keeping, NEWS2 etc.).
- *Audit*: Audit is now an embedded feature of our service. Work has taken place to adapt Tendable (a quality inspection platform for health and social care) for use in a prison setting and this will now be implemented over the next 2-3 months.
- *Pharmacy led clinics:* The senior pharmacists have started specialist clinics for prisoners with certain conditions such as Attention Deficit Hyperactivity Disorder.

The work that has been progressed by the Healthcare Team has been significant and we are grateful for the support provided to us by HMP Cardiff staff and PCIC.

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 12 documents since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
1019	Licence to Alter	Licence to Alter between (1) CVUHB and (2) Boots UK Ltd for construction works at the Riverside Health Centre, Cardiff.
1020	Lease of Portacabin	Lease of the Portacabin at Whitchurch Hospital for use as a club house and changing facilities between (1) CVUHB and (2) The Whitchurch Bowls Club.
1021	Lease of Part of the Chapel at Whitchurch Hospital	Lease of part of the Ground Floor of the Chapel at Whitchurch Hospital for use as a club house and changing facilities between (1) CVUHB and (2) The Whitchurch Bowls Club.
1022	NEC 3 Construction Contract	NEC 3 Contract for the development of the Lakeside Fracture Clinic between (1) CVUHB and (2) BECT Building Contractors Ltd
1023	Head Lease of GP Surgery Premises	Whitchurch Road GP Surgery 25 Year Lease between (1) Assura Aspire Limited and (2) CVUHB
1024	Sublease of GP Surgery Premises	25-year Sublease of the Whitchurch Road GP Surgery between (1) CVUHB and (2) Dr Gareth Aldwyn Lloyd, Dr Rebecca Michelle Charlotte Towner and Dr Iwan Amlyn Griffiths

Saunders,Nathan
23/01/2023 12:30:29

1025	Collateral Warranty for Design and Build Works	Collateral Warranty for the Development of the Whitchurch Road GP Surgery for Design and Build Warranty from JPROJECTS Bristol Limited.
1026	Collateral Warranty for Design and CDM Works	Collateral Warranty for the Development of the Whitchurch Road GP Surgery for Design and CDM Advice from GREENWOOD AND CO SURVEYORS LIMITED T/A GREENWOOD & CO
1027	Collateral Warranty for Mechanical and Electrical Works	Collateral Warranty for the Development of the Whitchurch Road GP Surgery Mechanical and Electrical Works from ENVIRONMENTAL SERVICES DESIGN LIMITED
1028	Collateral Warranty for Architect Services	Collateral Warranty for the Development of the Whitchurch Road GP Surgery for Architect Services from WEST HART PARTNERSHIP LIMITED
1029	Collateral Warranty for Civil and Structural and Engineering Works	Collateral Warranty for the Development of the Whitchurch Road GP Surgery for Civil and Structural Engineering Works provided by ARP GEOTECHNICAL LIMITED
1030	Collateral Warranty for Quantity Surveyor, Cost Consultant and Agents services	Collateral Warranty for the Development of the Whitchurch Road GP Surgery for Quantity Surveyor, Cost Consultant and Agents services from CARL DEAN ASSOCIATES LIMITED

It is proposed that the Health Board Seal be applied to the following document following the January 2023 Board Meeting:

Seal Number: TBC	Renewal Lease of Unit B5, West Point Industrial Estate, Penarth Road, Cardiff	A 5-year renewal lease between (1) MLI No 1 Propco Limited and (2) Cardiff and Vale University Health Board for the ongoing use of Unit B5 for storage services.

Following the update shared at the November 2022 Board meeting, the following legal documents are reported as having been signed on behalf of the Health Board:

Date Signed	Description of Document	Background Information
07.11.22 Saunders,Nathan 23/01/2023 12:30:29	Wales Virtual Hospital: User Evaluation and Confidentiality Letter Agreement	User Evaluation and Confidentiality Letter Agreement in relation to the use of the Wales Virtual Hospital software between CVUHB and (1) Wrexham Glyndwr University (2) University of

		South Wales (3) Swansea Bay University Health Board
23.09.22	Accelerate Funding Amending Agreement	An Agreement between (1) Cardiff University (2) CVUHB and others to extend the period for the availability of funding to support the development of virtual ward software.
11.11.22	Joint Venture Agreement	A joint Venture Agreement for the Welsh Wound Innovation Centre between (1) Cardiff University (2) CVUHB (3) Swansea University (4) Cwm Taf UHB (5) Cardiff Metropolitan University and (6) WWII LTD
23.11.22	Clinical Placement Agreement	Clinical Placement Agreement between the Medical Schools of Cardiff and Swansea University and the Cardiff and Vale University Health Board for the Academic Year 2022/23
24.11.22	Confidentiality Agreement	A confidentiality agreement between (1) CVUHB and (2) Swansea University (Agor IP) regarding Intellectual Property Discussions.
12.12.22	NEC3 Short Form Construction Contract	NEC3 Short Form Construction Contract between (1) CVUHB and (2) TSF Contracts LTD in relation to refurbishment works at the UHW Lakeside Complex Central Production Unit.
12.12.22	NEC3 Short Form Construction Contract	NEC3 Short Form Construction Contract between (1) CVUHB and (2) TSF Contracts LTD in relation to the Refurbishment of Cedar Unit 1
12.12. 22	Confidentiality Agreement	Non-Disclosure Agreement between (1) CVUHB and (2) Red Medtech LTD regarding Intellectual Property Discussions.
15.12.22	NEC3 Short Form Construction Contract	NEC3 Short Form Construction Contract for the Refurbishment of the MRI Suite at UHL between (1) CVUHB and (2) BECT Contractors Ltd
20.12.22	Memorandum of Understanding	Memorandum of Understanding between (1) CVUHB and (2) Police Commissioner for South Wales in relation to the disposal of Park View Health Centre

Saunders,Nathan
23/01/2023 12:36:29

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	
14.11.22	GE Radiology Maintenance Contract	Authority to incur expenditure totaling £700,481.46 plus VAT	22.11.22	David Edwards 14.11.22	Gary Baxter 17.11.22	N/A
17.11.22	Increase in value for the Lakeside Wing Fracture Clinic Contract for works	Authority to extend funding for an existing contract by £71,000.00.	21.11.22	Rhian Thomas 17.11.22	John Union 18.11.22	N/A
23.11.22	Contract for the Maintenance and Remedial work for Fire Alarm systems at the University Hospital of Wales	Authority to incur expenditure totaling £671,659.20	Approved 28.11.22	Ceri Phillips 23.11.22	Mike Jones 23.11.22	N/A
29.11.22	Multi Year Maintenance Contract for 4 X-Ray rooms.	Approval of Expenditure totaling £634,073.20 (excluding VAT)	01.12.22	Gary Baxter 30.11.22	David Edwards 30.11.22	N/A
30.11.22	Appointment of Solicitors	Approval of the Appointment of Covid-19 Public Inquiry Solicitors	01.12.22	Rhian Thomas 30.11.22	Mike Jones 01.12.22	N/A
06.12.22	Contract for refurbishment of the University of Llandough MRI Suite	Authority to incur expenditure totaling: £996,161.80 Incl. VAT	09.12.22	John Union 06.12.22	Rhian Thomas 09.12.22	N/A
07.12.22	Permission to apply UHB Seal to and enter into an NEC 3 Contract for the development of the Lakeside Fracture Clinic between (1) CVUHB and (2) BECT Building Contractors Ltd	Authority to make use of the UHB Seal and incur expenditure totaling £996,161.80	08.12.22	Ceri Phillips 07.12.22	Mike Jones 07.12.22	N/A
07.12.22	Permission to enter into and apply the UHB Seal to leases of the Chapel and Portacabin at Whitchurch	Authority to make use of the UHB Seal	08.12.22	Ceri Phillips 07.12.2	Mike Jones 07.12.22	N/A

Saunders,Nathan(HDD) 19/01/2023 12:39:29

	Hospital for use as a club house and changing facilities between (1) CVUHB and (2) The Trustees of the Whitchurch Hospital Bowls Club.					
07.12.22	Permission to enter into and apply the UHB Seal to a Licence to Alter between (1) CVUHB and (2) Boots UK Ltd for construction works at the Riverside Health Centre, Cardiff.	Authority to make use of the UHB Seal	08.12.22	Ceri Phillips 07.12.22	Mike Jones 07.12.22	N/A
07.12.22	Permission to enter into and apply the UHB Seal to a 25-year Sublease of the Whitchurch Road GP Surgery between (1) CVUHB and (2) Dr Gareth Aldwyn Lloyd, Dr Rebecca Michelle Charlotte Towner and Dr Iwan Amlyn Griffiths	Authority to make use of the UHB Seal	08.12.22	Ceri Phillips 07.12.22	Mike Jones 07.12.22	N/A
07.12.22	Permission to enter into and apply the UHB Seal to Collateral Warranties for the Development of the Whitchurch Road GP Surgery for the following services: - Design and Build Services - Design and CDM Services - Mechanical and Electrical Works - For Architect Services - For Civil and Structural Engineering Services - Quantity Surveyor, Cost Consultant and Agents services	Authority to make use of the UHB Seal	08.12.22	Ceri Phillips 07.12.22	Mike Jones 07.12.22	N/A

Saunders,Nathan 23/01/2023 12:30:09

15.12.22	Maintenance Contract for Chemagic Star/Starlet and NGS Robotic services	Approval of expenditure totaling £632,144.65 including VAT	16.12.22	David Edwards 15.12.22	Gary Baxter 15.12.22	N/A
16.12.22	Approval of contract and expenditure for the replacement of Boiler No.2 at UHL	Approval of expenditure totaling: £632,144.65	21.12.22	Rhian Thomas 16.12.22	Michael Imperato 16.12.22	N/A
16.12.22	A request for approval to award a contract for Medical Gas Surveying Services	Approval of expenditure totaling £750,000 including VAT	21.12.22	Rhian Thomas 21.12.22	Michael Imperato 20.12.22	N/A
06.01.23	A request for approval to award a contract for refurbishment works at Ward C5 to allow the relocation of Cardiothoracic Services from UHL to UHW	Approval of expenditure totaling £1,000,974.20 including VAT	11.01.23	John Union 09.01.23	Mike Jones 10.01.23	N/A

The Board are requested to:

- **NOTE** the report.
- **APPROVE** the Chair's Actions undertaken.
- **APPROVE** the prospective use of the Health Board Seal detailed within this report.
- **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	

Sallyn Jones (Chair) 27/01/2023 12:30:29

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
23/01/2023 12:30:29

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3	
Meeting:	Public Board Meeting		Public	x	Meeting Date:	26.01.23	
			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:

Since the last Board meeting we have truly entered the Winter months and have seen sustained levels of demand for care and treatment especially within the Urgent and Emergency Care Pathway. In addition to the impact of industrial actions we have seen the anticipated mix of seasonal pressures; a further COVID-19 wave, a peak in Strep A infections, and increased transmission of flu and other respiratory and viral illnesses leading to an extraordinary patient demand alongside increased colleague absences.

Thanks to extensive planning by the clinical and operational teams, Cardiff and Vale University Health Board (HB) has sustained a response to these challenges, but it has not been easy nor has it fully mitigated the pressure or the demands placed on our staff in delivering care and treatment to patients and their loved ones.

The situation remains very challenging and whilst risk to quality and safety remains, it has to a large extent been mitigated and, in most domains, our operational performance compares well with others against whom we should benchmark. I wish to thank my colleagues for their truly outstanding response and on-going commitment through this difficult period.

In recognition of the current situation the agenda will provide updates on operational performance and supporting programmes but I thought it prudent to provide an overview update on my reflections on industrial action, an update on maternity services and an overview of our current position with regard to Health Inspectorate Wales (HIW) inspections. I also provide, as appendices, recent correspondence with the NHS Wales Chief Executive on the mid-year Joint Executive Team Meeting which tool place in December 2022. I hope that this correspondence helps to provide a general overview of current performance and issues.

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

Reflections on Industrial Action

Royal College of Nursing (RCN) Industrial Action took place on 15th December and 20th December 2022 and the GMB, affecting the Welsh Ambulance Service Trust (WAST), took industrial action on 21st December 2022 and 11th January 2023.

In recognition of the strong potential for industrial action, an Industrial Action Contingency Planning Group was established in September, jointly chaired by the Deputy Director of People & Culture and the Director of Operations/Hospital Director for University Hospital Llandough, along with representatives of all Clinical Boards and Corporate teams. The group had agreed terms of reference; a standardised planning approach was adopted to review business continuity plans and develop workforce models in response to industrial actions.

Saunders, Nathan 19/01/2023 18:30:49

In the prelude to the RCN Industrial Actions, the Planning Group worked closely with Welsh Government colleagues and the RCN Strike Committee to manage and understand derogations. A consistent approach was maintained in regard to derogations, based on the principles that industrial

action was legitimate; some disruption was inevitable; and the RCN were seeking a position of providing a 'Christmas Day' type service.

A specific planning and governance structure was established from 01 December 22 (T-14) to 13th December (T-2). This saw Management Executive oversight of a Senior Industrial Action Leadership Team which liaised with the RCN Strike Committee (and WAST for the GMB strike) and was informed by four Sub-Groups: a Directors of Nursing Operational Sub-Group; a Deployment Sub-Group; a Corporate Departments Sub-Group and an Industrial Action Contingency Planning Group. Throughout this phase, very careful attention was paid to internal and external communications. On Industrial Action days a Gold, Silver and Bronze command structure and a daily rhythm was established. These arrangements enabled sound situational awareness and activity, any necessary communication with the RCN Strike Committee, inward communication with Executives and Clinical Boards, and communication with Welsh Government.

Two extraordinary Senior Leadership Boards were arranged over the Industrial Action period. These meetings further enabled internal communication and understanding and also enabled the performance of 'hot de-briefs' in preparation for subsequent strikes.

The majority of requested derogations were met by the RCN and I believe that this reflects the effective relationship established with the RCN Strike Committee based on our recognition and acknowledgement of the position they were seeking to establish. The majority of Emergency Theatres, Cancer Surgery and Clinics were able to continue using planned cover i.e. without derogation. Nonetheless significant impact on planned care, including operations and outpatient appointments did occur and this required the creation of short and medium-term recovery plans. Communication with patients on these cancellations was effective with only a handful of patients arriving for cancelled appointments. All clinical boards worked in partnership with nursing colleagues, their representatives and the wider team in order to anticipate and manage situations as they arose on each day of industrial action.

I believe that there was a great effort from the operational and clinical leaders and teams in their foresight and planning for the industrial actions. A balance was achieved in which we met the combined aims of maintaining patient and organisational safety, as well as supporting the rights of those who wished to take industrial action.

Lessons were captured throughout the December and early January industrial actions and these are being used to inform preparations for subsequent industrial actions over the coming months. A key insight is that, whilst detailed and early industrial action planning was necessary, and indeed a key to success, this required considerable time and effort which impacted on other essential activities and will prove challenging to sustain if future industrial actions are of increased frequency or duration. It was also notable that different planning, liaison, and command and control requirements are needed for an ambulance strike when compared with a nurses' strike. Whilst Executive oversight and close liaison with planning sub-groups will be maintained for future industrial actions, the frequency of meetings and composition of teams will be altered in light of this reflection to avoid unwarranted impact on other essential elements of service delivery.

Maternity Services Update

Board members will recall that my report to Board in November 2022 commented on our Maternity Services and in particular highlighted the conclusions of our self-assessment against the Ockenden Report requirements, the current system pressures and some of the action plans, mitigations and controls in place at that time. I observed in that report that the Executive Team were maintaining close attention and support to our Maternity and Obstetric services and I now offer an update on the current situation.

Cadarnhaes Iechyd 23/01/2023 11:39:29

The Maternity Oversight Group continue to meet fortnightly and they are now providing a well embedded and increasingly effective governance process across Maternity and Obstetrics. A significant business case for recurrent funding to support the delivery of the post Ockenden report action plan has now been matured and will be presented to the next Investment Group meeting on 16th January 2023.

Close focus on the recruitment of midwives has been maintained and midwife numbers are currently greater than establishment; this is a deliberate decision to over establish in recognition of likely attrition in midwife staff numbers as the year progresses.

An important aspect of the Ockenden report and our self-assessment against it, relates to the in-service training of maternity and obstetric staff. From December 2022, face to face training has been re-established and, unless this requires suspension to meet any future social distancing requirements, this will remain in place. Importantly, from April 2023, 'protected training weeks' will be established across the service.

In response to specific actions identified by the Oversight Group, there has been significant progress made in reducing the number of open NRIs and increasing the number of patient safety incidents reviewed. An external review has been commissioned to analyse a particular NRI which provides an opportunity for an objective independent external review of maternity services systems. A robust system is now in place to ensure adequate review of incidents and extrapolation of themes and trends for system learning and improved quality and safety.

The Health Board continues to support the work of the Maternity and Neonatal Safety Support Programme Wales (MatNeoSSP). In the summer of 2022, Welsh Government formally requested that Improvement Cymru host, lead, and have oversight of the delivery of the national discovery phase of the Mat Neo SSP. Health board participation so far has been the provision of local champions and the programme is progressing to schedule with a site visit is anticipated on 25th January 2023.

Update on Health Inspectorate Wales (HIW)

Ash Ward. At the time of writing this report HIW are continuing an unannounced inspection of Ash Ward, a Neuropsychiatry service, at Hafan Y Coed. The final report from this inspection will be shared with the QSE committee once received.

Maternity Services. The Health Board's maternity services were subject to an unannounced Inspection by HIW over the period 9th to 11th of November 2022. A number of immediate assurances recommendations were issued following the inspection and these were addressed at the time by myself and the Executive team and immediate action and improvement plans were provided to HIW. HIWs final report has yet to be received; the report and associated improvements will be presented to the QSE Committee once published.

Ionising Radiation (Medical Exposure) Regulations (IRMER) Inspection. An IRMER compliance inspection was undertaken at UHLs Nuclear Medicine Department on the 11th and 12th of October. The inspection team provided initial verbal feedback which was positive; whilst some areas for improvement were identified there were no immediate concerns identified and no immediate assurances were required. The final HIW report is yet to be received by the health board – the final report and associated improvement plan will be shared with the QSE committee when received.

Saunders, Kathryn 23/01/2023 12:34:29

National Review of Patient Flow (Stroke Pathway). This HIW review commenced in early 2022. The review explored the experiences of people accessing care and treatment for stroke, focused on key aspects of patient flow, and looked at the impact that patient flow can have on outcomes for

patients. It also looked at the processes in place for managing patient flow through healthcare systems and the patient journey through the stroke pathway.

The review included a health board site visit (14-16 March 2022) and interviews with key staff (17-25 March 22). Following these processes, no immediate assurance recommendations were made. Findings from the review have been periodically released through HIW Quality Insight Bulletins but it is anticipated that HIW will publish the final Patient Flow (Stroke Pathway) report in Spring 2023. At this point it will be shared with the QSE committee.

Ophthalmology Thematic review 2015-16. In 2015-16 HIW completed a thematic review on ophthalmology, focusing on wet age-related macular degeneration (Wet AMD) services. The review set out to look across the boundaries of primary and secondary care to examine how providers were delivering and developing the care and support required by patients. The aim of the review was to assess how effectively health boards have been utilising service integration as a means of making the best use of the breadth of expertise and resources available. The review consisted of two phases; Phase one involved interviews with senior representatives from all health boards; Phase two involved additional interviews with operational staff from three selected health board areas (our health board, Betsi Cadwaladr University Health Board, and Hywel Dda University Health Board). The health board submitted an improvement plan in response to the recommendations made by HIW. In December 2022 the Health Board were asked to provide an update on progress made in delivering the improvement plan. An updated action plan was provided and this was shared with QSE committee on 10 January 23.

Appendix 1: Judith Paget to Suzanne Rankin - Mid-Year JET Meeting 2022-2023.
Appendix 2: Suzanne Rankin to Judith Paget – Mid-Year JET Meeting 2022-2023.

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

Cabinet Secretary 23/01/2023 12:30:29

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Provides context for current risks within the Health Board.
Safety: Yes
Provides context for current patient safety and health and safety risks, issues and culture.
Financial: 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
23/01/2023 12:30:29

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

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

Llywodraeth Cymru
Welsh Government

Suzanne Rankin
Chief Executive
Cardiff and Vale University Health Board

Our Ref: JP/SB

23 December 2022

Dear Suzanne

Mid-Year JET Meeting 2022-2023

Thank you for attending the JET meeting on 12 December with your Executive Team to discuss your organisation's mid-year position across a number of key areas and for providing the papers beforehand to aid the discussion, as these form an important part of the official record for the meeting. The meeting was held using Teams.

You explained that your biggest ambition and area of concern is quality and safety. To ensure a consistent organisational focus on quality and safety and improving patient outcomes, the health board is embedding the *'Safer Care Together'* into the organisational ethos working with Improvement Cymru. This will shape the future of your quality excellence programme and through the triangulation of mortality data and patient experience data you will ensure that the services that you provide are safe.

Jason Roberts explained that the majority of complaints received by the health board relate to communication, scheduled and emergency services and that your performance against complaints resolution has improved over the past few months. I was also updated on your duty of candour position, having initiated your internal duty of candour policy. You have started to prepare the senior leadership team for the new duties and have a board development day scheduled.

There have been improvements in your closure of NRIs. The majority of these are for pressure damage and moisture lesions. You confirmed that you have internal scrutiny panels in place to review these issues and further NRIs would be closed over the coming months. I do expect to see improvements in this area in the coming months and we will revisit this at our next JET in May.

Saunders,Nathan
23/01/2023 12:30:29

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

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Staff wellbeing, sickness and industrial action is a key risk. I reflected that this is a common theme across health boards and urged you to continue to engage with your staff and closely monitor the situation.

Maternity services remain fragile. You have recently employed a cohort of newly qualified midwives which will relieve some of the staffing pressures in the directorate. However, the recent unannounced HIW inspection has highlighted a number of concerns. I understand that you have submitted an action plan to address the concerns raised and are working closely with HIW and other colleagues to alleviate any other concerns. My team and I will be monitoring this situation closely.

You also recognised that there are significant pressures within a number of your services currently with mental health referrals mentioned and also an influx of demand in paediatric care, likely due to Strep A. In the update you recognised the need to closely monitor the operational pressures and redeploy staff and services as necessary.

Fiona Kinghorn provided an update on vaccination uptake in the community and the engagement that you are undertaking to increase the uptake, targeting specific cohorts. This includes working with local government and schools to increase the number of vaccinations given.

I was pleased to hear that you had recently opened the Cardiff Urgent Primary Care centre that week which is currently offering 14 sessions per week with the ambition of increasing this to 20 by the end of January. The opening of this centre and the improved access to primary care for the people of Cardiff is reassuring. You agreed to provide trajectories and provide further analysis by the end of March to measure the impact and effectiveness of this centre.

Community dental activity remains an issue and remains under pre pandemic levels which you recognise is a significant concern. I understand that this is due to workforce pressures. You recognised that this needed to improve and are aiming to increase activity to between 90 – 95% of pre pandemic levels by the end of March. You agreed to share your plan on how you would achieve this with Welsh Government colleagues by early January.

Information was presented to show that the health board are making progress within urgent and emergency care. It was acknowledged that your ambulance handover times have improved significantly but remain long. You acknowledged the need for continued improvement, and we will be monitoring your performance in this area. The actions in place include:

- The ring fencing of 38 short stay medical beds
- Increased clinical engagement and managing of risks
- Zero tolerance to ambulance handover times in excess of 4 hours.

You explained that you have introduced a fragility zone which includes 12 beds in the Assessment Unit and commenced mobilisation of phase one of your winter plan. You recognized that the emergency unit pressures are likely to increase over the coming months but provided assurance that this would be managed by your winter plan, implementation of new initiatives and the continued working relationship with social care partners to ensure that patients fit for discharge are cared for safely in a suitable environment.

Saunders Mandy (HCSW)
23/01/2023 13:30:09

The health board are currently receiving a higher than normal number of referrals for mental health services. Work is in hand to ensure that capacity and demand is managed as effectively as possible, this has been demonstrated in your performance in CAMHS which has improved significantly since July.

Cancer performance has seen a reduction in the total number of patients on the waiting list and long waiters. I was pleased to see that you are working to reduce the number of patients waiting over 62 days. You committed to achieving your trajectories by the end of March. It was encouraging to hear about the pathway redesign work that is being undertaken for cancer care. This will have a positive impact on capacity in endoscopy and surgical waits which have been problematic for the health board in the past.

On the subject of planned care, I was pleased to hear that you have been working with the Delivery Unit to look at reducing waiting times for planned care services. However, it was acknowledged that you will not be able to achieve the Ministerial ambitions for orthopaedics or ophthalmology. This is disappointing and I urged you and your team to continue to explore new ways of working and move at pace with regional working solutions to help reduce the number of patients waiting.

Fiona Jenkins confirmed that timely access to stroke services is a focus for the organisation. Work is underway to ensure that access and outcomes improve particularly stroke mortality. It was noted that you were proactively monitoring your mortality data and attempting to make improvements and plan for the future based on lessons learned.

We moved on to discuss infection control where your team presented data on Clostridium difficile and Klebsiella. I was updated on the weekly IPC meetings that you are having to monitor the prevalence across the health board. You have identified that the main source of infection is from the community and are working with community providers on appropriate action.

Rachel Gidman updated us on the people and culture plan, including a 6 month programme of OD work sponsored by the Executive Director of People and Culture that includes:

- A time out session with the Senior Leadership Team and the multidisciplinary team
- Support to implement a coaching framework for staff
- ‘A conversation with…’ session – every 6 weeks with Executive Directors being available in the department for staff to come and speak to
- Exit interviews – provision of the People Resourcing Manager to undertake exit interviews
- Wellbeing support – drop-in sessions every week for staff to attend

You are actively recruiting, and this has involved the recruitment of overseas nurses and the addition of 400 health care support workers onto the staff resource bank which will add further resilience to your workforce capacity.

Saunders/Kenna
23/01/2021 15:50:18

We discussed the upcoming industrial action; it will have a significant impact on the services provided and would need to be closely monitored. Cancer and other urgent care would be protected, however non-urgent, routine and outpatient activity would be impacted. I was assured that you have bronze, silver and gold and command cells set up to manage the industrial action.

We spoke about your winter plan and your key operational activities during this time. You have estimated that between January and March you could have a 150 bed deficit. There are a number of programmes in place to help with winter pressures which will be monitored at IQPD meetings.

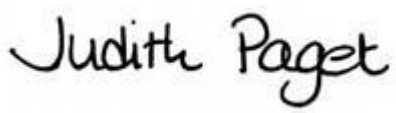
Finally, we discussed finance, your core position has now deteriorated by £9.8 million. This is due to energy prices, the recovery from the pandemic and decisions taken by the board to commit additional expenditure to winter plans. While your financial position is unacceptable, I am aware that you are working with Welsh Government colleagues and Financial Delivery Unit colleagues to address this.

We agreed the following actions:

- Focus on improving NRIs and complaint responses and resolution
- To provide assessment of impact of the new UPCC by end of March
- Provide your plans for improving dental access by 15 January.

I closed the meeting reflecting on the progress being made across many areas and thanking you and your team for their ongoing focus on supporting the wellbeing of staff and deliver high quality care to patients and service users. Some areas of concern remain that need to be monitored closely including your financial position, the Ministerial priorities in relation to planned and urgent and emergency care and the recent reports from HIW in terms of quality and safety. We will follow up on these issues through our regular contact with you and when we next meet as a Joint Executive Team in May 2023.

Yours sincerely



Judith Paget CBE

Saunders,Nathan
23/01/2023 12:30:29

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

Executive Headquarters / Pencadlys Gweithredol

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Suzanne Rankin
Chief Executive

13 January 2023

Judith Paget CBE
Chief Executive, NHS Wales
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Dear Judith

Mid-Year JET Meeting 2022-23

Thank you for hosting the Mid-Year JET Meeting on 12 December 2022 and for your letter of 23 December summarising the meeting and identifying follow up actions.

In terms of specific follow up actions, I noted that the following were identified in your letter:

1. **Focus on improving NRIs and complaint responses and resolution**

Our 30-day performance in this area was 80% in August 2022, 84% in September and 85% in October. I recognise the focus being provided on improving NRIs, complaint responses and resolutions and I am confident that we will continue to see improvements over the months leading to the next JET meeting in May 2023.

2. **To provide assessment of impact on the new UPCC by the end of March 2023**

We are monitoring the impact of the new UPCC and will be able to provide an assessment of impact and effectiveness by this date.

3. **To provide our plans for improving dental access by 15 January 2023**.

The Chief Operating Officer's office will share these plans with Welsh Government by the set date.

As we discussed at the meeting our highest priorities are to continuously improve the quality of care and outcomes patients experience and to support and sustain our colleagues. We are particularly focused on the Urgent and Emergency Pathway as well as well as the Maternity services and we welcome you and your team's continued support in both regards.

Saunders, Jo (Cathy)
23/01/2023 12:37:29

disability confident EMPLOYER

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwyrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board is the operational name of Cardiff and Vale University Local Health Board

Croesawir y Bwrdd ohebiaeth yn Gymraeg neu Saesneg. Sicrhawn byddwn yn cyfathrebu â chi yn eich dewis iaith. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi
The Board welcomes correspondence in Welsh or English. We will ensure that we will communicate in your chosen language. Correspondence in Welsh will not lead to a delay

Our Winter Plan has thus far proved to enable a degree of resilience in response to the recent industrial action and the demands of the Christmas/New Year period but no doubt the challenges ahead will continue to test us and we will continue to learn and strengthen the plans and approaches we are deploying.

With regard to planned care I note your recommendation to explore new ways of working and move at pace with regional working solutions to help reduce the number of patients waiting for orthopaedic and ophthalmology treatment. I can confirm that we are actively working on that with our South East Wales Health Board colleagues alongside Welsh Government and Welsh Orthopaedic Network support.

I note your remarks regarding the deteriorated core financial position and recognise the implications for our statutory duties. We are concerned to be in this situation and as discussed will work hard to recover the position through a credible and achievable plan as part of our annual planning process.

I look forward to continuing to work together over the coming year.

Yours sincerely

Suzanne Rankin
Chief Executive

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	Board Assurance Framework 22-23 – January 2023				Agenda Item no.	6.4	
Meeting:	Board		Public	x	Meeting Date:	26th January 2023	
			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 in addition to this a further six risks were added to the BAF and agreed at the November 2022 Board meeting 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
10. Maternity
11. Critical Care
12. Cancer
13. Stroke
14. Planned Care
15. Digital Strategy and Road Map

These risks are all detailed within the attached BAF.

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 within the Health Board.

Saunders,Nathan
23/01/2023 12:36:02

There are three broad groups in which the risks have been ordered within the BAF these groups are:

- Patient Safety & Operations Risks (e.g. Patient Safety, Maternity, Critical Care etc.)
- Workforce Risk (e.g. Culture, wellbeing)
- Corporate (e.g. Finance, Estates, IMTP)

The key changes to the risks on the BAF from the Board Meeting in November 2022 are highlighted in red.

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 15 risks to the delivery of Strategic Objectives detailed on the attached BAF for January 2023.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
The BAF as a document details the risks in relation to the delivery of Strategic Objectives.
Safety: Yes/~~No~~
There is a risk within the BAF on Patient Safety which also details the impact.
Financial: Yes/~~No~~
There is a risk within the BAF on Financial Sustainability which also details the impact.
Workforce: Yes/~~No~~
There is a risk within the BAF on Workforce which also details the impact.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Having a non-approvable IMTP will impact upon the reputation of the Health Board

Davies-Ogers,Natalie 20/01/2023 12:30:29

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.

Saunders,Nathan
23/01/2023 12:30:29

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 • Planned Care • Cancer • Stroke • Critical Care • Maternity
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 • Planned Care • Cancer • Stroke • Maternity
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 • Planned Care • Cancer • Stroke • Critical Care • Maternity
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 • Stroke • Critical Care
6. Have a planned care system where demand and capacity are in balance	• Workforce • Exacerbation of Health Inequalities • Patient Safety • Financial Sustainability • Planned Care • Cancer • Critical Care

Saunders,Nathan
23/01/2023 12:30:29

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 • Digital Road Map
10. Excel at teaching, research, innovation and improvement.	• Workforce • Sustainable Cultural Change • Wellbeing of staff • Digital Road Map • Delivery of IMTP 22-25

Saunders,Nathan
23/01/2023 12:30:29

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 Nov 22	Target Risk (*after actions are complete)*	Context	Executive Lead	Committee
1. Patient Safety	Open	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21	**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:** 10.01.23	Quality, Safety and Experience **Last Reviewed:** 10.01.23
2. Maternity	Cautious	14, 15, 16	**25**	**20**	⇨	**15**	The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockenden requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 10.01.23	Quality, Safety and Experience **Last Reviewed:** 10.01.23
3. Critical Care	Cautious	18, 19, 20	**25**	**20**	⇨	**10**	For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM	Executive Nurse Director/ Executive Medical	Quality, Safety and Experience

Saunders.Nathan 23/01/2023 12:30:29

							external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.	Director/ Chief Operating Officer **Last Reviewed:** 10.01.23	**Last Reviewed:** 10.01.23
4. Cancer	Cautious	7, 9	**20**	**15**		**10**	One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 10.01.23	Quality, Safety and Experience **Last Reviewed:** 10.01.23
5. Stroke Saunders,Nathan 23/01/2023 12:30:29	Cautious		**20**	**15**		**10**	Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 10.01.23	Quality, Safety and Experience **Last Reviewed:** 10.01.23

							Medics are faced with competing given the capacity constraints within the footprint.		
6. Urgent and Emergency Care	Cautious	6, 8, 10	**20**	**15**		**10**	One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as 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.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 10.01.22	Strategy and Delivery Committee **Last reviewed:** 24.01.23
7. Planned Care	Cautious		**16**	**12**		**8**	One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

Saunders,Nathan
23/01/2023 12:30:29

							published Welsh Government Planned Care Plan reflects the high priority of planned care services.	**Last Reviewed:** 04.01.23	**Last Reviewed:** 10.01.23
8. 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:** 03.01.23	Quality, Safety and Experience Strategy and Delivery Committee **Last Reviewed:** 10.01.23
9. Workforce	Open	4, 6, 11, 16	**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:** 04.01.23	Strategy and Delivery Committee **Last Reviewed:** 15.11.22 Quality, Safety and Experience Committee **Last Reviewed:** 10.01.23
10. Sustainable Culture Change	Open		**16**	**8**		**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and	Executive Director of People and Culture	Strategy and Delivery Committee

Saunders, Nathan 23/01/2023 12:30:29

							behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	**Last Reviewed:** 04.01.23	**Last Reviewed:** 15.11.22
11. Staff Wellbeing	Open	4, 6, 11, 16,	**20**	**15**		**5**	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately	Executive Director of People and Culture **Last Reviewed:** 04.01.23	Strategy and Delivery Committee **Last Reviewed:** 24.01.23
12. Capital Assets	Open	1, 2, 3, 4, 17, 19, 20, 23	**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:** 04.01.23	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 24.01.23
13. Delivery of IMTP 22-25 Saunders.Nathan 23/01/2023 12:30:29	Open	22	**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	Executive Director of Strategic Planning **Last Reviewed:** 04.01.23	Strategy and Delivery Committee **Last Reviewed:** 24.01.23

							leading a healthy life is the same wherever they live and whoever they are.		
14. Financial Sustainability	Cautious	5, 22	**25**	**20**		**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:** 06.01.23	Finance Committee **Last Reviewed:** 18.01.23
15. Digital Strategy and Road Map	Cautious	23	**25**	**20**		**15**	CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.	Director of Digital Health Intelligence **Last Reviewed:** 04.01.23	Digital Health Intelligence Committee **Last Reviewed:** 04.10.22

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:

Saunders-Jathan
23/01/2023 12:10:29

(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

Key:

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

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

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

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

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

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

Saunders,Nathan
23/01/2023 12:30:29

1. Patient Safety – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

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 since the onset of the COVID 19 pandemic creating both longer 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, with an impact on patient outcomes 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 • Quality and Safety and Experience Framework Implementation underway • health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented •		
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) • . (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)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings.		

Saunders.Nathan 23/01/2023 12:50:49

	Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.			
Gap in Assurances	Discharging patients is out of the Health Boards control			
Actions		**Lead**	**By when**	**Update since Nov 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	30.04.23	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		Paul Bostock	31.03.23	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)**

Saunders,Nathan
23/01/2023 12:30:29

2. Maternity Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockendon requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.

The background to, and summary of the Ockenden report, is best understood in the quote from Donna Ockenden below

> **"This final report of the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve, and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives. "**

The report details 89 recommendations that should be enacted to improve maternity services across the UK. An immediate self-assessment of the service was undertaken against the requirements, which noted that 45 of the requirements were already met, 27 partially met, and 17 not met at all. The detail of where we are currently not meeting recommendations and the proposal to close that gap has been completed (appendix 1). The recommendations that we currently fail to meet can largely be grouped into 3 categories, patient safety, quality and experience, training, and workforce.

Whilst underlying actions to progress the plans to achieve the recommendations have developed and presented to Execs, UHB agreement of circa £2M recurrent funding is required to deliver progress.

In addition, the service has sustained pressure across Obstetrics and Maternity care system, mainly due to reduced workforce availability, increased interventional birthing as a result of NICE guidance, backlogs on critical incident investigation etc

Risk **Date added: 3/11/22**	We are currently unable to demonstrate compliance against a number of recommendations against the various external reviews and reports. We have a backlog of investigations, RCA's and concerns and as a result LFE delays Workforce concerns and adverse media
Cause	• In England 180 million pounds of funding was released to support each Trust in complying with all of the Ockenden Recommendations. Welsh Government have invested £1 million in to the Mat Neo Safety Programme across Wales, which is currently in its Discovery phase for circa 12 months, next steps of which are yet to be communicated. The operational view is that it is unlikely any further investment will be made available by Welsh Government to support implementation of the recommendations. • NICE clinical guidance Intrapartum care for healthy women and babies resulting in increased instrumental birthing practices. Patients presenting and subsequently admitted have a higher acuity and complexity, particularly in light of NICE guidance. • We continue to experience challenges in our ability to deploy sufficient workforce to cover community, Midwifery-Led and Obstetric-Led care setting services. We struggle with sustained workforce challenges from sickness, maternity leave, resignations, retirement and challenges of retention and recruitment. • One out-take of newly Qualified Midwives and Paediatric Nurses each year from Welsh Universities causing a limited flow of Midwives/Paediatric Nursing staff • Restricted Neonatal capacity continues to add an increased layer of complexity in managing patient flow.

Saunders,Nathan
23/01/2023 12:30:29

	• T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2). • Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and MSWs. Reduced antenatal admissions and shorter postnatal stays result in an increase in community care. Midwives are undertaking the New-born and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home. • With the publication of the latest NICE guideline on Antenatal Care that recommends that all women be 'booked' by 12 weeks' gestation, more women are meeting their midwife earlier than previously happened before 10 weeks. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal. In most maternity services approximately 10% of women are 'booked' and then have no further contact with the midwife. • Constraints accommodating the increased number of Inductions of Labour (IOL) and instrumental deliveries within current footprint. • Good level of incident reporting but insufficient resources to complete investigations, action plans and learning from events actions. • Independent external Birth-rate+ re-assessment has been undertaken and verbal findings are circa 16 Midwives short.		
Impact	• Closure of Community Home Birth Services and Maternity Led Unit due to lack of staff. • Delays in allocating IO's to investigations, subsequent delays in completing investigations, action plans and LFE • Rise in instrumental deliveries • Delays in IOL and constraints in accommodating elective caesarean sections due to lack of NICU capacity • Congested department and long waits for IOL & ECS • Insufficient consultant cover for labour ward, NCEPOD readmission reviews • Lack of specialist roles; labour ward leads, Foetal surveillance, bereavement, transitional care nursing. • Lack of training in Human factors, CTG, labour ward coordinator leadership. • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) and run of adverse incidents.		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	**25 (Extreme)**
Current Controls	• Induction of 27 Newly qualified Midwives (NQM) and 43 Newly Qualified Paediatrics nurses from Student Streamlining • Introduction of daily clinical huddles between each days Lead Midwife, Lead obstetrician, lead neonatologist and lead neonatal nurse each day • Rollout of 3 extra consultant sessions for obstetric governance and 1 extra consultant session Neonatology governance to enable allocation of IO's to investigations • RAG rating of position against national report recommendations, presentation of gap analysis to executives and to senior Leadership Board for support of required resources • Continued recruitment actions • Escalation of concerns to HEIW re single out-turn of midwives and paediatric nurses • Establishment of Ockenden Oversight group meeting on fortnightly basis • Team continue to support recruitment and retention, submission of request for oversea recruitment. • Daily SiteRep reporting introduced into maternity and Neonates and DoNM/HoM daily catch up		

Saunders.Nathan
23/01/2023 12:30:29

Current Assurances	• Operational position reported into Management Executive (Daily) (1) • Mechanisms in place to monitor key measures being strengthened into visible dashboard.(1) • Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director. (1)		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	**20 (Extreme)**
Gap in Controls	• Confirmation of additional funding resource to fill gaps in assurance mapping • Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1). • Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints • Several incidents out of time		
Gap in Assurances	• Data and benchmarking information • Resources to meet the national recommendations		

Actions	Lead	By when	Update since November 2022
1. Ongoing recruitment above establishment, increasing training places	AJ	31/03/23	This action continues to take place.
2. Reviewing current obstetric practice in line with NICE guidance	CR/SZ	01/01/23	This action continues to take place.
3. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives	AJ	31/03/23	This action continues to take place.
4. Continued maternity / Neonatology oversight meetings with Executive lead	JR/AJ	31/03/23	This action continues to take place.
5. Ongoing review of job planning and consultant establishment	CR/AT	31/03/23	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case to IG on 18th January
Impact Score: 5 Likelihood Score: 3	Target Risk Score:		**15 (high)**

Saunders,Nathan
23/01/2023 12:30:29

3. Critical Care Capacity – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.

Risk **Date added: 01/11/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Cause	• There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. • Gap of 15 ICU beds in CAV (2014 unmet needs study WG) • Funded increase in tertiary workload has increased the overall demands on critical care services in CAV • Poor infrastructure within the critical care unit – limited access to cubicles • Patient at Risk Team (PART) only operate during daytime hours (7am-7pm)		
Impact	• Adverse impact upon the Emergency Department and theatre flow • Untimely patient access • Inequity of patient access • 15% of referrals not admitted to critical care • Impact other operationally e.g. anaesthesia and theatres • Impact tertiary development e.g. ECMO • Patient outcomes worse • Reputation, Professional & Legal risk • Workforce - Reduced Recruitment & Retention • Poor staff morale and retention due to the sustained pressures in the system • Delayed admission and discharge from critical care leading to poor patient experience and outcomes		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	**25 (Extreme)**
Current Controls	• Strengthened site-based leadership and management • Strengthened OPAT oversight and support for DTOCs • Workforce plans in place to support recruitment and retention • Registered nursing recruited to establishment • Local escalation plan in place and utilised when appropriate to support operational pressures • PART team provide daytime support patients not admitted to critical care • Ringfenced PACU to protect elective urgent and cancer surgery • Winter escalation plan in place to support delivery of critical care to the sickest patients during the winter months		

Saunders Nathan
23/01/2023 12:30:29

Current Assurances	• Operational position reported into OPAT [1] • Key operational performance indicators and progress against plans reported into the clinical board 6 weekly [1] • ICNARC audit to provide assurance on outcomes [2] • Plans in development to increase level 3 bed capacity by three beds during 2023/24.[1] • Project team established to address medium term infrastructure constraints.[1]		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	**20 (Extreme)**
Gap in Controls	Development and implementation of a capacity plan to address the 15-bed gap Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow 24/7 PART team Development of a fit for purpose critical care unit (UHW2)		
Gap in Assurances	Able to meet the needs of the sickest or highest priority cases. Un-met not fully understood across the organisation.		

Actions	Lead	By when	Update since November 2022
1. Secure funding and develop implementation plan for further three ICU beds	PB	30/11/22	Funding not confirmed as at 10.01.23. Focus remains on utilising existing resource to rollout out to further clusters
2. Implementation of 24/7 PART team	PB	31/03/23	Plan developed. Funding not confirmed as at 10.01.23 and implementation on hold.
3. Implementation of the UHW site masterplan and critical care infrastructure programme a. Medium term development of additional cubicles and support facilities b. Development of a new unit as part of UHW2 development. c. Transfer of LTiV services to a bespoke facility in UHL	AH / PB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions. Awaiting decision from WG on funding of stage 1 of the infrastructure programme
4. Ongoing development of recruitment and retention strategies	JR / RG	31.03.23	This piece of work continues
Impact Score: 5 Likelihood Score: 2	Target Risk Score:		**10 (high)**

Saunders,Nathan
23/01/2023 12:30:29

4. Cancer Services – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.

Risk **Date added: 01/11/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable cancer services.		
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments to see elective patients in a timely manner has also impacted on those waiting on a cancer pathway. • Referral demand for cancer is now greater than pre-Covid levels and our planned care system has struggled to respond to this increase in demand and carve out sufficient capacity for cancer at outpatients, diagnostics, and treatments stages • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff • Weaknesses in the central cancer team in terms of changes of leadership, structure, vacancies and temporary staffing leading to lack of clarity and consistency		
Impact	• Long waiting times for first contact and diagnostics contributing to lengthening of the overall pathway for cancer patients • Overall PTL has grown 3-fold since pre-Covid • Significant volumes of patients now waiting >62 days and >104 days • Potential for harm e.g. missing the window of opportunity for surgical intervention, delays to starting chemotherapy/radiotherapy • 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)**
Current Controls	• Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 2022/23 Operational Plan • SOP in place to support tracking process • Roles and responsibilities redefined • Training being rolled out to refresh understanding of SCP guidance • Workforce team continue to support recruitment and retention • Ambition clearly stated – first contact by day 10, diagnosis by day 28, treatment by day 62 • Two cancer summits held with senior leadership teams, directorate management teams and tumour site clinical leads • Demand/capacity work commenced		

Saunders,Nathan
23/01/2023 12:30:29

Current Assurances	• Operational position reported into Cancer Oversight Meeting weekly tracking improvements(1) • Executive Cancer Board meets quarterly(1) • Mechanisms in place to monitor key schemes in Cancer as part of the Operational Delivery Plan (1) • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee (1) • Breach reports produced for every patient treated >62 days (1) • Harm reviews conducted for every patient treated >146 days (1) • Cancer reported as part of the Board Integrated Performance report (1)		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	• Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer • Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances	• Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers • Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place • The Cancer Strategy needs to be finalised and a workplan developed		

Actions	Lead	By when	Update since November 22
1. Continue to develop and iterate the demand/capacity work	HE/JC	31.3.23	D&HI team are engaged in the work
2. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey	RL	31.3.23	Support from the WCN to undertake a number of deep dives – focus on lung and urology initially
3. Establish a weekly PTL meeting with General Managers/Directorate Managers	JC	30.01.23	Terms of reference being drafted
4. Finalise the Cancer Strategy and develop a workplan	RL/BW	31.3.23	Draft strategy completed and is on the agenda for Exec Cancer Board in November
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,Nathan
23/01/2023 12:30:29

5. Stroke Services – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing given the capacity constraints within the footprint.

In addition to thrombolysis treatment rates, there has been improvement in thrombectomy assessment, referral and procedures delivered both internally and referred to Bristol. There has also been focused training for acute medics on stroke assessment, thrombolysis and thrombectomy. The Stroke CNS role is being protected where possible; recognised that this team are the drivers and facilitators of the thrombolysis pathway.

Investment is needed for increased Stroke resource at the front door – allowing patients to be seen, diagnosed and treated in a timely manner, ultimately reducing mortality and improving outcomes for patients. The aims are to improve Tier 1 performance and most importantly, safer care for our Stroke patients

Risk **Date added:** **01/11/2022**	Poor compliance with SSNAP – currently a D grade centre.
Cause	• An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients. • The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED. • Pressures across the system mean that Stroke beds are often used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning. • Since additional capacity beds which were collocated with stroke closed in August 22, performance against the 4 hours admit target improved to 20% in September. Support is needed to protect stroke beds for patients on the stroke pathway • Stroke CNS being pulled into ward numbers due to poor staffing levels

Saunders,Nathan
23/01/2023 12:30:29

Impact	• Delays in patients receiving their CT scans within 1 hour • Delays in patients being recognised as potential Stroke patients • Delays in patients receiving timely treatment such as thrombolysis • Delays in patients being recognised as potential thrombectomy patients • Patients not receiving swallow screening in a timely manner (<4 hours) • Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours) • Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits) • Poor patient outcomes • Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20**
Current Controls	• Awareness raising on the importance of early swallow screen assessment – investment in training over the summer needs reinforcement with the timing of swallow screen and its urgency. • Taking any golden opportunities, we can – whenever there is capacity on the stroke unit, the stroke team are driving and pushing the ED stroke pathway to achieve the 4 hours admit wherever we can. The stroke team are real champions of the principles of 'Think Thrombolysis, Think Thrombectomy' and are pushing the imaging pathway to reach diagnosis as early as possible and ensure all patients are considered and assessed for urgent treatments which could reduce the disabling impact of the stroke. • Stroke Service Manager in post since July; Clinical Director for stroke in post from October. Dedicated resource for focused work with ED, radiology and medicine to ensure the optimal stroke pathway is in place and applied for all patients. • Seeking investment for uplift of CNS resource and dedicated stroke medical resource to support the front door for stroke. • Wider programme of works is needed to continue momentum of a stroke service improvement programme, particularly given future requirements for regional network service delivery and for UHW to become the regional thrombectomy centre		
Current Assurances	• Operational position reported into MCB (Monthly) (1) • Mechanisms in place to monitor key schemes in Stroke Operational Group and MCB SMT/IM DPR (1) • Monthly touch point meeting with the Delivery Unit (1)		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Lack of consistent cover to the ground floor by a dedicated Stroke Medic CNS cover not 7/7 Stroke beds not ringfenced SRC capacity		
Gap in Assurances	Competing demand on regional, thrombectomy and clinical board priorities		

Actions	Lead	By when	Update since November 2022
1. Nursing Uplift Stroke CNS cover to 12 hour shifts 7 days per week. **Benefits** Increased out of hours CNS support to Code Stroke, facilitation of thrombolysis and thrombectomy treatment pathways, 4 hours admit target and nurse assessments. **Interdependencies / Risks** Capacity and flow, medical support	DP/NW/NT/TH	31/01/2023	This is being undertaken

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2. Medical Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5) Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions **Benefits** Cross speciality working - more sustainable OOH model and offers training opportunities. Reviewing the structure of the out of hours rota will offer further support to the medical on call team. Specialist middle grade and uplift of consultant sessions would support TIA clinic reconfiguration and front door senior decision making. Improved selection of patients for C4 beds, improved management of mimics in ED, acceleration of stroke assessment and diagnostics, improvement in 4 hours admit. This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment. **Interdependencies / Risks** Uplift is needed both in and out of hours. Locum posts are expensive but it is unknown if the workforce is there for external middle grade or consultant recruitment.	TH/NT/SB	31/01/2023	Locum SHO secured which will allow 6 sessions of front door Stroke cover – achieved November 2022, sessions in place to support front door stroke and TIA assessments. Funding for 3 sessions reinvested from stroke service; funding for 4th session agreed by MCB Jan 23.
3. Capacity C4 beds only to admit those patients on the stroke pathway with a protected minimum of 4 beds. Until additional capacity Winter beds open the ask is to cap medical outliers to 4 on the ward at any one time. **Benefits –** median number of admissions per day = 3 in September. 4 beds protected should offer admission capacity for most new stroke patients and we would hope to see the 4 hours admit performance >50%. When necessary to relieve pressure across the system medical outliers would be admitted; the cap would attempt to minimise the impact of these admissions on stroke performance. **Interactions/Risks** – Ability to create 4 beds each day once used is uncertain. Exit strategy needed for any medical outliers and stroke mimics. Flow needed across whole stroke pathway; community services to be approached re options to prioritise stroke beds in CRT slot allocation if possible.	NT/DP/NW/SB	31/01/2023	SOP being produced for the ringfencing of beds Agreement being sought at Clinical Board and Health Board level for ringfencing of beds "Golden days" where beds are available at the beginning of the day to show the art of the possible
4. Diagnostics Daily imaging 'hot slots' for carotid dopplers/ MRIs/ CTA for stroke patients.	NT/TH	31/01/23	Ongoing discussions with radiology to create slots Use of the CD&T escalation email to prioritise Stroke

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Benefits – Timely diagnoses and treatment for both stroke patients and stroke mimics. Improved discharge profile to support protection of beds. **Interactions and Risks –** hot slots may not be needed every day (would be booked by 10am and released back to radiology if not needed). Ideally would operate over 7 days.				patients for discharge dependent MRIs, etc.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		**10 (high)**

Saunders,Nathan
23/01/2023 12:30:29

6. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/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	20 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 • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels		
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)**

Saunders,Nathan 23/01/2023 12:16:29

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 November 2022
1. Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff	LD	30.11.22	UPPC in Cardiff CRI went live in December. Further roll out in Cardiff North planned for Feb. MDT Cluster work is separate and ongoing.
2. Development and implementation of one Urgent and Emergency Care Plan, aligned to the National six goals	PB	31/10/22	Complete - Delivery Board relaunched in January, approach agreed at SLB in December.
3. Introduce Medical Same Day Emergency Care Unit moving to new area whilst introducing senior clinical triaging and hot clinics	PB	30.11.22	Complete -MSDEC moved to interim location.
4. Introducing frail assessment service in emergency and assessment area UHW	PB	30.11.22	Complete - Frail service went live.
5. Develop SOP for A1 (medical short stay ward) and SOP for Zero four-hour ambulance handovers	PB	30.11.22	Complete - Both actions implemented. A1 has led to improved turnaround, reduced length of stay and more patients admitted and discharge.

Saunders Natalie 23/01/2023 12:20:20

			Ambulance handover performance improved.
6. Develop cohesive Winter Plan that introduces 150 beds or bed equivalents 7. Develop acute admission protocols	PB PB	30.11.22 30.11.22	Complete - Circa 150 beds / bed equivalents are being delivered through winter plan Action ongoing – aim for completion in February.
8. 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 with new IMT introduced bi-weekly chaired by SR to increase focus on actions
9. Introduce integrated care assessment unit as part of the Winter Plan to discharge patients into UHW Lakeside for focused social care intervention whilst maintaining care.	PB	31.10.22 - 31.01.23	Complete - IACU opened in LSW. Reduced length of stay for MFFD patients – increasing from 27 to 41 patients in next two weeks.
10. 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.
11. 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,Nathan
23/01/2023 12:30:29

7. Planned Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.

Risk **Date added: 01/11/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable planned care services.		
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments for urgent/emergency care has impacted on those waiting to access the system for planned care. • Referrals for planned care are at pre-Covid levels overall, however there is significant variation between specialities. Whilst our planned care system (outpatients, diagnostics, treatments) is almost back to full capacity, it has been challenging to achieve activity levels significantly above pre-Covid activity. • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff		
Impact	• Significant volumes of patients waiting for new outpatient appointments, diagnostics and treatment • Some patients are tipping over into waits of more than 3 years, some of these are still at the outpatient stage • Potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients have yet to be seen by a secondary care clinician and priority determined • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) • Organisational/reputational harm due to political and media interest and scrutiny		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	**16 (Extreme)**
Current Controls	• Planned Care is one of the delivery programmes in the 2022/23 Operational Plan • Demand/capacity work undertaken to model expected delivery against the ministerial measures • Additional capacity schemes funded through WG planned care monies are in place and delivering e.g. independent sector, mobile ophthalmology theatres, 2nd gynae treatment room commissioned, spinal unit commissioned, mobile endoscopy unit in place • Workforce team continue to support recruitment and retention • Suite of reports and dashboard created by the Digital and Healthcare Intelligence team to support Directorate teams and Clinical Board in terms of managing the planned care position		

Saunders,Nathan
23/01/2023 12:30:29

Current Assurances	• Current position against 52/104weeks monitored via weekly Planned Care Performance meeting (1) • Operational position reported into daily/weekly 'hot' reports(1) • Elective Care Delivery Group in place monthly; suite of metrics reviewed at every meeting (1) • Monthly meeting with the Delivery Unit on Planned Care(1) • Mechanisms in place to monitor key Planned Care schemes as part of the Operational Delivery Plan (1) • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee (1) • Planned Care reported as part of the Board Integrated Performance report (1)		
Impact Score: 4	Likelihood Score: 3	Net Risk Score:	**12 (High)**
Gap in Controls	• Further demand/capacity work required together with an indication of the ministerial targets to inform the plan for 23/24 and assess deliverability • Availability of planned care funding may mean that choices need to be made in terms of delivery • Further work required to maximise treat in turn • Solutions required to ensure all specialities can access sufficient capacity to enable a return to pre-Covid levels of activity • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances	• Since the Operational Plan Delivery Group meeting has been stepped down, there is a need to consider the governance mechanisms by which key risks and messages from the Elective Care Delivery Group are escalated • Whilst a sub-group on supporting patients whilst they are waiting has been established, the group is in its infancy and needs to progress at pace		

Actions	Lead	By when	Update since November 22
1. Continue to develop and iterate the demand/capacity work for 23/24 to inform the IMTP	AW/JC	31.1.23	D&HI team are engaged in the work and first draft will be complete in January
2. Establish key priorities and a work plan for the supporting patients sub-group	EC	31.12.22	Complete. Group is in place and meeting monthly. Two sub-groups have been established with work due to commence in January.
3. Continue to progress plans to maximise activity and monitor via the Planned Care Performance group	JC	Weekly	Complete - Meetings in place
4. Agree formal reporting mechanisms from the Elective Care Delivery group through to SLB	PB/HE	31.12.22	Under consideration as part of review of COO meeting structures Proposal taken to SLB on 22.12.22
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
Impact Score: 4 / Likelihood Score: 2	Target Risk Score:		**8 (High)**

Saunders,Nathan
23/01/2023 12:30:29

8. 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 and cost of living crisis 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 o structural issues, e.g. income, employment, education and housing o unhealthy behaviours o inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs • It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which

Saunders,Nathan
23/01/2023 12:30:29

	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 diseases including 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

Saunders,Nathan 23/01/2023 12:30:29

	and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments • All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race • 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. Staff have been signposted 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 Health Needs Assessments 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. • The latest Annual Report of the Director of Public Health report on value, (in draft) also contains a chapter which focuses on the relationship between a Value-based approach and reducing inequities.
Current Assurances Saunders,Nathan 23/01/2023 12:30:29	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. • Discussions with Public Health Wales have been held to support the development and regular monitoring on health inequities.		
Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**
Gap in Controls	• Uncertainty around progress of the pandemic due to uncertainly of population spread as we move towards endemicity, and future risk of variants • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work		
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales		

Actions	Lead	By when	Update since 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 March 2023	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	January 2023	The Executive Director of Public Health has agreed a collaborative partnership approach to 'Amplifying Prevention' with both local authorities and action plan agreed. Delivery to date includes a partnership workshop agreeing regional opportunities for healthier advertising, TTP contact tracers contacting parents whose children have missed childhood vaccination to offer a replacement appointment, and development of staff training resources. Targeted immunisation/bowel screening communications to cluster areas and communities with lower uptake, and eligible staff

Saunders.Nathan 23/01/2023 12:30:29

		April 2023	groups, will commence in January 2023. A set of indicators will be agreed to measure impact for 2023. A strategic framework for tacking inequalities is being planned and has had agreement in direction across the Executive team. 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 A comprehensive Health Needs Assessment for Inclusion Health has been completed, with Board level support for development of a new clinical model, a programme board established, and Executive and Clinical leadership agreed.
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress	Fiona Kinghorn	March 2023	Amplifying prevention indicators being developed
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**11 High)**

Saunders,Nathan
23/01/2023 12:30:29

9. 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 impact of the pandemic, immunisation programme, Winter, Social Care workforce challenges and urgent service recovery plans has led for an increasing need in clinical staff. 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 has stabilised over the last 2 months but remains high at just over 7% which is 2% higher than pre-pandemic. The situation is still very challenging and we anticipate that the position may worsen over the Winter months. 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. • Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. Trade Unions have been campaigning for the last few months.
Impact	• Negative impact on our people and our teams, as a result we are experiencing: - High levels of sickness absence and lack of management capacity to support staff appropriately; - 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.

Saunders.Nathan 23/01/2023 12:30:29

	• A number of Trade Unions are balloting their members for industrial action over pay, e.g. RCN, Unison, RCM, etc.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Commencement of a People and Culture Committee in 2023 to provide more scrutiny and assurance to Board. • People and Culture Plan with robust processes to monitor progress against the key deliverables. • The People & Culture Team are focusing on the 'Main Effort' over the Winter which is recruitment, retention and wellbeing. Supported by Workforce Planning and systems that drive efficiency. • Hotspots are identified using our workforce data, plans are developed with the team to support with recruitment, retention, staff wellbeing, etc. • The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional Winter capacity at pace. • A People Resourcing Team, supported by the well-established Nurse Resourcing Team is now well established. Focusing on improving attraction, recruitment and retention. Also increasing the supply of our temporary workforce, via the Staff Bank. • Increased the variety of roles employed by the bank to avoid Agencies which has included Geneticists, pharmacists, Allied Health professions etc. • 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. • Focussed recruitment campaigns to improve the diversity of our workforce and to positively benefit the local community. • 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 (using temporary workforce), maintain quality and reduce costs. Fill rate is consistently over 90%. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually. • E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system and Safe Care is progressing as outlined in the implementation 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. • Workforce Plans are being developed for each Clinical Board initially concentrating on our Nursing workforce, which is the staff group where we have the biggest gap in supply. Workforce Plans are also being developed for our Medical workforce. The aim is to have workforce plans for all our Clinical/Service Boards for all staff groups.	

Saunders.Nathan
23/01/2023 12:30:29

	• An Industrial Action Contingency Planning Group was established in September 22 and meet fortnightly to ensure the risk of IA is managed, have contingency plans in place to enable the UHB to deliver emergency and critical services to our patients/citizens/population.		
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, LNC, LPF). (1) • Updates provided to Strategy and Delivery Committee and Board on Industrial Action (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. Awaiting Board approval to recruit 147 International Nurses, arriving between May and October 2023. Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since Nov 2022
1. Approval to engage in the All Wales International Nurse Recruitment Campaign (cohort 2 – end of 2022/early 2023)	Jason Roberts	Nov 22	A paper was considered by SLB in Nov and will be discussed at Board in Jan 23. A workforce plan specific to OSN is being developed which will support decision making.

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

Saunders,Nathan
23/01/2023 12:30:29

10. 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 • Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team		

Saunders.Nathan
23/01/2023 12:30:29

	• 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 November 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	Nov-March 23 April 2023 Ongoing Jan-March 2023 Feb 2023 Ongoing	Acceler8 Senior Leadership Programme Cohort 2 continuing with full attendance. Cohort 1 to join Leadership Alumni in January 2023, Collabor8 Leadership programme continuing. Review of Leadership Development Strategy underway to ensure programmes and competencies appropriately identified and developed. Education, Culture and OD Team (previously LED) facilitating delivery of 'bite size' leadership and management opportunities including Coaching for Performance (CD Programme and AWMGS); Effective Communication Skills; REACTMH (CEF)(having effective wellbeing conversations). Workshops are being targeted to areas of need throughout Winter months to support focus on retention, wellbeing and recruitment. Enhancement 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. Mentoring training delayed due to challenges in attendance, will now take place Jan-March 2023 3 Coaching supervisors have been identified, training to commence February 2023. 3 more to be identified, engagement via staff networks to be under-taken.

Saunders,Nathan
23/01/2023 12:30:29

		Ongoing	Simplified VBA process has been communicated and training ongoing to support for both managers and staff. Simplified paperwork agreed and part of communication. All CBs have provided an action plan and trajectory for achieving VBA targets by March 2023 (60%) and June 2023 (85%). VBA training continues to be well attended and compliance is showing an increase in December 2022.
		February 2023	Continued requests to facilitate cultural programmes within directorates and teams. ALAS work underway utilising Culture and Leadership Programme and Framework. Cultural Survey closed Dec 30th and analysis ongoing. Focus groups planned for January 2023.
		Jan-March 2023	Working with HEIW to arrange workshops with NHSE/I on Culture and Leadership Programme Framework. Working to identify a consistent and effective approach to Cultural Assessment. Working with HEIW and external providers to assess available tools and mechanisms.
		Jan-March 2023	6-month programme of work developed to support EU, continuing. Toolkit / facilitator pack being developed to be utilised in other areas as and when required. Internal Audit undertaken June-August 2022 (Staff Wellbeing, Culture and Values at CAVUHB). Overall 'Reasonable Assurance' reported, Presented at Audit Committee November Equity and Inclusion Audit terms of reference received, to take place Jan-March 2023.
2. Showcase	Rachel Gidman	Oct 2022	Showcase launched via all Staff Comms in October 2022.
3. Equality, Diversity and Inclusion	Rachel Gidman	Dec 2022	Equality Strategy Welsh Language Group is established and taking place on a bi monthly basis. A flash report template has been launched within the group to support Clinical Boards reporting progress at ESWLSG.

Saunders,Nathan 23/01/2023 12:30:29

			Review of group TOR taking place to ensure all CBs are represented.
Welsh Language Standard being implemented.		Jan-March 2023	A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. Cost effectiveness of SLA currently being reviewed based on costs per word and waiting times.
Inclusion - Nine protected Characteristics		Jan-March 2023	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. The Inclusion Ambassador Pack will be promoted during Feb and March 2023. Identifying training for mentors to support Inclusion Ambassadors at executive level. Will adopt a 'reverse mentoring' model. Step two will be identification / nominations for mentors. 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.
		Jan-Feb 2023	The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board development has continued following the initial session in August 2022. The Board Development session planned for Dec 2022 was delayed due to Industrial Action, the session will now take place February 2023 supported by Race Equality First in collaboration with the One Voice Network.
		Jan-March 2023	Development of the draft CAV Anti-Racist Wales Action Plan has started via a staff and TU working group. Stonewall Workplace Equality Index was submitted in September 2022,

Saunders.Nathan 23/01/2023 12:30:29

			results will be published February 2023. Stonewall Equality Survey currently being promoted across the UHB. Access into work programmes are progressing well, including Project Search and Kickstart. Work has commenced on development of a framework looking at Equality, Health Inequalities and Safety. A draft framework to be completed by end of March 2023. Collaborative work involving E&I Team; ADOD; PH; Patient Experience; Quality and Safety.
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)**

Saunders.Nathan
23/01/2023 12:30:29

11. 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		

Saunders.Nathan 23/01/2023 12:30:29

	• 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 high 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 November 2022**
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID		Nicola Bevan	Ongoing	Continuing to support the lead counsellor to identify and deliver bespoke support and development in areas of need. Work to date includes: Nephrology HMP; AWMGS; Children's Hospital; Health Visiting; Nurse Assessors. EWBS are supporting the Main Effort through co-ordinating support and focus over the Winter months alongside People and Culture Roadshows, visiting sites across UHB to provide support and signposting re subjects

Saunders.Nathan 23/01/2023 12:30:29

			including Cost of Living; Wellbeing; ED&I.
		Jan-March 23	Working with the Money and Pensions Service (MaPS) a series of roadshows were held each day across the UHB throughout 'Talk Money Week' 7th-11th Nov to support staff with the Cost of Living (CoL). In total 8 roadshows have been held to date with an approximate 400 staff engaging with the roadshow reps. including Cardiff Credit Union, Staff representatives, P&C, EWS, Occupational Health, the chaplaincy service. Future roadshows are planned throughout January with Financial Wellbeing packs being circulated to key leads in primary care and community for cascading through the teams. On line MaPS presentations on 'pensions' and 'pensions and menopause' were held in Nov 2022 Members of the EWS provided wellbeing 'walk about' twilight visits at UHW and UHL.
		Feb 2023	'Stop Loan Sharks Wales' are providing an online presentation for staff in Feb 2023.
		Feb 2023	A staff Financial Wellbeing pathway has been drafted with a view to being circulated by end of Jan 2023.

Saunders,Nathan
23/01/2023 12:30:29

		Jan-March 2023	Dedicated staff financial wellbeing and CoL web pages have been established on sharepoint. Ongoing MaPS workshops being arranged for the various network groups, P&C and line managers. Working with ECOD the first training sessions for line managers were held in Nov 2022. Workshop for the Wellbeing champions scheduled for 28th Feb 2023
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	Nicola Bevan	Interventions proposed implementation April 22 – 2023 Feb 2023 Jan-March 2023 Jan-March 2023	The Health Intervention team have produced a draft Impact Report which is currently under review. Priorities identified include: A draft proposal Wellbeing Strategy and Framework will be presented to the Strategic Wellbeing Group for discussion in February 2023. Implementation of works around rest space has been completed. Issues with 'ownership' and location of hydration stations persists. The HI Team are working with CEF and Water Safety Group to resolve. Peer support developments – MedTRiM (training Oct - Dec 2022); Schwartz Clinical Lead and steering group training (Moved to Feb 2023 Sustaining Resilience at Work Pracitioner Training (StRaW) being undertaken by Children and Women CB supported by P&C Team.

Saunders.Nathan 23/01/2023 12:30:29

3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Bevan	31.03.23 Jan-March 2023 Jan 2023 Jan-March 2023	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 February 2023. Financial Wellbeing Working group has been established in partnership with Tus. Programme of roadshows, signposting; workshops, etc delivered in November and December 2022. Fortnightly roadshows ongoing in Jan-March 2023. Currently exploring use of Wagestream, a platform that supports financial wellbeing and education. Presentation planned for SLB Jan 2023. Cost of Living action plan has been developed, reviewed weekly to ensure information shared and signposting updated. Internal audit highlighted action for SharePoint sight re inclusion and signposting to wellbeing resources. Work has now been completed but online areas under regular review. Analysis of engagement results and feedback from wellbeing surveys has indicated low levels of

Saunders,Nathan
23/01/2023 12:30:29

		Jan-Feb 2023	staff morale, engagement and wellbeing. Dashboard of results being produced for sharing with CBs, to be shared Jan-Feb 2023. Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned.
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 Saunders,Nathan 23/01/2023 12:30:29	Claire Whiles	31.03.23	Leadership and Management development offerings to support staff health and wellbeing added to existing offerings, e.g. REACTMH training; Managing Remote Teams REACTMH train the trainer completed. Roll out plan commenced with information session to CEF Dec 2022. Added to existing training, next steps to roll-out bite-size. Acceler8 Cohort 2 ongoing. Four modules completed to date. Collabor8 Leadership Programme commenced October 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. Mapping session re-arranged for Jan 2023 due to sickness.

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.	Claire Whiles	Feb 2023 Feb 2023 Nov-March 2023	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. Wellbeing Strategy and Framework draft proposal received. Will be presented to Strategic Wellbeing Group Feb 20232022. Two of the three Schwartz Round Clinical leads have been agreed, awaiting final nomination,. Training for Leads to take place Feb 2023, call for nominations for facilitators end Jan 2023. Steering Group Members to be decided and training arranged. Recruitment of facilitators to be positioned to ensure representation of workforce population, collaboration with existing networks essential. Change of focus from 'local pilots' to whole UHB – plan being adjusted accordingly. Risk re Schwartz Round Administrator role – currently not assigned. Wellbeing Retreat Pilot commenced July 2022. Retreats until Nov 2022 all completed and evaluation to commence in Feb 2023 through focus groups. Remaining sessions to support areas of need in March 2023. Room Refurbishment complete,

Saunders.Nathan 23/01/2023 12:30:29

			including delivery and installation of artwork. HIT working with Estates Team organising hydration station installation. Work with Water Safety Group next step – areas identified and units purchased. Delay due to issues arising with 'ownership and responsibility' and concerns of WSG. Cost of Living working group meeting regularly to review actions. UHB Wellbeing Strategy / Framework in draft. To be discussed at Strategic Wellbeing Group Feb 2023. Management Response to Internal Audit agreed and returned and presented at Audit Committee. Focus on staff wellbeing to support retention. Collaborative working across P&C Team and CBs, including TU partners.
Impact Score: 5	**Likelihood Score: 1**	**Target Risk Score:**	**5 (Moderate)**

Saunders,Nathan
23/01/2023 12:30:29

12. 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.		

Saunders.Nathan 23/01/2023 12:30:29

	• 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. • Welsh Government has agreed the Strategic Outline Case scope and a resource request has been submitted to Welsh Government. • In accordance with the prioritised plan the Board approved and submitted to Welsh Government the Tertiary Tower Business Case and the Vascular MTC Theatres Business Case. This will improve the overarching theatre provision.
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) • Timely decision making in relation to the Shaping Our Future Hospitals Strategic Outline Case (3)

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.
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.

Saunders,Nerys 23/01/2023 12:06:23

Actions	Lead	By when	Update since November 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	Catherine Phillips	31.03.23	It has been agreed that this document will be reviewed in 22/23 but there will be some

	to understand what is required will take place before Christmas			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	This continues with discretionary capital.
3.	The Health Board continues to progress a number of major capital schemes (including Shaping Our Future Wellbeing in the Community and Shaping Our Future Hospitals Programme) aligned to our prioritised 10-year Capital Programme outlook.	Abigail Harris	31.03.23	Update included under current controls.
4.	An acute infrastructure group is overseeing the short – medium term priorities.	Abigail Harris	31.03.23	The group continues to meet to agree priorities.
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**		**10 high)**

Saunders,Nathan
23/01/2023 12:30:29

13. 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) 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)		

Saunders,Nathan 23/02/2023 12:30:29

	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. The Health Boards position has deteriorated in relation to its financial position.		

Actions	Lead	By when	Update since November 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	Revised financial forecast agreed by the Board in November and submitted to Welsh Government.
3. Provide Q3 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	31/03/23	This will be presented to Strategy and Delivery Committee and Board in January 2023

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

Saunders,Nathan
23/01/2023 12:30:29

14. 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. An additional Performance Review Meeting is now taking place with CB Teams to focus on Financial Performance		
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: 4	**Net Risk Score:**	**20 (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. Our current forecast outturn does not match our financial plan for 2022/23.		

Actions	Lead	By when	Update since November 22
1. Continue to work with Welsh Government to manage our recovery and COVID 19 response as well as exceptional cost pressures.	Catherine Phillips	31/03/23	This continues to take place to understand resources which will be made available to the Health Board in 2022/23.
2. Allocation letter has been received from Welsh Government and impact upon financial performance is being developed	Catherine Phillips	31/03/23	Board to be advised during Q4 of the actions

Saunders.Nathan 23/01/2023 12:30:39

				and implications of receipt of allocation letter
3.	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	31/03/23	The Board has approved the financial outturn position to £26.9 in November 2022. The Health Board considers that it will meet the revised outturn position.
4.	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	31/03/23	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. An additional Performance Review Meeting is now taking place with CB Teams to focus on Financial Performance
Impact Score: 5	Likelihood Score:1	**Target Risk Score:**		**5 (Moderate)**

Saunders,Nathan
23/01/2023 12:30:29

15. Digital Strategy and Roadmap – Director of Digital & Health Intelligence (David Thomas)

CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.		
Date added:	04.10.22 (updated 06.01.23)		
Cause	CAVUHB IT and digital services are known to have been historically underfunded resulting in a significant legacy deficit in infrastructure, applications and informatics capability that has built up over at least a decade (our PMS and the core module that sit on top for UEC, inpatients and outpatients were built c20 years ago). Colleagues need mobile, scalable, agile solutions which are unachievable whilst we are locked into legacy. There are some programmes and plans identified to rectify these issues however they are unachievable with the current resource allocation		
Impact	We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance ○ Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings Recruitment remains a challenge requiring the use of interim agency support in key areas. Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see. There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Digital strategy approved by Board in20/21 with roadmap for 21/22/23 • Digital components described in IMTP • Some additional funding secured via the Business Case Advisory Group • IT infrastructure priorities developed and set out for 2022-2025 • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.		
Current Assurances	• D & HI have a number of business cases in development which require revenue investment (1) • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare (1)		

Saunders Nathan 23/01/2023 12:30:29

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	• Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure.		
Gap in Assurances	• Unable to currently provide assurance that the finance will be provided		

Actions	Lead	By when	Update since November 22
1. Discussions with DoF to feed into Digital Financial Plan	DT	31.03.23	Complete – see action no.4 and 5
2. HIMSS assessment of our Digital maturity to be carried out in Qtr 4	DT	31.03.23	The assessment will be undertaken in Q4
3. A ten-year investment request developed and submitted to WG outlining capital and revenue requirements.	DT	31.03.23	See action 4 and 5 this is partially completed with the full 10 year investment request been undertaken by financial year end.
4. Additional investment request submitted to WG for Digital SOC development resources	DT	31.03.23	**New action**
5. Detailed case for investment to be presented at private meeting of DHIC committee (Feb 22)	DT	14.02.23	**New action**

Impact Score: 5	**Likelihood Score: 3**	**Target Risk Score:**	**15 (Extreme)**

Key:

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

Saunders,Nathan
23/01/2023 12:30:29

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	Quality, Safety and Experience Committee – Chair's Report				Agenda Item no.	6.5	
Meeting:	Board		Public	x	Meeting Date:	26 January 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	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 highlight the key issues which were raised and discussed at the Quality, Safety and Experience Committee's meetings held on 29 November 2022 and 10 January 2023.

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

The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.

Medicine Clinical Board – a Patient Story – this was presented to the Committee in November. It described a patient with very complex needs, which included medical, psychological as well as social needs, and the care that she received from the Health Board. The Story highlighted a number of issues and learning opportunities, for example: -

(i) the ward environment was not conducive to the patient's recovery.
(ii) The importance of engaging the patient's GP in the multidisciplinary team at the outset.
(iii) Access to psychological support was limited and the patient had to engage her own psychological support. It was noted that the Health Board would consider how it could offer psychological support as part of its offering as many patients needed that support.
(iv) The patient's needs had fallen between services, thus leading to an extended length of stay in hospital.

The Committee was advised that the themes and learning opportunities that the Patient Story had raised would be taken to the multidisciplinary team for discussion and consideration.

Medicine Clinical Board Assurance Report – the Committee was advised, at its meeting in November, that maintaining safe and timely patient flow, especially within the Emergency Department, continued to be a significant risk. Some of the measures that had been taken to address that risk included: -

(i) the commencement of a new Frailty zone/service in the Assessment Unit; and
(ii) Reconfiguration of Wards A1 and C5 to facilitate the "right bed first time".

Saunders, Nerys (HCC-Trainee)
23/01/2023 13:30:11

The Committee was also informed that the biggest risk to the Medicine Clinical Board (MCB) was staffing. It was noted that different models of healthcare were being looked at with other Health Boards in Wales. Further, that the MCB was trying to build its workforce around the patient rather than looking at the traditional models of care.

Surgical Clinical Board – Patient Story – at its Meeting in January, the Committee received a Patient Story which highlighted the benefits of using robotic surgery for the treatment of head and neck cancer. The Committee heard that this robotic surgery was established in December 2019 and was a national service being provided by the Health Board across Wales at UHW. In this particular case, the patient had been referred to UHW for robotic surgery because the primary source of cancer had not been located. The patient's feedback received following his treatment highlighted some of the benefits that this type of surgery yielded, including: -

- better outcomes for these patients – robotic surgery found cancers in this cohort of patients which pre-robotic surgery would not have found.
- De-escalated treatment – reduced length of stay in hospital and less chance of the patients requiring further surgery/treatment. This particular patient had commented that he had received excellent post-surgery care on Ward A 2.
- Meetings with the UHW clinicians/pre-opt team and post-opt team were all done remotely. This particular patient lived in North Wales and the only time he came to Cardiff was for surgery.

Surgical Clinical Board Assurance Report – the Committee received this comprehensive assurance report and key items discussed included the following: -

- 5 Steps to Safer Surgery audit follow up – Audit Wales were happy with the improvement actions that had been put in place.
- Trauma SDEC – had been set up with the aim of improving time to surgery, returning the patients home early, to recover patients in a timely manner, to improve patient satisfaction and avoidance of admission.
- Fracture neck and femur pathway – there was a need to improve patient experience in EU to move patients to a dedicated bed and into theatre with 36 hours of admission.
- Workforce – had remained a challenging area across all staff groups, although efforts were being made to make the best use of resources. The Clinical Board had recently held a "Surgical Stars Awards" in recognition of the extraordinary lengths staff went to make a difference for patients.

Quality Indicators Report – key highlights were: -

(i) Hospital Infections – Ecoli, MRSA and MSSA infections had shown an in year improvement against the 2018-19 baseline, although Cdff in year had increased. A root cause analysis would be undertaken and learning shared with the relevant areas. Since January 2022, there had been no hospital acquired MRSA.

(ii) Pressure damage – a question was raised as to whether there was any correlation between staffing numbers and the level of pressure damage being seen. It was recognised that pressure damage remained a challenging area and that the collated data had not suggested that. However, it was noted that further work was being undertaken in order to improve matters, in particular with regards to obtaining more/better data from the Pressure Damage Collaborative Group, plus benchmarking against other Health Boards in NHS England. A further update would be presented to the Committee in March.

Saunders, Cathy 23/01/2023 12:39:29

Maternity Services – the Committee was advised that Health Inspectorate Wales (HIW) had undertaken an unannounced visit in November. The Health Board had submitted its improvement

plan, which would be received by the Committee as soon as the HIW report has been published. Following the Ockenden review, a resource gap analysis had been undertaken and the same was due to be submitted to the Health Board's Investment Group for consideration. Also, a Maternity Neo- natal group had been established in order to share best practice across Wales, with further details to be provided at the next Committee.

HIW Activity Overview – at its November meeting, the Committee was informed that HIW had undertaken five unannounced visits, namely: -

(i) Cardiothoracic Services at UHL – no immediate concerns were identified.
(ii) Emergency Department and Assessment Unit at UHW – a number of immediate improvements were identified and an action plan had been submitted in order to provide immediate assurance.
(iii) Stroke Services - a national review of patient flow in the Stroke pathway had commenced in 2021 and HIW was considering how Welsh Health organisations addressed access to acute care at the right time and in the right place.
(iv) Maternity Services – as mentioned earlier in this Report.
(v) Nuclear Medicine department at UHL – no immediate concerns were identified.

The Committee would receive full reports with regards to each visit once the formal HIW reports have been published.

Community Health Council Reports - during Quarters 2 and 3 the following final reports have been received: -

(i) Midwife Led Unit, UHW.
(ii) Island Ward Children's Hospital for Wales, UHW.
(iii) East 4 Medical, UHL.
(iv) Spinal Rehabilitation, UHL.

The main themes highlighted in those reports included:-

- Lack of Day Room and TV facilities
- Improvement to showering facilities for patients with mobility issues
- Improved storage facilities
- Improve parking availability
- Improve signage
- Improve Menus Mealtime Choices
- Encourage carers to support patient care.

The Health Board had also received the following reports during Quarter 2 and 3:-

(i) Mental Health Services
(ii) Veterans Survey Report
(iii) The Impact of Covid restrictions on people receiving care and their families and care for people living with long Covid.

Saunders,Nyman
23/01/2022 10:30:16

BAF – A number of new risks linked to Patient Safety have been added to the BAF. They include (i) Maternity (which has a score of 20), (ii) Critical Care (with a score of 20), (iii) Cancer (score of 15), (iv) Stroke (score of 15), and (v) Planned Care (score of 12). This was in addition to those already logged on the BAF – ie (i) Patient Safety (with score of 20) and (ii) Urgent and Emergency Care (score of 15).

Corporate Risk Register (CRR) - the Committee noted that 17 extreme risks on the CRR were linked to, or had Patient safety elements associated with them.

Safeguarding Annual Report – in November the Committee was advised of how a number of significant acts of law (eg the Social Services and Well-being Act (Wales) 2014, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, and the Modern Slavery Act 2015) had impacted upon the safeguarding work across the Health Board. That had led to significant changes in process, additional training and supervision, as well as relocation of existing resources. The Committee was also informed that there was a clear focus on achieving high levels of mandatory safeguarding training for all relevant staff. It was also noted that the Health Board's external providers (eg GPs, dentists and Clinical contractors) would be under a contractual obligation to undertake safeguarding training and to maintain appropriate safeguarding arrangements.

Policies – at its November meeting the Committee ratified the following policies and procedures: -

(i) Medical Equipment Management Policy (UHB 082) and Management of Medical Equipment Procedure (UHB 082);
(ii) Radioactive Substances Risk Management Policy (UHB 463);
(iii) Radioactive Substances Risk Management Procedure (UHB 464);
(iv) Exposure of Staff and Members of the Public to Ionising Radiation Procedure (UHB 465).
(v) Ionising Radiation Risk Management Policy (UHB 344).
(vi) Exposure of Patients to Ionising Radiation Procedure (UHB 345); and
(vii) Venepuncture for non-clinically qualified research staff Policy (UHB 364) and Procedure (UHB 365

The Committee also recommended that Board approve the Concerns, (Complaints) and Claims (Clinical Negligence, Personal Injury and Redress) Policy (UHB 332).

Acute Pressures – in January, the Committee was advised of the ongoing pressures with regards to the Health Board's bed capacity. In particular, there were 363 Patients who were medically fit for discharge, but who could not be discharged. It was also very challenging trying to admit into hospital those patients who required urgent specialist care. These acute pressures were being seen in all Health Boards across Wales. It was noted that the Health Board had taken some positive steps to address some of these pressures and that another Health Board (Hywel Dda) was due to visit the Health Board that week to take some positive learning from the Health Board.

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

The Board is requested to:

a) **Approve** the Concerns, (Complaints) and Claims (Clinical Negligence, Personal Injury and Redress) Policy (UHB 332); and

b) Note the contents of the Report.

Saunders,Nathan 23/08/2023 12:38:39

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

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: 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
23/01/2023 12:30:29

Reference Number: UHB 332 **Version Number:** 3	**Date of Next Review: December 2023** **Reference Number:** T/3

Concerns (Complaints) and Claims (Clinical Negligence, Personal Injury and Redress) Management Policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will manage all concerns/claims in accordance with the policy.

Policy Commitment

To provide a transparent, equitable and proactive approach to the management of concerns (Complaints and Claims) to ensure that learning is identified and actioned at the earliest opportunity**.**

Supporting Procedures and Written Control Documents
Other supporting documents are:
Responsibilities & Accountability Framework

Scheme of Delegation
Claims Handling Escalation Procedure
Standing Orders and Standing Financial Instructions
WHC (97) 17 - CN & PI : Claims Handling
WHC (97) 7 - CN & PI: Structured Settlements
WHC (98) 8 – NHS Indemnity – Arrangements for Handling CN Claims against NHS staff
WHC (99) 128 – Handling CN Claims: Pre-Action Protocol
WRP Claims Management Standards (April 2007)
WRP Reimbursement Procedure & other Procedures
Civil Procedure Rules 1998
Putting Things Right Regulations 2011 (Guidance amended November 2013)
Public Service Ombudsman Model Complaints Handling Policy

Scope

This policy applies to all of our staff in all locations including those with honorary contracts

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has / has been completed and this found there to be a positive. No key actions have been identified

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Concerns Department

Summary of reviews/amendments

Saunders Nathan
23/05/2023 12:30:29

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	13/09/2016	11/10/2016	New Policy superseding UHB 107,108,109
2	*18/12/2020*	*tbc*	Review following PSOW model complaints handling Policy WRP changes

1. POLICY STATEMENT

1.1 This document describes the Policy of the Cardiff and Vale University Health Board for the management of concerns (Complaints and Claims) made against the Health Board.

1.2 Both the human costs of things going wrong and the financial costs of providing redress are powerful incentives for effective risk management. It is acknowledged that funds that are spent on addressing and compensating could otherwise contribute to the continuous improvements of healthcare services and working environments. Therefore, this Policy forms an integral part of the Health Board's Risk Management Strategy and is intrinsically linked into the Health Board's systems for managing and learning from adverse incidents and complaints.

1.3 The Health Board aims to deal with all concerns made against it proactively, in an equitable, efficient and timely manner.

1.4 The Health Board will adopt a common and standardised approach in dealing with complaints, litigation claims for both clinical negligence and personal injury. The Health Board aims to gather all evidence as quickly as possible and, where liability is admitted, will seek to negotiate settlement in the shortest possible time therefore minimising unnecessary legal costs.

Saunders Nathan 23/01/2023 12:30:29

For complaints refer to appendix A for process

Claims

1.5 The Health Board will defend claims where appropriate. It will make every effort to resolve a claim before the issue of court proceedings and will explore the option of alternative dispute resolution methods when appropriate. However, where formal legal action or Court proceedings is required the Health Board will ensure that it conducts its defence of the Claim in a fair and timely manner, ensuring that legal costs are incurred appropriately and proportionately.

1.6 The Health Board acknowledges the importance of the claims management process within its organisation and will ensure that the process is supported by a robust escalation policy. The weekly executive meetings enable the timely consideration of identified legal cases.

1.7 The Health Board will comply with the Pre-Action Protocols laid down by the Civil Procedure Rules in dealing with all legal claims ensuring a constructive and open approach to claims that reduces delays and costs and the need for formal legal proceedings.

1.8 The Health Board is committed to learning lessons from claims to ensure the continued improvement in standards of patient and staff safety and services.

2. INTRODUCTION

2.1 This Policy has been produced in accordance with the references contained in Appendix 1 for the management of the following:

- clinical/medical negligence claims;
- personal injury claims;
- Redress claims

It does not cover Employment or Estates issues.

2.2 The Health Board has a legal duty of care towards those it treats, together with members of the general public and its staff. People who consider they have suffered harm from a breach of this duty can make a claim for compensation and damages against the Health Board.

2.3 For a claim to be successful, a claimant must prove:

- that he/she was owed a duty of care;

Saunders,Nathan 23/01/2023 12:30:29

- that the duty was breached;
- that the breach of duty caused, or contributed materially to, the damage in question; and
- that there were consequences and effects of the damage.

2.4 The Limitation Act 1980 requires that claims be made within three years of the date of the incident or three years from the date a claimant became aware that he/she had suffered from an episode of negligence. With minors, the three-year limitation period becomes effective once they have reached the age of 18. However, there are no time limits for people with a disability who cannot manage their own affairs. Claims exceeding the three-year limitation period can, however, still be brought against the Health Board at the discretion of the Court or by prior agreement to a moratorium of the three year limitation period

3. DEFINITIONS

The following provide definitions for clinical negligence, personal injury.

3.1 Clinical/ Medical Negligence

"A breach of duty of care by members of the health care professions employed by NHS bodies or by others consequent on decisions or judgments made by members of those professions acting in their professional capacity in the course of employment, and which are admitted as negligent by the employer or are determined as such through the legal process."

3.2 Personal Injury

"Any disease or impairment of a person's physical or mental condition."

4. RESPONSIBILITIES

4.1 The Chief Executive is the Board member with overall responsibility for issues relating to clinical negligence and personal injury and for keeping the Health Board informed of major developments. This responsibility has been delegated to the Executive Director of Nursing.

4.2 All Executive Directors and Clinical Board Directors, Directors of Nursing and Directors of Operations have delegated accountability and responsibility within their designated areas for the implementation and adherence to this policy.

Saunders Nolan 23/01/2024 12:30:29

4.3 The Concerns Managers are accountable to the Executive Nurse Director via the Assistant Director of Patient Experience for the management of claims for ensuring

compliance with the policy, including compliance with delegated authority limits and for securing the most cost-effective resolution of claims.

4.5 All members of staff are encouraged to report adverse incidents, including those that may lead to claims for compensation, in line with the Health Board's promotion of a just, blame free culture and in line with the new duty of candour coming into force in 2023

4.6 Staff also have a duty towards the Health Board in the investigation and, where appropriate, defence of all claims and will assist all claims staff, as necessary during the claims management process.

4.7 Approval of this strategic Claims Management Policy will rest with the Health Board or delegated committee; although the approval of subsequent claims management procedures setting out the detailed operational arrangements for complying with this policy will be delegated by the Health Board to the appropriate committee.

5. DELEGATED LIMITS

Delegation of Out of Court Settlement

5.1 The Health Board acknowledges that the Welsh Assembly Government has delegated its responsibility for the settlement of claims to a limit of £1 million to the Health Board and that the Health Board continues to exercise this discretion subject to satisfaction with minimum requirements and standards:

- That it adopts a clear policy for the handling of claims which satisfies the requirements of WHC(97)17
- That the requirements of WHC(97)17 form the basis of the procedure for the day to day management of claims.

Internal Delegated Limits

5.2 The Health Board has formal delegated responsibility from the Welsh Assembly Government for the management of clinical negligence and personal injury claims valued up to £1 million.

5.3 The levels of delegated authority within the Health Board are those contained within the Health Board's Scheme of Delegation.

Saunders Nathan 23/01/2023 12:30:29

6. USE OF LEGAL ADVISORS

6.1 The Health Board will use legal advisors in the defence or settlement of significant clinical negligence and personal injury claims. Small to moderate value claims of modest complexity may be managed in-house by the Health Board's Redress Team/Concerns/Claims Managers. The legal process of claims will be managed by NWSSP: Legal and Risk Services.

6.2 Where external legal advice is sought, the Health Board will retain the responsibility to direct its solicitors in respect of liability admission, defence, settlement and general strategy. However, the Health Board will always take due account of qualified legal advice in making such decisions. Legal advice will cover:

- Liability and causation; with the exception of some redress cases
- An assessment of the strength of the available defence and probability of success;
- The likely valuation of quantum of damages including best and worst case scenarios; and:
- Estimates of legal costs for claimant and defendant

6.3 For claims managed in-house, advice will be provided by the Health Board's Concerns Managers. In all such cases, advice will be recorded on the case file satisfying the same requirements for the provision of legal advice as are set out in paragraph 6.2 above.

6.4 The decision to settle a claim or to continue with its defence will be on the basis of legal advice of Counsel and/or Legal and Risk Services, in conjunction with Concerns Managers.

7. THE ROLE OF THE CONCERNS/ CLAIMS MANAGERS

7.1 The Health Board will employ dedicated Concerns Managers, who can demonstrate sufficient experience in the management of Clinical Negligence and Personal Injury claims.

7.2 The Concerns Managers will be required to demonstrate on-going updating and continuing professional development in the area of claims management.

7.3 There must be demonstrable communications, as necessary to achieve the objectives of WHC(97)17 for effective claims management.

Saunders Natasha 23/01/2024 11:50:29

7.4 The Concerns Managers will ensure that all members of staff and/or their line managers involved in a claim are kept informed of the progress and outcome of the claim.

8. REPORTING REQUIREMENTS

8.1 The Health Board delegates its responsibilities to the Concerns, Claims and Compliments assurance group, the duly authorised committee. The group will receive and review quarterly progress reports on the management and status of claims against the Health Board, in the format specified by WHC (97)17.

8.2 The delegated committee will receive a quarterly report, reporting upon comparative issues.

8.3 The Terms of Reference of the delegated committee as the duly authorised Committee will reflect its role in relation to claims.

8.4 The Executive Nurse Director retains responsibility for claims management within the Health Board and will ensure that the Health Board is kept informed of significant and major developments.

8.5 It is acknowledged that where a claim has been identified as a Patient Safety Incident but that it was not previously reported through the incident reporting process, the Health Board will ensure that a procedure exists which is set out in the Claims Management Written Control Document, to support the objective that the person with responsibility for Risk Management within the Health Board, is informed, and a retrospective report is sent to the National Patient Safety Agency by the National Reporting and Learning System as appropriate following a review.

8.6 The reporting requirements relating to the reimbursement process managed by the Welsh Risk Pool

8.7 The reporting requirements to the Welsh Assembly Government are set out in this policy.

9. CLAIMS MANAGEMENT WRITTEN CONTROL DOCUMENT

9.1 The Health Board will ensure that a Claims Management Written Control Document is developed which supports and embraces the objectives contained in this Policy and WHC(91)17.

Saunders Nathan 23/01/2023 12:30:29

10. INVOLVEMENT OF STAFF

10.1 The Health Board recognises that the co-operation of all staff involved in the incident leading to a claim is crucial to the early collation of information to that case. The Health Board will ensure that staff are encouraged to support the Concerns Managers and any duly appointed legal advisors, in the handling of that claim. All staff are required to fully and openly co-operate with the investigation of any legal claims and to comply with this Policy and the Claims Management Written Control Document.

10.2 Once a claim has been received, the Concerns Managers will establish an objective account of the original incident at the earliest available opportunity.

10.3 Unless there are exceptional circumstances, any member of staff asked to do so should provide the Concerns Managers with a witness statement and information regarding the investigation of the relevant claim in a timely manner.

10.4 The Health Board recognises that providing a statement and giving evidence can be a stressful experience and will ensure that full support and guidance is provided to members of staff who are asked to give evidence on behalf of the Health Board.

10.5 The Health Board will support an escalation procedure to be contained in the Health Board's Claims Management Written Control Document to secure this objective.

10.6 The Health Board will take full responsibility for managing and, where appropriate, settling claims in clinical negligence cases, meeting all its financial obligations and will not seek to recover any costs from health professionals. In very exceptional cases, where the health professional was legally found to be acting outside of his/her remit, the matter will be referred to the appropriate Clinical Board or Executive Director.

11. NUISANCE CLAIMS

11.1 The Health Board will not settle claims of doubtful merit, however small, purely on a 'nuisance' value basis. Similarly claims will not be inappropriately defended.

11.2 The decision to settle a claim will always be based upon an assessment of the Health Board's legal liability and the risks and costs associated with the defence of that claim, including the prospects of recovering those costs in the event that the defence is successful.

Saunders Marian 23/01/2023 12:30:29

12. REPORTING OF CLAIMS TO WELSH ASSEMBLY GOVERNMENT

12.1 **Novel, Contentious or Repercussive Claims**

The Concerns Managers will monitor the nature and type of claims received to highlight any claims which are considered to be novel, contentious or repercussive. In such cases the Concerns Managers will liaise with the designated Solicitors/Legal Advisors, to ensure that the Welsh Assembly Government are duly made aware or advised. The Director of Governance and Communications will be kept informed throughout.

12.2 **Claims Exceeding the Delegated Authority**

The Concerns Managers will ensure that any claims with damages estimated to exceed the Health Board's delegated authority of £1 million are reported to the Welsh Assembly Government and prior approval is obtained in advance of liability being conceded and the claim being settled.

12.3 The Annex form will be signed by the Clinical Board lead, Executive Nurse Director and /or Chief Executive prior to the matter being reported to the Welsh Assembly Government and a copy will be presented to the Quality and Safety Committee for information purposes only.

13. DATABASES

13.1 The Health Board will maintain a Claims Handling database via datix :

- The Health Board's claims data-base will contain the information given in the Claims Management Written Control Document. All Clinical Negligence and Personal Injury claims will be entered onto the database by the Legal Services Manager or by an authorised member of staff.

- The Health Board will ensure that patient and staff confidentiality is maintained.

14. LINKS BETWEEN CLAIMS, COMPLAINTS, INCIDENTS AND OTHER RISK INFORMATION

Saunders Nathan 23/01/2024 15:59:29

14.1 The Health Board recognises the need for close connections between risk management, complaints, incidents and the management of claims. It appreciates

the need for close and co-operative working between these functions and will ensure that appropriate linkages are in place to facilitate this objective.

Linkages

14.2 Adverse incidents or outcomes which could lead to a claim for negligence should be identified and reported to the Concerns Managers at the earliest possible opportunity, either through the provision of a serious incident report sent to the Welsh Assembly Government or Regional Office or by the provision of the relevant documentation.

14.3 The Concerns Managers will work together to identify complaints which involved potential breaches of the legal duty of care by the Health Board. An appropriate investigation will be undertaken to enable the Health Board to adopt a pro-active stance to the management and resolution of potential claims identified through the complaints procedure. Never events will be discussed with the concerns team to establish if redress is appropriate for early and effective litigation resolution.

14.4 Appropriate systems will be established by the appointed deputy, to enable the lead members of staff for complaints, risk and claims to meet on a regular basis through an appropriate forum to ensure the identification of any trends and remedial action that may be required. Appropriate and relevant staff will then implement any recommendations arising from complaints, claims, experts' reports and investigations.

14.5 The Claims Handling Database system identifies where a potential claim has previously been reported as an incident or complaint. This facilitates the gathering of information to comply with the relevant Pre-Action Protocols.

Committee Structure

14.6 Summaries of claims and trends will be routinely provided for information and management action as necessary to such committees as requested.

14.7 The special losses panel will routinely report the value and incidence of Claims, payments to the Audit Committee.

Controls Assurance

Saunders, Melanie 23/01/2024 11:30:29

14.8 The Concerns Managers are the Lead Officers for the Welsh Risk Management Standard for Claims Management and are responsible for provision of the evidence against this standard which relates to matters within their jurisdiction.

15. LEARNING LESSONS FROM CLAIMS AND IDENTIFYING CLAIMS FROM INCIDENTS AND COMPLAINTS

15.1 The Health Board is committed to learning lessons from claims, complaints and adverse incidents.

15.2 It is important that wherever possible lessons are learnt following an incident. It is the responsibility of Concerns manger to ensure that any lessons learnt from claims are communicated to the relevant staff in the Clinical Board structure and that any action plans are implemented and monitored in a timely manner.

15.3 The Health Board, via the Clinical Boards, will ensure that a formal process and procedure to support the learning of lessons, monitoring of implementation of lessons learned, evaluation of the efficacy of lessons learned and thereafter the auditing of each component, is developed.

15.4 The Concerns Managers will identify the potential for 'learning lessons' from claims. This information will be routinely reported to the appropriate committee in accordance with the formal procedure for learning lessons as set out in the Claims Management Written Control Document.

15.5 The Concerns Managers will identify the potential for the use of alternative dispute resolution before considering litigation. In addition, the established NHS Complaint's procedure will be used to ensure that patients receive, where appropriate, an apology and a full explanation of what went wrong to reduce the potential for complainants to take legal action to achieve such a remedy.

15.6 The Concerns Managers will produce an Annex form Checklist and an associated Action Plan for all claims exceeding the Health Board's excess of £25,000. This will be used as the basis for learning, monitoring and evaluating the efficacy of the lessons learned from claims.

16. LIAISON WITH THE WELSH RISK POOL

16.1 The Health Board is assessed annually against the Welsh Risk Pool Standard for Claims Management.

16.2 The Health Board will comply with the various rules and procedures of the Welsh Risk Pool. The Concerns Managers will ensure the Health Board's adherence to the same.

Saunders Nathan 23/01/2023 12:30:29

16.3 The Concerns Managers will report details of claims settled with a quantum of under £25,000 to the Welsh Risk Pool using the LFER (Learning from events report)

form or such other format as may be required by the Welsh Risk Pool. For matters of Redress, all matters where a qualifying liability has been established a LFER will be due, regardless of quantum.

16.4 In order to be reimbursed by the Welsh Risk Pool, the Health Board is required to submit a CMR (case management report), Costs Schedule and Annex form Checklist, in a format consistent with that set out in the Welsh Risk Pool reimbursement procedures.

16.5 The Health Board acknowledges that the Welsh Risk Pool will periodically undertake reviews of claims managed by the Health Board. The Health Board will ensure the co-operation of its members of staff with such reviews through the development of a formal review process to be contained in the Claims Management Procedure.

Saunders,Nathan
23/01/2023 12:30:29

17. NHS REDRESS ACT 2006

17.1 The Health Board appreciates and is committed to the objectives of the NHS Redress Act 2006 which provides for the development of a small value clinical negligence scheme for Wales.

17.2 The Health Board will undertake such action as it deems appropriate to support the introduction of such a scheme following the development of detailed regulations and which will be included in its Claims Management Procedure.

REFERENCES

This Policy complies with the following references:-

- The Civil Procedure Rules 1998
- WHC(97) 7 – Clinical Negligence and Personal Injury Litigation: Structured Settlements
- WHC(97)17 – Clinical Negligence and Personal Injury Litigation: Claims Handling
- WHC(98)8 - NHS Indemnity – Arrangements for Handling Clinical Negligence Claims against NHS Staff
- WHC(99)128 – Handling Clinical Negligence Claims: Pre-Action Protocol
- The Welsh Risk Pool Claims Management Standard (April 2007)
- The Welsh Risk Pool Reimbursement Procedure and other Procedures
- The Health Board's Standing Orders and Standing Financial Instructions

Documents to be read alongside this policy:

- UHB Claims Handling Statement of Intent
- UHB Claims Handling Policy & Procedure
- UHB Scheme of Delegation
- Claims Handling Escalation Procedure
- Standing Orders and Standing Claims Handling
- UHB Responsibilities & Accountability Framework
  Financial Instructions
- WHC (97) 17 - CN & PI : Claims Handling
- WHC (97)17 CN & PI: Structured Settlements
- WHC (98) 8 – NHS Indemnity – Arrangements for Handling CN Claims against NHS Staff
- WHC (99) 128 – Handling CN Claims: Pre-Action Protocol
- WRP Claims Management Standards (April 2007)
- WRP Reimbursement Procedure & other Procedures
- Civil Procedure Rules 1998

Saunders Nathan 23/01/2023 12:30:29

Review CLAIMS HANDLING PROCEDURE INDEX

1. Pre-Litigation Procedure
2. Definitions
3. Handling Clinical Negligence Claims
4. Handling Personal Injury Claims
5. Court Proceedings
6. Claims Handling - General Information
7. Welsh Risk Pool Requirements
8. Concluded Claims
9. General Information

1. PRE-LITIGATION PROCEDURE

1.1 Reporting and investigation of incidents (see Appendix 1: Flowchart – Claims Procedure)

The principal benefit of untoward incident reporting is that it provides a means of identifying claims at an early stage. In practice, years can pass between the date of medical treatment, giving rise to a claim or accident and a letter of claim, or a request for disclosure of medical notes and records. In the interim, key witnesses could have moved away or have little recollection of any particular case over and above the contents of a note or usual practice.

Early investigation into circumstances surrounding an alleged breach of duty is essential if the chances of successfully defending a claim are to be increased. In addition, work carried out at this stage is an investment if viewed as a means of identifying problem cases where an early conclusion would minimise legal costs.

Completion of the incident report should be undertaken as soon as practicable after the incident occurs and all the requisite documentation should be completed as comprehensively as possible, signed by the reporting officer and providing all relevant information and details of witnesses.

All witnesses should be asked to provide a statement to include those named in the incident report and other relevant parties. The manager should not simply rely on the names of witnesses given by the injured person but should make their own investigations to find out whether or not other witnesses exist. Brief statements should be taken from the witnesses and should include details of the witnesses name, address and job description and all information relevant to the allegation. There should be an investigation of the site of the incident, for example in slipping/tripping cases the location of the incident should be considered along with the floor surface or ground in question. Investigations should be carried out as to

Saunders Katherine 23/01/2023 12:30:29

whether or not there have been previous incidents or complaints and consideration should be given to obtaining photographs of the area at an early stage.

In relation to manual handling claims or incidents the risk assessment, injured persons training record and availability of other staff to assist with the manoeuvre should be obtained and considered. Particular note should be made of exactly who was on duty at the time and who could have been contacted.

The patient's details should be considered if injury were caused as a result of lifting or assisting a patient, with details of the patient's dependency level at the time of the incident should also be considered.

Consideration should be given to any possible element of contributory negligence on the part of the injured person.

The Concerns Manager should be notified immediately of any reported incidents or complaints that could potentially result in a claim.

2. DEFINITIONS

2.1 Timescale for bringing a claim

A patient contemplating an action must act relatively promptly. The general rule is that all actions for clinical negligence or personal injury must be brought within three years of the infliction of the relevant injury or the date of knowledge of the injury.

This is known as the limitation period and is laid down in the Limitation Act l990. In the case of a minor the three-year period runs from the date that the child attains the age of l8. The claimant must demonstrate that it is more likely than not that his or her deterioration in health or the injury complained of, resulted from the negligence of the defendant.

2.2 Clinical Negligence

Clinical negligence is defined by the Welsh Risk Pool (hereinafter referred to as the WRP) as: -

"A breach of duty of care by members of the Healthcare Professions (including medical practitioners, nurses and midwifes, professions allied to medicine, laboratory staff and relevant technicians) or by others consequent on decisions of judgments made by members of those professions acting in their professional capacity on relevant work, and which are admitted as negligent by the employer or are determined as such through the legal process."

Saunders, Cathay 23/01/2023 12:33:29

In as much as a breach of duty of care is alleged, the Health Board will need to seek legal advice in individual cases. In general terms however, the following must apply before liability for negligence exists: -

- There must have been a duty of care owed to the patient by the relevant professional(s)
- The standard of care appropriate to such duty must not have been attained and therefore the duty breached whether by action or inaction, advice given or failure to advise
- It must be demonstrated that the breach caused the injury and therefore the resulting loss about which the patient complains
- The loss must have been reasonably foreseeable

2.2.1 Private work

Consultants providing care under private arrangements with their patients, or Consultants or other clinical staff treating patients in connection with voluntary work or "Good Samaritan" act, are not covered by these arrangements or the WRP. Instead, consultants or other clinical staff should take out their own medical defence insurance. However, the WRP cover does apply where medical or other staff working under their NHS contract provide care for a consultant's private patients.

Any incident arising as a result of private work, which involves other staff, facilities or equipment, must be reported in the usual way.

2.3 Personal injury

Personal injury litigation can be defined as action taken (often through solicitors) by an individual who has sustained an accident or contracted a condition as a consequence of alleged exposure to a harmful substance and **not** as a result of clinical intervention, treatment or lack of treatment. The Health Board receives such claims from staff, visitors and patients who have suffered an injury related to the premises. The majority of cases brought against the Health Board are union funded and the union solicitors will inevitably advise the claimants. In the absence of legal advice a claimant can of course bring a claim without legal assistance, known as a 'litigant in person'. This occurs rarely. For the purpose of this document, reference will be made to claimants who are being represented by solicitors. Not every incident gives rise to litigation, but for those incidents that do, it is essential that the Health Board have in place a co-ordinated system that firstly examines issues of liability and causation which ultimately results in a claim being settled or defended. If the claimant is unable to adduce sufficient evidence to prove his or her case, a further possibility is that the claim may be discontinued.

To be successful, the claimant must prove, on the balance of probabilities (i.e.>51%) the following three things:

Saunders,Nathan 23/01/2023 12:30:29

- That the Health Board had a duty of care to staff, visitors or patients to ensure that every precaution is taken to prevent personal injury
- That the duty of care had been breached by not complying with any standards set to safeguard the person

- That the breach of duty caused the damage to the person

2.4 Pre Action Protocols

The claimant or his/her solicitors should provide full details of the intended claim pursuant to the Pre Action Protocols contained in the Civil Procedure Rules, which arose from Lord Wolf's Access to Justice Report (July 1996). The Pre-Action Protocols were introduced on all proceedings that commenced after 26 April 1999 and impose challenging targets for the Health Board. The only way to avoid increased litigation costs and court imposed financial penalties is to ensure that a clear view about any alleged incident is reached quickly and effectively. This requires commitment from all staff involved to report adverse incidents and to respond quickly and clearly to allegations.

A detailed response to the letter of claim must be given within 4 months. These Protocols encourage early exchange of and full information to be given about a claim, with a view to trying to avoid litigation by agreeing a settlement before the commencement of proceedings. If the claim cannot be agreed, proceedings are issued and a claim form and particulars of claim are served upon the Health Board (unless an extension is agreed for service of the particulars of claim). This document sets out the details of the allegations against the defendant/Health Board, together with a medical report as to the claimant's condition and statement (or schedule) of special damages (financial loss said to have been suffered as a consequence of injury and future losses). The Protocols support efficient management of proceedings where litigation cannot be avoided.

2.5 Methods of reaching a settlement

Every effort should be made to discuss and negotiate settlement prior to court proceedings. This may include:

- Mediation/face to face discussion with the claimant regarding the claim
- Early evaluation of the claim by legal expert
- Internal arbitration
- Determination by an expert
- Alternative Dispute Resolution

3. HANDLING CLINICAL NEGLIGENCE CLAIMS

3.1 Notification of a claim

There are several ways in which the Health Board may be notified of a claim:

- Letter of claim
- Letter of Notification
- Request for medical records from a solicitor where it is stated that action against the Health Board is contemplated
- Verbal

Saunders,Nathan 23/01/2023 12:30:29

- During the complaints process
- Direct contact

3.2 **Initial stage of the claim**

When notification of a claim is received, usually in the form of a letter of claim, and it is stated that there is a potential or actual threat of litigation as a result of negligence; certain action will then need to be undertaken immediately. An assessment of the claim is required to ascertain what information will be required.

The claim will be acknowledged in an appropriate manner within 14 days, using the standard form letter available for use at the relevant time. The Health Board's solicitors are also notified, and formally requested to act on behalf of the Health Board, usually by sending to them a copy of the letter of claim.

3.3 First steps

Upon receipt of the claim for compensation, the details must be entered onto the Claims database. The database is the Health Board's own record of new and ongoing claims and must be maintained and updated throughout the life of the claim.

The following information is recorded:

- Name of claimant
- Name of second person, if the claim is on behalf of a child or patient who has died
- Unique reference number
- Type of claim
- Whether it is a Health Board or Health Authority claim
- Whether the claim has previously been the subject of an internal complaint
- Whether a clinical adverse incident form was completed at the time of the event
- Date of incident
- Date of letter of claim
- Directorate and specialty
- Ward or department
- Consultant
- Other Consultant or named staff
- Allegations
- Injury sustained
- Claimant's Solicitors
- Stage of the claim
- Quantum damages
- Quantum costs
- Compensation recovery unit
- Estimated date of settlement
- Compensation paid including interim payments

Saunders,Nathan 23/01/2023 12:30:29

- Actual costs - claimant and defendant
- Additional costs

The former Health Authorities were abolished on the 31st March 2003. Powys Local Health Board has responsibility for accounting for the residual liabilities arising from legal claims against the former Health Authorities. Management is directly by the WRP on behalf of Powys HB.

Any queries in relation to these procedures should be directed either to the WRP's Senior Claims Support Officer or Finance Development Officer.

A file is then created to keep the documentation relevant to the claim such as:

- Correspondence to/from the Health Board's solicitors
- Risk management issues
- Copies of proceedings and expert opinions
- Witness statements
- Internal correspondence
- Financial documents

3.4 Information required at the start of the claim
The standard information required at the start of the claim and the reasons for this, are detailed below:

a) Full names and titles of all staff involved
It is useful at the outset if the consultant/manager in charge of the patient's care can list the staff involved so that statements can be obtained from all necessary parties.

b) Identity of the Doctors' defence organisations and membership numbers
Doctors no longer need to subscribe to a recognised defence organisation following the guidance given in circular WHC (89) 70. However, many doctors still pay a lower rate subscription to a defence organisation for personal advice. It is often found that the junior medical staff involved in treatment, which is later the subject of a legal claim, are no longer in post. If the Health Board has no forwarding address, the defence organisation can be engaged to locate Doctors and obtain statements when required.

c) Two copies of the case notes
When considering whether the claimant has a claim in respect of negligence, the patient and his legal advisors will clearly benefit by gaining access to the patient's notes, reports and X-rays and other test records. Disclosure of the records can be mutually beneficial to the other side and the Health Board, as a claim is often found to have no merit or an individual's actions may be exonerated. Money and effort can be saved by prompt disclosure.

Saunders Lamb 23/01/2023 11:30:09

Upon receipt of the medical records, the Concerns/Claims Managers shall check that the records are complete. Once copied, the notes shall be checked to ensure that the standard of photocopying is satisfactory and that the information is appropriate.

At the start of a claim, two copies of the claimant's case notes are required for use by the Health Board's solicitors - disclosure to the "other side's" solicitors (if an authority to disclose has been obtained) and for a nominated expert adviser. The copy notes should be made available within 40 days of the letter of claim, if practicable to do so.

Delays in the initial investigation of a claim are often caused by the poor standards of photocopied case notes, which are disclosed to the "other side", and criticism is often aimed at the presentation, clarity and format of copy case notes. It is therefore helpful if staff could ensure that they make comprehensive legible entries in the case notes, use a black pen at all times and ensure that case note sheets are filed in chronological order.

d) One copy of any relevant X-rays

X-rays form part of the medical records and are usually asked for in the list of documents requested from the claimant's solicitors. These will be disclosed through the Health Board's solicitors. Additional sets may be required depending on how many expert reports are commissioned.

e) View of the Consultant concerned upon the disclosure of the case notes to the other side's expert advisors

The Consultant will need to give his/her views upon the disclosure of case notes as soon as possible. If disclosure is not given promptly the claimant may apply for a court order requiring the Doctor or the Health Board to disclose any records or notes likely to be relevant in forthcoming proceedings under Section 33 of the Supreme Court Act l981 or under the Access to Health Records Act 1990 / Data Protection Act 1998. If an application is made for pre-action disclosure then additional costs may be incurred.

However, in view of the effects of the Access to Health Records Act 1990 / Data Protection Act 1998 and subsequent Welsh Assembly Government clarification, objections to disclosure of the case notes can only be made where there is something in the notes that could cause serious mental or physical harm to the patient or a third person, as defined in the relevant legislation.

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f) Initial statements from the identified staff regarding their involvement in a claim

The Health Board will require co-operation if cases are to be defended. Statements will therefore be required to assist in investigating or defending a claim. Failure

without good cause to provide a statement could result in the Health Board being unable to defend an allegation of negligence.

At the start of each claim it is necessary that good preliminary reports be obtained from **all** the staff involved. Such statements, if adequate, provide invaluable information as to whether a claim has any foundation and its future management can be assessed. Until such statements are received it is difficult to proceed past the investigatory stage of a claim.

It is necessary, therefore, that the staff concerned, are informed of a claim as soon as possible and a copy of the claimant's solicitors letter outlining allegations is made available to them.

g) Member of staff with primary involvement
The member of staff who has primary involvement will need to be identified so that s/he can provide a detailed report.

h) Views of the clinical board as to whether he/she considers the claim to have any merit.
The Clinical Director and Consultant responsible for the patient should be informed about the claim by way of notice, with relevant documents attached. The Clinical Director and/or the Consultant will need to provide a preliminary report outlining the background of the case, involvement of his/her department as a whole, guidance on any areas of importance, identify the staff involved and finally offer any views as to whether the claim has any merit.

i) Any other background information
Any additional information available surrounding a legal claim, such as previous documentation at a complaints stage or untoward incident report should be considered.

3.5 Escalation procedure
Should the Concerns/Claims Managers encounter difficulties in obtaining comments from any members of the Health Board's staff, the matter shall be escalated to the attention of the, Clinical Board Director, Director of Nursing or Director of Operations If there is still difficulty in obtaining comments, the Concerns/Claims Managers will escalate matters initially to the assistant director of patient experience and ultimately the lead Executive will be informed.

3.6 Progress of the claim – expert advice
The claimant's claim will be reliant upon expert testimony to prove negligence. Expert medical evidence can be obtained to comment on many issues including causation, condition and prognosis and life expectancy. When a suitable expert has

Saunders Litigation 23/01/2023 12:30:29

been determined, the lead Clinician involved in the litigation claim will be invited to approve the appointment.

The Health Board may also wish to commission its own expert reports, particularly in relation to multi-track claims, which may lead to conflicting accounts as to the proper standard of care in the procedure in issue. In certain circumstances the Health Board may agree to the use of a joint expert. Given the complexity of clinical negligence claims, reports from Counsel are sometimes sought by the Health Board's legal advisors to consider the future management of the claim and to comment specifically on issues relating to liability and quantum.

The Clinical Board and lead Clinician shall be kept updated as to the progress of the claim at all times.

3.7 Assessment of the claim

An assessment of the claim will need to be made by the Concerns Manager and Health Board's solicitor, by examining expert legal and medical reports and the views of the staff involved. Although the views of the staff directly involved are considered, it is not appropriate that they are involved in the decision making process as this requires an independent role. These will need to be authorised by the concerns team staff, a second Executive Director, and Chief Executive.

Health Board approval will be sought as required. A broad guideline to the information usually required is:

- An objective account of the incident
- An explanation of the basis and background of the claim
- The views of the Welsh Government if the case involves novel, contentious or precedent setting issues
- A balanced view of the likely defence, including legal and medical opinion when available
- Clarification of the basis on which damages have been estimated
- A legal opinion of the likely outcome of any court hearing
- Assessment of quantum including, if applicable, the reason for the proposed settlement
- An estimate of the possible savings for the public purse if a payment is made
- Details of the proposed approach to negotiations with the claimant, including the initial offer and proposed upper limit
- Details, where applicable, of structured settlements/periodical payments
- Details of any systematic failings on the part of; the clinical or other front line staff, operational or risk management procedures, claims handling staff or claims handling procedures. If so, what action is intended to remedy the identified deficiencies, including the timetable for implementation of any

Saunders,Nathan 23/01/2023 12:30:29

changes or improvements and identify how the proposed improvements will be monitored

3.8 Settle or defend

Upon receipt of the Health Board's instruction, the Health Board's solicitors will either prepare the case for Court or attempt to secure a settlement, which can either be accompanied by an admission of liability on a "without prejudice" basis.

4. HANDLING PERSONAL INJURY CLAIMS

4.1 Notification of a claim

There are several ways in which the Health Board may be notified of a claim:

- Letter of claim
- Verbal
- During the complaint process
- Direct contact

4.2 Initial stage of the claim

When notification of a claim is received, usually in the form of a letter of claim, and it is stated that there is a potential or actual threat of litigation as a result of an alleged breach of duty of care, then certain action will need to be undertaken immediately. An assessment of the claim is required to ascertain what information will be required. The claim will be acknowledged in an appropriate manner within 21 days, using the standard form letter available for use at the relevant time. The Health Board's solicitors are also notified, usually by sending to them a copy of the letter of claim.

4.3 First steps

Upon receipt of the claim for compensation, the details must be entered onto the claims database.

The database is the Health Board's own record of new and ongoing claims and must be maintained and updated throughout the life of the claim.

The following information is recorded:

- Name of claimant
- Name of second person if the claim is on behalf of a child or patient who has died
- Unique reference
- Type of claim
- Date of letter of claim
- Whether a clinical adverse incident form was completed at the time of the event

Saunders,Nathan 23/01/2023 12:30:29

- Date of incident
- Date of letter of claim
- Department
- Location of incident
- Head of department
- Witness names
- Brief description of incident
- Injury sustained
- Claimant's solicitors
- Stage of the claim
- Quantum damages
- Quantum – claimant's and defendant's costs
- Compensation recovery unit
- Estimated date of settlement/closure
- Compensation paid including interim payments
- Actual costs - claimant and defendant
- Additional costs

A file is then created to keep the documentation relevant to the claim such as:

- Correspondence to/from our solicitor
- Risk management issues
- Copies of proceedings and expert opinions
- Witness statements
- Internal correspondence
- Financial documents

4.4 Action to be taken and information to be gathered

The standard action and information required at the start of the claim and the reasons for this are detailed below:

a) Notify the appropriate Clinical Board lead requesting, amongst other things:

- Incident documentation (report and check list)
- Accident book entry
- RIDDOR form
- Initial witness statements
- Documented training (if member of staff)
- Initial investigations
- Details of the patient (if involved)
- Photographs and plans
- Documentation re: repairs, staffing levels etc.
- Details of previous similar incidents
- Risk assessment
- Local procedures and protocol

Saunders,Nathan 23/01/2023 12:30:29

- Personnel file (if member of staff)
- If the action concerns a member of staff, write to the Payroll Department, seeking details of the claimant's earnings and statutory sickness details
- Establish contact with the Head of Risk Management, seeking details as to any investigation or review undertaken in respect of the incident, establishing an objective account of the original incident, ascertaining the incident has been duly reported:
- Adverse Incident Report
- All meetings with complainants/Claimants can be audio recorded and a copy of the recording provided to all parties

Documentation to be accessed to include, but not limited to;

- Datix
- RIDDOR
- Ad Hoc Reports
- Risk Register

If not so reported, the Concerns/Claims Managers will link with the Risk Manager to ensure that a retrospective report is presented to the NPSA upon any and all Claims/Incidents as of 1st January 2004.

b) Notify the Compensation Recovery Unit, if the case is being dealt with internally.

c) Obtain Emergency Unit cards.

d) Ask the claimant to sign a form of authority for the release of his/her GP notes, Medical Notes, X-rays and Occupational Health Records

e) If the claimant's solicitors request copies of the A&E, hospital notes or X-rays, obtain the claimant's signed form of authority for the disclosure of these notes to the solicitors and check the quality and accuracy of the photocopied records before sending them to the solicitors (see 3.4.c).

f) Review the Directorate's response to the standard letter, payroll information and further information from the claimant's solicitors and obtain any further comments/statements required.

g) Establish an objective account of the original incident, which gives appropriate weight to the recollection of the staff originally involved.

h) At this stage, a decision will be made by the Executive Nurse Director or Concerns/Claims Managers regarding the handling of the claim internally or by reference of the file to one of the firms of solicitors duly appointed by the Health

Saunders Cathy 23/01/2023 12:30:29

Board. For the purpose of this document, reference will be made to the Health Board's solicitor.

4.5 Gathering the evidence

Staff should be aware that certain type of information is subject to confidentiality. In the past, statements have been received from staff, which makes reference to patients and their medical conditions. This is of course confidential to the patient.

In cases where staff have injured themselves when lifting a patient, it is usual for the claimant's solicitors to seek information in respect of the patient, normally the care plan, giving details as to weight and medical condition. The Health Board's legal **advisor** will ensure that any information will be subject to the removal of the patient's identification details thus anonymising the records.

It is a legal requirement, once legal action has been initiated, that we are bound to disclose any notes, memoranda etc. that relates to a specific incident that were in existence prior to the commencement of an action. It is therefore essential to instigate and maintain a system, which will ensure the ability to file and recall appropriate records.

The claimant's solicitors may request access to an area where their client allegedly sustained their accident. Whilst this request cannot normally be denied, it is important to place the request in the context of the proceedings. For example, if the Health Board's position in respect of liability and causation is a foregone conclusion in favour of the claimant then an inspection of the site in question would be an unnecessary addition to the costs of the action.

Where a site inspection has been agreed, the name of the appropriate contact officer should be given to the Concerns/Claims Managers or Health Board's solicitors, who will relay this information to the claimant's solicitors.

Should equipment be involved in an accident, this will have to be retained for inspection, if practicable, and if not, appropriate steps should be taken to provide a brief note as to its reason for disposal. Although not every accident leads to litigation, some incidents will prompt the senior manager responsible to ask for photographs to be taken, which of course will aid the Health Board, should the claim be initiated at a future date.

4.6 Expert evidence

Expert advice, such as engineer or medical evidence can be obtained to comment on many issues including liability, causation, condition and prognosis and life expectancy.

Saunders,Nathan 23/01/2023 12:31:29

The Health Board may also wish to commission its own experts reports, particularly in relation to multi-track claims, which may lead to conflicting accounts as to the

proper standard of care in the procedure in issue. In certain circumstances the Health Board may agree to the use of a joint expert. Given the complexity of some claims, in particular clinical negligence claims, the Health Board's solicitors to consider the future management of the claim and to comment specifically on issues relating to liability and quantum and will seek advice from Counsel when appropriate. The Clinical Board shall be kept updated as to the progress of the claim at all times.

4.7 Assessment of a claim

Following the receipt of the evidence, the Health Board's solicitors will provide an initial assessment and valuation of the claim, together with recommendations for future management within four months of the notification of the claim if possible. Although the views of the staff directly involved are considered, it is not appropriate that they are involved in the decision making process. This requires an independent assessment of the available evidence and a consideration of the Health Board's position on the balance of probabilities.

The Health Board's solicitors will then prepare a summary of the claim by examining expert legal and medical reports and the views of the staff involved. A broad guideline as to the information usually required is:

- An objective account of the incident
- An explanation of the basis and background of the claim
- The views of the Welsh Government if the case involves novel, contentious or precedent setting issues
- A balanced view of the likely defence including legal and medical opinion when available
- Clarification of the basis on which damages have been estimated
- A legal opinion of the likely outcome of any court hearing
- An assessment of quantum including, where applicable, the reason for the proposed settlement
- An estimate of the possible savings for the public purse if a payment is made
- Details of the proposed approach to negotiations with the claimant (Including the initial offer and proposed upper limit)
- Details, where applicable, of structured settlement/periodical payments
- Details of any systematic failings on the part of clinical or other front line staff, operational and risk management procedures, claims handling staff, claims handling procedure. If so, what action is intended to remedy the identified deficiencies, including the timetable for implementation of any changes or improvements. It should also be identified how the proposed improvements will be monitored

4.8 Settle or defend

Depending on each individual case, the Health Board's Solicitor may be able to conclude the matter swiftly or else seek further expert opinion from suitably qualified

Saunderspatham 23/01/2023 12:30:29

experts. If the Health Board's solicitors advise that the allegations cannot be defended, then authorisation for an out of court settlement will be sought within

delegated limits and agreed levels of authority. Alternatively, the Health Board's solicitors will prepare the case for court.

5. COURT PROCEEDINGS

Should court proceedings be commenced in relation to clinical negligence or personal injury claims, the Health Board's solicitors shall take the following actions:

5.1 The procedure

a) Claim form and particulars of claim

The claim form and particulars of claim will be served either directly on the Health Board or the Health Board's solicitors, together with the acknowledgment of service. The acknowledgement of service must be filed within 14 days, indicating whether the claim is to be defended. If the claim is to be defended a defence must be filed within 28 days of service of the particulars of claim.

Therefore, it is essential that any information requested is supplied promptly and forwarded without any unnecessary delays to the Concerns/Claims Managers for onward transmission to the Health Board's solicitors.

b) Development of a case

Court proceedings will be run in accordance with the Civil Procedure Rules and directions given for the conduct of the action at any Case Management Conferences.

c) Directions

- **Disclosure**

The parties to an action will have to serve Lists of Documents giving details of all documentary evidence relevant to the claim, not including those documents, which are privileged. Such documentation would include incident reports, risk assessments, claimant's training records, occupational health records etc.

- **Exchange of evidence**

The parties to the action will have to exchange witness evidence, to include lay witness and medical or other expert evidence prior to the trial.

Exchange of witness evidence is carried out on a simultaneous basis so each side receives the others evidence at the same time. The court at a Case Management Conference determines the time frame.

Saunders Latham 23/01/2023 12:30:29

d) Trial/settlement

Following the completion of the above stages, the claimant will seek to push the matter towards trial, unless a decision is made by the Health Board to settle the

claimant's case or, on rare occasions, the claimant discontinues his/her action against the Health Board.

In readiness for the final hearing, the Concerns/Claims Managers shall arrange for the Health Board's witnesses to attend court and ensure that they have been briefed about court procedure.

The Health Board's position is determined after careful consideration of the evidence by the Health Board's solicitors, backed up by an opinion from Counsel, if necessary. The Health Board will request advice as to the likelihood of successfully arguing, on the balance of probabilities, that the Health Board was not liable for the claimant's injuries. At this stage it may be necessary to arrange a conference to include officers of the Health Board, usually the Concerns/Claims Managers, with the required level of Executive authority, the Health Board's legal advisors, experts, Counsel and witnesses in order to consider the available evidence and make a decision on the best options available to the Health Board.

Depending upon the level of quantum, the decision as to whether or not to proceed to trial or negotiate a settlement will be made by the Executive Nurse Director or the Board itself, depending on the level of delegated authority required. Upon receipt of the Health Board's instructions, the Health Board's solicitors will either prepare the case for final hearing or attempt to secure a settlement which can either be accompanied by an admission of liability or on a without prejudice basis. Once a decision is taken to settle a claim, the Health Board is committed to payment of those damages to the claimant, whether or not the Health Board admits liability.

On the advice of the Health Board's solicitors, the Health Board may wish to make a payment into court (Part 36 payment). This would protect the Health Board's position should the claim proceed to Trial.

6. CLAIMS HANDLING - GENERAL INFORMATION

6.1 The role of the Health Board's Solicitors

Once the Health Board's solicitors have been notified of a claim, they will then act on the Health Board's behalf in conducting the claim as set out above. They will keep in regular contact with the Concerns/Claims Managers and give an expert opinion of the strengths and weaknesses in the Health Board's defence. The solicitor shall also keep the Concerns/Claims Managers fully briefed on all stages of the claim throughout its lifetime.

6.2 Authorisation

a) To take certain action

Authorisation may be requested at any time during the life of a claim. This may be for:

- Authority to admit liability

Saunders Jonathan 23/01/2023 12:30:29

- Authority to take certain action
- Authority to make an offer of settlement
- Authority to settle damages or costs for a certain amount

To obtain authority to take certain action, all the authorised signatories must sign an 'Authorisation Request Form' which is supported by evidence and then retained on the Health Board's claim file. All claims of £1 million and over have to be submitted to the Welsh Assembly Government for approval.

b) To make payments
Payments may be requested at any time during the life of a claim. These may include:

- Fees to expert witnesses
- Fees to Counsel
- Payments into court
- Interim/full and final settlements of the claimant's damages and costs
- Legal fees to the Health Board's solicitors (Personal Injury Cases)

A request for authority to make a payment is made on a 'Finance Request Form' to which the invoice/request for payment is attached. All the authorised signatories must sign this form. The form is then handed to the Finance Analyst who arranges for the cheque to be issued and then forwarded to the Concerns/Claims Managers for distribution. The Health Board's file must have a copy of the finance request form showing all required signatures.

6.3 Delegated financial limits
It is the responsibility of the Board to agree the circumstances, including delegated financial limits, in which various requests may be approved by authorised signatories being:

a) The Chief Executive,
b) The Board itself
c) The Executive Directors
d) Other

6.4 Structured settlements/periodical payments
At times, it may be appropriate for alternatives to a single lump sum payment to be considered.

In the event of a lump sum award, it is assumed that the claimant invests the money in a suitable mix of equities, gilts and cash and pays for the care costs out of these investments. These investments are subject to taxation and professional fees. A lump sum, prudently invested, will provide regular income for the claimant. However, there is also the possibility that the money awarded runs out before the claimant

Saunders Kathryn 23/01/2023 11:30:29

dies. In this case it is assumed that the claimant falls back on the State who pays for their care costs although it is recognised that Free State care may not compare with that purchased by the claimant.

A structured settlement (which is a periodical payment funded by an annuity) is an alternative to a lump sum payment made to a claimant. A structured settlement involves a number of payments at different times in the future. The amount of money required at the present time to provide these payments in the future is known as the present value of the future payments. A structured settlement allows for part of the damages to be paid in the form of annual tax free instalments for the duration of the claimant's life.

The courts are now able to order structured settlements for future loss and care costs without the consent of the parties. It also gives the Lord Chancellor a power to enable such awards or agreements to be varied under specified circumstances, and prevents the assignment of the right to receive payments unless the court is satisfied that there are special circumstances, which make this necessary.

The structured settlement may be for the life of the claimant, for a specified period or of a specified number or minimum number or include payments of more than one of those descriptions. If the recipient of a structured settlement dies, the payments will cease. Therefore, there is a chance that the next payment may not be made. Each year, there is a chance that the recipient of the periodic payment could die. In high value claims a large proportion of the compensation is associated with future loss as a result of the injury. The Health Board will provide these payments either by means of an Annuity backed structured settlement or a self-funded structured settlement. Welsh Assembly Government guidance (WHC (97) 17) states that structured settlements must be considered for any settlement of £250,000 or more.

The Health Board will depend upon the guidance of its legal advisors and the finance department as to whether to enter into a structured settlement.
In the event that a structured settlement is considered/may be made, the Health Board should notify the WRP as soon as possible. This is essential as the WRP is responsible for setting up and maintaining the structured settlement schedule of payments once agreed by the Court. Once the claim has been settled and the Court has approved the structured settlement, the court order should be submitted to the WRP within 14 days of the order being approved.

Structured settlements are administered in the main by the Health Board's solicitors, Legal and Risk Services.

Saunders, Nathan 23/01/2023 12:29:29

6.5 Quantum reports

On a quarterly basis the Concerns/Claims Managers shall prepare an up to date quantum report, which shall be forwarded to the WRP and to the finance department. The report will give quantum figures to enable the finance department to calculate

the Health Board's total liabilities and also probability of loss. The quantum may change during the course of the claim. The following information will also be noted by reference to the numbers 1-5.

Probability of loss

1 - 95%-100% certain
- The Health Board has been proven negligent and will have to compensate

2 - 50%-94% Probable
- There is evidence of negligence, but the Health Board may be able to prove some contributory negligence on the part of the Claimant or extenuating circumstance

3 - 06%-49% Possible
- The Health Board has a good defence and may be able to defend the claim

4 - 0%-06% Remote
- The Health Board has not been found to be negligent and the Claimant has no case

5 – 0%-06% Remote
- The Health Board has not been found to be negligent and the Claimant has no case

6 - TETA – (Too Early To Assess) – a new claim that is too early to assess

On receipt of quantum reports the Concerns/Claims Managers shall confirm the current status of the claim to ensure that it is active. Consideration should be given to the closure of a file if it has been inactive for a period of 18 months.

7. WELSH RISK POOL (WRP) REQUIREMENTS

The WRP requires notification of any claim that is estimated to cost more than the Health Board's excess (£25,000). On receipt of the quantum reports from the Health Board and solicitors, on a quarterly basis, the WRP will be updated as to any revaluation or new claims handled by external or in-house solicitor other than the Legal and Risk Services that may result in a claim against the WRP.

The Concerns/Claims Managers have a duty to:

- Notify the WRP of all claims that are settled
- Claim reimbursement from the WRP within 4 months of the final payment on the file being made with the minimum of delay

All claims on the WRP should be made on the appropriate forms. On receipt of the form, the WRP may request additional information. It should also be noted that the claim file might be requested by the WRP for audit purposes.

Saunders,Nathan 23/01/2023 12:30:29

Claims against the WRP can only be made after the claim has been concluded and the full costs have been paid. However, following an interim payment in excess of £100,000, an immediate claim can be made against the WRP.

The Concerns/Claims Managers and Finance Analyst will work together to ensure that the Health Board complies with the calendar and financial requirements of the WRP, thereby aiming to ensure the efficacy of the Health Board to validate dates, payments made, and reimbursement requests as accurate, appropriate and within the required time parameters.

Welsh Risk Pool Assessments

The WRP periodically undertakes detailed reviews of a sample of claims received by the WRP Advisory Board for reimbursement. The purpose of these reviews is to consider the way in which the claim has been managed with emphasis placed upon the lessons learned and the local procedures that are now in place. The WRP will share the lessons learnt via the networks within the NHS organisations in Wales.

The Concerns/Claims Managers will ensure that upon any request from the WRP for a detailed file review, that access is available, but not limited to, the following:

- Claims File
- Clinical Records
- Policies and Procedures
- Site visit if required
- Directorate staff
- Any or all parties involved in the Claim
- Audit Reports
- Health Board Report etc.

The Concerns/Claims Managers will ensure that all parties are involved in the Claim. All clinical Boards are notified of the Assessment, date, time and venue, and are available for interview if so required. You must ensure that any documentation or any changes instigated since the claim are available for the Assessors review.

Upon conclusion of the Assessment, the WRP Assessor will provide a draft report for comment; the Concerns/Claims Managers will review the said report, consult with Directorate staff and will provide the WRP Assessor with any comments or further information as required, prior to the finalisation of the WRP report.

7.1 Financial Limits and the requirement of an LFERform

a) Claims not exceeding £1,000 and discontinued claims

There is no obligation to complete an LFER form in relation to claims where quantum **(damages, claimant's and defendant's costs combined)** does not exceed £1,000

Saul Beynon (Cathay) 23/01/2023 12:30:29

or on claims that have been discontinued. The completion of a LFERin relation to these claims is at the Concerns/Claims Managers' discretion.

b) Claims exceeding £1,000 but not exceeding £25,000
LFERs are to be undertaken on all concluded claims where quantum has exceeded £1,000.00.

c) Claims exceeding £25,000
Detailed LFER's are required whenever quantum on a case exceeds £25,000 on acceptance of liability. These are to be submitted to WRP no later than 60 working days after acceptance of liability.

The Finance Analyst must be informed of the commencement of the LFER.

7.2 Procedure for the reimbursement of claims exceeding £25,000
The following documentation should be completed by the Concerns/Claims Managers Litigation, in conjunction with the Finance Analyst, special losses and submitted to the Welsh Risk Pool (WRP) for claim reimbursements:

- WRP1 claim form
- CMR
- U2
- Schedule of Costs

a) **WRP 1** claim –

This form should be

- An original form
- Signed by an authorised signatory
- Completed in typeface as handwritten forms will not be accepted
- All areas of the claim form should be completed including
- The Claimant's full name including fore name and surname to enable a full search for previous payments
- The name of the lead clinician involved in the claim
- Identify correctly the health body who is the Defendant to the claim especially where the claim relates to a former health authority

b) LFER/Category 7 Checklist

Saunders Kathryn 23/01/2023 13:38:29

In accordance with WHC (97) 17, Health Boards and Local Health Boards are required to complete a LFERdetailing the nature of the incident, its context, the manner in which it was handled as a claim and changes that have been made to reduce future risk. This is the LFER. The key areas of the LFER that are reviewed include the remedial action taken to prevent future occurrences and areas where

lessons may be learnt. The nature of the alleged negligence should therefore be suitably detailed, as should the breaches of duty of care, to enable the sufficiency of the remedial action to be assessed.

The LFER should satisfy the following conditions:

- It must be typed, as handwritten LFER will not be accepted
- It must be signed by authorised signatories, one of whom must always be the Chief Executive

c) Schedule of Costs

A detailed schedule of the costs incurred by the Health Board or health body (i.e. pre Health Board claims), should be attached to the completed WRP 1 claim form.

The schedule should include the following:

- The date that the payment was made
- To whom the payment was payable
- The description of the payment i.e. what it was for
- Where a former health authority has previously managed the claim, the health body that incurred the costs should be specified.

It is also recommended that schedules should have a cumulative running total of expenditure. To ensure compliance of the WRP reimbursement procedures, the Health Board will be required to make a declaration that all items are net of recoverable VAT on each schedule presented.

7.3 Authorised Signatories

Claims for reimbursement can only be considered for approval if authorised signatories have signed the WRP 1 claim form, LFER and CMRThe WRP stipulate that member organisations must supply the WRP manager with sample signatures of at least 3 officers with delegated responsibility for authorising such claims in accordance with the organisation's standing financial instructions. It is the responsibility of all member organisations to update authorised signatories in the event of personnel changes and to ensure that the schedules supplied to the WRP are in accordance with their own standing financial instructions and schemes of delegation. The Chief Executive must always be one of the signatories on the LFER. Where a health body is aware that its Chief Executive is not going to be available for any reason in the long term, and appoints an Acting Chief Executive, the Acting Chief Executive can complete the signatories forms indicating that he/she is acting up and thereafter may sign the LFER as Acting Chief Executive.

Saunders Nathan 23/01/2023 12:30:29

7.5 Reimbursable Costs – Health Board excess is at £25,000.00

Costs associated with losses will be reimbursed by the WRP subject to compliance with the WRP reimbursement procedures.

Any VAT incurred on costs that can be reclaimed by the Health Board, interest earned from payments into Court or any costs recovered from a claimant, should be deducted from the amount claimed for reimbursement.

Where the WRP has reimbursed the Health Board, any monies returned to the Health Board by either the Courts or the Compensation Recovery unit must be paid back to the WRP within 14 days of its receipt.

7.6 Timing of Reimbursement Claims

Requests for reimbursement must be presented to the WRP Advisory Board, notification of the meeting dates are provided periodically by the WRP. It is preferable that reimbursement claims are submitted 10 days before the due WRP Advisory Board meeting date. Any claims received later than the cut off date will be submitted to the next Advisory Board meeting.

Again, the Concerns/Claims Managers Litigation will contact the WRP by e-mail, within 7 days of forwarding, to confirm their receipt of the said request. WRP acknowledgements to be retained on file accordingly.

7.7 Interim Claims

The Health Board is obliged to submit an interim claim for reimbursement for any claim on which the cumulative balance of all payments, disbursements, costs etc associated with the claim, total £100,000.

The interim claim must be submitted within 56 days of this figure being reached, even where this precedes the resolution of costs. The excess for interim claims for all NHS Health Boards is £50,000.

In the event that a claim is received by the WRP, after 56 days of the expenditure totalling £100,000.00, a penalty will be imposed.

When the unclaimed balance (including the interim excess) again reaches £100,000, a further interim claim should be made. This should continue until the claim is finally concluded.

The excess reverts to the standard £25,000 upon conclusion of any claim.

The Health Board must submit a final claim for reimbursement within 4 months of the case being resolved and the costs being paid in full. Any claims for reimbursement submitted outside of this timescale will be penalised in accordance with WRP provisions.

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Claims subject to an outstanding appeal to the Compensation Recovery Unit (CRU) should be considered as a final claim, rather than await determination of the CRU appeal. Following a successful CRU appeal any monies received should be remitted back to the WRP as a Post Closure item.
This is to be monitored by both the Finance Analyst and Concerns/Claims Managers to ensure compliance.

Once again, the Concerns/Claims Managers is to contact the WRP by e-mail, within 7 days of forwarding, to confirm their receipt of the said request. WRP acknowledgements will be retained on file accordingly.

7.9 Penalties
Where a claim for reimbursement is submitted outside of the timescale, will not be paid and the if the delay has been with the Clinical Board thy will be liable for the full cost of the settlement

7.10 Concluded claims: accepted date of closure
The above 'trigger point' practice is also adopted when claims reach their conclusion. The date considered as the final 'done date' is the date of the last cheque request for payment of costs etc., (irrespective of whether they are claimant or defence costs).

The date of settlement is the date the Health Board agreed the terms of the settlement and a cheque request for the amount agreed is prepared and duly authorised. The settlement date is not to be considered as the date when cheques are received from the finance department.

7.11 LFER process
The Concerns/ Claims managers will complete the appendix form within 60 working days of making an admission of liability. The Clinical Board will be given time to complete the lesson learned and provide the supporting evidence. The form will then be checked, finance information provided and shared with the Welsh Risk Pool.

7.12 Request for further information and resubmission of rejected claims If insufficient information is provided in the LFER form, the Advisory Board will request further information. This can delay reimbursement to the Health Board and the Board could reject the claim.

7.13 Post closure payments and receipts
The Health Board may receive late invoices in respect of expert fees and other costs after a claims file has been closed and a final reimbursement has been made by the WRP.

Saunders,Nathan
23/01/2023 12:30:29

For payments made, the WRP will reimburse the additional amount, provided it is satisfied that all reasonable steps were taken by the Health Board to complete all financial transactions prior to submitting a final claim.

The Health Board will need to make a claim using the following documentation:

- WRP 1 claim form
- Updated Schedule of Costs
- Photocopy of the original LFER

7.14 Notifying the WRP of other claims
In accordance with WHC (2000) 12, the Concerns/Claims Managers is obliged to notify the WRP Manager of the following:

a) WRP 2 Forms
Any existing claim which is likely to become subject to a claim for reimbursement. The WRP acknowledges that it now has available to it, financial information relating to the value of claims from Legal and Risk Services,therefore, this requirement now only relates to claims, which are handled by either external or in-house solicitors, i.e. those other than Legal and Risk Services. In all such claims, which are likely to exceed excess, the Health Board must lodge a WRP 2 form with the WRP. Failure to notify the WRP of the existence of such a claim, may result in the WRP Advisory Board rejecting the claim.

b) WRP 3 Forms
All claims settled below excess should be notified to the WRP on WRP 3 Forms.

c) WRP4 Forms
WRP 4 forms must be completed and submitted to the WRP by the Legal Services Manager on all claims in excess of £1,000.00 to £30,000.00. The Legal Services Manager sends a hard copy of the signed WRP 4 form to the Finance Analyst.

8. CONCLUSION OF THE CLAIM

8.1 Closed files
There are several ways in which a claim may be closed:

- Discontinued
- Formally withdrawn
- Statute barred
- Settlement
- Nothing further heard

Saunders,Nathan 23/01/2023 11:36:29

Where settlement has been made, the closure of a claim will include settlement of the claimant's costs. It will also include payment of the Health Board's defence costs

and any other outstanding fees. The database should be updated to show the date of closure and the outcome of the claim.

8.1 Closure of files

The Finance Analyst must be advised of the closure of all claims with a monetary value. An Annex form is e-mailed to the Finance Analyst, to enable this information to be recording onto LASPAR. The Finance Analyst also receives a copy of the WRP 4 form.

8.2 Notification to the relevant parties to the claim

At the conclusion of a claim, the Concerns/Claims Managers shall advise the others involved in the Claim, of the outcome of the claim; that the claim is to be closed and thank them for their kind assistance.

8.3 Reviewing files at conclusion

a) Lessons learnt

When the Concerns/Claims Managers identifies or is notified that a claim has been closed, a decision will be made upon whether the preparation of a further LFER is appropriate. This decision is based upon Welsh Risk Pool requirements as set out above or, if LFER is not required in accordance with WRP requirements, whether it is felt that the matter has progressed to a stage that a LFER is justified.

The Concerns/Claims Managers will review all closed files. Once the LFER has been completed or a decision has been made to close the file without a further, the following actions will be undertaken:

a) The Concerns/Claims Managers will review the file and decide whether to prepare an action plan, identifying the failures, lessons learnt, action to be taken, evidence and audit.

b) If an action plan is appropriate, the Concerns/Claims Managers will then speak to the Clinical Board or other relevant member of staff with conduct of the claim to review the action plan in relation to the failures identified, lessons learnt, action to be taken, evidence and audit.

c) The member of staff with conduct of the claim will then provide the Legal Services Manager with the name of the individual who is responsible for the action and due date.

d) The Concerns/Claims Managers will then finalise the action plan and send a copy to the individual with responsibility for the action, noting the due date.

Saunders,Nathan 23/01/2023 12:30:29

e) The Lead Officers Group shall consider the action plan and further recommendations may be made. If this is the case, the Legal Services Manager

f) Shall discuss these with the member of staff with responsibility for the claim, as set out above.

g) The Concerns/Claims Managers will enter the action plan into a bring forward system with a view to monitoring compliance with the due date and collating evidence in relation to each action.

h) Once each action has been addressed and evidence in relation to each action has been collated, the Concerns/Claims Managers will then provide the member of staff with conduct of the complaint with a completed action plan for display/circulation to all staff within the Directorate.

- Facilitating and promoting change within the organisation through the development of the lessons learnt process
- Receiving progress reports on current and recently closed litigation reports
- Receiving annual litigation reports

At every meeting the group will consider in detail the failures identified, lessons learnt, actions to be taken and relevant audits in relation to all relevant claims that have been concluded within the period since the Group last met.

In relation to each claim the Group shall consider the following documents:

- Case Synopsis
- Action Plan
- Concluded action plan together with any relevant documentation in relation to actions taken
- Concluded audits

Having considered the case synopsis and action plan, the group shall:

- Decide whether the failures identified, lessons learnt and actions to be taken are satisfactory
- Decide whether any additional failures, lessons learnt and actions can be identified and make recommendations for amendments to the action plan
- Consider whether the claim should be referred to the Clinical Audit Department for consideration and if so, identify the nature of the audit to be undertaken

It will be noted on all claims files whether a claim has been referred to the Lead Officers Group and if so, the outcome of that referral.

Saunders,Nathan 23/01/2023 12:30:29

9.2 Compensation Recovery Unit

The rules concerning the repayment of benefits to the Compensation Recovery Unit (CRU) have recently changed under the provisions of the Social Security (Recovery of Benefits) Act l997.

The main points from the Act are as follows: -

- The new rules apply to all claims settled on or after the 6th October l997, including claims arising out of accidents prior to 1st January 1989 which were not covered by original Compensation Recovery Scheme
- The current small payment exemption for compensation of £2,500 or less will no longer apply from the 6th October l997, and the CRU must be informed of all claims and a Certificate of Total Benefit obtained before settlement.
- The Health Board repays the full amount of recoverable benefits to the CRU
- No benefits may be taken from the claimant's general damages i.e. those damages paid for compensation for pain and suffering, loss of amenity, loss of congenial employment
- The Health Board will only be able to reduce the compensation payable to a claimant where DSS benefits have been paid for the same reason that compensation has been awarded e.g. Statutory Sick Pay and Sickness Benefit may be deducted from the compensation award for loss of earnings resulting - from the relevant accident

The new legislation will remove the possibility of a small nuisance settlement in cases where a large amount of benefits has accrued. Further, should the benefits to be repaid to the CRU exceed the special damages claim, the Health Board will have to repay the full amount of benefit to the CRU as well as general damages awarded to the claimant, which will remain ring fenced. This will increase the Health Board's outlay from the present position whereby any benefits to be recovered in excess of special damages would be recouped from general damages. The Director Governance & Communications' role in this process is limited. Any documentation received will need to be sent to the Health Board's legal advisor for action.

9.4 Criminal Injuries Compensation Authority

The Board entertains applications for payments of compensation where the applicant has sustained personal injury attributable to a crime of violence. As with personal injury claims these will only be considered if made within three years of the incident, giving rise to injury. Minor injuries are excluded (i.e. where awards would be less than £1,000 after the deduction of benefits received). A person can simultaneously pursue the Health Board and the Compensation Board, but the individual will not recover a payment in duplicate.

Saunders,Nathan
23/01/2023 12:30:29

Appendix A

Complaints Standards Authority – Wales
Concerns and Complaints Policy for Public Services Providers in Wales

This model policy is designed for public services providers in Wales. It represents a minimum standard of complaint handling for public bodies in Wales.

The Policy is fully compatible with the Welsh Language Standards Regulations of 2018.

Please note that NHS bodies in Wales adhere to the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, known as 'Putting Things Right'.

When the content of this policy conflicts with the Putting Things Right regulations, the Putting Things Right regulations will take precedence, including when references are made to timescales.

Also, the Social Services Complaints Procedure (Wales) Regulations 2014 outline the procedure for handling complaints about Social Services issues in Wales.

A Model Concerns and Complaints Policy Cardiff and Vale UHB has reviewed our process in line with the Model Concerns Policy

Cardiff and Vale UHB is committed to dealing effectively with any concerns or complaints you may have about our services. We aim to clarify any issues you may be unsure about. If possible, we'll put right any mistakes we may have made. We will provide any service you're entitled to which we have failed to deliver. If we did something wrong, we'll apologise and, where possible, try to put things right for you. We aim to learn from our mistakes and use the information we gain from complaints to improve our services.

When to use this policy

When you express your concerns or complain to us, we will usually respond in the way we explain below. However, sometimes you may have a statutory right of appeal so, rather than investigate your concern, we will explain to you how you can appeal. Sometimes, you might be concerned about matters that are not covered by this policy *[e.g. concerns relating to other organisations, matters which are not related to direct or indirect Patient Care, employee relation matters, issues which are best managed via the police]* and we will then advise you about how to make your concerns known.

This policy does not apply to 'Freedom of Information' or data access issues. Please contact *[insert relevant contact details]*.

Complaints Team staff can advise on the type and scope of complaints they can consider.

Saunders,Nathan 23/01/2023 12:30:29

Asking us to provide a service?

If you are approaching us to request a service, this policy doesn't apply. If you make a request for a service and then are not happy with our response, you will be able to make your concern known as we describe below.

Informal resolution

If you are unhappy with the treatment or care you are receiving, we would encourage you to raise your concerns as soon as possible, preferably to senior staff on duty at the time of the incident or the appropriate ward, hospital or community manager. Alternatively, please contact a member of the Concerns Department and they will be happy to discuss your concerns with you and pass them on to the relevant department.

How to express concern or complain formally

You can express your concern in any of the following ways:

The Concerns Office is open between the hours of 9 am to 5 pm (7 days per week) Please call on the following telephone numbers in office hours if you wish to speak with a member of the Concerns Team.

- **029 218 36318**
- **029 218 36319**
- **029 218 36323**
- **029 218 36340**

For BSL users the phone line is accessible via sign live https://youtu.be/YgxdvhI9X4E please see the video explaining the service.

You can also fill in our **Concerns Form**, e mail the team at concerns@wales.nhs.uk or write to us at Chief Executive, Cardiff and Vale University Health Board, Maes y Coed Road, Llanishen, Cardiff CF14 4HH.

Other than in exceptional circumstances, a complaint should be made as quickly as possible in relation to the problem arising. If there is a good reason why the complaint cannot be made sooner, it may still be possible to investigate your concerns, as long as no more than a year has passed. We may exceptionally be able to look at concerns which are brought to our attention later than a year. However, you will have to explain why you have not been able to bring it to our attention earlier and we will need to have sufficient information about the issue to allow us to consider it properly. In any event, we will not consider any concerns about matters that took place more than three years ago.

Concerns Form - Manylion am y pryder.doc (*Word, 130Kb*)

Once the complaint form has been completed you can either send it by email to: concerns@wales.nhs.uk (you will receive an e mail acknowledgement within two working days), or by post to:

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Chief Executive
Cardiff and Vale University Health Board Headquarters

Woodland House
Maes y Coed Road
Cardiff
CF14 4HH

You may submit a complaint on behalf of someone else. However, the Health Board will have to ask for permission/consent from the person involved (if they are aged over 18 and have capacity) to investigate the issues raised.

We would encourage you to contact the Complaints Department in the first instance to try and achieve a timely and informal resolution to your concerns. If you are not happy with any informal course of action, then you will still be able to submit a formal complaint.

You will receive an acknowledgement letter within two working days of receipt of your formal complaint. This letter will provide you with contact details of the Complaints Co-ordinator who is processing your complaint. If you have any questions, please feel free to contact this person.

The aim is for you to receive a written response to your complaint within 30 **working** days. However, if a more in-depth investigation is required, the Health Board can take up to 6 months to complete its investigation.

In exceptional circumstances an investigation may take longer than 6 months. On occasions, we may ask you if you wish to meet with members of the clinical team who will discuss your complaint with you. This can be prior to, during or following the investigation.

We place great importance on any feedback we receive and the way in which we manage and investigate concerns you may have. By understanding why our patients have cause to complain, we can improve the quality of care and treatment provided to anyone using our services.

If you would like to provide feedback following raising a concern with us please complete the form below and send in an email to the above address.

Concerns Feedback Form.doc (*Word, 98Kb*)

We aim to have concern and complaint forms available at all of our service outlets and public areas and also at appropriate locations they are available with leaflets in all of our Information Centres in the main entrance of the hospitals and at our main reception desks.

What if there is more than one body involved?

If your complaint covers more than one body (another Health or social care provider) with your consent *we* will usually work with them to decide who should take the lead in dealing with your concerns. You will then be given the name of the person responsible for communicating with you while we consider your complaint.

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If the complaint is about a body working on our behalf you may wish to raise the matter informally with them first. However, if you want to express your concern or complaint formally, we will look into this ourselves and respond to you.

Investigation

We will tell you who we have asked to look into your concern or complaint. If your concern is straightforward, we'll usually ask somebody from the relevant service area to look into it and respond to you. If it is more serious, we may also use someone from elsewhere. We will set out our understanding of your concerns and ask you to confirm that we are right. We'll also ask you to tell us what outcome you're hoping for.

The person looking at your complaint will usually need to see the files we hold relevant to your complaint. If you don't want this to happen, it's important that you tell us.

If there is a simple solution to your problem, we may ask you if you're happy to accept this. For example, where you asked for a service and we see straight away that you should have had it, we will offer to provide the service rather than investigate and produce a report. We will aim to resolve concerns as quickly as possible and expect to deal with the vast majority within 30 working days *[if appropriate, bodies may wish to insert a shorter timescale here]*. If your complaint is more complex, we will:

• Let you know within this time why we think it may take longer to investigate.

• Tell you how long we expect it to take.

• Let you know where we have reached with the investigation, and

• Give you regular updates, including telling you whether any developments might change our original estimate.

The person who is investigating your concerns will firstly aim to establish the facts. The extent of the investigation will depend upon how complex and how serious the issues you have raised are. In complex cases, we will draw up an investigation plan.

In some instances, we may ask to meet with you to discuss your concerns. Occasionally, we might suggest mediation or another method to try to resolve disputes.

We'll look at relevant evidence. This could include information you have provided, our case files, notes of conversations, letters, emails or whatever may be relevant to your particular concern. If necessary, we'll talk to the staff or others involved and look at our policies, any legal entitlement and guidance.

Outcome

If we formally investigate your complaint, we will let you know what we find. If necessary, we will produce a report. We'll explain how and why we came to our conclusions.

Saunders Natalie 23/01/2023 12:20:29

If we find that we made a mistake, we'll tell you what happened and why.

If we find there is a fault in our systems or the way we do things, we'll tell you what it is and how we plan to change things to stop it happening again.

If we make a mistake, we will always apologise for it.

Putting Things Right

If we didn't provide you with a service you should have had, we'll aim to provide it now, if that's possible. If we didn't do something well, we'll aim to put it right. If you have lost out as a result of a mistake on our part, we'll try to put you back in the position you would have been in if we'd done things properly.

If you had to pay for a service yourself, when we should have reasonably provided it for you, we will try to refund the cost.

The Ombudsman

If we do not succeed in resolving your complaint, you may complain to the Public Services Ombudsman for Wales. The Ombudsman is independent of all government bodies and can look into your complaint if you believe that you personally, or the person on whose behalf you are complaining:

• Have been treated unfairly or received a bad service through some failure on the part of the service provider.

• Have been disadvantaged personally by a service failure or have been treated unfairly.

The Ombudsman normally expects you to bring your concerns to our attention first and to give us a chance to put things right. You can contact the Ombudsman by:

• Phone: 0300 790 0203

• Email: ask@ombudsman.wales

• The website: www.ombudsman.wales

• Writing to: Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

There are also other organisations that consider complaints. For example, the Welsh Language Commissioner's Office deals with complaints about services in Welsh. We can advise you about such organisations.

Learning lessons

We take your concerns and complaints seriously and try to learn from any mistakes we've made. Our senior management team considers a summary of all complaints quarterly and is made aware of all serious complaints. Our Learning committee also considers our response to complaints at least twice a year. We share summary (anonymised) information on complaints received and complaints outcomes with the Ombudsman as part of our commitment to accountability and learning from complaints.

Where there is a need for significant change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it. We will let you know when changes we've promised have been made.

Saunders Nathan 23/01/2023 12:30:29

What if you need help?

Our staff will aim to help you make your concerns known to us. If you need extra assistance, we will try to put you in touch with someone who can help. You may wish to contact *[insert examples appropriate to the service provider here e.g. advocacy services, Age Cymru, Shelter etc.]* who may be able to assist you.

Advocacy

Community Health Council

Community Health Councils (CHCs) were set up originally by Act of Parliament in 1974 as **independent "Watchdogs"** to monitor and review services provided by the NHS.

The South Glamorgan members are recruited from the general public and appointments are made by the Welsh Assembly Government, the Local Authorities and also from established voluntary organisations. The members are unpaid and receive out-of-pocket expenses only and are supported by paid support staff.

The CHC provide a free independent advocacy service should you wish to raise a concern in any part of the NHS. They can:

- advise you on available health services
- help you to find further information
- help you to deal with other health bodies
- Listen to your comments. If you feel that you need to complain about any aspect of the Health Service, we can help you by:
    - providing information about NHS Complaints Procedures
    - making enquiries on your behalf
    - Acting as a Patient's Friend at meetings with Health Service Managers.

Contact Details

South Glamorgan CHC,
Pro-Copy Business Centre (Rear)
Parc Tŷ Glas
Llanishen
Cardiff
CF14 5DU

Telephone: 02920 750112

Email: SouthGlam.Chiefofficer@waleschc.org.uk

Advocacy Support Cymru (ASC)

ASC is a specialist advocacy provider currently delivering independent advocacy services in parts of South and Mid Wales.

Saunders, Nathan
23/01/2023 12:30:37

ASC believe independent advocacy is important because it seeks to give a voice to people who can't make themselves heard. Advocacy helps to ensure that people are

as involved as they can be in the things that affect them, and are able to communicate their needs and wishes to others who may have influence or power over their lives.

Contact Details
ASC
Charterhouse 1
Links Business Park
Fortran Road
St Mellons
Cardiff CF3 0LT

Telephone: 02920 540444
Fax: 029 2073 5620

E Mail: info@ascymru.org.uk

Advocacy Support Cymru is the new service provider for the Independent Mental Capacity (IMCA)

You can also use this concerns and complaints policy if you are under the age of 18. If you need help, you can speak to someone on the Meic Helpline:

• Phone 0808 802 3456

• Website www.meiccymru.org

or contact the Children's Commissioner for Wales. Contact details are:

• Phone 0808 801 1000

• Email post@childcomwales.org.uk

• Website www.childcom.org.uk

What we expect from you

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a concern or a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We therefore expect you to be polite and courteous in your dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence. We have a separate policy to manage situations when we find that someone's actions are unacceptable.

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23/01/2023 12:30:29

Appendix 1

Cardiff and Vale University Health Board Concerns form

Section A: Your Details

Title:

Name:

DOB:

Address:

Contact Details

Telephone:
Mobile:
Email:

Are you the Patient?

Y / N

Section B: a concern on behalf of someone else

Saunders,Nathan 23/01/2023 12:30:29

Title:

Name:

DOB:

Address:

Section C: Details about the concern

If you are raising this concern on behalf of someone else, what is your relationship to the patient?:

Date event/incident occurred:

Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so:

Summary of your concerns/key issues

In your opinion, what went wrong?

Saunders,Nathan 23/01/2023 12:30:29

Specific questions you would like answered:

Details of what you would like to happen as a result of your complaint.

To be completed where the person raising the concern is not the patient.

I hereby authorise

Name of person raising the concern:	
Address:	

To act on my behalf and to receive any and all information that may be relevant to the concern.

I hereby agree that the health records and any personal information can be used in the investigation of the concern. I understand that access to records and personal information will be limited only to those who need to see them in order to investigate the issues raised and, only those sections of the health records relevant to the investigation will be used.

Signature of patient:	
Date:	

Please return to:

Concerns Department
Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH concerns@wales.nhs.uk

Saunders,Nathan
23/01/2023 12:30:49

Equality & Health Impact Assessment for

{insert title of strategy/ policy/ plan/ procedure/ service}

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	**Concerns (Complaints) and Claims (Clinical Negligence, Personal Injury and Redress) Management Policy**
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Patient Experience
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will manage all concerns/claims in accordance with the policy.

Saunders,Nathan
23/01/2023 12:30:29

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

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].	Duties under the Equality Act 2010 As public authorities the Health Board is required to pay "due regard" to the three aims of the general equality duty to: • Eliminate discrimination, harassment, victimization and any other conduct that is prohibited by or under this Act • Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it Foster good relations between persons who share a relevant protected characteristic and persons who do not share it . Having "due regard" for advancing equality involves: • Removing or minimising disadvantages people encounter due to their protected characteristics • Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people • Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low. We are legally bound to demonstrate that we are taking action to promote equality in relation to policy making, development of policies and procedural documents, alongside the delivery of services, service developments and employment. Within the Act, we also have a legal duty to show that we have given due regard to the nine protected characteristics below: • Sex • Ethnicity • Gender • Disability • Religion / belief • Sexual orientation • Gender reassignment • Marriage or civil partnership • Pregnancy / maternity • Age. The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. The Act sets human rights in a series of 'Articles' and each Article deals with a different right. There are 16 Articles; details of which are at: www.equalityhumanrights.com/en/human-rights/human-rights-act.

Saunders,Nathan
23/01/2023 12:30:29

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		This policy draws particular attention to the following Article, although all Articles are important to apply to assessments. Article 14: Right to freedom from discrimination (which in effect means protection from discrimination for any other reason that is not one of the protected characteristics e.g. socio economic status) The Health and Social Care Act 2012 – Health Inequalities The Health and Social Care Act 2012, states that each CCG must, in the exercise of its functions, have regard to the need to: • Reduce inequalities between patients with respect to their ability to access health services • Reduce inequalities between patients with respect to the outcomes achieved for them. Sussex NHS Commissioners have incorporated health inequalities considerations into the assessment template to ensure these requirements are considered. 2.4. The Brown Principles Case law known as the Brown Principles sets out a broad indication of what public sector organisations need to do to in respect of the aims set out in the general equality duties and they provide useful insight into how courts interpret the duties although they are not additional legal requirements. In summary, the Brown principles say: • Decision-makers must be made aware of their duty to have “due regard” to the three aims of the general equality duty • Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under development and consideration, as well as at the time a decision is taken • Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken as this is unlawful. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty • The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision • The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is

Saunders,Nathan
23/01/2023 12:30:29

		not a question of “ticking boxes” • The duty cannot be delegated and will always remain on the body subject to it • It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Anyone raising a concern

Saunders,Nathan
23/01/2023 12:30:29

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	This policy does not have an impact on people because of their age. Each claim is assessed on its own merits in accordance with legislation, such as the Civil Procedural Rules, regardless of gender.	Nil required	
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	This policy is predominantly intended to be an internal facing document. There is potential however for service users to request copies The policy is not routinely produced in alternative formats such as Braille. The policy may not be understood by those who have difficulty deciphering or	Large print, Braille or audio versions could be provided on request. Consideration should be given to producing a separate document which is aimed at service users. The Welsh Government are currently revising the ‘Putting things Right’ leaflet and this may be an option for including an	

Gareth Nathan 23/04/2023 12:30:29

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
	reading the written word, for example, dyslexia	explanation of the claims management process. Further explanations and support to understand the policy will be provided as required. We have a redress information leaflet provided on acknowledgement of concerns	
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	This policy does not have any negative or positive effects on people of different genders. Each claim is assessed on the basis of facts and in accordance with the law. We have a legal obligation to provide all information it holds relating to the claim in accordance with the law		

Document Ref: 23-1329

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
referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	As in 6.3		
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.	As in 6.3		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Each claim is assessed on the basis of facts and in accordance with the law. Discrimination to people of a different race, nationality, colour, culture or ethnic origin is unlikely to occur. There may however be a negative impact for individuals who do not understand written English or for whom English is not their first language. We can explore the option of using an		

Saunders,Nathan
23/01/2023 12:30:29

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
	interpretation service. The negative impact could be mitigated via the use of plain English. The policy can be explained to individuals who are able to understand English.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)			
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	Negative – existing policies are not routinely translated into Welsh. Welsh speakers who wish to pursue a claim through the medium of Welsh will be supported in doing so. Consideration should be given	Negative – existing policies are not routinely translated into Welsh. Welsh speakers who wish to pursue a claim through the medium of Welsh will be supported in doing so. Consideration should be	

Laura Jonathan
23/11/2023 12:30:29

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
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	to publishing this policy in Welsh.	given to publishing this policy in Welsh.	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	People on low incomes may be dissuaded from pursing a legal claim due to the cost involved. However, for low value clinical negligence claims (below £25,000), the individual can pursue the 'Putting things Right' route. Individuals who pursue this avenue as a form of redress will be entitled to free legal advice, where a qualifying liability in law exists. We can explain the process to individuals and support them to pursue this route. Public Health Wales also advises every service user, who raises a concern, of their right to access independent and free advocacy and support	None required	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or			

Saunders Natalie 23/01/2023 12:11:28

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
health indicators, people unable to access services and facilities			
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

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23/01/2023 12:30:29

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	This policy is an administrative document which has no direct impact on the health of the population, the addressing of inequalities in health or the delivery of services. Please refer to section 6.10		
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			

Issued: 23/12/2024 13:38:19

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	This policy does not have an impact in the area (although please refer to Section 6.10)		
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			

Cyfarfod Llawn - 23/11/2023 - 10.30.19

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			
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			

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23/07/2023 12:30:29

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			

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23/01/2023 12:30:29

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**	This policy is predominantly intended as an internal facing policy which describes the staff responsibilities and the organisational structures needed to support the claims management process. The policy is intended to make the claims management process as quick and as fair as possible, with claim being assessed on the basis of facts and in accordance with the law. It is therefore felt that the impact is largely positive. The positive effect could be enhanced with perhaps a document which is aimed at service users and explains the claims process in plain English. This option will be explored with the Welsh Government who are currently reviewing the 'Putting things Right' leaflet. The screening process did however identify some potential for negative impacts, for example, for service users whose first language is not English.

Action Plan for Mitigation / Improvement and Implementation

Saunders,Nathan
23/01/2023 12:30:29

	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?	Explore the option of producing a separate document on the claims management process which is specifically aimed at Service Users. Consider the implications of the Welsh Language Standards on this policy Lead for Putting things Right/ Claims Manage	Explore the option of producing a separate document on the claims management process which is specifically aimed at Service Users. Consider the implications of the Welsh Language Standards on this policy Lead for Putting things Right/ Claims Manage		

Saunders,Nathan
23/01/2023 12:30:29

	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?				

Saunders,Nathan
23/01/2023 12:30:29

	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	Following consultation with QSE present the policy to the Public Health Wales Bo for approval. Publish updated version of the policy on the website. Consider translating and publishing the policy in Welsh Explore the option of linking with Welsh Government, as they are producir a universal leaflet on the Putting things Right Scheme. It may be possible to include an explanation of the claims process. It is likely that the leaflet on the PTR Scheme will be translated into a number of languages. Monitor and review compliance with poli throughout the claims management process			

Saunders,Nathan
23/01/2023 12:30:29

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)[4]

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

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23/01/2024 12:30:29

[4] http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[5]
- Equality Act 2010[6]
- Well-being of Future Generations (Wales) Act 2015[7]
- Social Services and Well-being (Wales) Act 2015[8]
- Health Impact Assessment (non statutory but good practice)[9]
- The Human Rights Act 1998[10]
- United Nations Convention on the Rights of the Child 1989[11]
- United Nations Convention on Rights of Persons with Disabilities 2009[12]
- United Nations Principles for Older Persons 1991[13]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[14]
- Welsh Government Health & Care Standards 2015[15]
- Welsh Language (Wales) Measure 2011[16]

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

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[5] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en
[6] https://www.gov.uk/guidance/equality-act-2010-guidance
[7] http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
[8] http://gov.wales/topics/health/socialcare/act/?lang=en
[9] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
[10] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[11] http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
[12] http://www.un.org/disabilities/convention/conventionfull.shtml
[13] http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
[14] http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
[15] http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
[16] http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

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23/01/2019 12:30:29

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Saunders,Nathan
23/01/2023 12:30:29

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates[17]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide[18]

[17] http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf (accessed 4 January 2016)
[18] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782 (accessed on 4 January 2016)

Saunders Jonathan
23/01/2023 12:30:29

Appendix 2 – The Human Rights Act 1998[19]

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Saunders,Nathan
23/01/2023 12:30:29

[19] https://www.equalityhumanrights.com/en/human-rights/human-rights-act

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	Health and Safety Committee – Chair's Report				Agenda Item no.	6.5	
Meeting:	Board		Public	x	Meeting Date:	26 January 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Chair of the 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 17 January 2023.

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

The Committee received a presentation from Nigel Fryer (a Barrister at 30 Park Place) on the topic of **Corporate Manslaughter**. The presentation and Q&A session provided were very informative and the key message which the Committee took away in relation to Health and Safety within the organisation was how important it was for the Health Board's management to: -

- identify risks;
- put in place appropriate policies and processes to manage those risks;
- ensure that those policies and processes were appropriately shared and communicated to the Health Board's staff;
- ensure that staff were appropriately trained in relation to those policies and processes; and
- ensure that those policies and processes were reviewed on a regular basis.

Put simply, to embed a "look, identify, learn" approach into the Health Board's culture.

The Committee also received and discussed s number of other items of business which included: -

a) **Health and Safety Overview** – the main items highlighted in this verbal update included:-

- **Staff update** – two new Fire Safety advisors were in post, a new Health and Safety (H&S) trainer had been recruited, along with a new H&S advisor. A recruitment process was being undertaken to recruit a new Head of Fire Safety Management (new post).

- **Staff smoking on site** – further communications had been issued to all Health Board staff, including a video message from the Chief Executive. It was noted that queries had been received from staff with regards to patients smoking on site. This was being considered to ensure a consistent approach was adopted to address this issue.

- **Serious incident review** – a member of staff had sustained injuries following an accident which involved a large waste container being unloaded from a Stericycle lorry. Fortunately, the member of staff had recovered from his injuries and had returned to work. Following a risk assessment, measures had been taken to guard against this type of accident happening again, which included the tightening up of processes relating to this area/area of activity.

Sandra Nixon 23/01/2023 12:50:23

- **Training** – positive progress was being made in relation to staff undertaking H&S related training.

b) **Unwanted fire signals** – the number of unnecessary fire service calls was steadily increasing. Many of these incidents were unavoidable and were attributed to staff behaviour (e.g. use of kettles/toasters). The Committee challenged the policies and processes that the Health Board had in place to deter this type of behaviour and how the same were being communicated to staff. It was noted that a more focussed approach to training might be required.

c) **Waste Management** – the volume of waste continued to be higher than pre – COVID-19 levels. Efforts were being made to reduce the existing levels (which had a significant financial implication for the Health Board) to reasonable levels. Those efforts included the appointment of 'Green Champions' from the Clinical Boards/Directorates to raise the awareness of waste and its impact on the environment, with the aim of reducing waste, increasing re-cycling and ensuring safe and appropriate disposal.

d) **Annual Equipment Inspection Reports** – the Committee received reports in relation to (i) the Ventilation Annual Report 2022, (ii) Medical Gas Pipeline Systems, and (iii) the Triennial Inspection Annual Report – low voltage installation 2022. Those reports set out a number of recommendations and associated actions which were either completed or partially completed. The Committee noted the importance of appropriate and proper ventilation for respiratory patients, particularly in light of COVID-19.

e) **Policies** – the Committee ratified the Sharps Management Policy and Procedure (UHB 269).

f) **Committee Annual Report** – the Committee received the draft Annual Report for review as part of the end of year reporting requirements. The draft Annual Report was recommended to Board for approval in March.

g) **Committee Annual Workplan and Terms of Reference 2023/24** – it was noted that the proposed changes to the Terms of Reference and Work Plan reflected the proposal for the Health and Safety Committee to become a Sub Committee of the Board reporting to the proposed People and Culture Committee. The Committee recommended the proposed Terms of Reference and Workplan 2023/24 to the Board for approval in March.

h) **Fire Prosecution update** – the Committee was informed that the opening pleadings had taken place last Friday (13 January), the Health Board had pleaded "not guilty", the Crown Court trial was set for October 2023, and that the Board Members would be receiving an update from the Health Board's lawyers at its Board Development Session next week.

The minutes of the Health and Safety Committee held on 17 January 2022 contain further details of the above matters highlighted in this report and will be available once approved.

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Recommendation:

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	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	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		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:

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23/01/2023 12:30:29

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.6
Meeting:	C&V UHB Board	Public	X	Meeting Date:	26 January 2023
		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	2022 / 23 Qtr 2	
% of children up to date with scheduled vaccines by 4 years of age	95%	na	80.2%	**
	Standard		**Nov-22**	
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	71%	*
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	37%	*

Tobacco	Standard	Trend	2022 / 23 Qtr 2	
% of smokers who become treated smokers	5%	na	0.5%	**
% of treated smokers who quit at 4 weeks	40%	na	80%	**

Quality & Safety

Patient Satisfaction	Standard	Trend	Nov-22
30 day complaints response compliance %	75%		77%
Patient Experience			**Nov-22**
Patient Experience	na		73%
Falls			**Nov-22**
Slips Trips and Falls (30 day moving total)	na		313
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		51
Serious Incidents	**Standard**	**Trend**	**Nov-22**
Nationally Reportable Incident (SI)**	na		13
Number of Never Events	0	na	0

Mortality	Standard	Trend	Sep-22
Myocardinal Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.8%
Stroke within 30 days of admission (Rolling 12 Months)	na		15.0%
Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		2.6%
Crude Mortality (Last Week of the month)	0		26
			Sep-22
Still births (Rolling 12 Months)	na	na	23
Infection Control			**Oct-22**
All Reported Infections (Rolling 12 Months)	743		771

Workforce

	Standard	Trend	Nov-22
Sickness Absence Rate (in-Month)	6%		6.9%
Sickness Absence Rate (12-Month Cumulative)	6%		6.7%
Values-Based Appraisal Compliance	85%		47.6%
Medical Based Appraisal Compliance	85%		76.7%

	Standard	Trend	Nov-22
Turnover Rate	7% - 9%		13.7%
Mandatory Training Compliance	85%		75.4%
Fire Training Compliance	85%		66.3%

Operational Performance

	Standard	Trend	Dec-22
A&E 12 hour waiting times	0		1177
A&E 4 hour waiting %	95%		61.0%
Ambulance Handover Times >1 hour	0		715
Ambulance Handover Times >4 hour	0		33
Number of 12 hour trolley waits	0		144
Number of Patients over 24 hours in EU	0		1359
			Nov-22
RTT Waiting less than 26 weeks %	95%		56.6%
RTT Waiting Over 36 Weeks	0		40775
RTT Waiting Over 52 Weeks	0		26391
RTT Waiting Over 104 Weeks	0		5553
RTT Waiting Over 156 Weeks	0		885
Diagnositcs >8 weeks Wait	0		3654
			Nov-22
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		100% #
GP OOH 'emergency' patients requiring a home visit within one hour	90%		83%
			Oct-22
#NOF: Time to ward performance (4 hours)	na		1.2%
#NOF: Time to theatre (36 hours)	na		54.5%

	Standard	Trend	Oct-22
Mental Health Part 1a - Assessments within 28 days	80%		100.0%
Mental Health Part 1b - Therapy Commencing within 28 Days	80%		95.0%
			Dec-22
Total number of medically fit for discharge patients	na	na	285
Total number of bed days lost	na	na	12157
Average number of bed days lost per patient	na	na	43
			Nov-22
Number of Patients Delayed over 100% for follow-up Appt	0		46583
			Oct-22
Single Cancer Pathway	75%		54.8%
Total number of patients on Single Cancer Pathway	na		2655
Total number of patients on Single Cancer Pathway over 62 days	0		331
Total number of patients on Single Cancer Pathway over 104 days	0		141
			Nov-22
Stroke: thrombolysed patients door to needle performance <=45 mins	100%		27%
Stroke: CT scan performance 1 hour	100%		40.3%
Stroke: 4 hours to ward	100%		17.2%

Finance

	Standard	Trend	Nov-22
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£18.147m deficit
Remain within capital resource limits.	Within planned expenditure £19.995	na	£17.872m
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	£12.477m

	Standard	Trend	Nov-22
Delivery of £4m non recurrent target	£4m	na	£6.867m
Creditor payments compliance 30 day Non NHS (Cumulative)	95%		94.5%
Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Maintain Positive Cash Balance	Positive Cash Bal.	na	£5.716m

* *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*

 # No patients recorded within this measure during this time period

Saunders-Nathan
23/01/2023 12:30:29

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

POPULATION HEALTH

Covid-19 and respiratory illness update:

- **Epidemiology**
  - In early December 2022 there were mixed signals from Covid surveillance indicators
  - There had been a rise in clusters of cases in care homes and hospitals, and a small rise in the wastewater signal
  - Infections across Wales identified through the ONS infection survey stabilised after a period of decline; adjusted lateral flow rates for Cardiff and Vale declined
  - A new sub-variant of Omicron BA.5, BQ.1 is now the dominant variant across Wales. At present, high BQ.1 prevalence does not appear to be associated with a deterioration in the epidemiological situation
  - With Covid vaccination, including autumn boosters, serious impacts should continue to be limited
  - However, we are still likely to see waves of hospital admissions due to increases in mixing indoors over winter, and waning immunity among those not recently vaccinated. A Covid variant showing significant vaccine escape remains a possibility
  - Influenza has begun to circulate in Wales. Levels were still low in early December but increasing

- **Test, trace and protect (TTP)**
  - No change since the last report

- Covid-19 vaccination
  - An autumn Covid-19 booster vaccination has been offered to 99.6% of eligible citizens (data as at 24/11/22)
  - 154,000 autumn boosters have been delivered to date
  - Based on national PHW Surveillance data (extracted 24 Nov 2022) uptake is as follows for eligible priority groups:
    - Care Home residents - 82.8% (*however local operational data shows that 92.1% care home residents are now vaccinated)*
    - Care Home Staff – 36.8% (*however local operational data shows that 47.8% care home staff are now vaccinated)*
    - Health Care Workers – 59.9%
    - Social care workers – 53.4% (based on local data as no national % available).
    - People aged 65 years and over – 80.5%
    - People aged 50-64 years – 58.4%
    - People aged 5-49 years in a clinical risk group – 33.5%
  - Walk-in appointments for autumn booster for eligible individuals yet to obtain a vaccine are now available at both MVC sites (Woodland House and Holm View).
  - ‘Pop-up’ and outreach clinics are being arranged to address vaccine inequity and accessibility issues.

Monkeypox update- note new name mpox

- Incidence remains low.
- Up to 28 November 2022, there were 3,575 confirmed and 150 highly probable monkeypox cases detected in the UK; 3,725 in total. Of these, 47 were in Wales.
- It is likely that multiple factors, including but not limited to vaccination, are contributing to the decline in transmission. Reduction in some other sexually transmitted infections, as well as modelling, suggests behavioural modification may also have been a factor.

Saunders Mathew
23/01/2023 12:13:29

- There are no reported deaths in the UK and a small number of deaths reported globally linked to the outbreak.
- The initial cohort of high-risk individuals identified for pre-prophylaxis vaccination have now received 3 invitations for vaccination. Newly identified individuals are being identified on a rolling basis. Second doses to those who have received a first dose of vaccine will be offered over the coming weeks.
- Up to 25 November we had vaccinated 571 (out of 1,308) high-risk individuals and 11 staff members with pre-exposure prophylaxis.

Tobacco Control update

- **Smoking Cessation**
  Tier 1 Smoking Cessation:

  In Quarter 2, 2022-2023, 0.5% of smokers set a firm quit date ('Treated Smokers') and of those, 80% quit smoking at 4 weeks.

  Quit rates for all 3 Smoking Cessation Providers for Quarter 2, exceeded 78% and the overall rate represents the highest ever cumulative quit rate in any quarter since Tier 1 reporting commenced. Community Pharmacies delivering the Level 3 (L3) Enhanced Smoking Cessation Service achieved a 90% 4 week quit rate – the highest quarterly rate for L3 since 2018.

  The reduction in smoking prevalence rates reported in the National Survey for Wales, 2021-2022 has led to an adjusted Quarter1, 2022-2023 Tier 1 'Treated Smoker' outcome. As such, 0.6% of smokers set a firm quit date (previously reported as 0.5%).

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**
  There is no new data for this quarter. Last reported data was Quarter 2, 2022-2023 which showed 66% of pregnant women were referred to MAMSS for stop smoking advice, reflecting a slight increase from Quarter 1, 2022-2023, 65%.

  Following a review of current engagement levels (25% of pregnant women had an interaction with the MAMSS Support Worker with less than 1% setting a firm quit date, Quarter 1, 2022-2023), a revised pilot pathway has been implemented from 10 November 2022 for one year. Reflecting changes being implemented across all MAMSS programmes in Wales, a Band 5 Smoking Cessation Advisor - instead of a Band 3, Health Care Support Worker post, (embedded within the Midwifery team) - will now provide initial advice and longer-term support to quit smoking – enabling smokers to remain with the same smoking cessation lead throughout their quit journey.

  Led by Welsh Government, and part of NHS Performance Ministerial priorities, work is on-going to reduce smoking in pregnancy rates in Wales. 15% of pregnant women were recorded as smoking at initial assessment in Wales 2021-2022, (9.3%, Cardiff and Vale University Health Board), with 12% smoking at birth (10.8%, Cardiff and Vale University Health Board). Smoking rates both at booking and on delivery are higher in younger women in Wales - 33%, 16-19 years, (initial assessment), compared to 10.6%, 30-34 years. On delivery 29%, 16-19 years are recorded as smokers, compared to 9.5%, 30-34 years (Maternity and Birth Statistics, 2021-2022, Welsh Government).

  Saunders-Kavan
23/01/2023 12:30:29

  A review of all MAMSS programmes in Wales has been undertaken by Public Health Wales and a draft document produced. Local and national meetings are planned to take place as part of this process.

- **Smoking Prevalence**

National Survey for Wales, annual data. Previously reported on (July 2022). Cardiff and Vale UHB 12% smoking prevalence; 26% smoking rates reported in the most deprived and 11% in the least deprived areas. Next release, July 2023.

QUALITY AND SAFETY

Concerns –Patient Experience

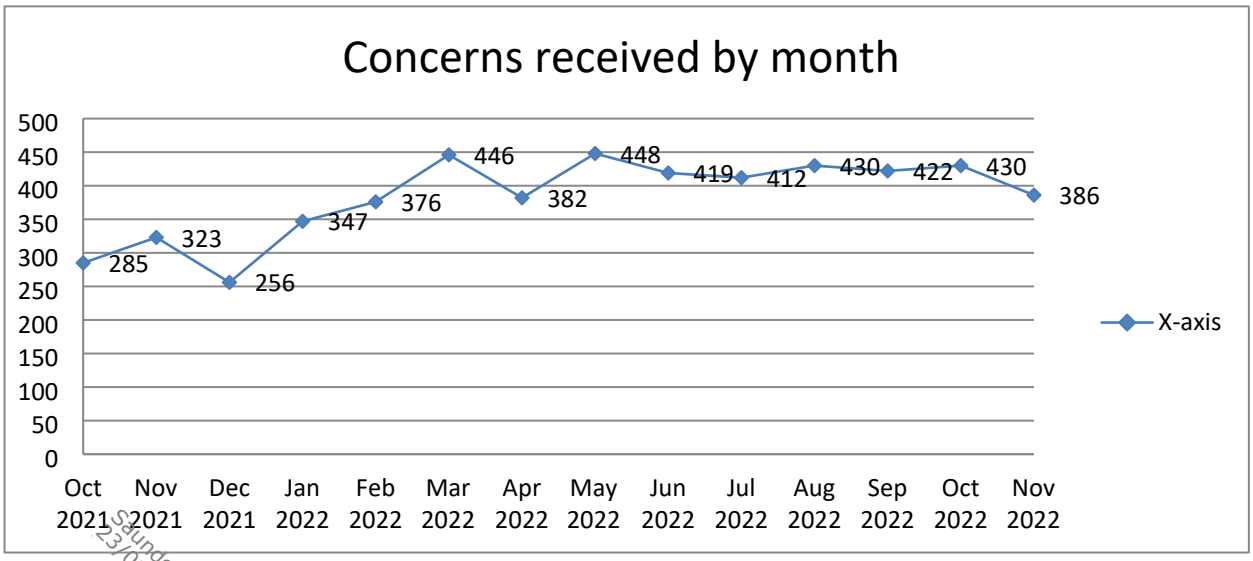
During October and November, we have maintained an overall 30 working day response time for all concerns, of 80%. However, we are concerned at the 8% decrease in November which is due to the operational pressures being experienced by the clinical teams to undertake the investigations.

August 30 day performance 80%
September 84 %
October 85%
November 77%

In October and November, we processed **60%** of concerns in line with Early Resolution (*this process can be utilised dependent upon the nature of the concern*) Early Resolution aims to ensure 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.

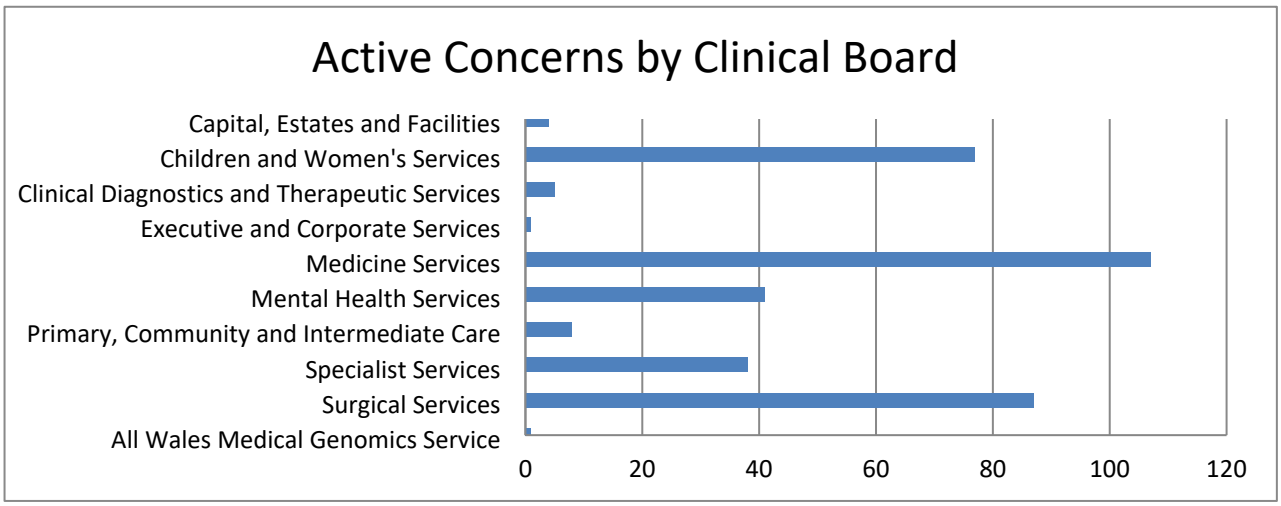
It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved.

Due to the current demands on the service the volume of concerns is increasingly 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.



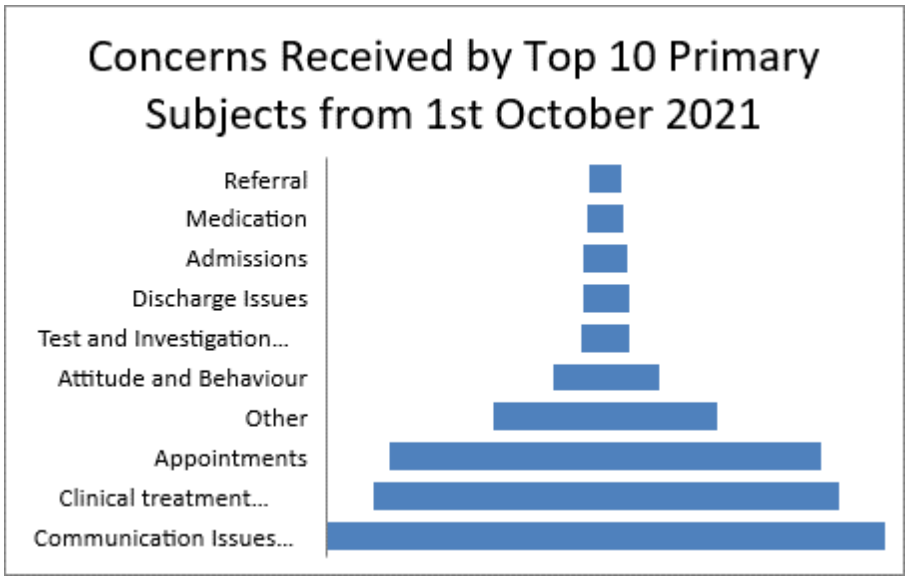
Saunders,Nathan 23/01/2023 12:30:16

We currently have 369 active concerns. Surgery and Medicine Clinical Boards consistently receive the highest number of concerns. The high volumes of concerns received in Medicine and Surgery Clinical Boards is in line with the number of patient contacts and complex care both Clinical Boards provide. The number of necessary cancellations and delays due to Covid and the significant increase and demand on services like EU.



The graph below demonstrates the 10 main themes noted in Concerns.

Communication and Clinical treatment continue to be the primary subject noted in concerns. However, it should be noted that the number of concerns that also highlight the environment, facilities and attitudes and behaviours are emerging as a theme and increasingly statistically significant in number.



Whilst performance is important as a quantitative measurement another quality metric is the number of cases referred to the Public Service Ombudsman for Wales and the number that they investigate.

The Welsh Risk Pool, at the request of Welsh Government, have undertaken a validation exercise of the 2022-23 Q2 quarterly complaints data prepared for submission by each health body.

The validation exercise was intended to provide support to each health body in relation to the assurance of local processes for the application of the requirements of the Putting Thing Right regulations, published definitions and guidance and the maintenance of accurate and consistent information within the Datix Cymru system

Saunders-Jonathan 23/01/2023 12:39:49

The validation exercise consisted of verifying source data provided by the health body and comparing this to the prepared proforma, addressing variances or queries through liaison with staff within the organisation.

The validation report is presented using the standard approach to audit assurance ratings and contains recommendations to enhance local processes

Validation Report – Complaints Data

V1: 31st October 2022

Health Body	Cardiff and Vale University Health Board

Assurance Report

This assurance report is provided following analysis of a draft Proforma and the provision of source data which has been used to complete the proforma.
The assurance rating is **not** based on analysis of live data within Datix Cymru systems.

Substantial Assurance		All data provided on the proforma is validated following analysis and enquiries made. Few matters require attention and are minor in nature. The organisation can take substantial assurance in relation to local complaints data processes.
Reasonable Assurance		The majority of data provided on the proforma is validated following analysis and enquiries made. Some matters require management attention and are minor in nature.
Limited Assurance		Some of the data provided on the proforma is validated following analysis and enquiries made. More significant matters require attention.
No Assurance		**None of the data provided on the proforma is validated following analysis and enquiries made. Action is required to address the whole complaints data framework / process.**
Assurance Not Applicable		The health body is not required to submit complaints data or has no complaints data to submit. Validation has not bee possible or appropriate.

Based on the information provided, the health body can take **substantial assurance** regarding the preparation, scrutiny and submission of data for the Welsh Government Complaints Proforma.

Assurance Rating	SUBSTANTIAL ASSURANCE
Proforma suitable for submission to Welsh Government?	YES – Submitted to WG by Welsh Risk Pool

As an organisation it was pleasing to receive substantial assurance regarding our data collation and performance information.

Information from each organisation was shared with the Public Service Ombudsman for Wales to provide a national picture

The national data shows that between April and September 2022 Welsh Health Boards and Trusts received over 10,500 complaints. This is the equivalent of 6.84 complaints for every 1,000 residents of Wales

The data collected by us shows that 28% of complaints recorded by Health Boards and Trusts were about clinical treatment or assessment, 18% were about appointments, and 17% were about communication issues.

Saunders Norman
23/01/2023 12:30:29

Welsh Health Boards and Trusts closed just over 9,700 complaints within the relevant period – 76% within the target of 30 working days.

	Population	Complaints Received	Complaints Received per 1000 residents (adjusted)	Complaints Closed	Within 30 days %	Referred to Public Services Ombudsman for	Referred %	PSOW Cases Closed	PSOW Intervened %	Early resolution %	PSOW Upheld%
Aneurin Bevan University Health Board	591,225	1,656	5.60	1,568	80.29%	83	5.29%	70	22.86%	10.00%	10.00%
Betsi Cadwaladr University Health Board	698,369	1,786	5.11	1,473	61.98%	114	7.74%	102	35.29%	23.53%	9.80%
Cardiff and Vale University Health Board	496,413	2,509	10.11	2,357	83.03%	65	2.76%	61	19.67%	14.75%	4.92%
Cwm Taf Morgannwg University Health Board	445,190	1,676	7.53	1,558	87.61%	77	4.94%	65	16.92%	9.23%	7.69%
Hywel Dda University Health Board	385,615	1,269	6.58	1,164	75.00%	43	3.69%	45	51.11%	37.78%	13.33%
Powys Teaching Health Board	132,447	76	1.15	82	40.24%	15	18.29%	13	23.08%	15.38%	0.00%
Swansea Bay University Health Board	389,372	1,066	5.48	986	65.82%	68	6.90%	57	26.32%	15.79%	8.77%
Velindre University NHS Trust	-	84	-	73	98.63%	3	4.11%	3	100.00%	33.33%	33.33%
Welsh Ambulance Services NHS Trust	-	619	-	289	57.79%	22	7.61%	26	15.38%	3.85%	3.85%
Wales	3,138,631	10,741	6.84	9,704	75.89%	490	5.05%	413	28.09%	17.92%	8.72%

It is pleasing to note that the percentage of concerns referred to the Ombudsman is the lowest across all Health Boards We feel that direct engagement with complainants and the offer of a meeting to discuss their response is a factor.

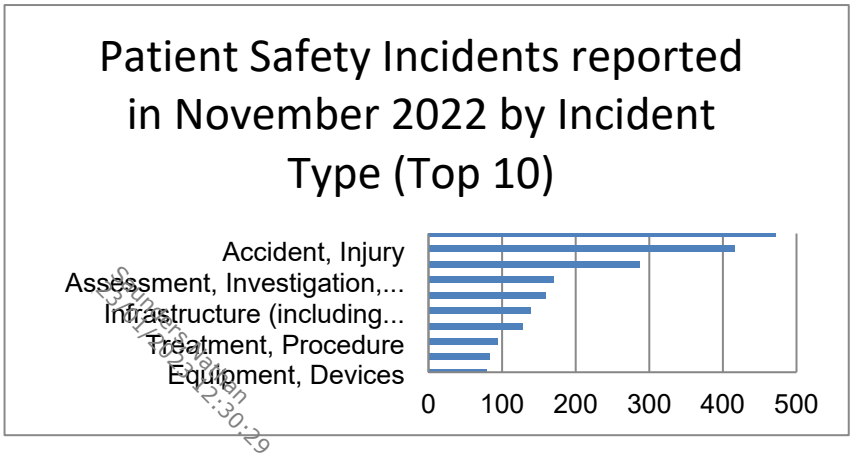
The total number of concerns raised is high which does demonstrate a healthy culture where people feel able to raise issues but we must interrogate the data for themes and trends to ensure that we are not receiving concerns due to a lack of learning or mitigation being put in place.

Incident reporting

The chart below illustrates patient safety incidents reported in November 2022 by incident type. A total of 2321 incidents were reported in November 2022, again, the most commonly reported incident relating to the development of pressure or moisture damage.

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

Accident/Injury (falls) is the second most commonly reported incident; these 2 categories often alternate in terms of most prevalent.



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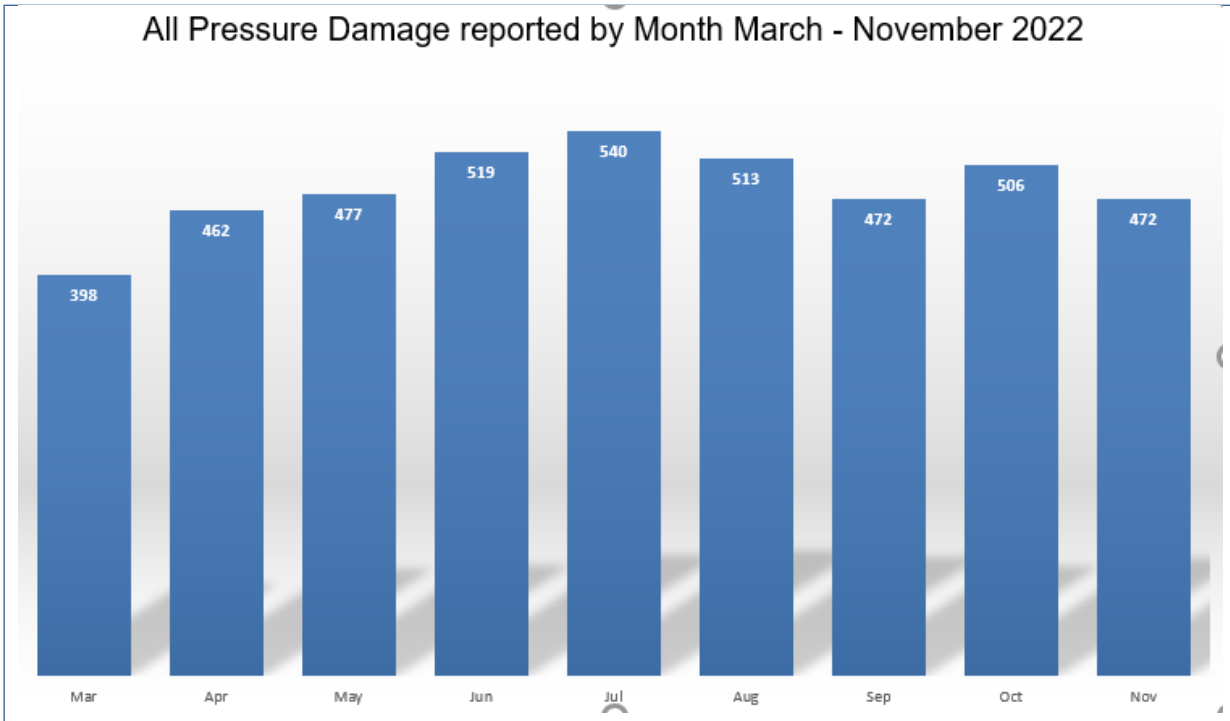
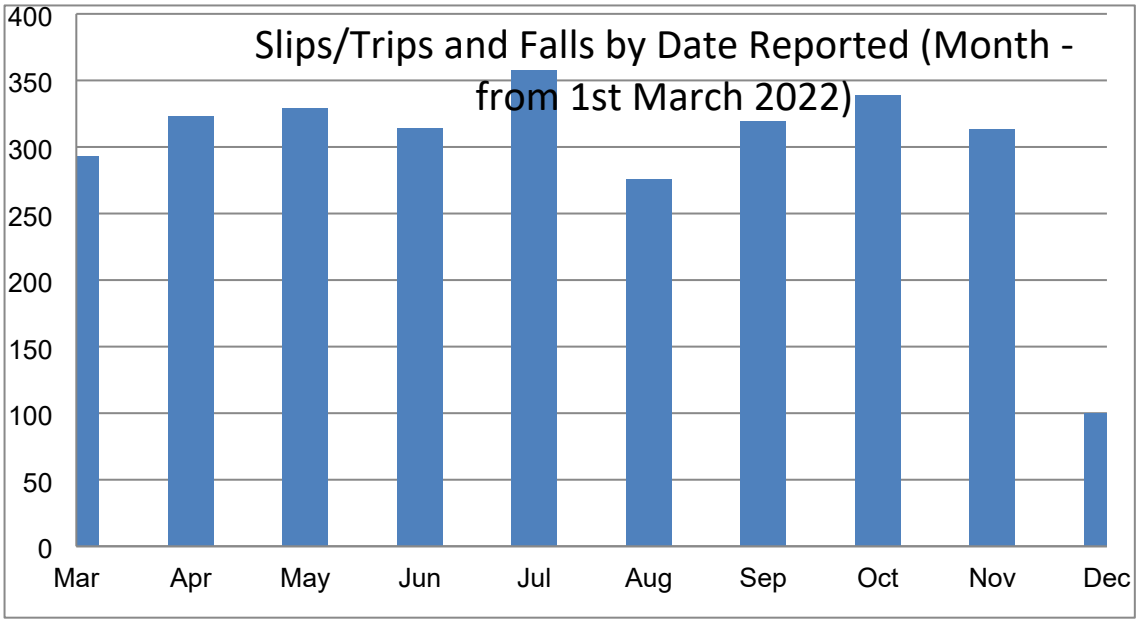
Pressure Damage



The above shows the reporting trend for ALL pressure damage entered onto Datix between 1st March 2022 and 30th November 2022. The level has remained fairly constant.



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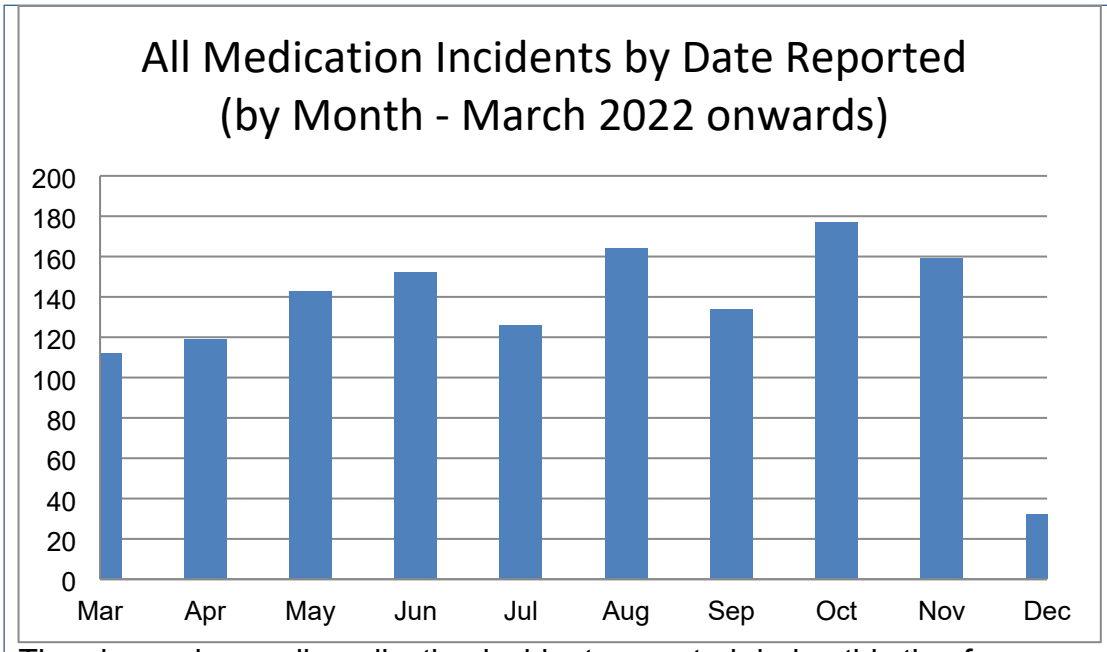
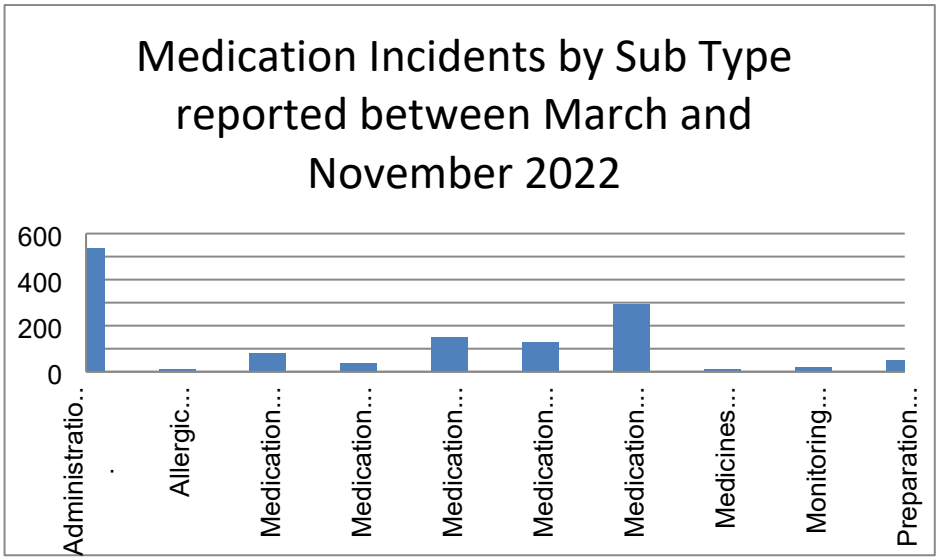


The above shows all medication incidents reported during this timeframe.

As highlighted in the last report, July saw a peak in short staffing incidents and was also associated with a peak in falls and pressure damage, however there was a reduction in medication incidents during the same month.



Looking into mediation errors in more detail, administration errors are the highest reported.

Medication safety was the focus for November's World Health Organisation's World Patient Safety Day (rearranged from September) – entitled Medication without Harm. Cardiff and Vale had themed days over the week focussing on different topics related to medication safety. Numerous sources of staff and patient information and education tools were circulated on our staff intranet site and across Social Media. This was a great example of cross collaboration between the corporate Patient Safety Team and Pharmacy.

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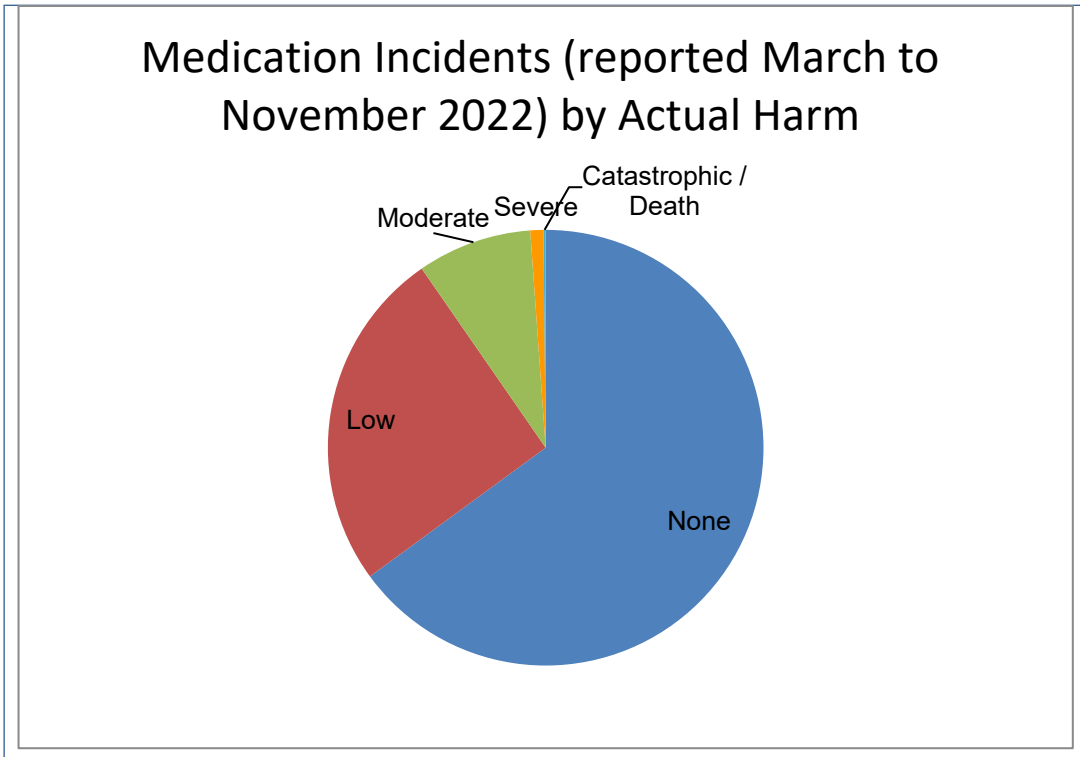


The above chart shows that two thirds of all incidents are 'no harm'. The 2 catastrophic/death incidents were both reported as NRIs, one relates to omission of thromboprophylaxis and the second to omission of hydrocortisone in a patient with Addison's.

Nationally Reportable Incidents (NRIs)

The table illustrates performance of Nationally Reportable Incidents until 30th November 2022. The position has improved over the last month, the open NRIs have increased however the number of overdue NRIs has reduced; reducing overdue NRIs each month has been a trend over the last few months and reflects the focus and hard work of the Clinical Boards and Patient Safety Team. This progress is reflected in the table below. Recognising the number of open NRIs has increased, it is important to maintain focus so that these are investigated and closed within time.

	Open	Overdue
September 2022	53	34
October 2022	48	29
November 2022	51	26

This demonstrates a reduction of overdue NRIs by **24%** since September 2022.

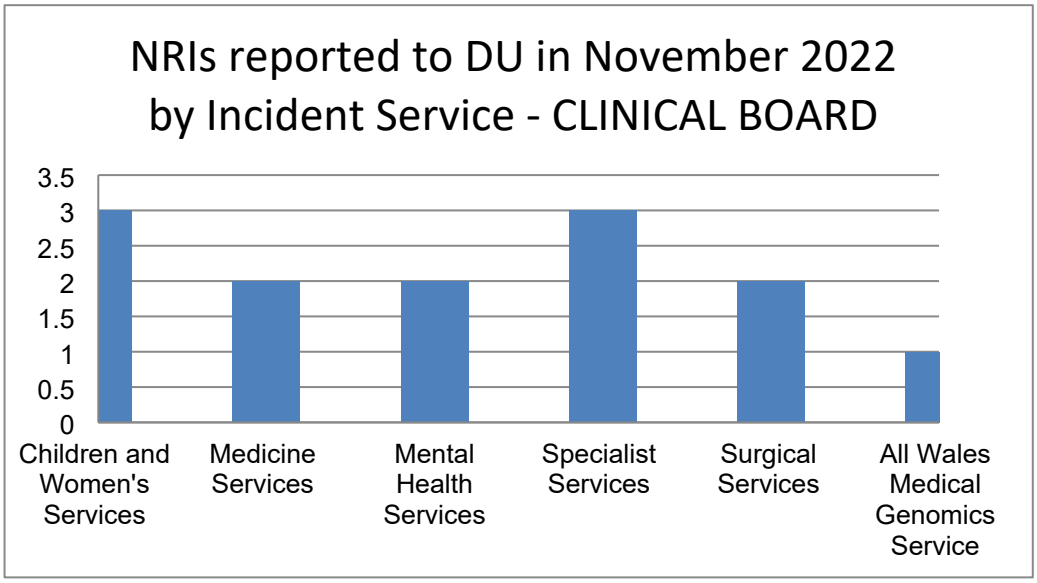
The Exec and Corporate incidents relate to delays in ambulance conveyance (Appendix Bs). A new process has now been developed building on the Joint Investigation Framework making the process more robust and ensuring wider learning across Health Boards.

Clinical Board	Open NRIs as of 31.10.22	Overdue NRIs as of 31.10.22
Children and Women	12	5 ⟷
CD&T	0	0 ↓
Executive	3	2 ↓
Medicine	7	5 ↓
Mental Health	10	6 ↑
Surgery	8	5 ⟷
PCIC	2	2 ⟷
Specialist	8	1 ↑

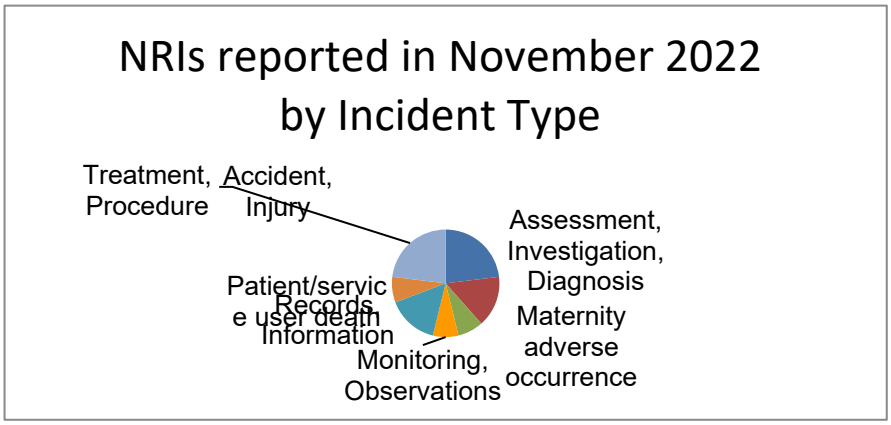
Saunders,Nathan 23/02/2023 10:30:29

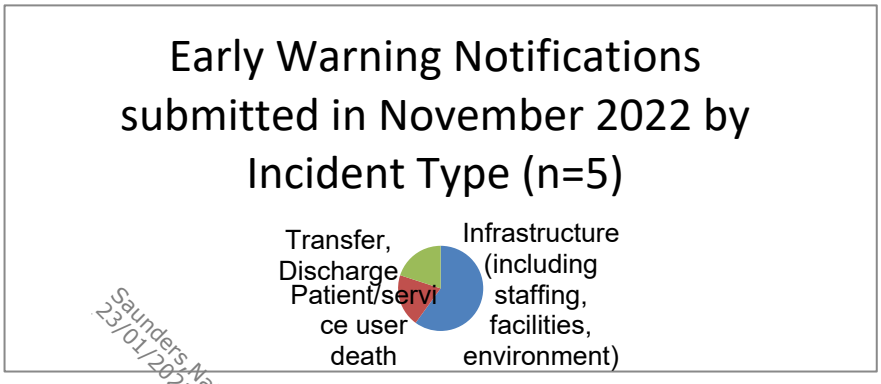
Total	**51** ↑	**26** ↓

CD&T, Exec and Medicine have all seen a reduction in their overdue NRIs, Specialist (who had no overdues last month) and Mental Health have had an increase in their overdue closures.



Thirteen NRIs were reported in November by C&V, twelve were reported in October. Of these 13, the breakdown of type of incident can be seen in the chart below.





Saunders Nathan
23/01/2023 12:30:2

The above illustrates the Early Warning Notifications reported to Welsh Government in November 2022 by incident type; 5 were reported in September, October and November.

No Never Events were submitted during November 2022.

Patient Experience Feedback **HappyOrNot feedback** (All locations)

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 for October and November is:

Summary values	October	November
Surveys completed	**1810**	**1975**
Response: Very happy button (Excellent/Very positive)	64%	66%
Response: Happy button (Good/Positive)	9%	8%
Response: Unhappy button (Fair/Negative)	5%	5%
Response: Very unhappy button (Poor/Very negative)	22%	22%
Respondents satisfied	**73%**	**73%**

Below Gives the November feedback, broken down by which day of the week the feedback was received:

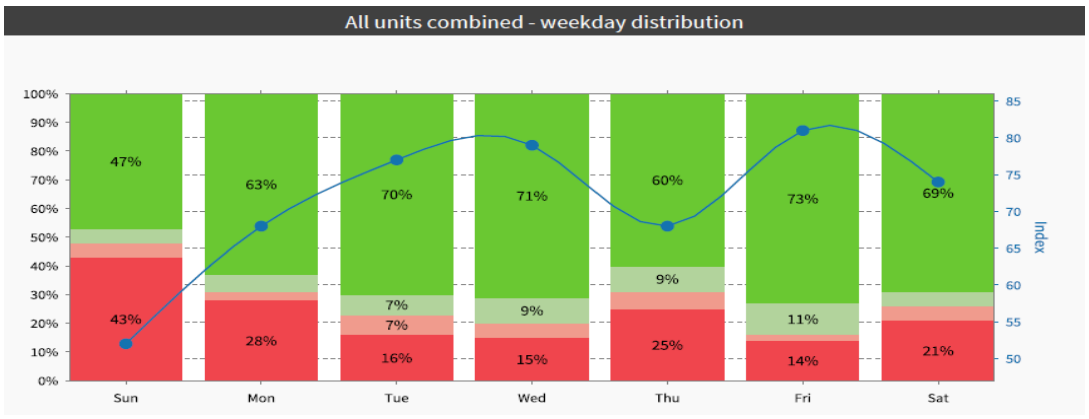
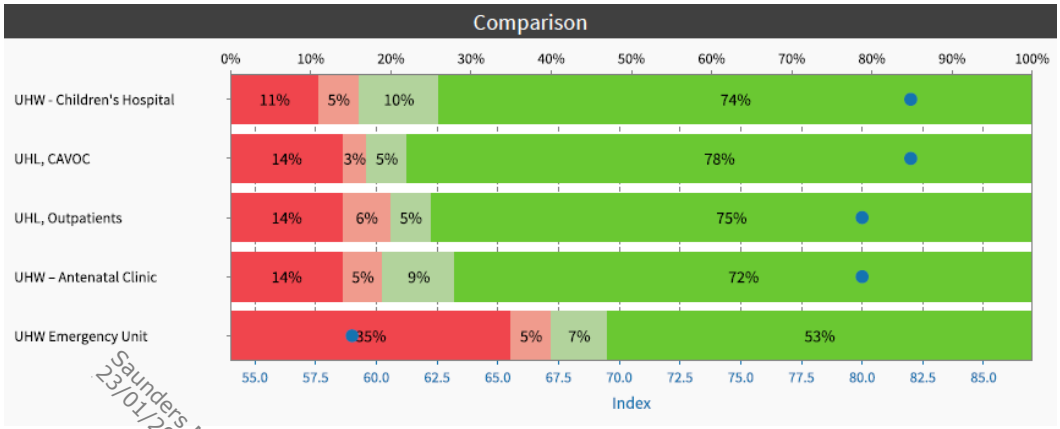


Fig 5. Gives the November feedback, broken down by kiosk location:



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The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	October	November
Surveys completed	515	789

Respondents satisfied	**57%**	**60%**

Civica 'Once for Wales' platform

The CIVICA 'Once for Wales' software platform enables Health Boards to collect and report on feedback. This could be feedback from patients, staff or the wider public. This initiative is currently being implemented across all Welsh Health Boards.

Our system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS,

The table and figures below give some of the summary information received so far:

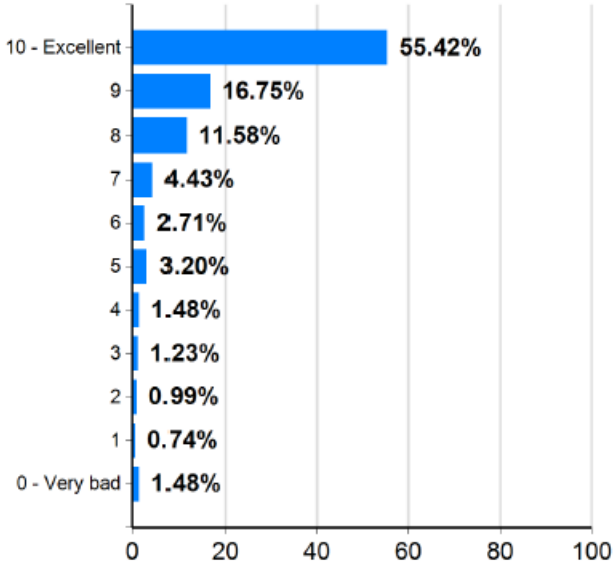
Summary values	**Oct / Nov**	**Dec** (to 14/12)
Surveys completed	1722	422
Respondents satisfied	**88%**	**88%**

For the above, the 'Respondents satisfied' figure is based on those who answered the rating scale question: *Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?* and gave a score of 7 or more.

Table below . Gives a detailed breakdown of December's rating question feedback.

Question 5: Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?

Available Answers	Responses	Score (%)
0 - Very bad	6	1.48%
1	3	0.74%
2	4	0.99%
3	5	1.23%
4	6	1.48%
5	13	3.20%
6	11	2.71%
7	18	4.43%
8	47	11.58%
9	68	16.75%
10 - Excellent	225	55.42%
Total	**406**	**100%**



Create new action

. Gives December's feedback, broken down by age group of respondents.

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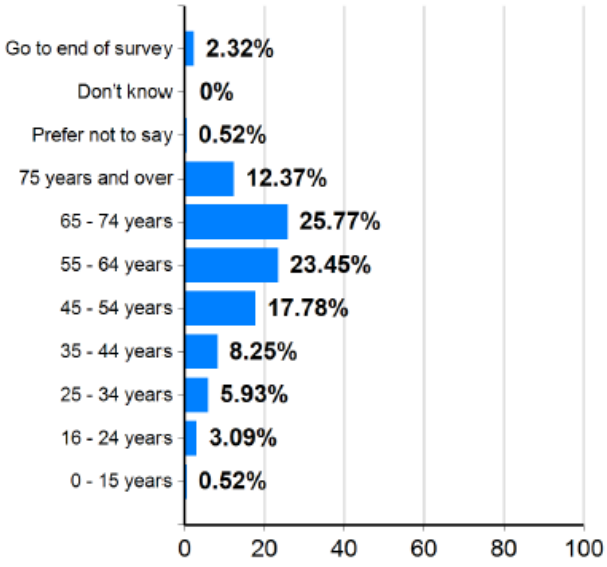
23/01/2023 12:30:29

Question 9: What is your age? Please give the patient's age, if completing this questionnaire on their behalf.

Available Answers	Responses	Score (%)
0 - 15 years	2	0.52%
16 - 24 years	12	3.09%
25 - 34 years	23	5.93%
35 - 44 years	32	8.25%
45 - 54 years	69	17.78%
55 - 64 years	91	23.45%
65 - 74 years	100	25.77%
75 years and over	48	12.37%
Prefer not to say	2	0.52%
Don't know	0	0.00%
Go to end of survey	9	2.32%
Total	388	100%



Create new action

The reports available via the Civica platform are quite detailed and include:

- Survey response breakdown
- Heat map
- Comment report
- Custom reports

The plan is not only to give staff access to their own data and reports, but to also set up regular push reports to users.

It is hoped that in coming months the platform will act as our main 'hub' to collect and collate feedback from various sources e.g. SMS, paper, other links, tablets and kiosks. The system will also enable users to create and deploy their own survey designs and analyse their feedback.

Bespoke project examples

We are also currently involved in numerous bespoke projects, for example:

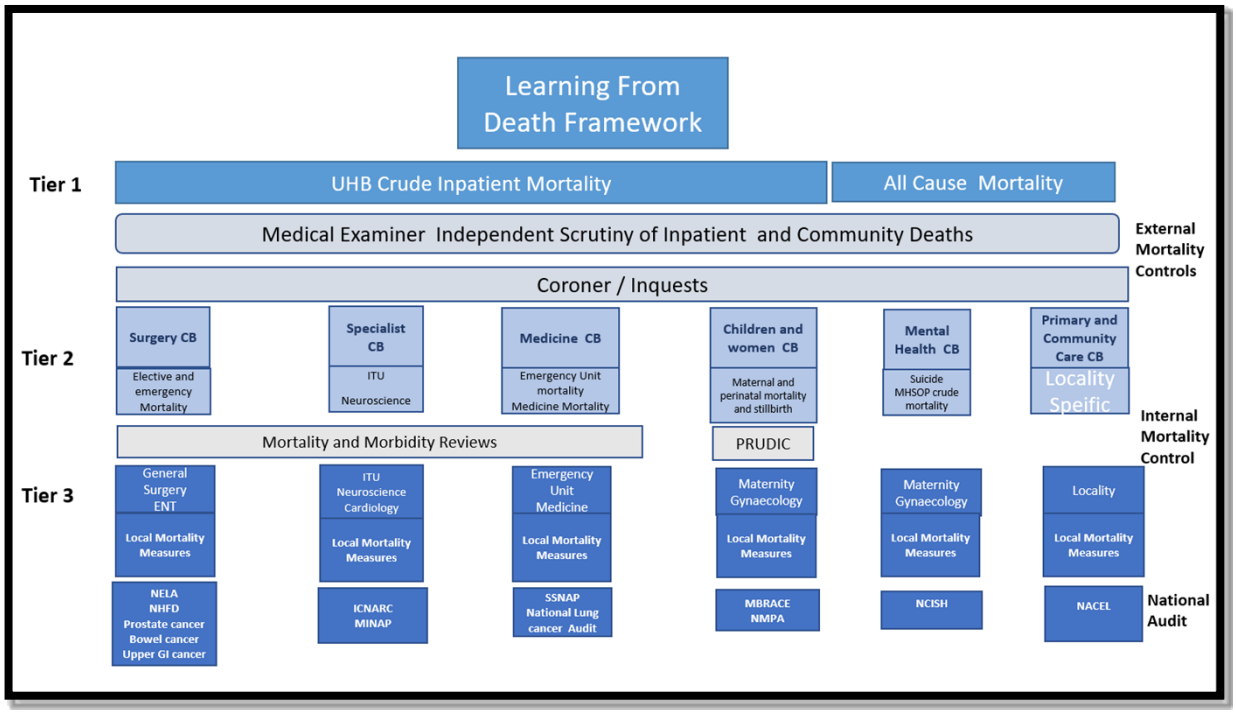
- BSL survey
- National health visiting questionnaire
- Radiology questionnaire

Mortality

To support an approach of systematic ward to Board reporting and monitoring of mortality, robust and accurate mortality data needs to be made readily available to allow the identification of trends and the subsequent triangulation of condition specific mortality data with information from the Medical Examiner. A stratified model of mortality data sub-divided into three tiers will allow oversight at:

- Tier 1 - Health Board level
- Tier 2 - Clinical Board level
- Tier 3 - Speciality level

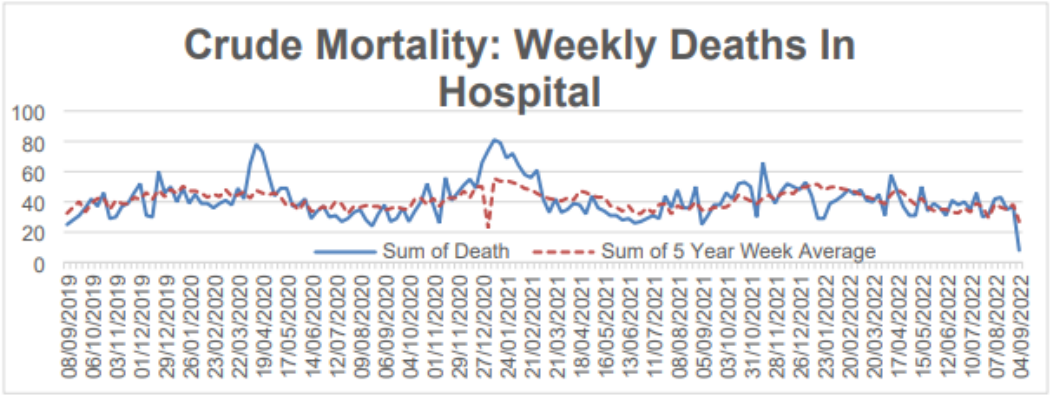
Public Board Meeting 29/11/23 13:30 - 16:30



Tier 1 Mortality

Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. The Crude inpatient Mortality chart below 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.

Crude Inpatient Mortality



Crude all-cause mortality demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan regardless of where they occurred. COVID – 19 deaths the pink line illustrates the number of deaths where covid features on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate.

Crude All Cause Mortality

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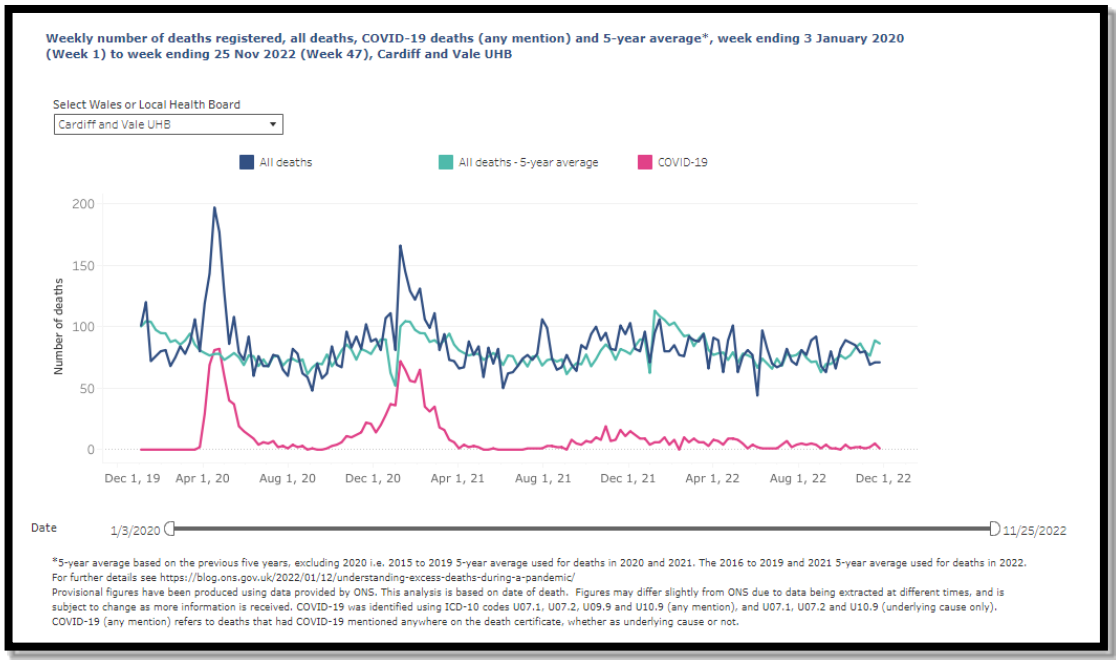


Tier 2 Mortality Indicators

The identification of Clinical Board mortality indicators will further support the proposed approach to mortality oversight. Learning from death can be achieved by identifying trends in mortality data that supports additional actions and scrutiny. These measures will include:

- Systematic reporting of mortality at Clinical Board Quality and Safety meetings or a similar forum.
- Triangulation of information from the Medical Examiner where increases in mortality rates are noted, e.g. if stroke deaths are observed to increase, thematic reviews of Medical Examiner referrals relating to this specific patient group should be undertaken to identify any contributory factors.
- Case note reviews will be considered to provide assurance in the absence of other patient specific clinical reviews.
- Presentation of mortality themes and trends at the Health Board Mortality Review Group to support organisational learning.

Work is underway to support the ongoing and systematic reporting of all Tier 2 mortality indicators but some have been included in body of the report.

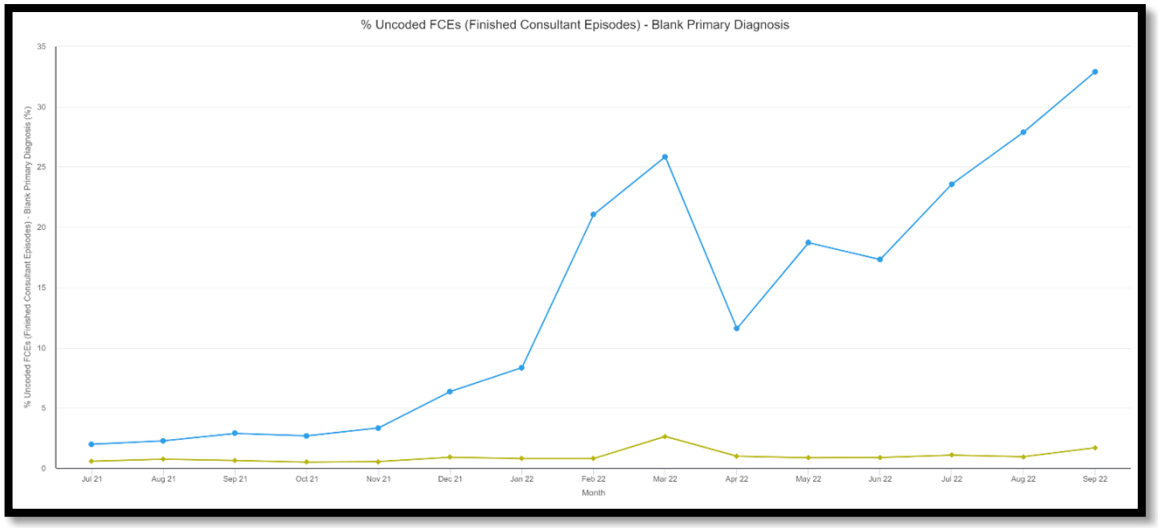
For the purpose of this report condition specific mortality is reported as funnel charts. All funnel charts demonstrate the Health Board's mortality rate for September 2021 to September 2022 and compares our performance with the 2021 Acute Trust Peer group, which includes:

- Manchester University NHS Foundation Trust
- University Hospital Bristol and Western NHS Foundation Trust
- Royal Free London NHS Foundation trust
- University Hospital Southampton NHS Foundation Trust
- Sheffield Teaching Hospital NHS Foundation Trust
- Guys and Thomas' NHS Foundation Trust
- University Hospital of North Midlands NHS trust
- Homerton health Care NHS Foundation Trust
- University Hospital Birmingham NHS Foundation Trust
- The Newcastle Upon Tyne NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- University Hospital of Leicester NHS Trust
- Nottingham University Hospitals NHS Trust
- Imperial College Health Care NHS Trust

Public Document Pack Agenda Item 3.1 23/11/2022

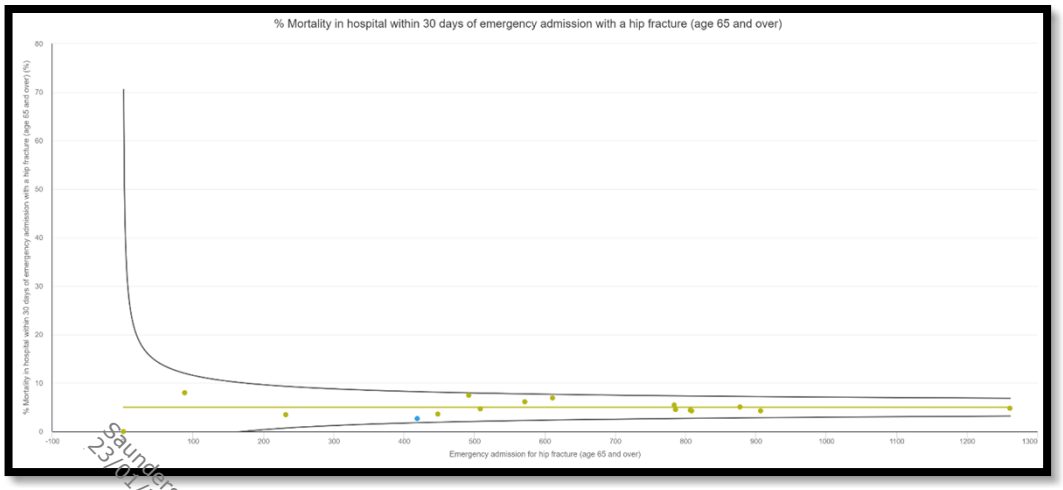
Funnel plots demonstrate distribution of performance per organisation within the Acute Trust peer Group. C&V UHB is illustrated in each as a blue dot. The X axis (bottom line) on each chart is the number of cases seen by the organisation and the Y axis (vertical line) is the % mortality.

The completion of clinical coding is vital to support the generation of accurate mortality data. The % of uncoded primary diagnosis was 11.58 % in April 2022 and has increased to 32.89% in September 2022. The prioritisation of coding of mortality cases can lead to an over representation of mortality across the case mix and increase the reported mortality rates.



Fractured neck of femur

The Funnel Plot illustrates 2.62% in hospital following an emergency admission with a hip fracture compared with a mean rate of 5% on the 2021 Acute Trust Peer Group and is within the 95% confidence interval. This data does not include patients who die within 30 days of the hip fracture but following discharge or those patients who were transferred back to mental Health wards following hip fracture and subsequently die on these wards within 30 days of the hip fracture. The National Hip Fracture Database has previously provided case adjusted mortality benchmarked against UK organisations. The mandate to submit data to the NHFD was relaxed in 2020 and as a result this data is not available from December 2020 onwards.



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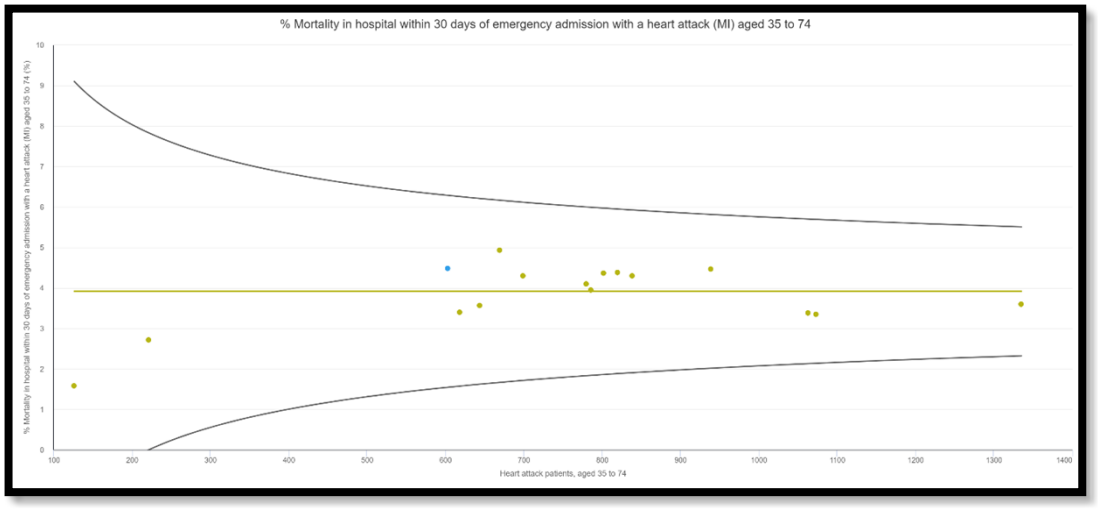
Myocardial Infarction

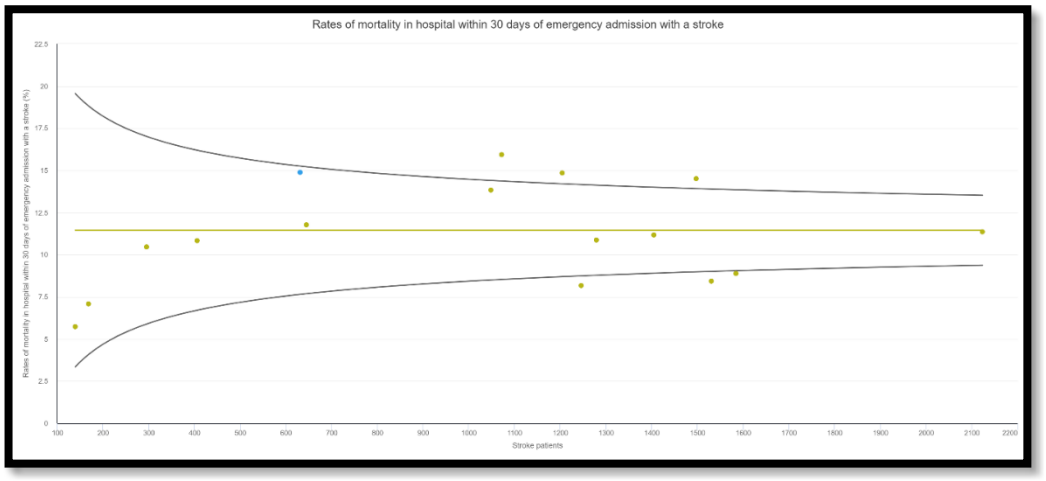
The funnel plot below illustrates Cardiff and Vale % in hospital within 30 days of an emergency admission with an MI (age 35-74). Performance is compared to the 2021 Acute Trust Peer Group for the period of

September 2021-September 2022. Cardiff and Vale mortality rate is 4.478% which is within the 95% confidence interval and just above the national mean of 3.9%.



Stroke

The funnel plot below shows mortality within 30 days of emergency admission for stroke between September 2021 and September 2022 compared with peers. The % mortality is higher that the peer average but remains just within the 95% confidence interval. Cardiff and Vale mortality rate is 14.89% compared to the top hospital peers at 11.73%.



Surgery

The two charts below illustrate % mortality within 30 days of elective and non-elective surgery. Both remain within the 95% confidence interval, and close to the peer group mean.

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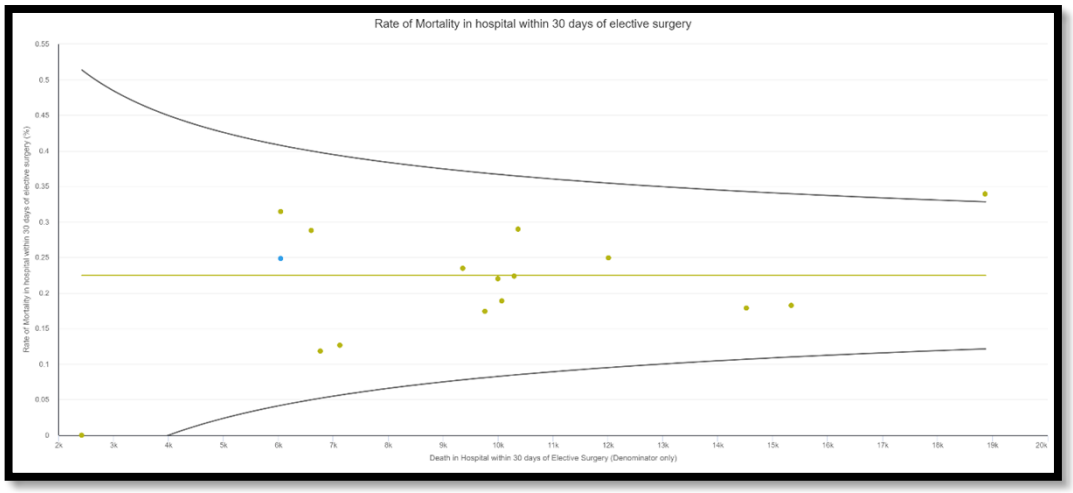
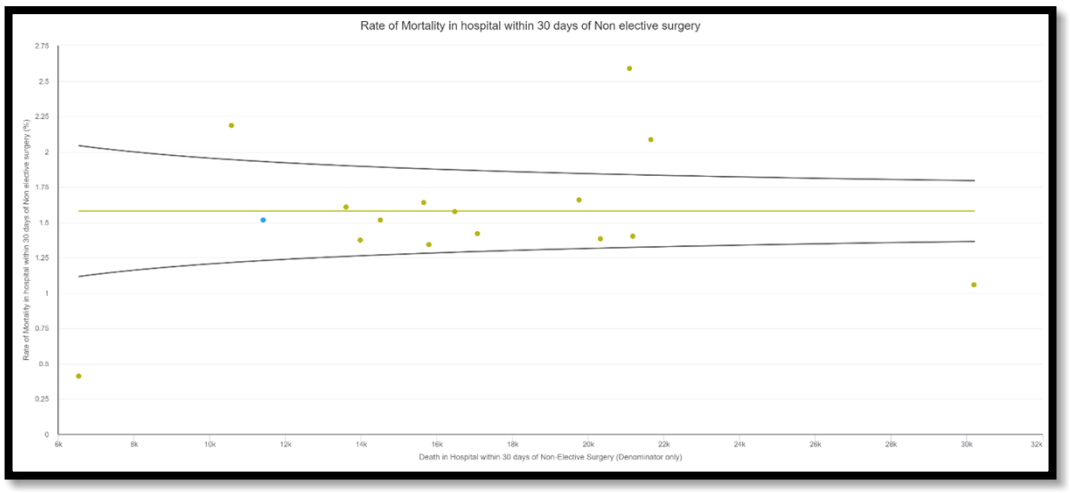
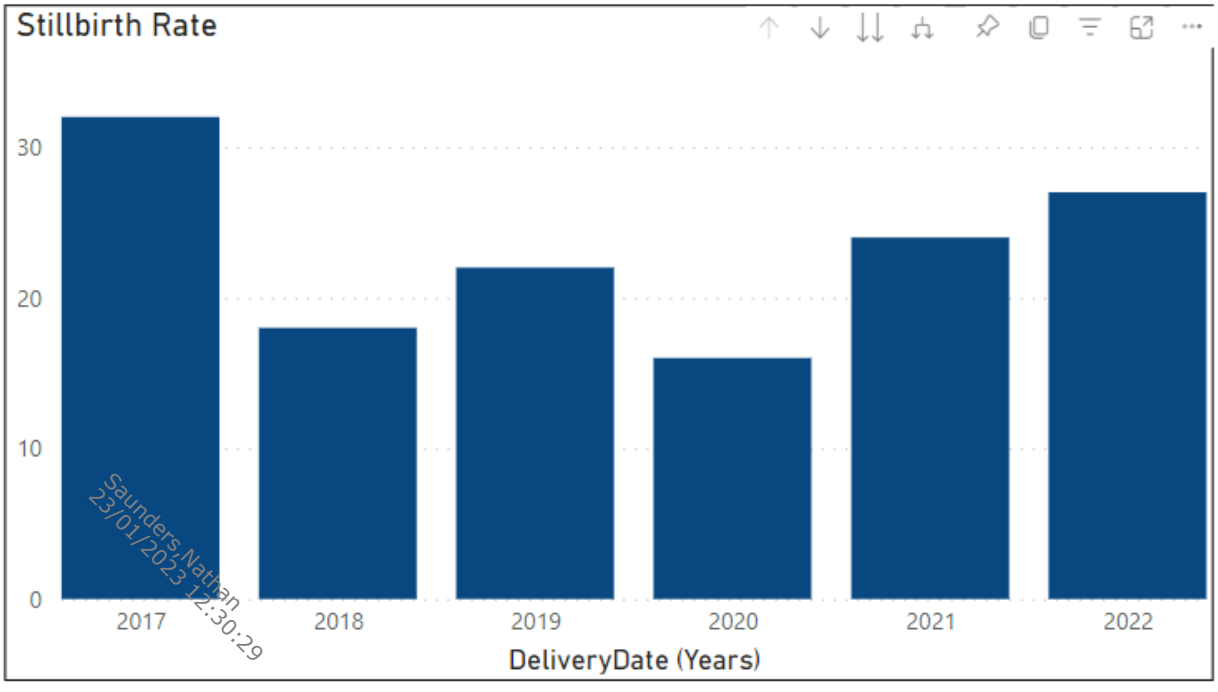




Maternity-Still birth data

Stillbirth data for 1st Jan 2017 - to 30th Nov 2022 is presented. We use a 5-year range within the dashboard but in 2016 we had 43 stillbirth which demonstrates the reduction over the subsequent 5 years following the Gap and Grow and Safer Pregnancy initiatives.



The rate per 1,000 births is as follows:

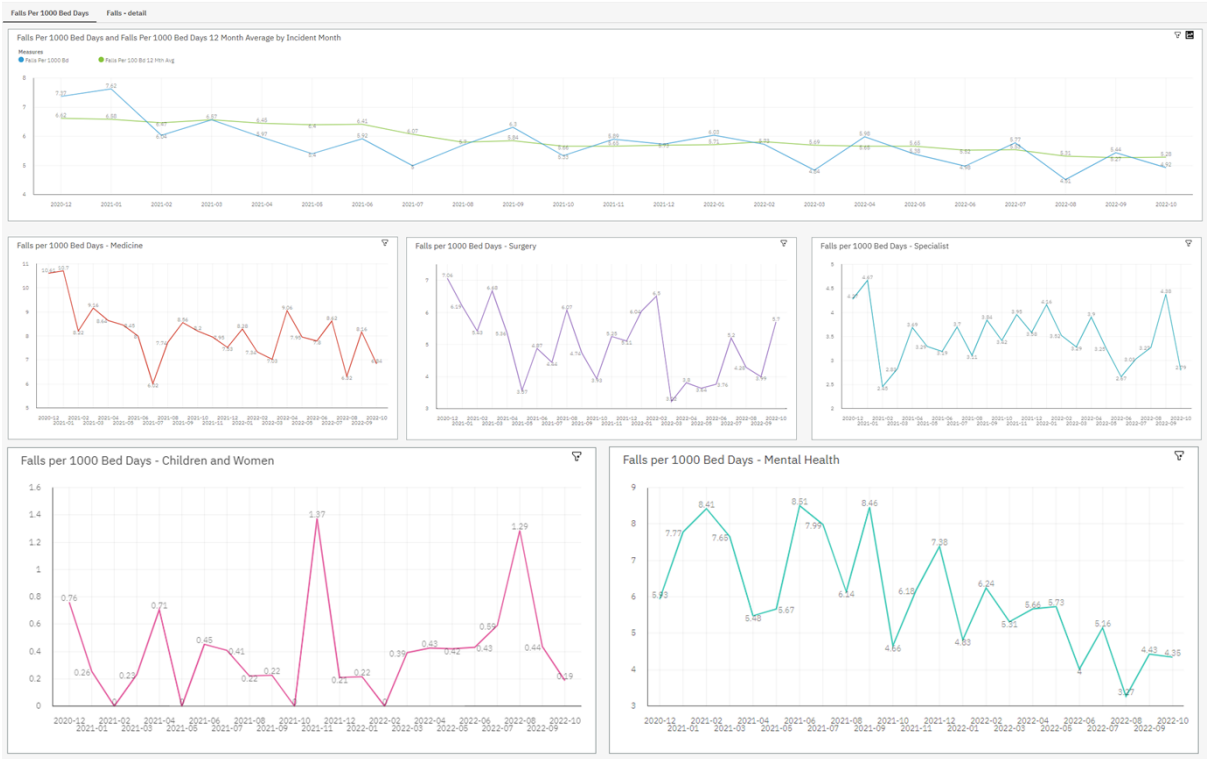
2017	5.61	
2018	3.21	
2019	4.13	
2020	2.98	
2021	4.39	
2022	5.58	

Over the last 5 years in total - our stillbirth rate has been 4.30 per 1,000 registerable births.

Further data regarding ethnicity and smoking data will be available shortly and will be included in subsequent reports.

Falls

The charts below show inpatient falls per 1000 occupied bed days (blue line) with the rolling annual falls per 1000 bed days (green line) continuing to show a sustained reduction. Falls per thousand bed days reported by clinical boards show normal variation but Mental Health Clinical Board shows statistically significant reduction. The improvements in Mental Health attributed to the delivery of falls management training and increased scrutiny from the Senior Nurse for Physical Health Care.



All serious and catastrophic injurious hospital falls are reviewed by a multi-professional panel to identify modifiable factors that could have prevented the fall. Learning, including good practice, is fed back to the individual reporting teams and high-level lessons learnt are shared in an infographic.

A multi professional and multi-agency Falls Delivery Group oversees the implementation and monitoring of the Cardiff and Vale UHB Falls Framework which is based on the NICE Guidelines for Falls and other key documents. A new falls lead has recently been appointed to take this work forward.

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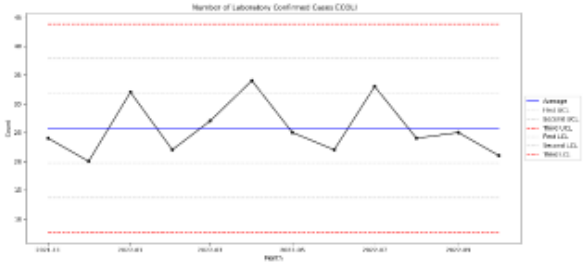
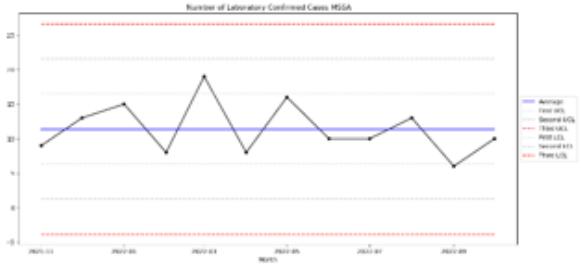
Infection control

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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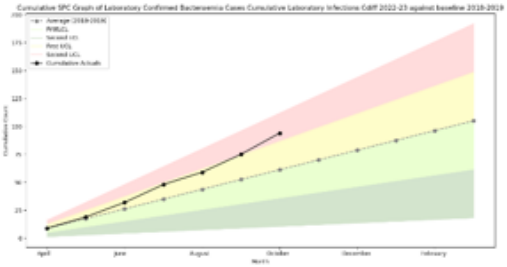

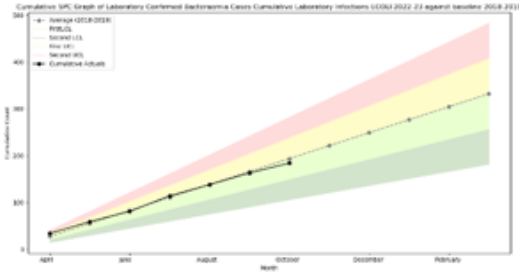

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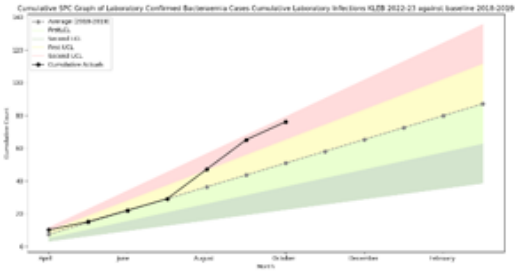

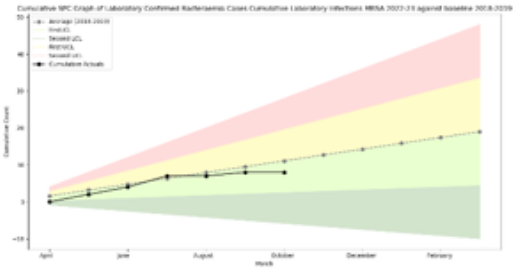

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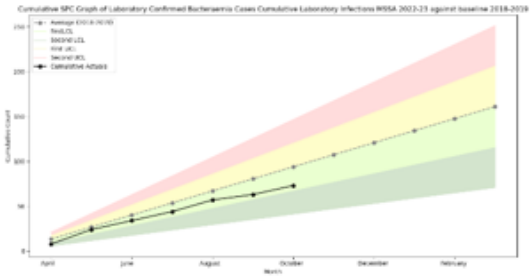

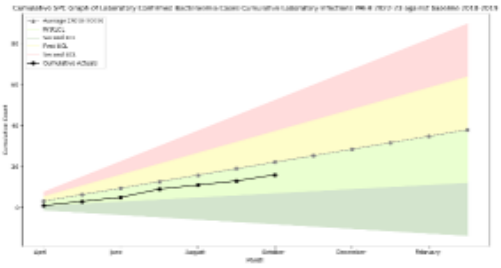

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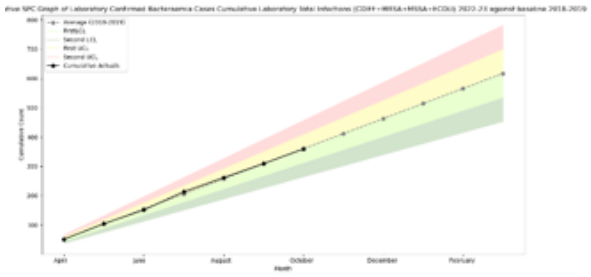

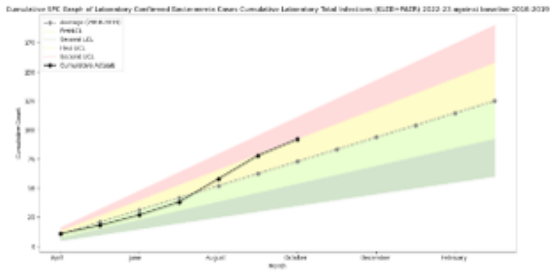

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Actions to progress the improvement trajectory

- 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

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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.

- **Turnover** rate trend is upwards since Dec-21; the rates have risen in the past 12 months from 12.44% to 13.66% in Nov-22 UHB wide. This is a net 1.22% increase, which equates roughly to an additional 161 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Promotion' and 'Voluntary Resignation – Work Life Balance'

- **Sickness Absence** rates remain high; the monthly sickness rate for November is 6.73%. There is a slight upward trend since Apr-22 and whilst the rates are lower than for the same period last year the current rates are significantly higher than for previous years. The cumulative rate has been fairly constant for the past 5 months at approximately 6.90%. This figure is derived from absence since April.

  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 'Gastrointestinal Problems'.

  The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 30/11/22 there were 226 (a reduction of 58 – 20.42%). There are 79 staff on long term absence where Covid-19 has been identified as a Related Reason.

- The Statutory and Mandatory training compliance rate has risen slightly, to 75.36% for November, 9.64% below the overall target.

- Compliance with Fire training has risen during November, to 66.28%.

- The trend of the rate of compliance with Values Based Appraisal has risen over the last five months; the compliance at November 2022 was 47.58%. Clinical Boards have been challenged to improve the compliance with VBA to 60% by the end of March 23, then achieve the target of 85% by the end of June 2023. Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics have achieved the 60% transitory target.

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

As noted in the last report, over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

Saunders Nathan
23/01/2023 12:30:29

The remainder of this report focuses on progress against the above:

Wellbeing

- A series of People and Culture Roadshows were held across the UHB during Talk Money Week' (7-11th Nov). These focused on sharing information, signposting and advising around financial wellbeing,

pensions, debt management and the cost of living. Over 300 connections and discussions held with staff and it has subsequently been decided to continue to hold the roadshows on a fortnightly basis.
- A number of training sessions/presentations around financial wellbeing have been held including sessions on pensions (MaPS) and illegal borrowing (Stop Loan Sharks Wales). MaPS also provided the first round of training for line managers to provide them with the skills and confidence to support and signpost employees.
- Continuation and enhancement of Employee Wellbeing Service online and on-site support. This includes the delivery of workshops throughout November and December and has involved dietetic input for the first time. Bespoke, targeted Wellbeing sessions have also been arranged where requested or following the identification of wellbeing concerns. This includes weekly support within EU; fortnightly support in Pharmacy; and a number of drop in sessions
- A number of reports/documents are currently under development including a Financial Wellbeing pathway, the Health Intervention Team Impact Report and Recommendations, and an Employee Health and Wellbeing Strategy and Framework proposal.
- A business case has been submitted for maintaining current establishment within Employee Wellbeing Services.

Recruitment

- Skill mix required for additional winter capacity has been advertised and interviews and appointments are ongoing. These are monitored and updated weekly at Workforce Hub meeting.
- An additional 120 substantive HCSWs have been appointed since August as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- Occupational Health are continuing to process all Pre-employment Health Declarations as a priority and are processing 600-700 forms per month.
- 422 internationally trained nurses have now achieved NMC registration through the UHB's OSCE programme. Approval is due to be given to proceeding with International Recruitment for a further 147 overseas nurses. These are estimated to arrive between April and October 2023.
- 21 HCSW started the flexible pre-registration nursing programme in September, our highest cohort to date.
- Two new programmes are under development to support the 'grow our own' approach. These focus on 'Return to Registration' to support nurses to regain NMC registration via the NMC Test of Competence rather than a HEI return to practice programme and 'Novice to Nurse' to develop HCSW to Registered Nurse.
- Trac modernisation has been implemented successfully which will reduce the appointment to start times.

Retention

- Review of the current Retention Plan is currently taking place along with targeted intervention in areas with the highest turnover rate using a retention toolkit to help us move to a more sustainable position.
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership with TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- A co-production steering group is currently producing draft CAV Anti-Racist plan
- A draft report of findings and recommendations following analysis of engagement feedback has been developed to support actions within nursing and midwifery. Sessions are being planned with Directors

Scanned Meeting 5/10/2023 11:10:09

of Nursing to discuss findings and a communication plan. A meeting is also scheduled with the LNC (Local Negotiating Meeting) to discuss the Medical Workforce Wellbeing Survey results.
- Enhancement of Leadership and Management Development offer and continuation of programmes and development sessions. These support aspiring, new and senior managers and leaders to develop compassionate leadership principles to support retention, wellbeing, innovation, performance and patient experience. Equity and inclusion form part of the programmes to support the organisation in building an inclusive culture.

Workforce Planning

- Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change. Initial focus is within Medicine and C&W prior to the work being rolled out in all other areas.
- Review of nursing data across a number of criteria over the last 5 years (staff in post, vacancies, turnover, age profile, average retirement age, sickness, maternity and bank and agency spend) to identify any themes and trends.
- A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills.
- Using workforce data to engage stakeholders to ensure buy in for workforce plans to be developed locally and change to happen to create a new mind set and culture.

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, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

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.

Saunders,Nathan (23/07/2023 11:30:09)

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.

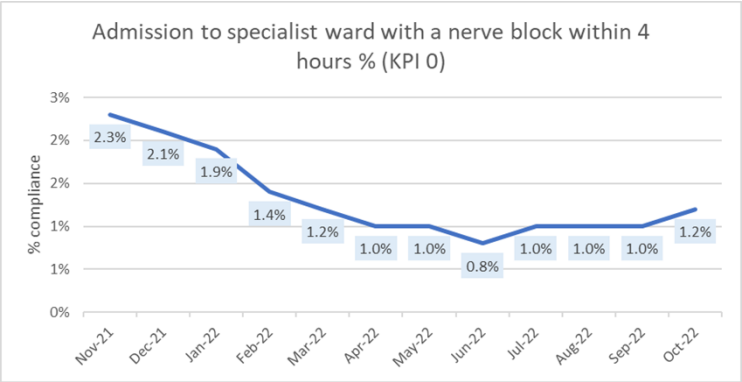
Despite the challenging position, there has been a renewed focus on ambulance handover which has led to an improvement in the volume of crews waiting greater than 4 hours to handover, reducing the number from 230 in September to 97 in October and 33 in November.

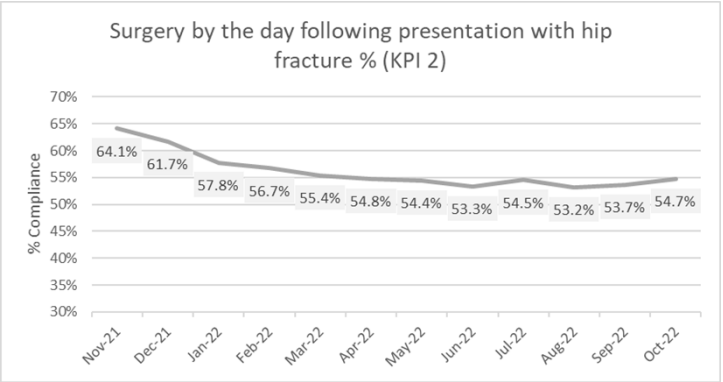
At the time of writing, the UHB had 145 Covid positive inpatients across its two acute hospital sites.

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, have been brought together into an overall Winter Plan which we are enacting to enable the Health Board to bridge the anticipated gap in capacity this winter.

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In October 2022, 1.2% of patients were admitted to a specialist ward with a nerve block within 4 hours. This is slightly improved from the preceding 3 months but a reduction from 2.2% in October 2021 and below the national average of 6% over the last 12 months. In October, 54.7% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a reduction when compared to October 2021 performance (64.6%) and below the national average of 59% over the last 12 months.





Improvement plans for frailty hip fracture include the implementation of a rapid, straight to ward, fractured neck of femur pathway which was launched on 10th October. Additionally, a pilot of ambulance direct referrals commenced on 1st November.

Stroke

Stroke performance is below the standards in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In November 27.3% patients were thrombolysed within 45 minutes of arrival, the All Wales average was 34.7%. The percentage of CT scans that were started within 1 hour in November was 40.3%, the All Wales average was 48.7%. The percentage of patients who were admitted directly to a stroke unit within 4 hours was 17.2% in November, the All Wales average was 22.2%. The standard within the Quality Improvement Measures is that all patients are managed within the given timeframes. A number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from ED effectively.

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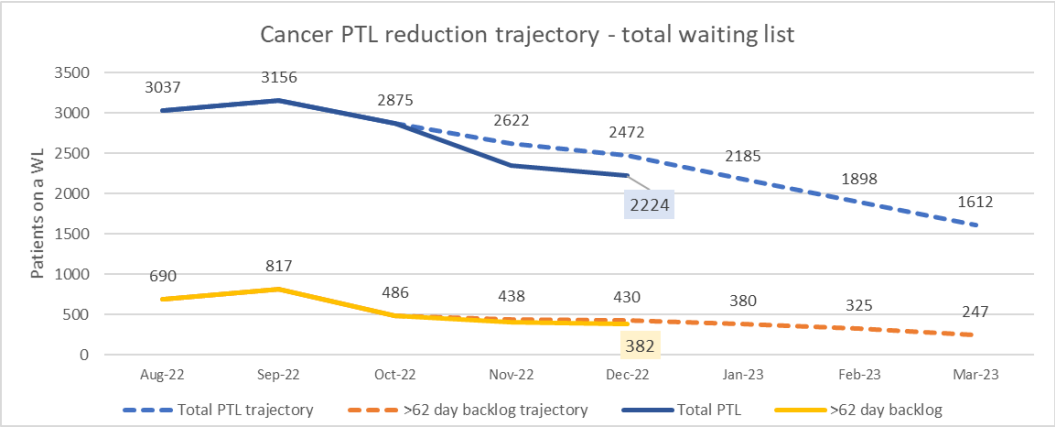
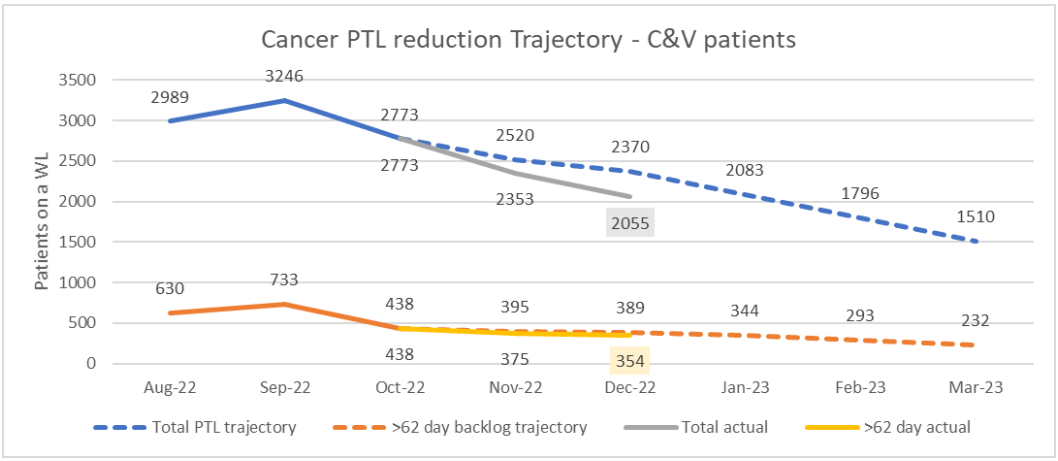
An internal Stroke Summit will be taking place in January in addition to the ongoing Demand and Capacity exercise and analysis of monthly breach reports to inform our management of these pathways going forward.

Cancer

Cancer performance remains significantly below the Single Cancer Pathway (SCP) standard, October saw a significant 12% improvement compared with September with 54.8% of patients receiving treatments within 62 days, however despite the improvement this is still markedly under the 75% standard. At the time of writing there are a total of 2224 suspected cancer patients on a single cancer pathway, of which 382 have waited over 62 days. Of these, there are 2055 Cardiff and Vale patients (excluding tertiary patients) of which 354 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 taken place 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.

The reduction in the total number of patients on a cancer pathway and the number waiting over 62 days for out total waiting list (including tertiary patients) and Cardiff and Vale patients only are in line with our trajectories.





Planned Care

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 125,245 as at November 2022. The tail of this waiting list breaks down as follows:

lisaunderwathen@ 23/01/2023 12:39:29

- Patients over 156 weeks – November – 885
- Patients over 104 weeks - November – 5,553
- Patients over 52 weeks – November – 26,391

The number of patients waiting for planned care and treatment ***over 36 weeks*** has decreased to 40,775 at the end of November 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 November 2022 was 188,186. 98.8% 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 46,583.

94.2% of patients waiting for ***eye care*** had an allocated health risk factor in November 2022. 65.04% 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 trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	April	May	June	July	August	September	October	November
Number of patients waiting over 52 weeks for a **new outpatient** appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311
Number of patients waiting over 104 weeks for **treatment** (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553

Where we are not able to deliver against the 104-week ambition, we are committed to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	June	July	August	Sept	Oct	Nov
Number of patients who will have waited more than 156 weeks for ***treatment*** (all stages) by end of March 2023	6,898	6,191	4,995	4,108	3,491	2,704

Diagnostics

The volume of greater than eight-week ***Diagnostic*** waits has reduced to 3,654 at the end of November from 4,088 in September 2022. The number patients waiting over 14 weeks for ***Therapy*** reduced to 1,209 from 1,328 in September, as reported at the November Board Meeting.

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 1,303 referrals in October 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 99.7% in October 2022, Adult and Older persons performance was 100%, CAMHS performance was 97.8%. Part 1b: 95% of therapeutic treatments started within 28 days following assessment at the end of October 2022.

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Primary Care

The Health Board was 83% compliant in November 2022 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 5 of 6 patients receiving their visit with one

hour. For patients that required an 'Emergency' appointment at a primary care centre in November the Health Board was 100% compliant, with 3 of 3 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 20 practices 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 65% of pre-Covid activity in November. 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)

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

Reported month 8 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 8 is a deficit of £18.147m and this is summarised in Table 1.

Table 1 : Month 8 Financial Position

	Cumulative to Month 8 £m	Forecast Year-End Position £m
Planned deficit	11.400	17.100
Operational position (Surplus) / Deficit	6.747	9.800
Financial Position £m (Surplus) / Deficit £m	**18.147**	**26.900**

The month 8 deficit of £18.147m comprised of the following:

- £11.400m planned deficit (8/12th of £17.100m);
- £6.747m adverse variance against plan.

Sally-Ann Jonathan 29/11/2023 12:38:09

The forecast deficit has increased to £26.900m in light of the cumulative year to date position and additional unforeseen cost pressures that have emerged in 2022-23.
In line with the draft financial plan, the UHB expects Welsh Government funding to provide cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 8, the

UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £59.427m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £20.174m.

Savings Programme

Delivery of the core financial plan includes a £19.400m savings requirement. At month 8, the UHB had identified £19.343m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £0.057m schemes to identify. £12.477m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £2.923m 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 94.5% at the end of November, which is just below the target of 95%.

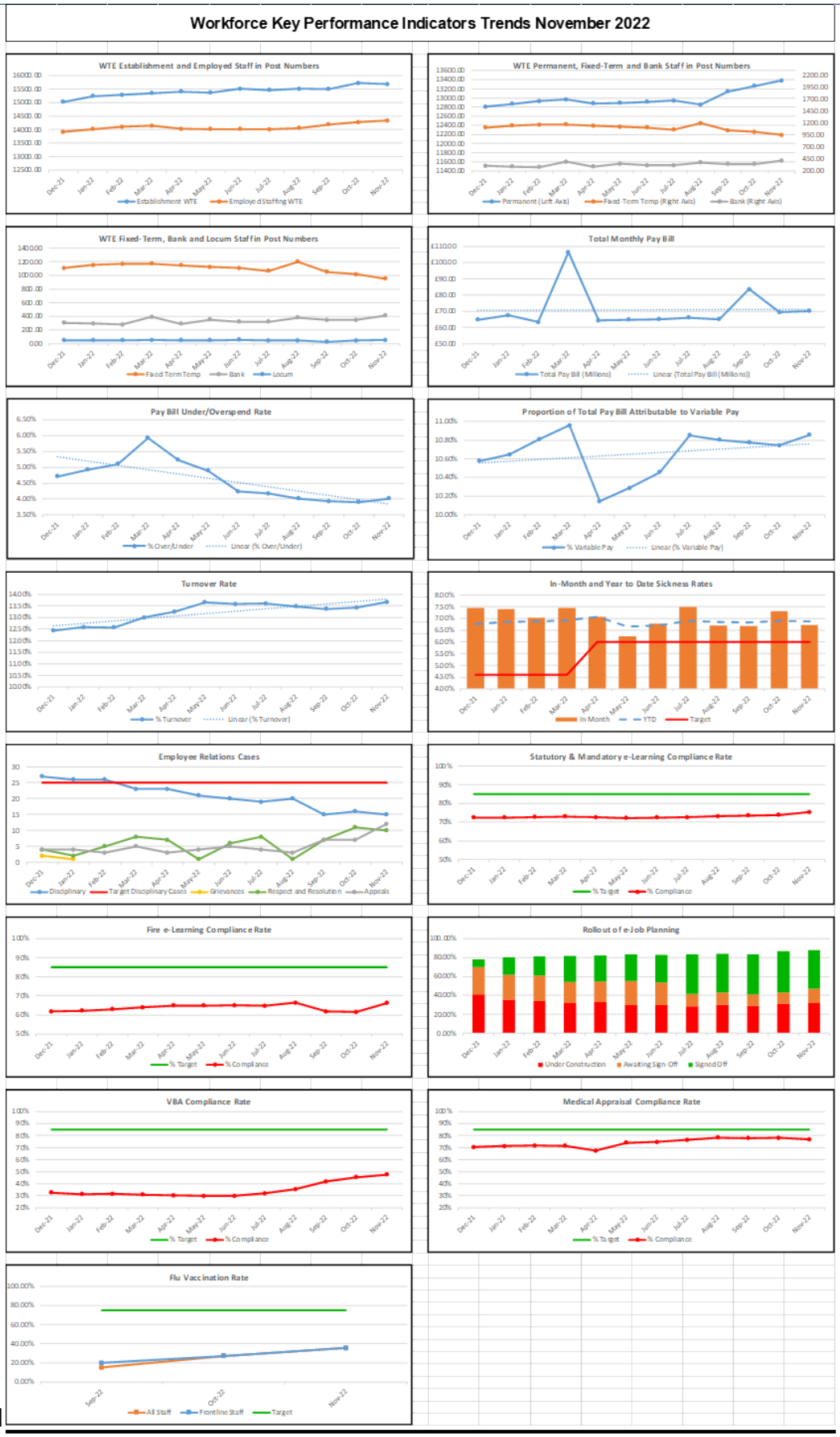
Remain within capital resource limit

The UHB's approved annual capital resource limit was £46.686m at the end of November 2022. Net expenditure to the end of November was 38% 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 and forecast deficit of £26.900m

Saunders.Nathan
23/01/2023 12:30:29



Appendix 1

Saunders,Nathan
23/01/2023 11:00:29

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	
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:

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	**Maternity Services Update**					Agenda Item no.	6.8
Meeting:	**Board**		Public	X		Meeting Date:	26.01.23
			Private				
Status *(please tick one only):*	Assurance	X	Approval			Information	
Lead Executive:	Jason Roberts, Executive Nurse Director						
Report Author (Title):	Assistant Director of Quality and Patient Safety						

Main Report
Background and current situation:

Health Care Inspectorate (HIW) Wales commenced an unannounced inspection of maternity services on 8 November 2022. HIW convened an Executive Immediate Assurance Briefing on 9 November to advise the Executive Team of initial findings. The inspection continued until 10 November 2022 and concluded with a briefing from the inspection team to members of the Executive Team, Children and Women's Clinical Board and the wider maternity services, where a number of immediate assurance recommendations were discussed and these included:

- Compliance with mandatory training
- Equipment maintenance
- Environment
- Staffing levels
- Antenatal, birth and post-natal pathways
- Clinical risk and governance

A comprehensive improvement plan was developed to address all immediate assurance recommendations and a programme of work commenced immediately to progress these improvements. The inspection report and full recommendations has not yet been received and will be reported to the Quality Safety and Experience Committee on publication.

Immediate improvements have included the migration of mandatory training from on-line delivery, an approach implemented during Covid, back to face to face training. From April 2023 all midwives will be rostered to attend an in-person study week where all mandatory training will be undertaken. Mandatory training compliance is now recorded on the Health Board digital roster platforms to provide oversight of training compliance on every shift.

The Health Board rolled out the use of a digital inspection tool in 2022 the suit of core audits is now being used in maternity services and in addition a specialist programme of maternity inspections is being developed and this will be used to provide ongoing assurance in relation to the immediate improvement plan.

The Maternity and Obstetrics Directorate are recruiting to five additional medical trainees that are being funded by the Clinal Board in addition to the established funded medical trainee posts. The required midwifery establishment for the Health Board based on the Birthrate + assessment is 244 Whole Time Equivalent staff form band 5 to band 7. During the summer of 2022 increased short term sickness was observed and the department had 24 vacancies. To mitigate the risk of absence as a result of sickness and maternity leave as well as recruitment delays the directorate have recruited beyond their current establishment and now have 246 whole time equivalent members of staff in post and there are ongoing recruitment efforts to allow for attrition throughout the year.

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2023-01-20 12:30:2

In July 2022 there were a number of delays in National Reportable Incident (NRIs) investigations as a result of obstetrician capacity to support investigations. There were a total of fourteen investigations ongoing at the time but this had reduced to eight in December 2022 with 15 incidents

investigation completed during that period. Obstetric job plans have been reviewed to ensure adequate resource for NRI investigations.

At the time of the HIW inspection there was a significant backlog in reviewing patient safety incidents. Incidents that were recorded as not being reviewed for 30 days or over have reduced from one hundred and ninety-two in July 2022 to forty-seven in December 2022, however the number of open incidents exceeded One thousand one hundred at this time. Operational managers open and review patient safety incidents and develop brief summaries of the incidents and the requisite actions, these are presented at a weekly Datix meeting to provide assurance in relation to the incident response and to extrapolate themes. Previous delays in the process have led to the delay in closing incidents. The current review and closure of patient safety incidents trajectory indicates that there will be approximately 100 incidents open in March 2023.

In response to the Ockenden Review of Maternity Services at Shrewsbury and Telford a RAG rated assurance report has been produced benchmarking against the 89 report recommendations. A business case is being presented to the Health Board investment group in January 2023 to set out proposed investments to address the requirement.

A Maternity Oversight Group chaired by the Executive Director of Nursing and attended by the Executive Medical Director as well as Clinical Board representatives convenes every two weeks. The purpose of the group is to oversee see progress with the HIW improvement plan, Ockendon improvement plan and wider quality and patient safety themes.

The April 2023 Clinical Effectiveness Committee will be dedicated to oversight of all maternity and neonatal national audits, Neonatal Peer review and the Neonatal annual report as well as the associated improvements.

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

Healthcare Inspectorate Wales undertook an unannounced inspection on 8, 9 and 10 November 2022 and issued a number of immediate assurance recommendations as a result.

Improvements have included increased compliance mandatory training compliance and oversight of compliance on the Health Board roster platforms to provide assurance of skill mix on each shift.

Rolling midwifery adverts are resulting in successes n recruitment which will support greater resilience in staffing and mitigate for absence including maternity leave. Medical recruitment of additional obstetric trainees will mitigate medical staffing shortages.

The Clinical Board position on the management of patient safety incidents and Nationally reportable Incidents has improved significantly.

A business plan has been developed to support further service development in line with recommendations made in the Ockenden Review of Maternity Services at Shrewsbury and Telford

Recommendation:

The Board are asked to:

a) **NOTE** the recent HIW inspection and outcomes to date and the assurance provided in relation to the response.

Saunders Norman 23/01/2023 12:30:19

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	
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	

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
23/01/2023 12:30:29

Report Title:	**2022-25 Integrated Medium Term Plan: *Quarter 3 Delivery Assurance***				Agenda Item no.	6.9	
Meeting:	Board		Public	x	Meeting Date:	26 January 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Abigail Harris- Executive Director of Strategic Planning and Commissioning						
Report Author (Title):	Ashleigh O'Callaghan- Head of Strategic Planning						

Main Report
Background and current situation:

The UHB has a Board approved 22-23 annual plan which is set in a three-year context. This follows a decision by the organisation that it would not be in a position to develop a balanced full three year Integrated Medium Term Plan (IMTP).

This report and associated annex present the UHBs quarter 3 position in regards to delivery of the plan's commitments.

Please note that due to the timings of meetings, Strategy and Delivery Committee will receive the report for scrutiny on the 24th January (post the paper submission cut off for Board papers).

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

Annex 1 provides the UHBs position regarding 22-23 plan delivery as at quarter three.
Annex 2 provides a summary of the UHBs baseline position i.e. what the original plan stated would be achieved.

In considering **annex 1**, Board are asked to note the following:

I. **Triangulation with wider organisational intelligence**: Given that our plan is an integrated finance, workforce, operational and quality plan, this assurance report should not be considered in isolation of wider finance and operational performance reports which will give important context and the wider holistic picture of the issues which the organisation is facing.

II. **Timing:** The timing of paper submissions for Strategy and Delivery Committee meant that that this update was produced shortly before the end of the quarter and prior to a number of data sources being updated and re-freshed.

It should therefore be recognised that this report represents a *'moment in time'* snapshot of plan delivery.

This quarter three report represents the third cycle of a refreshed process to provide assurance on the delivery of the UHB IMTP. As this process matures, work needs to take place with organisational leads to ensure that;

a) There is consistency regarding the style in which updates are being provided. Early scrutiny of returns has flagged that there is variation in the level of detail being provided.

b) There is a need to ensure a continued alignment in regards to what our original plan stated and what is now being reported on. Across some elements of this update it is recognised that this link could be strengthened.

Saunders, Nathan
20/01/2023 15:00:23

Planning is a dynamic discipline and it is entirely reasonable that circumstances may dictate deviance from the original plan. However, it is important that these reports describe why key deliverables have changed.

Welsh Government Planning Guidance for the 2023/2024-2025/2026 IMTP Plan introduced a templated approach to articulating detailed plan profiles, by quarter, against 16 ministerial priorities.

This provides an opportunity to evolve our quarterly reporting process next year, applying the learning from this year's cycle as outlined above and focusing the quarterly reporting on providing assurance on delivery of these priorities.

These considerations, in regards to building upon and strengthening the quarterly reporting process, will be progressed and resolved via the UHBs strategy design and delivery group (SDDG).

Recommendation:

The Board is requested to:

a) NOTE the progress achieved in delivery of the 22-23 plan as at quarter three.

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

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

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

Saunders,Natasha 28/01/2023 12:30:28

Equality and Health: Yes/**No**
Decarbonisation: Yes/**No**

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

Saunders,Nathan
23/01/2023 12:30:29

2022-2025 Cardiff and Vale Integrated Medium Term Plan

Update: Quarter Three

Saunders,Nathan
23/01/2023 12:30:29

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Vaccination and immunisation

- Flu and autumn Covid-19 booster vaccination programmes launched across settings with co-administration of vaccines where possible
- All offers made to eligible groups for Covid-19 booster vaccination by end November 2022 with 75% uptake achieved across target populations
- All offers made to eligible groups for flu vaccination by end of December 2022 with 75% uptake achieved across eligible groups
- Commissioned Stakeholder Review report finalised, and recommendations presented to the CAV Immunisation Operational Board in Oct 22
- PR communications toolkit produced and disseminated to partners
- Targeted work with schools where uptake of MMR is low
- Utilise TTP/Contact Tracing to support uptake of Childhood Immunisations in Cardiff SE Cluster

Healthy weight: move more eat well

- Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22)
- Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22)
- Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)

ACHIEVED TARGETS (INTERIM END Q3)

Vaccination and immunisation

- Flu and autumn Covid-19 booster vaccination programmes delivered according to national ambitions. All offers made to eligible groups for Covid-19 booster by end November 2022 with 75% uptake across target populations.
- Over 162,000 Autumn Booster 22/23 vaccinations delivered to Care Home residents, people aged 50 years and over, health & social care workers and those with clinical risk factors.
- 74% uptake for flu vaccine amongst people aged 65y and older.
- 37% uptake for flu vaccine amongst people aged 6m to 64y in clinical risk groups.
- TTP/Contact Tracing Project to increase childhood immunisation rates commenced in SE Cluster with 50 contacts made with parents of unvaccinated children (MMR and 4 in 1).
- Multiagency Amplifying Prevention Delivery Board has driven detailed development of an action plan, with expected community, schools and workplace delivery in Q4.

Healthy weight: move more eat well

- MMEW action relating to educational settings, workplaces and healthier advertising progressing as part of Amplifying Prevention approach.
- MMEW Showcase Event held, (attended by over 60 stakeholders), and providing an opportunity for stakeholders from across the Healthy Weight System to connect/share practice
- Healthier Advertising stakeholder event held, and baseline mapping of Council owned/contracted sites complete
- Insight work with schools complete, informing action to improve whole school approaches to food.
- Food related benefit digital training developed, and available on MMEW website

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- MMEW - Availability of future data to track overarching project outcomes
- Vaccination – childhood immunisation uptake is lower than national averages and declining in some areas (latest quarterly data Jan-Mar 2022)
- Flu Vaccination – several factors (including co-administration and concern about co-infection) may lead to increased demand for flu vaccine during 22/23 which may outstrip the supply.

MITIGATIONS

- MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group
- Vaccination – various work streams underway with Primary Care Clusters / GP Practices / local communities to increase uptake as well as communication/PR campaign.
- Flu Vaccination – i) requesting information from GPs as to whether there are supply concerns. Ii) accessing a national/central supply of vaccine that will be available to all Health Boards if local supplies are depleted (tbc).

Sawyers,Nathan (GIG) 03/01/2023 13:35:21

TARGET FOR NEXT QUARTER

Vaccination and immunisation

- Continue to provide 'mop up' Covid-19 and flu vaccinations to eligible groups across primary Care and the Mass Immunisation programme in accordance with WHC 2022_035.
- Delivery of Spring Booster Covid-19 programme in line with national planning assumptions (pending JCVI recommendations)
- Communications plan for the Amplifying Prevention programme (including immunisations) to be developed for different settings (e.g. schools, workforce, public).
- Targeted actions with community, schools and workplaces in Cardiff and Vale as part of the Amplifying Prevention programme
- Evaluation of TTP/Contact Tracing work to support uptake of Childhood Immunisations and potential expansion to an additional Cluster.
- Delivery of polio catch up programme in line with WHC 2022/027 using a mixed delivery model
- Development of UHB Vaccine Equity Strategy by end of February
- Review the approach for tackling inequalities in vaccination uptake amongst ethnic minority communities.

Healthy weight: move more eat well

- Development of local policies restricting High Fat Sugar Salt advertising/increasing healthier advertising across the UHB, Cardiff and the Vale of Glamorgan progressed through established working groups
- Targeted action to improve whole school approaches to food underway.
- Increase Food Cardiff membership to 250 individuals representing 100 organisations
- Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Systematically tackle inequalities

- Evidence of progress against revised Engagement Coordinator milestones
- Evidence of delivery of agreed partnership action on amplifying prevention, including agreement of indicators
- Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours

Sustainable and healthy environment

- Completion of Vale Healthy Travel Charter commitments
- First signatories to Level 2 Healthy Travel Charter announced
- Outcome of scoping of potential to measure air quality on UHB sites
- Respond to consultation on Preferred Strategy for Cardiff RLDP
- Respond to consultation on strategic growth options for Vale RLDP

ACHIEVED TARGETS (INTERIM END Q3)

Systematically tackle inequalities

- Preparatory work to devise a new strategic framework for C&VUHB to tackle inequalities in health outcomes, harm, experience and access for the organisation has commenced
- Conversations with the Digital Team, Innovation Team, Public Health Wales and other partners to agree a measurement set to support the framework have been initiated
- Multiagency Amplifying Prevention Delivery Board Subgroup has driven detailed development of the action plan, with expected community and workplace delivery in Q4.
- Commentary on bowel screening promotional video being dubbed into four languages to aid dissemination in ethnic minority communities, informed by feedback from Ethnic Minority Steering group. Agreement reached for work of Engagement Coordinator to be aligned to Amplifying Prevention approach

Sustainable and healthy environment

- First Vale Healthy Travel Charter organisations completing Charter – following up organisations not yet met
- First signatory to Level 2 Charter confirmed, further three organisations finalising governance arrangements prior to announcing
- Approach agreed by key stakeholders for understanding impact of traffic on UHW and UHL sites, including air quality measurement, pending approval at SLB 5 Jan 2023

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

MITIGATIONS

Saunders,Nathan
23/01/2023 12:30:29

TARGET FOR NEXT QUARTER

Systematically tackle inequalities

- Evidence of progress against revised Engagement Coordinator milestones
- Delivery of agreed partnership action contained in amplifying prevention plan, including agreement of indicators
- Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours

Sustainable and healthy environment

- Further Level 2 Charter organisations confirmed
- Formal approval by C&V UHB to sign Level 2 Charter
- Initiation of project to understand traffic impacts at UHW and UHL, including on air quality
- Process and timescales for HE/FE Healthy Travel Charter development agreed

FURTHER READING

- Shaping our Future Population Health plan 22-25 (https://cavuhb.nhs.wales/patient-advice/local-public-health-team/key-publications/shaping-our-future-population-health-plan-2022-2025/#:~:text=As part of delivering Cardiff,initial focused programmes for delivery.)
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

King's Fund recommended programmes

- Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them

Tobacco

- Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
- Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
- Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
- Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
- Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds
- From 1 September 2022 all mental health units (inside and grounds) in Wales will be smoke-free.in line with the Smoke-Free (Wales) Regulations 2021. This will be applied to all relevant grounds and buildings within the UHB's Mental Health Clinical Board

ACHIEVED TARGETS (INTERIM END Q3)

King's Fund recommended programmes

- Final report received from King's fund containing a set of evidence-based proposals for further strengthening prevention in primary care. A complementary report commissioned by the RPB to inform the developing integrated health and care system has also been completed. The impact of the two reports on UHB and partnership strategy will be considered in Q4

Tobacco (data for 2022-2023 not available currently)

- The smoking prevalence rate for Cardiff and Vale of Glamorgan is 12% (NSW, 2021-2022), the same as the previous year and is one of the lowest rates in Wales
- 2.1% of smokers made a quit attempt 2021-2022, reflecting a static position from last year (2.2%)
- 80% of 'Treated smokers' quit smoking (self-reported) at 4 weeks, Qtr 2, 2022-2023, an increase from 64%, Qtr 1, 2022-2023. 74% quit smoking (self-reported) 2021-2022
- The hospital smoking cessation programme achieves an 80% 4 week quit rate and a PGD has been agreed for provision of Nicotine Replacement Therapy (NRT) for patients on admission
- All NHS smoking cessation services achieved over 78% 4 week quit rates for Qtr 2, 2022-2023 with Enhanced Level 3 Smoking Cessation Community Pharmacy Schemes achieving 90%
- 42% of Community Pharmacies offer a Level 3 Enhanced Smoking Cessation Programme, 38% a Level 2. 68% of Level 3 services are located within areas of high deprivation
- A MAMSS Programme was implemented in April 2021. 66% of pregnant smokers were referred to MAMSS, (Qtr 2, 2022-2023) – an increase from 21% pre-MAMSS. NRT provision available on first contact with a Midwife with 60% of MAMSS referrals accepting pharmacological support
- Over 800 young people receiving no smoking education and advice, Qtrs 1 and 2, 2022-2023
- No Smoking Enforcement Officer post implemented March 2022, to challenge smokers at hospital sites. Launch of 'zero tolerance ' No Smoking Campaign, November 2022
- Mental Health and Smoking Steering Group established to implement Smoke-free Regulations.

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- King's Fund – further unanticipated delays encountered by the King's Fund. Revised delivery plan is for an initial slide-pack in mid Sept 2022, and full reports end Oct 2022

MITIGATIONS

- King's Fund – further revised, phased plan will see full delivery by early Q3 2022/23

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TARGET FOR NEXT QUARTER

King's Fund recommended programmes

- Final King's Fund report proposals to be considered at UHB Strategy and Delivery Committee and RPB
- King's Fund to host a workshop with local partners
- Priorities for implementation agreed with stakeholders

Tobacco

- Continued implementation of an integrated 'Ottawa' hospital smoking cessation programme reflecting nationally agreed priority actions to include systematic, routine recording of smoking status on admission, Brief Intervention advice and support to all smokers and referral to specialised smoking cessation services
- On-going monitoring and review of MAMSS has resulted in an alternative delivery model being piloted for one year with an aim to increase longer term engagement (beyond initial advice and support) in order to increase numbers quitting smoking
- Establish No Smoking Enforcement Officers at UHW and UHL reflecting a flexible delivery model to reduce smoking incidence at hospital sites
- Actions to support a smoke-free environment for Mental Health patients to include sensitive enforcement options at UHL

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE WORKFORCE

TARGET FOR LAST QUARTER

Over the Winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team are supporting managers with operational matters, e.g. employee relations, terms & conditions.

ACHIEVED TARGETS

Examples of achievements (see detailed Flash Reports and papers attached):

- **Wellbeing** - A series of People and Culture Roadshows were held across the UHB during Talk Money Week' (7-11th Nov) and contacts made with more than 300 staff. These focused on sharing information, signposting and advising around financial wellbeing, pensions, debt management and the cost of living. A number of training sessions/presentations around financial wellbeing have been held including sessions on pensions (Money and Pensions Service 'MaPS') and illegal borrowing (Stop Loan Sharks Wales). MaPS also provided the first round of training for line managers to provide them with the skills and confidence to support and signpost employees.
- **Recruitment** – a review of the staff with the right skill mix required for additional winter capacity has been undertaken Posts have been advertised and interviews and appointments are ongoing. Of the 111 staff required for IACU 74% have been recruited and activity continues to meet the gap. These are monitored and updated weekly at the Workforce Hub meeting. An additional 120 substantive HCSWs have been appointed since August 2022 as part of the ongoing Nursing Hub's Mass recruitment campaign. In addition, almost 400 HCSWs have been recruited to the Staff Bank since May 2022.
- **Retention** Review of the current Retention Plan is currently taking place, along with targeted intervention in areas with the highest turnover rate using a retention toolkit to help us move to a more sustainable position.
- Focussed work is currently taking place within EU/AU to maximise impact. Interventions include: exit questionnaire development and analysis, OD programme of work, continuation of the wellbeing programme for EU staff, drop in sessions for staff held in partnership wit TU representatives, increased senior leadership visibility including Executive visits, and support for the Clinical Board to create an action plan.
- Culture and Leadership Programme focussing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit.
- **Workforce Planning** - Engaging with the Clinical Boards to develop a baseline summary of nursing workforce data with a view to understanding the current nursing position and the challenges and opportunities for change. Initial focus is within Medicine Clinical Board and Children and Women Clinical Board prior to the work being rolled out in all other areas. Review of nursing data across a number of criteria over the last 5 years (staff in post, vacancies, turnover, age profile, average retirement age, sickness, maternity and bank and agency spend) to identify any themes and trends.

SEE SLIDE [11,12] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Whole system pressures, Winter and COVID uncertainty, lack of development for staff.
- Staff wellbeing - Absence may rise again as we move into Qtr 4.
- Turnover remains high at 13%.
- Quality of patient care and experience, and team experience, may be impacted by turnover, absence, vacancies, high reliance on agency workers, etc.
- The current climate has created a shortage of suitable candidates in many professions
- Poor engagement caused by work pressures, staffing levels and cost of living crisis.
- Industrial action in December 2022 (RCN, GMB), further industrial action in January 2023 and beyond.

Jonathan Davies 20/01/2023 12:30:29

MITIGATIONS

- P&C Team aligned to priorities and strategic programmes.
- Effective partnership working with TU representatives.
- Quarterly meetings to discuss progress against P&C Plan.
- Executive Performance Reviews with Clinical Boards.
- Introduction of the People and Culture Committee in 2023

TARGET FOR NEXT QUARTER

Work will continue on the 'Main Effort'

- Continue focused work on retention in priority areas – aim to reduce turnover.
- Explore opportunities for achieving workforce efficiencies and improving quality. Reduction in agency usage for HCSW, Admin & Clerical, CEF.
- HealthRoster e-rostering system implemented in all ward areas working 12.5hour shift patterns. Assurance that managers are compliant with rostering principles. Data reporting & analysis will b available to managers. Safe Care implemented.
- Baseline workforce plans will be in place for Nursing, Medical and Therapy workforce. Training will commence to build WP capabilities within the organisation.
- New workforce models for ward areas will be agreed, incorporating new and extended roles. Continue to increase apprenticeship roles.
- Increase leadership and management development offerings.
- Improve VBA compliance to 60% by end of March 23.
- Continue to improve the way we engage and listen to staff.
- Improve fill rates by internal bank, specifically for R/N and HCSW.
- Continue to focus on staff health and wellbeing – aim to reduce sickness absence.

FURTHER READING

The documents embedded here have been published to the Supporting Documents Folder on AdminControl and the Cardiff and Vale UHB website by the Corporate Governance Team

Microsoft Word Document | Microsoft Edge PDF Document | Microsoft Edge PDF Document | P&C Plan Year 1 review

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

1. Consider cabinet decision of 11/7/22.
2. Follow up on actions agreed at Minister visit.
3. Holding special programme board on 24/6 to reflect on lessons from recent work and plan the management of scenarios resulting from the range of decisions Cabinet could make.
4. Continue to socialise Life Sciences vision with colleagues.
5. Meet with Cardiff University Med School Dean regarding Heath Park West plans
6. Reference discussions with Leeds, Whipps Cross, Toronto,

ACHIEVED TARGETS

1. Cabinet supported the need to consider options regarding CVUHB's infrastructure and for WG officials to continue working with us. Awaiting formal endorsement of the PBC which is likely to be requested at the same time as CVUHB submit a funding ask.
    1. SOC scoping completed and awaiting feedback from WG
2. Actions agreed at Minister's meeting have progressed. At time of writing (end August), the Research visit is being progressed after receiving response to letter send by CVUHB after the 9/6 visit.
3. Special programme board held and conclusions are helping inform future plans (SOC)
4. Life Sciences visit has been socialised and decisions around adopting the recommendations are the next step and expected to conclude in early September.
5. Held several meetings with University. Joint Future Estate Director position being considered.
6. Reference discussions held with Leeds, Whipps Cross, Toronto, Imperial, Princess Alexandra and the New Hospital Programme.

SEE SLIDE [13] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

1. Lost momentum after PBC not being endorsed

MITIGATIONS

1. Endorsement to be achieved after a clinical review. The ToR of this review are being drafted at the time of writing. SOC preparation can proceed.

Saunders-Nathan
9/10/2022 12:30:29

TARGET FOR NEXT QUARTER

- Complete SOC scoping after receiving feedback from WG stakeholders to ensure the right content will be produced.
- Agree ToR with WG for clinical review of model presented in PBC.
- With a stable SOC scope, build a costed delivery plan (including what expertise should be recruited and what should be procured)
- Seek PBC endorsement and funding to deliver SOC from WG
    - Commence any procurement and internal recruitment exercises once funding commitment has been received.
- Further development of Life Sciences Vision and actions with Cardiff University.

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

- Complete SOC scoping after receiving feedback from WG stakeholders to ensure the right content will be produced.
- Agree ToR with WG for clinical review of model presented in PBC.
- With a stable SOC scope, build a costed delivery plan (including what expertise should be recruited and what should be procured)
- Seek PBC endorsement and funding to deliver SOC from WG
    - Commence any procurement and internal recruitment exercises once funding commitment has been received.
- Adoption of Life Sciences Vision and actions

ACHIEVED TARGETS

- SOC scoping complete and agreement on it received from WG
- ToR for clinical review agreed with WG. WG are procuring the supplier for CVUHB and Hywel Dda together.
- Costed delivery plan complete and submitted to WG. Final costs will be reliant on tenders having been run.
- Life Sciences Vision has been created. As a result of ever closer partnership working with Cardiff University, the strategy for the College of Biomedicine and Life Sciences is being recast, along with the future of Clinical Academics active in research. These will influence our life sciences vision so the document will remain open for amendments.

SEE SLIDE [13] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- There is a risk that the time taken on the business case life cycle will see the UHB's infrastructure deteriorate at an increased pace

MITIGATIONS

- Endorsement to be achieved after a clinical review. WG agreed SOC preparation can proceed in the meantime. Funding request submitted.
- Agreement to create high level SOC by WG.
- Compliant procurement approach to any specialist advisors required using frameworks where possible

Sondes Abdhan 3/10/2023 12:30:29

TARGET FOR NEXT QUARTER

- Detailed SOC planning to complete.
- Receive feedback on SOC funding, commencing recruitment and procurement activity.
- Participate in the WG commissioned clinical review providing all information they require.
- Complete lessons learned report based upon reference contacts with New Hospital Programme schemes.
- Plan and commence joint work with Cardiff University on how their College of Biomedicine and Life Sciences strategy will influence future operations and teaching.
- Scope a Digital SOC which will inform/be informed by Shaping Our Future Clinical Services & Shaping Our Future Hospitals.

FURTHER READING

[Insert any additional documents here]

@HOME

TARGET FOR LAST QUARTER

- To coproduce the target operating model for integrated locality delivery across health and social care, defining new ways of working including IT/systems, workforce and estates with a view to building detailed plans around each of these key areas moving forward
- To finalise programme and project deliverables, milestones and benefits for baselining and ongoing reporting
- To develop an engagement/consultation plan to begin workforce and public engagement, utilising the 'prospectus' as the basis for this.
- To work with Lightfoot to build a system-wide view of our data and to use this for tracking the impact of the programme
- To utilise the funding to begin recruitment to new posts identified and begin project delivery
- Inaugural PCPGs to meet and scope role/function
- Intermediate care delivery plan to feed into 6 Goals and +1000 beds.

ACHIEVED TARGETS

- Initial workshops undertaken to begin development of a new target operating model; specifically focussed around integrated assessment and care planning, shared care records, workforce and OD.
- Overview developed of programme delivery plans, with ongoing work to report on this in more detail through programme software Verto
- Comms and engagement materials being drafted to support raising awareness of the programme and engagement activities
- Viewer developed, with work ongoing to make this live and align with the Regional Outcomes Framework including data from across statutory organisations
- Inaugural PCPG meetings have taken place
- Alignment of programme activity to support delivery of 6 Goals programme
- Alignment of programme activity to support delivery of +1000 beds national initiative

SEE SLIDE [10] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

1. Lose momentum as the programme shifts from scoping to delivery
2. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy) and risk of gaps/duplication
3. Digital capability and maturity to support multi-agency integrated care model
4. Operational leadership capacity compromised due to ongoing pressures
5. Not securing cross-partnership agreement of the future TOM
6. Not defining clear benefits/metrics and interdependencies
7. Not including tapering of RIF funding over lifetime of the 5yr programme into organisational financial planning and not securing local funding to replace it.
8. Ability to create investment and growth in community, primary and social care services to deliver more activity and impact in out of hospital settings

MITIGATIONS

1. Clearly defined programme scope and deliverables with clear governance
2a. Close liaison with PCIC leads and programme directors
2b. Interdependencies mapping across key programmes
3. RPB-wide digital maturity programme to be established
4. Provide direct support and ensure programme supports operational priorities
5. Co-production of future TOM with org leads and seek agreement of execs
6. Alignment of organisational metrics to programme
7 and 8. Work with DOFs and service leads. Establishment of robust business cases with evidence of impact

23/08/2023 15:30:29

TARGET FOR NEXT QUARTER

- To create a blueprint for integrated assessment and care planning, shared care records, workforce and OD with an action plan and timeline for implementing new ways of working
- To finalise the comms and engagement materials and begin initial engagement with staff to raise awareness of the programme and to help shape the programme moving forward
- To further develop the programme intelligence to understand and articulate the impact of the programme
- Delivery against plans to support 6 Goals and +1000 beds initiatives
- Align MDT work across all clusters to understand the delivery of similar approaches in the region
- To develop a clear understanding of the interdependencies of the other major strategic programmes; SOFH, SOFCS, SOFW:IOC to begin to define future tranches of the programme

FURTHER READING

- Programme board minutes from 12.09.22 and 07.12.22 are available via the programme manager, Chris Ball Christopher.ball@wales.nhs.uk
- Regular status update reports to Strategic Portfolio Steering Group available
- Note that this programme is a partnership programme and as such is Regional Partnership Board-led, with the CVUHB as a major partner. It is also one of the CVUHB's strategic programmes

SHAPING OUR FUTURE CLINICAL SERVICES

TARGET FOR LAST QUARTER

- Approval of Programme Initiation Document/Programme Brief & approval of project 1 scope and approach based on pilot and lessons.
- Completion of scoping for projects 2 & 3
- Completion of high level programme plan & critical path in conjunction with other programme within the portfolio
- Development of detailed resourcing plans for project delivery
- Review of benefits realisation and risks
- Review of stakeholder mapping in development of wider communication and engagement plan for the strategic portfolio
- Development of a modelling approach/framework with strategic portfolio
- Development of programme office with SOFH to allow for consistency and robust programme governance.

ACHIEVED TARGETS

- Approval of project 1 scope (High level Clinical Services Plan) at Programme Board (PB).
- Project 1 reference group set up and brief developed with timeline, approach and resources to be approved at Programme Board 13.01.23
- Programme Brief drafted and to be taken to PB 13.02.22
- High level critical path in development across the strategic portfolio.
- Risks and Issues SOP developed – high level risks identified and to be reviewed at Programme Board 13.02.23
- High level benefits captured and included within programme brief
- High level modelling approach agreed at portfolio level
- Programme office in development with a set of consistent SOP's across SOFH/SOFCS in development
- Completion of draft communication and engagement plan (to be taken to PB 13.02.23)

SEE SLIDE [4] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

- Organisational capacity for strategic development during significant operational pressures
- Organisational engagement with clinical strategy is not to the level required

Mitigations

- Lessons learned undertaken and has informed future approach to enable most efficient use of time with teams
- Work to refresh the organisations strategy Jan-Sept 23 will support engagement with future vision and set clear objectives for Clinical Services
- Communications and engagement plan for strategic portfolio to be developed. Steering group established with key stakeholders in attendance.

Sunday, March 19, 2023 2:39:29

TARGET FOR NEXT QUARTER

- Formal commencement of project 1
- Completion of scoping for projects 2 & 3
- Development of detailed resourcing plans for delivery of projects 2 & 3
- Review of stakeholder mapping in development of wider communication and engagement plan for the strategic portfolio
- Approval of patient involvement.co creation framework for the programme
- Review of SOF hospitals Strategic Outline Case clinical component to be discussed with WG colleagues (inc. policy leads)

FURTHER READING

- Shaping Our Future Clinical Services - Shaping Our Future Wellbeing - Cardiff and Vale University Health Board (https://shapingourfuturewellbeing.com/shaping-our-future-clinical-services/

QUALITY, SAFETY AND PATIENT EXPERIENCE

TARGET FOR LAST QUARTER

Priorities for '22

- Establishment of the Organisational Learning Committee with themes identified and UHB wide improvements monitored
- Establishment of the Clinical Safety Group
- Psychological safety of staff
- Human Factors awareness/investigations
- What Matters to you questioning approach
- The implementation and UHB wide rollout of the Once for Wales Patient Experience System
- Establishment of the Organisational Readiness Group for the implementation of the Duty of Candour
- Agreement of Mortality Indicators for all specialities

ACHIEVED TARGETS

- Inaugural Clinical Safety Group meeting set
- Psychological safety of staff –Structured roll out of Healthcare Support Unit commencing in Surgery Clinical Board
- Human Factors awareness/investigations –new investigation model for Nationally Reportable incidents to encompass contributory factors being trialled in Clinical Boards
- Awareness raising of the process –to be trailed in relation to discharge
- Implementation of AMAT-Clinical Audit System-Structured roll out commencing in Children and Women's Clinical Board
- Commenced use of the Once for Wales Patient Experience System
- Organisational Readiness Group for the implementation of the Duty of Candour established
- Agreed use of Mortality Indicators for all specialities

SEE SLIDE [4] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

On going Operational Pressures

IT infrastructure-Wifi availability across the UHB

Significant delays in recruitment

MITIGATIONS

- Proportionate and prudent approach to Clinical Board involvement
- Development of a recruitment plan to support implementation of the QSE Framework and IMTP

Saunders, Wendy 23/03/2022 11:30:29

TARGET FOR NEXT QUARTER

- Organisational Learning Committee will meet in Q1
- Staff support Unit will roll out
- Implementation of Duty of Candour in Q1
- Embedding the reporting framework in line with the Duty of Quality on going reporting methodology

FURTHER READING

[Insert any additional documents here]

PRIMARY CARE

TARGET FOR LAST QUARTER

1. Delivery of Winter plans
2. Increase in dental activity in line with GDS contract reform opportunities
3. Review the capacity of CAV 247 following go live of 111 (Qt4 21/22), to inform further integration of the model in line with UPCC Models.
4. Progressing the ACD Programme for CAV. Next phase of Professional collaboratives and 2nd round of PCPG meetings
5. Further increase in dental activity in line with GDS contract reform opportunities
6. Scope options for Cardiff Urgent Primary Care Centre (UPCC) model
7. Based on Evaluation, review and consolidated the Vale UPCC model

ACHIEVED TARGETS

1. Delivery of winter plans are in progress including an increase in UPCC Capacity in the Vale and the continued roll out of the vaccination programme
2. Dental activity is now at 67.5% of pre-covid levels
3. Capacity within the CAV 24/7 team has been utilised to establish the UPCC in Cardiff Royal Infirmary
4. PCPG Meetings established for both the Vale and Cardiff. Professional Collaboratives forming across GPs, Community Nursing, AHP, Dental & Optometry
5. As per point 2.
6. Cardiff UPCC has been operational since December 2022 and there are plans to increase capacity in Q4
7. No changes to the Vale model in the last quarter. Work is underway to achieve relocation of Central Vale UPCC to Barry Hospital

SEE SLIDE 5,6,7,8 IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Risks
- Sustained and exceptional pressure on primary care, community teams and partner organisations
- Dental access and increasing activity levels – staff sickness/vacancies, patient complexity, new contract has created new requirements incl. a change in IT software/

Mitigations
- Continued escalation and close partnership working
- Delivery of winter plan priorities
- Lever benefits of GDS contract reform to increase activity and improve access

Saunders,Nathan (CTM) 13/01/2023 12:28:29

TARGET FOR NEXT QUARTER

- Increase dental activity to 88% of pre-covid
- Develop additional UPCC capacity in other Cardiff Localities – Cardiff North Pilot to go live in February.
- Continue planning for Vale UPCC
- Improvement of diabetes performance measures in line with WG targets
- Identify and confirm the governance arrangements in which PCPGs will operate and consider PCPGs plans in light of the RPB Area Plan due to be published in Q1 23/24. Professional Collaborative further establish themselves and start to integrate into Cluster meetings structures.

FURTHER READING

[Insert any additional documents here]

MENTAL HEALTH

TARGET FOR LAST QUARTER

1. Delivery of Winter plan priorities including inpatient capacity, Sanctuary provision, Mental Health Matters support
2. Sustain improvements in delivery against part 1a standards for all ages
3. Improvements in accessing to Eating Disorders services in CYP, and Adult
4. Planning for Go Live for 111 Press 2 and identify go/no go criteria
5. Commence new CAMHS combined intervention as assessment team and track impact on improving access and reducing waits
6. Inpatient Stability and Stabilisation focusing on staff communication and training alongside plan for out of area service users

ACHIEVED TARGETS

1. Winter plans– trying to reduce inpatient beds as currently open in additional areas which is creating challenging with staffing levels. Mental Health matters began supporting wards in December. Sanctuary is going through procurement and will be commissioned in the coming months.
2. Overall % of Mental Health assessments undertaken within 28 days increased to 99.7% in October 2022, Adult and Older persons performance was 100%, CAMHS performance was 97.8%. Part 1b: 95% of therapeutic treatments started within 28 days following assessment at the end of October 2022.
3. Eating disorders assessment within 26 weeks is 100% in adults. The average wait for an eating disorder assessment is 16 weeks and longest waiting patient was 66 weeks in November (long wait due to admin error).
4. NHS 111 press 2 is planned for go-live on 1st February
5. Recruitment ongoing – good progress. Merged performance shows waiting list has reduced as a result of work with Helios and the waiting list initiative (560 patients down to 191)
6. Progress on training is making good headway and continues via bi-weekly meetings

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Increasing demand into mental health services (CYP and adult) as compared to pre-covid
- Increase in out of area placements due to pressures in inpatient MH system
- Workforce recruitment and retention

MITIGATIONS

- Increase support into tier 0 (website) and recovery college to get upstream of pre urgent and acute demand
- Continue to develop innovate workforce solutions, for example peer support and work

Saunders,Nathan(GIG) 23/01/2023 12:30:09

TARGET FOR NEXT QUARTER

- Maintain Part 1a & 1b CYP and Adult targets
- Improvement in Eating Disorder access times – reduction in waiting time to 9 months longest wait
- Develop repatriation plan for delivery of trauma informed care services close to home
- Deliver sustained improvement trajectory for neurodevelopment assessments
- Go live with sanctuary provision for crisis care in adults
- Go live with NHS 111 Press 2

FURTHER READING

URGENT AND EMERGENCY CARE

TARGET FOR LAST QUARTER

1. Reduce Ambulance Handover Waits
    - Average lost hours; total lost hours; number of four hour handover delays
2. De-escalate additional bed capacity to reduce workforce pressures in acute hospital
3. Initiate new Frailty model to support front door assessment
4. Delivery of 1000 beds priorities – care home and step down
5. Reduce >21 day length of stay
6. Sign off and begin delivery of Winter plan across Health and Social Care
7. Continued improvements in access for primary care services such as GMS, Dental and Optometry
8. Develop options for Urgent Primary Care Centre in Cardiff

ACHIEVED TARGETS

1. Ambulance Handover waits (November)
    - Average lost hours per arrival – 0.8 (1.4 in August)
    - Total lost hours – 1689 (1926 in August)
    - Four hour delays – 22 (232 in August)
2. Bed capacity has not been de-escalated due to pressures
3. Frailty model has gone live
4. Additional capacity in local authority and community being delivered as part of the winter plan.
5. 21 day length of stay has increased due to system pressures
6. Winter plan in progress – significant operational pressure
7. High levels of escalation in primary care and dental. Optometry escalation green
8. UPPC in Cardiff is live at CRI. Plans to develop Cardiff North model in Feb

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Risks
- Sustained pressure across UEC pathways
- Social care capacity challenges
- Delayed discharges and increased length of stay
- Ambulance Handover delays leading to increase community risk
- Long waits for admission and impact on patient experience
- Significant workforce pressure across Health and Social Care
- GMS Sustainability

Mitigations
- Joint working across Health and Social Care – implementation of CEO led Incident Management Team approach
- Revised focused on 6 Goals Programme
- Ambulance Handover planning and action plan jointly with WHSSC and EASC
- Winter Planning and capacity across Health and Social Care (incl. 1000 beds)
- Ongoing workforce recruitment (locally, nationally, internationally) and focus on staff wellbeing

Saunders Jonathan 13/12/2023 12:30:29

TARGET FOR NEXT QUARTER

1. Continue to deliver ambulance handover performance that makes every effort to minimise long delays
2. Deliver additional winter capacity – additional beds, social care capacity and SDEC/admission avoidance programmes to maintain hospital flow and performance
3. Develop plans to create a fit for purpose ED, assessment and SDEC areas
4. Develop plans for single point of access for paediatrics
5. Roll out the high-risk cohort approach to Cardiff North Cluster to prevent admission to hospital and promote home first approach
6. Go-live on next Cardiff UPCC
7. Continue to develop Vale UPCC future plans

FURTHER READING

PLANNED CARE

TARGET FOR LAST QUARTER

- Reduce backlog of cancer patients (> 62 days) in line with trajectories
- Reduction in > 3 year waits
- Deliver on trajectories for ministerial targets
- Maintain the focus on productivity through ophthalmology theatres
- Orthopaedics recovery focus
- GIRFT reviews for Gen Surg and Urology
- A Supporting Patients Whilst Waiting subgroup to be established
- Theatres Improvement Group , chaired by Clinical Director for Perioperative Care. This group will drive forward work around theatre booking, utilisation, resource allocation, and suite of metrics to track.
- Eliminate 8 week waits for echocardiogram and a downward trajectory for non obstetric ultrasound.
- D&C modelling to inform IMTP/Annual plan 23/24
- Progress plan for neuro developmental services in children's services

ACHIEVED TARGETS

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

- Cancer backlog reduced from 442 in April 22 to 302 in Nov 22. In line with trajectories developed at tumour site level
- On track to over perform on 52 week new outpatient waits for end of December – IMTP modelled circa 17, 000 and on course for circa 11,500.
- Projected to have circa 2,500 > 104 new outpatients waits as at end of December mainly in high volume surgical specialties and allergy
- Weekly planned care performance meeting in place to track the 52 week outpatient cohort and ensure that it is reducing.
- Mobile Eye Theatres average weekly throughput in Q1 - 49 , Q2 - 78, Q3 – 91
- Mobile endoscopy started and will be running 7/7. Activity across endoscopy is at 119% of pre-COVID activity
- Orthopaedic productivity increase – theatre utilisation at 90% - exceeding some of GIRFT productivity measures
- GIRFT review in Gynae report received in Q3 and the team are drafting response to report
- Paeds surgery trajectories have been completed and anaesthetic support from Swansea has been secured for additional theatre lists. Director of Operations for Children and Women has established regular paeds surgery planning meetings to maximise booking and utilisation
- 8 week diagnostics target improvements: Radiology 2351 in Jan 22, 1263 in Nov 22, Endoscopy: 1909 Jan 22 and circa 1600 end of Nov 22
- 14 week Therapy improvement: 3253 in Jan 22 to 1209 In Nov 22
- National SOS-PIFU staff facing website has been launched and bid for a SOS-PIFU patient facing website has been supported by Welsh Government's Outpatient Transformation Fund
- All specialties have undertaken D&C modelling. These have been RAG rated according to the deliverability of the new ministerial targets
- Work continues to improve access for neurodevelopmental services with waiting times still significantly long

RISKS AND MITIGATIONS

RISKS

- Impact of industrial action on planned care capacity
- Impact of sustained system pressures on planned care (lack of beds and staffing)
- Availability of workforce to run additional capacity
- Availability of capital to enable transformational change
- Ability to deliver national delivery ambitions in timescales

Jonathan 23/01/2023 12:30:3

MITIGATIONS

- Reviewing skills mix in delivery of planned care, working with insourcing companies where appropriate
- Clear, prioritised and Exec supported site masterplan in place to support targeting of resources
- Determined specialties where 52 week Op wait can be achieved and improvement plans in high volume specialties

TARGET FOR NEXT QUARTER

- Continued improved in Cancer standards and reduction in backlog with ambition for 0>104 days
- Ambition to eliminate > 3 year waits by March 23
- Successful implementation of Vanguard Q4 plan with CTM and AB
- Delivery of commitments against ministerial ambitions for March 23
- Finalise D&C plans for all specialties for 23/24 Plan
- Successful repatriation of fracture clinic from UHL (impact felt Q1)
- A focus on theatres efficiency through newly established oversight group looking at workforce challenges, theatre booking, utilisation, resource allocation, and suite of metrics to track.
- Focus on plans for neurodevelopment - expansion of the service is key to improve ADHD and autism management by applying a whole system pathway approach.

FURTHER READING

[Insert any additional documents here]

OUR CONTINUED COVID-19 RESPONSE

TARGET FOR LAST QUARTER

1. Finalisation and approval of winter plan, to include continued response to covid
2. Autumn Booster Campaign and Flu Campaign
3. Final closure of additional covid positive capacity in acute sites (note this capacity currently functioning as amber)

ACHIEVED TARGETS

1. Response to covid continues – increasing inpatient numbers.
2. Autumn Booster - delivered 80.1% within the cohort against a 75% target
3. Flu Campaign – 73.&% of over 65s
4. No specific covid capacity remains. Cohorting of respiratory patients as per IP&C advice.

RISKS AND MITIGATIONS

Risks
- Future peaks of covid demand
- Impact of significant winter peak in respiratory demand due to reduced exposure and continued increased social interaction
- Ability to balance future demands with the continued recovery of services
- Reduced sensitivity of modelling and demand predictions (less testing)

Mitigations
- Continue monitoring of covid demand through combination of public health and operational intelligence
- Deliver winter plan to meet needs of covid and non-covid demand
- Continued partnership working to deliver improvement across unscheduled care

Saundersjathan
23/01/2023 12:30:29

TARGET FOR NEXT QUARTER

1. Continue delivery of covid vaccination programme
2. Continue monitoring of new variants and responding as necessary
3. Continue delivery of antiviral and antibody treatments

FURTHER READING

[Insert any additional documents here]

WIDER REGIONAL WORKING WITH SOUTH EAST WALES PARTNERS

TARGET FOR LAST QUARTER

South East Wales Regional collaboration

- Finalise leadership arrangements for Orthopaedic programme and establish early scope and objectives
- Regional Community Diagnostic Hub – *Undertake procurement exercise*
- Interim regional cataract recovery solution- Finalise business case and seek endorsement across all Health Boards. Finalised regional eye care strategy.
- South East Wales regional pathology solution- *Scope finalised, formal project board established with next steps agreed.*

CAVUHB / VNSHT partnership

- Develop memorandum of understanding and principles for partnership working
- Agree delivery plans with each project
- Work with colleagues on understanding the remit and function of the Haemato-oncology work stream.
- Merge the Acute Oncology Service and Unscheduled care projects to maximise best use of clinical and project resource.

Stroke

Appoint regional programme clinical lead.

Support National Stroke Programme in establishing a plan and milestones for their activity, which is a critical interdependency for the regional programme

Conduct joint stakeholder event for Cardiff and Vale UHB and Cwm Taf Morgannwg UHB to continue engagement around the plans for the new regional model.

ACHIEVED TARGETS

SEE SLIDE [17] IN BASELINE DOCUMENT

South East Wales Regional collaboration

- Clinical lead and programme manager for Orthopaedics in place. Programme Board established and meeting monthly. Full programme definition document establishing the scope and objectives of the programme under development (to be finalised by Feb '23). Early 'quick win' interim opportunity regarding a high flow, low complexity hand and wrist service being explored.
- Regional Community Diagnostic Hub – Draft service specification to be agreed early in January with a view to taking to market for formal procurement in February. Strategic ambition to have a partner in place an initial CDH operating by Q2 23/24
- Interim regional cataract recovery solution- Delay in finalising the regional business case to deliver a 12 month two hub model across SE Wales. Further demand and capacity and financial modelling required.

CAVUHB / VNSHT partnership

Terms of reference, including the principles for partnership working, have been agreed outlining areas of responsibility for the Velindre @ UHW Programme (V@UHW). Includes;

- implementation of the CAVUHB Acute Oncology Service (AOS) and the development of Unscheduled Care Pathway (USC) for patients presenting acutely,
- development of the Cardiff Cancer Research Hub (CCRH),
- exploring collaboration opportunities for haemato-oncology.

Briefs have been developed, and approved, outlining the deliverables required from each project, with the exception of the haemato-oncology project. A meeting between cancer leads from CAVUHB and VUNHST is planned for the first week of January 2023 to set the direction for this project. The Acute Oncology Service and Unscheduled Care workstreams have been merged to make best use of clinician time and to manage interdependencies between these projects.

Stroke

- Funding for the programme clinical lead secured and interviews scheduled for the third week of January 2023,
- The National Stroke Programme has started work on defining the milestones required for phase one of their programme, including (i) Demand and capacity - workshop planned 13 January 2023 (ii) Development of national service specifications - workshop planned 13 January 2023 (iii) Communication and engagement - national case for change and Equality Impact Assessment to be presented to the CHC National Service Change Board on 26 February 2023.
- A joint stakeholder event for colleagues working in stroke services across CAVUHB and CTMUHB took place on 26 October 2022.

RISKS AND MITIGATIONS

RISKS

- **Wider Governance** across Welsh Government, Delivery Unit, implementation groups and networks creating duplication – discussions ongoing with WG to address this as part of the creation of the NHS Wales Executive.
- **Resource** – Recognition that there are still significant gaps across the regional portfolio in terms of expertise across D&C modelling and business case development for example – discussions ongoing with WG to address this as part of the creation of the NHS Wales Executive.
- **Public engagement and communication** – All Wales need to have a conversation with the public around changing expectations of healthcare to ensure there is a practical willingness and acceptance to potentially travel further for care.
- **Digital** – There are some All Wales digital solutions that need to be in place to support regional working e.g. All Wales Cellular pathology IT system.
- **Funding** – Proposed WG ringfencing of recovery monies to support regional solutions. Allocation likely to be outstripped by emerging working of the region.

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TARGET FOR NEXT QUARTER

South East Wales Regional collaboration

Orthopaedics – Scoping work completed with regional consensus on the strategic direction of the programme. Early progress made on determining the viability (or not) of the HVLC interim hand and wrist service

Ophthalmology – Outstanding issues regarding the regional business case resolved with regional consensus and support for the service development agreed.

Diagnostics – Service specification agreed and formal procurement commenced regarding a preferred provider for the CDH project

Clarity regarding the strategic infrastructure development in CTMUHB (the Concorde project) and its relationship with the regional portfolio architecture.

CAVUHB / VNSHT partnership

- Develop the project brief and deliverables for the haemato-oncology project, and receive approval from V@UHW Programme Board in February 2023.
- Receive approval for the USC pathway internally from CAVUHB and VUNHST by the end of February 2023, and regionally via the Cancer Collaborative Leadership Group by the end of March 2023.
- Develop the Strategic Outline Case for the new co-located BMT/haematology/AOS/CCRH unit by end of March 2023.

Stroke

- Present proposal to the CHC National Service Change Board and develop local communication and engagement plan, in partnership with the CHC and third sector,
- Complete demand and capacity work in partnership with colleagues from the National Stroke Board and the Delivery Unit.
- Review outputs from the National Stroke Board workshop with colleagues locally at a stakeholder event by the end of March 2023, to explore options for a new regional clinical model

FURTHER READING

OUR TERTIARY SERVICES STRATEGY - Q2 UPDATE – Q3 Update not received due to Annual Leave

TARGET FOR LAST QUARTER

- Review consultation responses for adult specialised endocrinology , finalise service specification and EQIA, and identify implications for implementation, and submit to the NHS Wales Health Collaborative Executive for approval in principle.
- Work with Welsh Government to support the development of the Welsh Health Circular on Paediatric Orthopaedic Surgery.
- Work with WHSSC on development of the resource transfer approach to support transfer of commissioning responsibility.
- Submit revised funding release to establish South Wales Spinal Network.
- Finalise clinical guidelines for Cauda Equina, MSCC and Spinal Trauma
- Finalise acceptance and repatriation policies
- HPB- Prioritise and implement short term actions, prioritise medium term actions to inform CVUHB plan for 23/24
- HPB - Agree short list of options and benefit criteria – based upon agreed success measures with stakeholders
- OG -Agree draft service model, engage with patients, carers and staff.

ACHIEVED TARGETS

- Draft service specification for adult specialised endocrinology scheduled for discussion at September meeting of NHS Wales Health Collaborative Executive Group.
- Welsh Health Circular on Paediatric Orthopaedic Surgery published.
- Work ongoing with WHSSC to support resource transfer for Paediatric Orthopaedic Surgery
- South Wales Spinal Network (SWSN) business case / funding release approved by WHSSC
- Funding releases for SWSN MSCC coordinators submitted for consideration through WHSSC CIAG process
- Memorandum of Understanding for SWSN drafted and issued to Health Boards for approval
- HPB Workstreams completed initial analysis of actions – scheduled for discussion at September meeting of HPB Clinical Model Working Group
- Benefit criteria and options to be agreed at September meeting of HPB Clinical Model Working Group

SEE SLIDE [18] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Delay in agreement of definitive OG cancer service model for SBUHB

MITIGATIONS

- Continue to support SBUHB OG cancer service through outreach surgeon

Saunders,Nathan
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TARGET FOR NEXT QUARTER

- Agree MoU for SWSN
- Finalise and agree SWSN Clinical Governance and Data Sharing policies
- Recruit SWSN staff – network team
- SWSN pre launch programme – including communication plan, benefits realisation plan, guideline development, etc.
- Engage on RSSPPP Partnership Framework for Specialised Services
- Hold RSSPPP workshop on Specialised Services Partnership Strategy / Model
- Commence development of service specification for Specialised Infectious Diseases Services
- Establish HPB External Advisory Group and complete clinical option appraisal
- Agree principles for OG service model and commence engagement with patients, carers and staff

FURTHER READING

The Welsh Health Circular: WHC/2022/019 has been published under the Supporting Documents folder in AdminControl and the Cardiff and Vale UHB website by the Corporate Governance Team

Adobe Acrobat Document

OUR PHYSICAL INFASTRUCTURE – MAJOR CAPITAL SCHEMES

TARGET FOR LAST QUARTER

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Genomics – FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m
- UHL Engineering Infrastructure - Funding approved by WG 05/10/2021; Total scheme cost - £5.875m
- UHL Endoscopy Expansion – BJC approved by WG –18/01/2022 formal approval ; Revised capital cost of £6.688m

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Hybrid/Vascular & Major Trauma Theatre – OBC approved – 21/01/2022; FBC in development and submission to WG planned – Q3 2022; Total cost est: £33.5m
- UHL – CAVOC theatres -SOC approved 25/03/2021 – approval of fees 16/12/2021; OBC in development and submission to WG planned – Q3 2022; Total cost est: £11.8m
- Dental Block Main Electrical Distribution Replacement – In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23
- UHW Tertiary Tower Electrical infrastructure - BJC due for submission to Board Q1 2022; Total cost est: £2.2m
- UHW Lift Refurbishment Programme - BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC
- Mortuary Refurbishment - Carried forward from 2021-22 , BJC in development, Total cost est: £2m

ACHIEVED TARGETS

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Genomics construction commenced
- UHL Infrastructure Construction Commenced
- UHL Endoscopy Construction Commenced

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Hybrid/Vascular & MTC FBC submitted to Welsh Government
- UHL CAVOC Theatres OBC paperwork completed
- UHW Lift Refurbishment Programme - BJC paperwork completed
- Mortuary Refurbishment Programme - BJC paperwork completed

SEE SLIDE [13 - 15] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

- Genomics construction commenced project costs and time under pressure, working with Cost Advisor & Project Manager to assess.

Saunders,Nathan
23/01/2023 12:30:29

TARGET FOR NEXT QUARTER

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

- Adult Fracture Clinic UHW Commence Construction

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

- UHL CAVOC Theatres submit OBC to Board & Welsh Government
- UHW Lift Refurbishment Programme submit BJC to Board & Welsh Government
- Mortuary Refurbishment Programme submit BJC to Board & Welsh Government

FURTHER READING

[Insert any additional documents here]

OUR PHYSICAL INFASTRUCTURE – COMMUNITY

TARGET FOR LAST QUARTER

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY
- Interim SARC @ CRI
- Maelfa Wellbeing Hub

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY
- Wellbeing Hub Penarth
- Wellbeing Hub Ely (Park View)
- SARC - Regional Hub
- Health & Wellbeing Centre – CRI

ACHIEVED TARGETS

- **MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY**
- Interim Solution SARC at CRI - Completed
- Maelfa Wellbeing Hub completed and in use

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY
- Wellbeing Hub Ely (Park View) OBC submitted to Welsh Government
- SARC - Regional Hub OBC submitted to Board, Welsh Government scrutiny completed awaiting approval for FBC development
- Health & Wellbeing Centre – CRI OBC submitted to Board, Welsh Government scrutiny process commenced

SEE SLIDE [13 - 15] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Wellbeing Hub Penarth - Original scheme under review due to changing requirements of Local Authority

Saunders,Nathan
23/01/2023 12:30:29

TARGET FOR NEXT QUARTER

- Maelfa Wellbeing Hub completed and in use
- Wellbeing Hub Ely (Park View) OBC submitted complete scrutiny questions
- SARC - Regional Hub OBC submitted to Board, awaiting approval for FBC development
- Health & Wellbeing Centre – CRI OBC submitted to Board, Welsh Government scrutiny process completed

FURTHER READING

[Insert any additional documents here]

DIGITAL – Q2 UPDATE – Q3 Update not received due to Annual Leave

TARGET FOR LAST QUARTER

The 22-23 IMTP outlined IMTP and other projects.

This Q2 report focusses on the 20 IMTP planned initiatives.

Quarter 2 status is as follows:

1 is a national programme
10 are on track
2 are off track
2 are going off track
5 projects have been paused pending resource

ACHIEVED TARGETS

The attached digital milestone progress report below provides a detailed summary of each of the above projects and the progress made over the last quarter.

SEE SLIDE [9] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Lack of resource and funding continue to be the major causes for projects that are either off track or going off track

MITIGATIONS

- Review and prioritisation means some activities have been paused, allowing us to move to a position where the majority of plans are on track

Sondes Nathan
9/10/2023 12:30:29

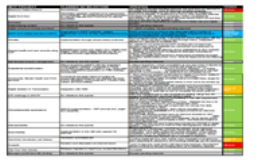
TARGET FOR NEXT QUARTER

- These are as shown in the Milestone summary submitted as part of the IMTP
- Recover going off track projects where resources allow through mitigation

FURTHER READING

Double click to open detailed status report

The detailed status report has been published under the Supporting Documents folder on AdminControl and the Cardiff & Vale UHB website by the Corporate Governance Team



IMTP Background, Content and Baseline Information

Version 2.0

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

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23/01/2023 12:30:29

INTRODUCTION: HOW TO READ THE IMTP QUARTERLY UPDATE

OUR PLAN

This background, context and baseline information booklet provides a reference point / overview of the following which were described in the UHBs 22-23 Integrated Medium Term Plan;

- Our operational performance ambitions
- The objectives / ambitions of our strategic programmes (Shaping our future clinical services, Shaping our future hospitals, Shaping our population health, @Home and Delivering Digital)
- Our people and culture ambitions
- Priority areas for the Minister of Health and Social Care

Each quarter an IMTP update report will be produced that sits alongside this booklet and will provide a moment in time summary of the progress.

The IMTP is of course a strategic level plan. Consequently the quarterly update report on implementation is also set at strategic level. Where additional information is required regarding the specifics of a particular project/programme further information can be found from other sources (which are signposted to).

Quarterly update reports should always be read in conjunction with other key papers which the UHB routinely produces for Board and its sub committee's. For example the Director of Finance Financial report.

These update reports merely provide progress against specific actions/ambitions/targets. The impact that these actions are having is however equally important. As such it is also recommended that the update report provided is also considered in the context of the UHBs outcomes framework *heatmap* which is shown at the front of the update report.

Whilst this delivery report is shaped around the UHBs 9 priorities for 22-25 it is important to recognise that these priorities are not mutually exclusive. Actions being progressed against one priority will often also be materially progressing another priority. On this basis in two cases it is not be possible to specifically report against the priority. Both *address the main burdens of disease in Wales* and *Our continued covid-19 response* can not be reported on in isolation as they inherently sit across all of our other priorities.

OUR PRIORITIES FOR 2022-2025

OUR PRIORITIES

PARTNER COLLABORATION

- Tertiary services with Swansea Bay UHB
- Cancer services with Velindre NHST
- South East Wales vascular services
- South East Wales eye care
- South East Wales Pathology and diagnostics
- Stroke and Thrombectomy

DIGITAL

- Electronic patient record
- A digital front door
- E-consent
- Patient facing content
- Digital communications- choose and book
- Shared health and care records
- Self directed enquiry management
- Outpatients transformation
- Digital dictation and transcription
- Clinical / speciality applications
- Interoperability
- Sac4Safety
- Use your own device
- Managed print / follow me print
- Community, MH and PCIC services

PHYSICAL INFASTRUCTURE

- Shaping our future wellbeing in the community plan
- Acute infrastructure plan
- Shaping our Future Hospitals programme

SHIFT TO PREVENTION

- Vaccination and Immunisation
- Systematically tackle health inequalities
- Healthy weight: Move more eat well
- Sustainable and healthy environment
- Kings Fund recommendations

COVID-19 RESPONSE

- Managing the five harms associated with Covid-19

ADDRESSING THE BURDENS OF DISEASE

- Cancer
- Cardiovascular

INTEGRATION WITH COMMUNITY SERVCES

@home programme

- Primary care infrastructure projects
- Intermediate care
- The Vale Alliance
- Accelerated MDT Cluster development
- Single Point of Access

WORKFORCE AND OD

- Seamless workforce models
- Engaged, motivated and healthy workforce
- Attract, recruit, retain
- A digitally ready workforce
- Excellent education and training
- Leadership and succession
- Workforce supply and shape

SYSTEM RENEWAL AND DESIGN

- Planned care
- Unscheduled Care
- Primary Care
- Diagnostics
- Mental Health
- Shaping our Future Clinical Services

THE GOLDEN THREAD: QUALITY, SAFETY & PATIENT EXPERIENCE

A BOLD APPROACH TO QUALITY, SAFETY AND PATIENT EXPERIENCE IS REQUIRED

Our IMTP puts quality, safety and patient experience at the heart of the plan when it described the UHBs five year QSE framework. The plan did not list QSE as a discrete priority recognising instead it was more fundamental than this. It is a golden thread which should sit across everything the UHB does. Eight key enablers in the revised QSE framework for the next five years were outlined:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

TIMESCALE	AMBITION
22-23 Qtr 2	• Development of the support framework for staff involved in inquests • Implementation of the "What matters to me" conversations • Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)
22-23 Qtr 3	• Agreement of a Humans Factor Framework and Implementation plan
22-23 Qtr 4	• Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) • Establishment of the UHB stakeholder panel • Development of the organisational learning committee • Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions • Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020 • Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project • Implement the CIVICCA - Once for Wales service user experience system • Complete the implementation Once for Wales Concerns Management System • Development of a QSE accreditation/ syllabus

Saunders,Nathan
23/01/2023 12:30:29

PRIORITY 1: RECOVERY AND REDESIGN

OUR PLAN

Recovery and redesign as a priority spans both the UHBs recovery and redesign and the strategic transformation portfolios.

The 22-25 IMTP set a number of delivery ambitions for the next year across five areas; Primary Care, Mental Health, Planned Care, Urgent and Emergency Care and Diagnostics).

Shaping our Future Clinical Services (SOCs) is a transformational programme of work which in turn takes a >3year view of our health system. Its objective put simply is to develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

This section of the delivery report provides a 'moment in time' position for the UHB against the ambitions provided across these areas.
Further information regarding *how* progress is being made, *why* progress is on track (or off) can be found via the following documentation;

- The Director of Operations performance reports to Board
- The Shaping our Clinical Services programme reports given to the Strategic transformation portfolio board.
- The Operational plan and delivery group mechanisms.

Shaping our Future Clinical Services

Recovery & Redesign
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PRIORITY 1: RECOVERY AND DESIGN

ACROSS A SERIES OF SERVICES THE UHB SET A NUMBER OF AMBITIONS

SPECIALITY	Q1 – WHERE WE SAID WE WOULD BE	Q2 - WHERE WE SAID WE WOULD BE	Q3 - WHERE WE SAID WE WOULD BE	Q4 - WHERE WE SAID WE WOULD BE
Primary Care	Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	Increase in Eye Care Treatment by primary care Deliver option appraisal and develop plan for next UPCC centre	Reduction of emergency admissions for over 65s	Delivery of diabetes performance measures in line with WG targets
Unscheduled Care	Reduce ambulance lost hours by 25% above March '22 position 90% surgery patients via surgical SDEC	Reduce 21-day length of stay to pre-covid levels Medical SDEC at UHW open 7 days a week	Compliance with latest SNAPP targets	Eliminate 12 hour ED wait
Planned Care	• 100% of pre-covid levels for elective surgery • 100% of pre-covid activity levels for new OP	• 110% of pre-covid activity levels for new OP • Increase SOS / PIFU pathways	• 110% of pre-covid activity levels of elective activity • 110% of pre-covid activity levels for new OP • Achieve 33% of outpatients via virtual • Reduce volume of 104 week waits for treatment	• Eliminate 104 week waits for outpatients • Eliminate 104 week waits for treatment • 120% of pre-covid levels of elective activity • 120% of pre-covid levels for new OP • Achieve >65% Single Cancer Pathway target • Deliver 30% reduction in delayed follow ups (>100%)
Mental Health	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults • Improvement in Eating Disorder access times	• Deliver NHS 111 (press 2) programme • Go live with sanctuary provision for crisis care in adults • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments
Diagnostics and Therapies	• Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy	• Eliminate > 8 week waits for US and Echo • Endoscopy activity to exceed 125% of pre-covid activity levels	• Endoscopy activity to exceed 130% of pre-covid activity levels	• 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) • 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

Saunders,Nathan
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PRIORITY 1: RECOVERY AND DESIGN

6 GOALS OF URGENT AND EMERGENCY CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	1 x UPCC in Vale
Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure
Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	MEACU – 5 days per week Surgical SDEC – TBC
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.
Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.

CARE CLOSER TO HOME

PRIORITY MEASUREMENT	TARGET	BASELINE
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	2018-2019 – 41.58% (All Wales 43.02%)
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: • Blood pressure reading is 140/80 mmHg or less • Cholesterol values is less than 5 mmol/l (<5) • HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data	2018-2019 – 30.28% (All Wales 33.35%)

Saunders, Nathan 23/01/2022 12:30:43

PRIORITY 1: RECOVERY AND DESIGN

ACCESS TO TIMELY PLANNED CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national zero target by 2024	2002 (Dec 2021); March 2022 forecast – 2,722
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national zero target by 2026	4330 (Dec 2021); March 2022 forecast – 6,263
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a 95% national target by 2026	55% (Dec 2021) ; March 2022 forecast – 44.5%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	2199 (Dec 2021); March 2022 forecast – 4,646
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	12645 (Dec 2021); March 2022 forecast – 15,411
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	March 2021 – 49,862; Target = 34,903; 42,720 (Dec 2021)
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	1982 (Dec 2021); *Reportable Endoscopies;* March 2022 forecast – 1413
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	March 2022 forecast – 65.8%

Saunders,Nathan
25/01/2023 12:30:29

INFECTION, PREVENTION, CONTROL

PRIORITY MEASUREMENT	TARGET	BASELINE
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific targets	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific targets	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above

PRIORITY 2: DIGITAL INFRASTRUCTURE

OUR PLAN

The UHBs digital infrastructure is set within the IMTP as being recognised as being a key enabler for the UHB.
The 22-25 IMTP set a number of delivery ambitions across a range of key areas which included;

FUNDED AND PRIORITY 1

- Patient facing content
- PROMs
- Digital dictation and transcription
- TR radiology & GPeTR
- Scan4Safety

UNFUNDED PRIORITY 1

- Electronic patient record
- Shared health and care records
- Signals from Noise and power BI

UNFUNDED PRIORITY 2

- Digital front door
- E-consent
- Digital communications – choose and book
- Self-directed enquiry management
- Outpatient transformation
- Community, Mental Health and PCIC services
- Clinical / speciality applications
- Interoperability

OUT OF CAV CONTROL

- DSPP
- Vein2Vein transfusion (all Wales)

DIGITAL AND TECHNOLOGY

PRIORITY MEASURE	TARGET	BASELINE
Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities. The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.

Saunders,Nathan 23/01/2023 12:10:29

PRIORITY 3: INTEGRATION WITH COMMUNITY SERVICES

OUR PLAN

The @Home programme is a key plank of the UHBs *Integration with community services* priority.

@Home is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care.

Across this programme of work the UHB set a number of ambitions. These are highlighted below.

PRIORITY	AMBITIONS
Progress key Primary Care infrastructure projects	**22/23 Qtr4** Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC **23/24 Qtr4>** Development of full business case and proceeding to build/delivery (subject to funding)
Intermediate Care	**22/23 Qtr4>** Development of a 24/7 crisis response service Alignment of services and development of a 'rightsized' IC service provision
Vale Alliance	**22/23 Qtr 2-** Finalise agreement from partners and development of the model **23/24 Qtr2-** Mobilised shadow arrangements **23/24 Qtr 3> -** Implementation and ongoing development of model
Accelerate MDT Cluster Development model	**By 22/23 Qtr 4 -** Rollout of the cluster model to two further clusters **By 23/24 Qtr 4 -** Rollout of the cluster model to remaining clusters
Single Point of Access	**22/23 Qtr 4** Development of both the Cardiff and VoG provision for accessing community services

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

As part of the IMTP and supporting delivery of this people and culture plan the UHB set a number of ambitions. These are highlighted below.

AMBITIONS	TARGET
Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.	Between 7-9% - by 202/23
Reduce vacancies across the UHB to be 5% or below.	5% or below
Reduce the bank and agency expenditure	
Increase the number of staff employed in integrated health and social care roles by end 22-23	By end 2022-23
Streamline current recruitment processes, improving the onboarding time Reduce absence to a more sustainable position	A reduction to 6% in 22-23 and 5.5% in 23-24
Reduce the number of staff on long term sick leave suffering with stress, anxiety, depression	10% in 22-23 and a further 10% in 23-24
Raise awareness of the importance of undertaking appraisals with staff and increase compliance Increase the number of staff who access learning, development and training opportunities	50% in 22-23 and 85% in 23-24
Staff undertake the Senior Leadership Programme and identify leadership pathways at every level.	50% by 23-24 36 members by 2022/23

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

Falling within the people and culture priority of the UHB are also three areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Agency spend as a percentage of the total pay bill	12 month reduction trend	YTD Feb 2020: 1.9%; YTD Feb 2021: 1.9%; YTD Feb 2022: 2.9%
Overall staff engagement score	Annual improvement	2016: 3.64; 2018: 3.83; 2020: 3.70
Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	2018: 68%; 2020: 63%
Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	2021 March: 71.07%; 2022 Jan: 72.43%
Percentage of sickness absence rate of staff	12 month reduction trend	Feb 2021: 5.79%; April 2021: 5.36%; Feb 2022: 7.12%
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (in the previous 12 months (including doctors and dentists in training)	85%	Feb 2020: 50.07%; Feb 2021: 33.84%; Feb 2022: 31.53%

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

OUR PLAN

1. Community Infrastructure. To develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019.

2. Hospital based infrastructure. To continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care.

3. UHW2. The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition.

Across these three areas the UHB described a number of ambitions and/or schemes which would be progressed

ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	• 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	2023 – All NHS Decarbonisation due in 2023 actions showing compliance 2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) 2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy)
Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Sustainability Action Plan provides detailed baseline position.

Saunders,Nathan
23/01/2023 12:30:29

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site. UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m Funding approved by WG 05/10/2021; Total scheme cost - £5.875m BJC approved by WG –18/01/2022 formal approval ; Revised capital cost of £6.688m

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure UHW Tertiary Tower Electrical infrastructure – essential works UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW	OBC approved – 21/01/2022; FBC in development and submission to WG planned – Q3 2022; Total cost est: £33.5m SOC approved 25/03/2021 – approval of fees 16/12/2021; OBC in development and submission to WG planned – Q3 2022; Total cost est: £11.8m In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23 Total cost est: £1.5m BJC due for submission to Board Q1 2022; Total cost est: £2.2m BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC Carried forward from 2021-22 , BJC in development, Total cost est: £2m

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY

SCHEME	BASELINE
Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23 Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.	Funding approved by WG 02/09/2021; Construction commencement Oct 2021 Contract completion March 2022 FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY

SCHEME	BASELINE
Wellbeing Hub Penarth	Original scheme under review due to changing requirements of Local Authority
Wellbeing Hub Ely (Park View) - Essential scheme for providing alternative essential GP capacity to replace lost Health Cantre facilities and meet local primary care needs in line with RPB and UHB strategic priorities	OBC due for submission to Board Q2 2022; Est Cost £21.4m
SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services	SOC approved; OBC – submission to Board planned for May 2022. Total cost est: £45.8m
Health & Wellbeing Centre – CRI. The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community	OBC (progressing at risk) – submission planned for May 2022; £133m (phased over 10 years)
CRI – Safeguarding Works (including MEP)	FBC (progressing at risk) – submission planned for November 2022

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PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing,* then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. The image describes the SOFPH programme and five composite system level projects that were described within the IMTP

Agenda Item 3.1 Appendix 1 - 1350

Vaccination and immunisation

- Review governance and service delivery models for childhood and flu vaccinations
- COVID-10 mass vaccination programme

Systematically tackle inequalities

- Review of impact of COVID-19 on health inequalities, including alcohol use; development of engagement programme with ethnic minority communities; specific work on vulnerable groups including substance misuse and youth justice

Healthy weight: Move More Eat Well

- Systems leadership to deliver behaviour change in our communities; to achieve vision for population to move more and eat well

Sustainable and healthy environment

- Partnership working Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green spaces; and healthy retail and growing environments

King's Fund recommended programmes

- Work with service leads based on evidence to identify actions to maximise opportunities for prevention and early intervention in primary community settings

PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

Falling within shift towards prevention priority of the UHB are also a series of measures which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

POPULATION AND HEALTH

PRIORITY MEASURE	TARGET	BASELINE
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Current systems don't enable this data collection as paper records to date. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12%; 2024 11%; 2025 10%
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Baseline: 2.2% Cardiff and Vale of Glamorgan (PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% / 2024 3% / 2025 3.5%
Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	10% of Pregnant Women smoking on booking; 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021) 2023 9% Smoking at Booking / 2024 8% Smoking at Booking / 2025 7% Smoking at Booking 35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 / 45%, 2024 / 50% 2025

Saunders,Nathan (HDD)
30/01/2023 17:30:43

PRIORITY 7: COLLABORATION WITH OUR PARTNERS

OUR STRATEGY

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care and this was articulated in our plan across a range of areas.

Specialist Endocrinology (Adult) From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales.
Paediatric Orthopaedics From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.
Spinal Surgery: Operational Delivery Network (ODN) launches key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.
Hepato-Pancreato-Biliary Surgery: From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.
Oesphago-Gastric cancer surgery: From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.

OUR APPROACH

Cancer services partnership

Our plan described a collaboration between the UHB and VNHST to progress work across acute oncology, a research and development hub, haematology/oncology and unscheduled care pathways

South East Regional working

Our plan also described the wider South East Wales regional work which the UHB would progress with its local partners.

- ✓ Vascular services
- ✓ Stroke and Thrombectomy
- ✓ Regional eye care services
- ✓ Sexual Assault Referral Centre

Stroke
Orthopaedics
Robotics
Endoscopy

Saunders,Nathan 19/01/2023 12:21:29

Report Title:	Strategic Planning Update					Agenda Item no.	6.10
Meeting:	Board		Public	X		Meeting Date:	26.01.23
			Private				
Status *(please tick one only):*	Assurance	x	Approval			Information	
Lead Executive:	Executive Director of Strategic Planning						
Report Author (Title):	As above						

Main Report
Background and current situation:

This report provides the Board with an update on five key areas of strategic planning beyond progressed. Its purpose is to give the Board assurance that actions agreed in our annual work programme or Annual Plan are being progressed and risks around delivery are being managed. The four items are as follows:

- The development of the 2023 – 2026 Integrated Medium-Term Plan (IMTP).
- Progress with the strategy refresh.
- Progress with the regional planning work programme.
- Progress with our strategic programmes.

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

The strategic planning team holds the ring on a number of key planning arenas including the updating of the Health Board's overarching strategy, the annual planning process leading to the production of our IMTP, regional planning and partnership planning – including both the RPB Area Plan and the two PSB Wellbeing Plans. It is key that there is alignment between the emerging refreshed strategy, our IMTP and our regional and partnership plans.

1. **2023 – 2026 IMTP Development:**
   At the end of November 2022, Welsh Government published the NHS Planning Framework, which as anticipated was short (two pages) and confirmed the Ministerial priorities, which are detailed in Table 1 below. These provide the areas of focus for 2023/2024. The covering letter accompanying frameworks the requirement for the Health Board to comply the break-even duty and recognises the difficult choices that health boards will need to consider. The letter also describes the importance of covering the following areas in the three-year:
   - The need to continue to protect those who are vulnerable from the impact of future Covid waves through the delivery of the vaccination programme.
   - Maintaining a focus on population health and prevention as the route to better health and wellbeing, and sustainability in the longer term.
   - Reducing inequity and improving the quality, safety and experience of those in need of health services as a key driving force in service planning, including ensuring that areas such as maternity services remain embedded within the quality and safety ethos.
   - Ensuring efficiency, effectiveness and optimising service delivery are embedded so it becomes part of the DNA for improving services.
   - Meeting the requirements of the six domains of quality service delivery, and implementing the Duty of Candour legislation which comes into being on 1st April 2023.
   - Meeting the requirements of the National Clinical Framework, which sets out clinical standards for a number of service areas (stroke, cancer, cardiovascular disease, women's services etc).

Saunders Mohan
23/01/2023 12:30:29

Table 1. NHS Planning Framework – Ministerial Priorities – 2023/2024

Priority	No.	Aim
Delayed Transfer of Care	1	Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backl of delayed transfers through early joint discharge planning and coordination
Primary care access to services	2	Improved access to GP and Community Services
	3	Increased access to dental services
	4	Improved use of community pharmacy
	5	Improved use of optometry services
Urgent and Emergency Care	6	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
	7	Implementation of Same Day Emergency Care services
	8	Health boards must honour commitments that have been made to reduce handover waits
Planned Care, Recovery, Diagnostics and Pathways of Care	9	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 20 and maintained throughout 2023/24 moving to *"36 weeks RTT standards by March 2024"*
	10	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)
	11	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition spring 2024
	12	Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary
Cancer Recovery	13	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.
	14	Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026
Mental Health and CAMHS	15	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.
	16	Implement 111 press 2 on a 24/7 basis for urgent mental health issue

Work is ongoing to set out the detailed operational plans to respond to these Ministerial priorities, being clear what we can deliver within the resources we have available to us. The financial allocation associated financial assumptions were received late in December and the Finance Committee will be considering the initial assessment of what the allocation means for us in terms of the financial plan for 2023/2024.

A Board Development Session is taking place on 23rd January to enable the Board to consider the priorities and hard choices that will need to be made in developing a credible and deliverable IMTP for 2023/2024. A Senior Leadership Board workshop is also taking place to ensure senior clinical board colleagues jointly consider the options and hard choices we need to take together.

The IMTP will need to reflect both our commissioning responsibilities, including those delivered for us by national commission arrangements (e.g. EASC, WHSSC and the National Commissioning Collaborative), as well as our role as a provider to both our local population, as well as the wider population across South Wales that we serve.

Saunders, Kathryn
23/01/2023 07:32:29

2. Strategy Refresh:

Working is ongoing to prepare for refreshing Shaping Our Future Wellbeing 2015 – 2025. This work is being overseen by the Strategy Refresh Steering Group which is meeting fortnightly. The key points to note are as follows:

- Pre-engagement conversations have been completed which have informed the engagement plan and materials. A number of staff groups, third sector partners and South

Glamorgan CHC have provided feedback on the engagement pack. The Consultation Institute has been commissioned to provide assurance on the process.

- The engagement phase of the work programme – which enables us to co-produce our refreshed strategy with those it will impact – our communities, staff and partners - commences in January with a wide range of opportunities for staff to contribute through our internal engagement events. Partners and local communities are also being engaged through a variety of mechanisms. People will be able to feed in their views via in person events, on line events, through the completion of surveys and via social media platforms. The Communications Team have provided significant input to support the engagement work, and I would like to put on record my thanks to David Williams in particular who has done a huge amount of work.
- The Third Sector is supporting us with a programme of engagement activities to ensure we reach a wide range of audiences.

3. **Regional Planning**:
   SE Wales Planning Collaborative held a successful Clinical Planning Conference at the end of November attended by over 80 people, with senior clinicians from the three health boards and WAST. The Deputy CEO of NHS Wales attended to set out the national context for the work. Work on the three priority areas was progressed in breakout sessions. Progress in these areas is detailed below.
   - Orthopaedics: a programme manager has been appointed to work alongside the clinical lead for this work. The programme will look at options for accelerating the delivery of our planned care recovery in the short and medium term and also look to develop longer term proposals for regional services models that support health board plans for sustainable services. Exploratory work is ongoing regarding the establishment of regional capacity to support delivery of high volume, low complexity orthopaedic activity.
   - Ophthalmology: a high-level regional strategy for the development of ophthalmology has been drafted which sets out a vision for developing services on a regional basis. This will be brought to the Board in March as part of the Strategic Planning Report. Options for region approaches to accelerating progress with the backlog of cataract demand in the region are currently being finalised and will be appropriately reflected in the IMTP. This will include whether there is a need to continue to commission additional theatre capacity.
   - Diagnostics: work is progressing to finalise proposals for a number of community diagnostic centres to supplement health board capacity. Subject to a successful procurement process, it is anticipated the first facility would come on line in the second quarter of 2023/2024. Work is also progressing to develop proposals to regional capacity to supplement health board endoscopy capacity.
   - Stroke: A new programme lead has been appointed and takes up post full time in February, and the clinical lead will be appointed in the third week of January. The work of the National Stroke Board has slipped which could impact on the timetable of the CTM/C&V work. In the short term, work is progressing operationally to improve current performance.
   - Cancer Services and Velindre NCC business case: Velindre NHS Trust is currently finalising the full business case (FBC) for the new Velindre Cancer Centre for South East Wales. The Board will receive a briefing on the FBC in the Private Session as it wasn't completed in time for the January Board and will need to come to a special Board meeting in February. Discussions are taking place in the region and with the National Cancer Network to look at how we develop the next phase of a regional approach to the delivery of cancer care, where this makes sense in terms of better outcomes for our patients, and high-quality service sustainability into the future.

Saunders, Megan
23/01/2023 12:30:29

4. **Tertiary and Specialist Services:**
   - Work continues to develop our Specialist and Tertiary Services Strategy as part of the work being overseen by the Regional and Specialist Services Provider Partnership we

have in place with Swansea Bay. A joint workshop has taken place and the output from that is informing the next stage in the process. Health Boards have also responded to the WHSSC survey on the development of the Tertiary and Specialist Services Commissioning Strategy.

- In relation to Hepato-pancreato-biliary (HPB) services, the External Advisory Group work is nearing completion looking at the options for establishing a sustainable service going forward. Community Health Council representation was included in the workshops and at Programme Board level. The Partnership Board will consider the next steps in February.
- Work is progressing with the implementation of the specialist spinal services operational delivery network (as per last Board meetings discussion). The staff are coming into place shortly and the operational protocols are being finalised.

5. Strategic Programmes

Management Executive continues to meet monthly to provide oversight of these programmes. They will need to be reviewed in the Autumn when the refreshed strategy is approved. The Strategy and Delivery Committee receives an assurance report at every meeting via a series of flash reports on these programmes plus the enable programmes (digital enables services, workforce modernisation and infrastructure via the capital report).

- Shaping Our Future Clinical Services: work is progressing with the development of the health board's 10-year clinical services strategic plan. The second meeting of the programme board is taking place this month. The programme is being tailored to reflect the current operational pressures and the ability to commit the necessary resources.
- Shaping Our Future Hospitals: Welsh Government has agreed the scope of the Strategic Outline Case, confirming that it needs to be a high level SOC that builds on the PBC which was very detailed. The Programme Board now includes the Vice Chancellor of Cardiff University to reflect the independencies between this programme, and the University's strategic infrastructure programme and longer-term strategy.
- Shaping Our Future in the Community/the RPB @home programme: this programme continues to drive the development of our locality placed-based model of community and intermediate care services. Work is ongoing to ensure this work aligns with the 6 goals emergency and unscheduled care programme, and the development of plan cluster planning groups (on the LA footprints) which are still very much in their infancy. The Area Plan refresh will enable clear milestones and outcomes to be further developed to cover the period of our next IMTP.
- Shaping Our Future Population Health: this programme continues to provide a key focus to the work we are doing with a wide range of partners on improving population health, tackling explicitly the health inequities that exit between our communities and to ensure we provide a greater focus on prevention (primary, secondary and tertiary). Whilst not explicitly described in the Ministerial Priorities for 2023/2024, it is critical that the Health Board continues to provide an increased emphasis on health improvement and disease prevention articulated clearly in the commissioning and deliver services, as this is a fundament aspect of our longer-term strategy.

Recommendation:

The Board / Committee are requested to:

1. Note the progress with the development of the IMTP and receive a verbal update on the Board development session held on 23rd January.
2. Support the next phase of the development of the refreshed strategy and participate as appropriate in the engagement co-production events taking place.
3. Note the progress in relation to partnership and regional strategic service planning.
4. Note the progress in relation to the Health Board's strategic programmes.

Page 6 of Agenda 23/01/2023 12:30:23

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		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
No risk assessments relevant to the content of this report.
Safety: Yes/No
No specific safety issues highlighted by this report. There is a general safety issue if we are not able to deliver sustainable services for our population.
Financial: Yes/~~No~~
There will be financial implications in relation so some of the work highlighted in this report, but the details will be developed as part of the ongoing work. Plans for services should look to reflect the Health Board's overarching financial plan that is looking to reduce the cost of delivering services. Where a specific need for investment is determined, a business case will be developed.
Workforce: Yes/~~No~~
There will be workforce implications relating to the introduction of regional service models.
Legal: Yes/~~No~~
There is a legal requirement for the Health Board to work as part of the RPB and two PSBs to work with relevant partners to produce the Area Plan and Wellbeing Plans.
Reputational: Yes/No
No specific risks to highlight.
Socio Economic: Yes/~~No~~
The Wellbeing Plans and the plans for regional service models will explicitly consider the socio-economic duty. In relation to the later, we will be working across a wider footprint to ensure that those who most need to access services are able to do so addressing any 'inverse care law' impacts. *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: Yes/No
EHIAs) will be undertaken for the key plans described in this report.
Decarbonisation: Yes/No
Responding to the climate emergency features strongly in the Wellbeing Plans and will need to be an important part of our IMTP.

Saunders-Whelan 23/09/2021 12:30:16

Approval/Scrutiny Route:	
Committee/Group/Exec	Date: Strategy and Delivery Committee 15th November 2022.

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2021 'Delivering better outcomes for people through a Value-based approach'			Agenda Item no.	7.1
Meeting:	Public Board	Public	X	Meeting Date:	26.01.2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Deputy Director of Public Health, with a team from Public Health, Finance, Innovation and Improvement, and Communication and Engagement.				

Main Report

Background and current situation:

This year's statutory Annual Report of the Director of Public Health (DPH) focuses on how Cardiff and the Vale of Glamorgan public sector bodies could achieve better outcomes for people by fully implementing a Value-based approach. In view of the current context of difficult economic circumstances, the report highlights the importance of the best use of public money to meet the needs of local people and measuring the difference we make using outcomes that matter to people.

The report covers the following areas:

- The concept of value from different perspectives (four pillars), with a definition of a value-based approach and five key principles that underpin it: equity; quality; sustainability; transparency and outcome focused.

- The tools and techniques that all public sector bodies can utilise to apply a value-based approach. This includes tools and techniques e.g. prevention with a refocus upstream; partnership working; shared decision-making; describing and monitoring important outcomes; and feedback on quality and experience of services. In addition, further tools for health services are described specifically including: improving health literacy; understanding and addressing unwarranted variation; and an approach called Programme Budgeting and Marginal Analysis.

- The relationship between a value-based approach and equity, providing the compelling argument that we need to make services more accessible to those who need them most, and highlighting the importance of this to the delivery of a Value-based approach.

- The elements that need to be in place in order to systematically apply a value-based approach at the organisational level and within partnerships and systems. There is a suggested six-step approach to implementation, with recommendations which build from the report.

The full report is attached as a separate document. A supporting animation has also been developed.

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

The public sector in Wales, and in Cardiff and the Vale of Glamorgan, spends billions of pounds of public money every year to provide a range of services to meet the needs of our population. It has never been so important that public bodies can demonstrate best use of public money to meet the needs of local people and that we can tangibly measure the difference we make over time.

Sandra Newman 19/1/2023 12:30:29

The principles of a Value-based approach and the tools used to implement this approach can be applied to any public sector organisation or system. This report explores the concept and application of a Value-based approach. Throughout the report, examples of good practice already

in place in different parts of the public sector in Cardiff and Vale of Glamorgan are highlighted, but we have much more to do to systematically and consistently implement a Value-based approach.

This report suggests six steps to success, based on a thorough synthesis of the evidence base and learning from others, and provides a framework to support transformation across the public sector in the years to come.

Recommendation:

The Board is requested to:

- **APPROVE** the Annual Report of the Director of Public Health 2021.
- **ENDORSE** the enablement of progressing a Value-based approach in the UHB, including through developing value capability, and through partnership opportunities

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

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

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

Risk: No

Safety: Yes

A value based approach, with a focus on better outcomes, is a beneficial approach for the safety of our patients.

Financial: Yes

Taking a value based approach should either save money, or make best use of the resources we have at our disposal.

Workforce: No

Legal: No

Reputational: No

Socio Economic: Yes

A value based approach can support better decision making and ensure more equitable outcomes.

Equality and Health: No

Saunders, Nathan
23/01/2023 12:00:32

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

Saunders,Nathan
23/01/2023 12:30:29

Director of Public Health Report 2021

Delivering Better Outcomes for People Through a Value-based Approach

Fiona Kinghorn, Executive Director of Public Health

Prepared by Claire Beynon, Deputy Director of Public Health and Penny Cresswell-Jones, Specialty Registrar

Saunders,Nathan 23/01/2023 12:30:29

The Structure of the Report

- Four Chapters

1. **Introduction** to value and the Value-based approach
2. The **tools and techniques** to deliver a Value-based approach
3. The relationship between a Value-based approach and **equity**
4. Towards the **consistent application** of a Value-based approach

Saunders,Nathan
23/01/2023 12:30:29

Chapter 1: Introduction to Value and a Value-based Approach

Background

We are facing difficult economic circumstances, a Value-based approach helps to make sure that everything we are investing (e.g. time and money) will have a **positive impact on outcomes for the local people** that we serve.

Definition of Value

The equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person.

Sauvage, Nathan
23/07/2022 10:30:29

Five elements of a Value-based approach

1. **Equitable**

Making sure that everyone who needs it has the same opportunity to access a service and achieve the best outcome for them. This does not mean that everyone goes through a service in exactly the same way, as different people require different levels of support.

2. **Sustainable**

Not just about the here and now, but thinking about the future. This includes designing realistic services and thinking about the environmental impact and carbon footprint; and stopping services that are providing little or no value.

Saunders,Natalie
23/01/2023 12:30:29

Five elements of a Value-based approach

3. **Transparent**
It should be clear why we have chosen to deliver our services in this way and this should be shared in a way that all of us can understand. Whilst working towards ensuring preferences are met, in the situation of finite resources not every preference can be met all of the time. It is important that we are transparent about why some things are not available, as well as why some things are.

4. **Outcome-focussed**
All public services should be focussed on finding out what outcomes are important for local people and then working towards these with local people as partners.

Saunders,Morgan
27/01/2021 12:30:04

Five elements of a Value-based approach

5. **High-quality**
The services provided are of high quality, meaning that the journey through services is a positive experience and that services are safe.

Saunders,Nathan
23/01/2023 12:30:29

Chapter 2: Tools and techniques

For all public sector organisations

1. Prevention: a refocus upstream
2. Improving outcomes for our population through partnership working
3. Shared decision-making
4. Describing desired outcomes and monitoring actual outcomes
5. Providing feedback on quality of the services and their experience

Saunders, Nathan
23/01/2023 12:37:29

1 Prevention: A refocus upstream

To refocus upstream means to move towards addressing the causes, rather than consequences of problems developing: this is applicable right across the public sector.

In the classic public health story a witness sees a man caught in a river current. A passer-by saves the man, only to be drawn to the rescue of more drowning people. After many have been rescued, the witness walks upstream to investigate why so many people have fallen into the river. The story illustrates the tension between responding to emergencies (i.e. helping people caught in the current), and prevention problems (stopping people from falling into the river). An upstream approach to health and well-being, i.e. one that helps people to stay well, benefits everyone.

The saying 'prevention is better than cure' may be familiar, however a rewording to 'prevention is of more value than cure' may be more appropriate. Prevention is beneficial across the public sector. Examples include:

- Community policing reduces crime and makes people feel safer in their neighbourhood;
- Education improves the life chances of children, boosts their future income and better education levels have an impact on health and well-being in the future;
- Cycling and walking reduces pollution, improves the environment, and reduces ill health
- Car safety advice (e.g. keeping valuable goods out of sight) helps prevent opportunistic thefts from cars;
- Better legislation for Houses of Multiple Occupation in relation to fire safety has saved lives;
- Encouraging home owners to fit smoke alarms saves lives and reduces damage to property;

Chapter 2: Tools and techniques

And for health specifically

6. Improving health literacy
7. Understanding and address unwarranted variation
8. Programme Budgeting and Marginal Analysis

Saunders,Nathan
23/01/2023 12:30:29

7 Reducing unwarranted variation

"Unwarranted variations" in healthcare describe differences in resource allocation, resource use or outcomes in health that aren't explained by patient preference or illness."[1]

Put simply **unwarranted variation means differences that should not occur.** Reducing unwarranted variation and waste can be viewed as both a requirement, and result of, a Value-based approach. If two people have the same problem and would benefit from the same treatment, then they should get the same offer of treatment to consider. Unfortunately, this does not always happen. This may be as a result of[21,22]:

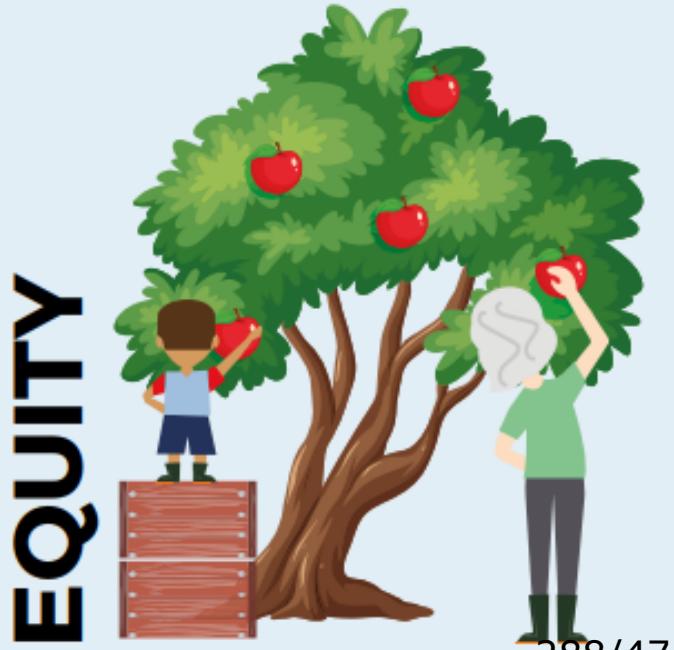
- **Under provision**
- **Over provision**
- **Failure to implement evidence guidelines**
- **Poor access**
- **Socio-economic factors**
- **Poor health literacy**
- **Unconscious bias (i.e. decisions or actions that we are not consciously aware of)**

Chapter 3: The relationship between a Value-based approach and equity

- Health inequities are **avoidable**, unfair, and widespread differences in health between different groups of people.

- Some groups of people may need more support than usual, whether that be welfare support, housing support, or healthcare.

- By using a Value-based approach we can move resources upstream to make services **more accessible**, of **higher quality** and in so doing **reduce costs**.



Saunders,Nathan
23/01/2023 12:30:29

Chapter 4: Towards the consistent application of a Value-based approach

Six Steps to Success

- **Step 1** Establish the right **policy framework** to work collaboratively with people
- **Step 2** Establish **organisational readiness**
- **Step 3** Normalise the culture of **discussing outcomes with people**
- **Step 4** Provide adequate funding to support change and **shift funds to high value interventions**
- **Step 5** Record **outcomes** routinely in systems that are available to staff in a timely way
- **Step 6** Report success routinely by using **outcome measures that matter to people**

Saunders,Nathan
23/01/2023 12:30:29

Six recommendations from the report

1: Any organisations that wish to adopt a Value approach should undertake an assessment of their **organisational readiness.** This could be led by a small group with a report back to the leadership team, which should enhance discussions about where to focus energies going forward.

2: A range of **learning and development opportunities** on both the theory and practical application of a Value-based approach is needed both within organisations and partnerships.

3: Where pertinent public sector organisations should consider systematically and sequentially **shifting funding upstream** towards prevention, to improve the health and well-being of the local population and ultimately stem the demand for public sector services downstream.

Saundersfoot Cabinet
23/01/2023 11:14:29

Six recommendations from the report

4: For Cardiff and Vale University Health Board to consider the use of **Programme Budgeting and Marginal Analysis** as a tool to help shift funding from low value interventions to high value interventions and move funding upstream towards prevention.

5: Across the public sector, changes to **data collection and infrastructure** are needed to allow decisions to be driven by the data. This data must be focussed on the **outcomes that matter** to local people and must be timely to support service improvement.

6: To review the types of indicators used in **monitoring the success of public sector services**, with a view to increasing those that are focused on outcomes and balance this with quality and cost indicators. Using a data driven approach will support decision making at every level, i.e. operational, strategic and partnership.

Senedd Members Research Service
23/04/2021 11:30:29

Any Questions?

With thanks to the report writing team:
Claire Beynon, Penelope Cresswell-Jones, Suzanne Wood, Dan Jones, Bethan Jones, Julia Cottam, Jonathan Gray, Rhianon Urquhart, Ceri Knight, Stuart Anderson, Melissa Melling, Deborah Page, Louise Thompson, the Public Health team and all those who provided case studies, photos and allowed for diagrams and data to be shared.

Saunders,Nathan
23/01/2023 12:30:29

Delivering Better Outcomes for People Through a Value-based Approach

Annual Report of the Director of Public Health

2021

Values of a person or group... moral principles and beliefs they think are important

The value of something... is its importance or usefulness

VALUE

The raw value - "How much money is it worth?"

"Whether something is worth the cost eg. good value"

"Experts value something, they decide how much it is worth"

Saunders,Nathan
23/01/2023 12:30:29

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

Published December 2022

Contents

Foreword 3

Acknowledgements 4

Summary of Recommendations 5

Chapter 1 6

Introduction to Value and a Value-based approach 6

What is a Value-based approach? 6

Measuring What Matters 8

The four pillars of a Value-based approach 9

Why is a Value-based approach important? 10

Summary 12

Chapter 2 13

The Tools and Techniques to Deliver a Value-based approach 13

Introduction 13

Tools and Techniques 14

Summary 23

Chapter 3 24

The relationship between a Value-based approach and equity 24

Introduction 24

What are health inequities? 24

How do health inequities and exclusion affect value? 27

How can a Value-based approach help address inequity? 28

Summary 29

Chapter 4 30

Towards the Consistent Application of a Value-based approach 30

Introduction 30

What can we learn from others? 31

Six Steps to Successfully Implementing a Value-based Approach 31

Summary 40

Appendix 1 41

References 44

Saunders,Nargan 23/07/2021 12:30:29

Foreword

The public sector in Wales, and in Cardiff and the Vale of Glamorgan, spends billions of pounds of public money every year to provide a range of services to meet the needs of our population. From healthcare including ambulance service provision, to local government services such as social care, education, transport infrastructure and local community facilities, to policing and criminal justice, our university and further education sector, other blue light services such as Fire and Rescue, and services to protect our natural environments – all are entrusted to provide the best services possible with the resources they have. In addition, it is important not to forget the role of Welsh Government and other national public sector bodies with regard to the need for a Value-based approach, in politics and practice.

It has never been so important, in the current and future context of difficult economic circumstances, that all our services and public bodies can demonstrate best use of public money to meet the needs of local people, and the people of Wales, and that we can measure the difference we make over time with that provision.

The concept of Value is one that can help us in this regard. The principles and approach can be applied to any service or organisation, and are particularly important for the public sector, which relies on public money to function. This report explores the concept of Value and application of a Value-based approach, which is:

> "the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person."[1]

Saunders Neenan
23/07/2021 12:30:29

The report comprises four chapters. It outlines why a Value-based approach is important, and explains the five key principles that underpin it (chapter 1):

- **Equity**
- **Sustainability**
- **Transparency**
- **Outcome focused and**
- **High quality**

It outlines different perspectives on value through a set of pillars, and some of the challenges the public sector faces in allocating resource for best outcomes. The report summarises a set of tools and techniques that public sector bodies can use to apply a Value-based approach (chapter 2) and explains in more detail the importance of value in its relationship to equity, and the compelling argument that we need to do more with, and for, people who need it most (chapter 3).

Finally, chapter 4 takes us further into the elements that can help us apply Value-based thinking in our organisations and partnership systems, with the suggestion of a six-step approach to implementing for success. A set of recommendations are outlined for public sector organisations' consideration. Throughout the report, examples of good practice already in place in different parts of the public sector are outlined but we have so much more to do:

> "We simply cannot keep doing things in the same way, spending money in the same way and hoping for different results"
>
> *Sir Frank Atherton, Chief Medical Officer for Wales, 2018/19.*[2]

I hope you find this report both food for thought and a useful addition to support transformation across the public sector in the years to come.

Fiona Kinghorn
Executive Director of Public Health

Acknowledgements

With thanks to the team including Claire Beynon, Penelope Cresswell-Jones, Suzanne Wood, Dan Jones, Bethan Jones, Julia Cottam, Jonathan Gray, Rhianon Urquhart, Ceri Knight, Stuart Anderson, Melissa Melling, Deborah Page, Louise Thompson, the Public Health team and all those who provided case studies, photos and allowed for diagrams and data to be shared.

Summary of Recommendations

This report makes six recommendations, based around achieving the six steps to success:

1. Any organisations that wish to adopt a Value-based approach should undertake an assessment of their organisational readiness. This could be led by a small group with a report back to the leadership team, which should enhance discussions about where to focus energies going forward.

2. A range of learning and development opportunities on both the theory and practical application of a Value-based approach is needed both within organisations and partnerships.

3. Where pertinent public sector organisations should consider systematically and sequentially shifting funding upstream towards prevention to improve the health and well-being of the local population and ultimately stem the demand for public sector services downstream.

4. For Cardiff and Vale University Health Board to consider the use of Programme Budgeting and Marginal Analysis as a tool to help shift funding from low value interventions to high value interventions and move funding upstream towards prevention.

5. Across the public sector, changes to data collection and infrastructure are needed to allow decisions to be driven by the data. This data must be focussed on the outcomes that matter to local people and must be timely to support service improvement.

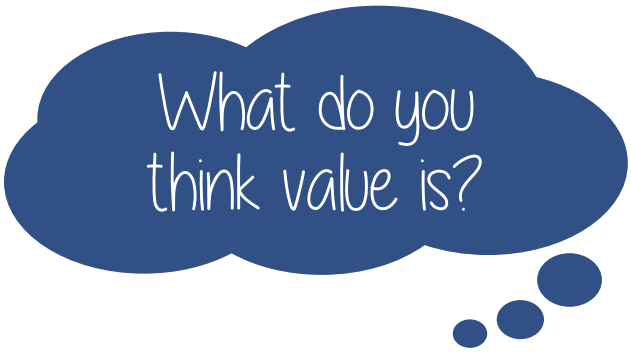
6. To review the types of indicators used in monitoring the success of public sector services, with a view to increasing those that are focused on outcomes and balance this with quality and cost indicators. Using a data driven approach will support decision making at every level, i.e. operational, strategic and partnership.

Saunders,Nathan
23/01/2023 12:30:29

Chapter 1

Introduction to Value and a Value-based Approach

The importance of value and how it applies to the public sector



Cardiff and the Vale of Glamorgan is home to around 494,200 people.[3] Behind each number, there is a person who has their own story. Each person in society interacts with the public sector regularly throughout their life, whether this is going to school, using leisure centres, using roads, needing health or social care or being able to call the fire and rescue service, the police or an ambulance if needed. The **outcomes** from each interaction with public sector services are therefore of great importance.

The main purpose of the public sector is to provide services that are considered essential for the **well-being of society**. This means that **public sector services should add value**. Value is an important concept to all of us. There are many ways value can be described; importantly, value is more than just cost. **Value considers what matters most to people.**

Saunders,Nathan
23/01/2023 12:30:29

When it comes to value, the "experts" are not just the professionals who are designing and delivering the services, but local people who experience services. **Taking a Value-based approach means a shift from the service providers deciding what is most important, to finding out what is important to people.**[4]

What is a Value-based approach?

A Value-based approach helps to make sure that everything we are investing (e.g. time and money) **will have a positive impact on outcomes for the local people that we serve.**

Putting value at the heart of decision-making means that we need to rethink how services are delivered, adding value at every step. This can be thought of on a small scale for example a team within the public sector agreeing how the budget is spent to add maximum value, and at the other end of the spectrum in strategic partnerships (such as the Regional Partnership Board or the Public Services Boards) agreeing across organisations collectively where money

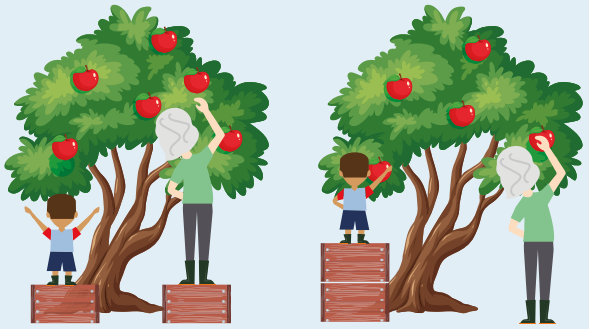
is best spent to get the most value for local people. For example, we know that **investment to ensure children have the best start in life adds maximum value,** as children benefit from this investment for many years, and it has an impact on their education, their future employment and their immediate and long-term health and well-being.

A Value-based approach is "the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person."[1]

This definition of a Value-based approach can be applied to all public sector organisations. This definition can be broken down into five elements as follows:

1 Equitable

Everyone who needs it has the same opportunity to access a service and achieve the best outcome for them. This does not mean that everyone goes through a service in exactly the same way, as different people require different levels of support.



2 Sustainable

Not just about the here and now, but thinking about the future and setting up services which can continue to be delivered where needed. This includes designing realistic services based on costs, staff and resources, thinking about the environmental impact and carbon footprint; and stopping services that are providing little or no value.

3 Transparency

It should be clear why we have chosen to deliver our services in this way and shared in a way that all of us can understand. Whilst working towards ensuring preferences are met, in the situation of finite resources not every preference can be met all of the time. It is important we know why some things are not available, as well as why some things are.

Saunders,Nathan
23/01/2023 12:30:29

4 Outcome focussed

This indicates that all public services are focussed on finding out what outcomes are important for local people and work towards these with local people as partners.

5 High Quality

The services provided are of high quality, meaning that the journey through services is a positive experience and that services are safe.

These key elements lend themselves well to the **broader application of a Value-based approach** and towards a more holistic model of providing public sector services, which involves partnership working where value can be added and a more preventative and upstream approach towards **delivering outcomes that matter to people.**

Saunders,Nathan
20/01/2023 12:30:29

Throughout this report, we use examples of a Value-based approach from a variety of organisations to highlight examples of good practice. Embedding the principles of a Value-based approach in practice, however, this takes time as it requires system-wide change and perseverance.

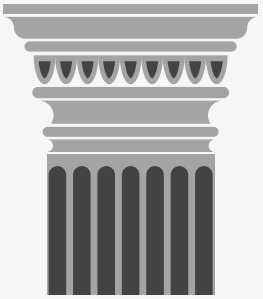
Measuring What Matters

A Value-based approach is about measuring outcomes that matter to people in a way that is consistent and comparable – so that we can identify which services deliver the most value. We then also need to look at how much each service costs in financial and resource (e.g. staffing) terms, and the quality of the experience for the user. The benefit of a Value-based approach is that it considers the **outcomes** that people get from their interaction with a service; the **quality** of the service and the **cost** of the service in the round, rather than just measuring one factor independently.

The four pillars of a Value-based approach

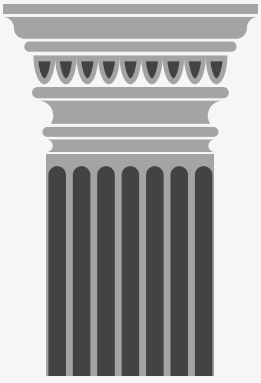
To achieve better outcomes and experiences for every person, a Value-based approach needs to consider value from different perspectives. There are four main types of value to be considered, often referred to as the "four pillars" of a Value-based approach. The four pillars of a Value-based approach can be applied across the public sector. Adapted from the four pillars of a Value-based approach.[5]

Personal Value



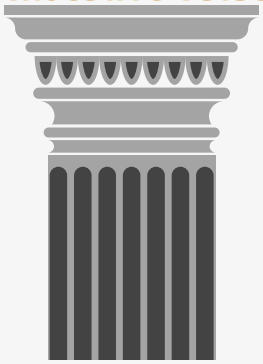
What outcomes are important to the person from the services they receive, and how the **actual outcomes** relate to the outcomes the person was hoping for.

Societal Value



What is important to our local population. Also known as 'population value,' it considers the value services **contribute to society** (e.g. helping more people stay in employment to support the economy).

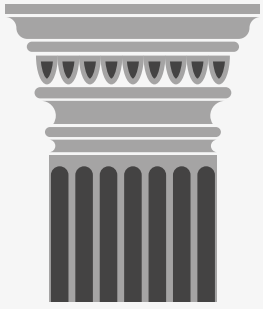
Allocative Value



Where can the resources we have be best allocated. This can include looking at **how we distribute resources between different programmes.**

For example, the work to encourage all households to fit smoke alarms has reduced deaths and injuries from fire in the UK over the last 30 years. This money adds value to society but required a fundamental shift in spending from the Fire and Rescue Service to achieve this. Ideally, we should **shift funding upstream to prevent problems occurring** and to maintain the health and well-being of the local population.

Technical Value



Do the interventions actually deliver? Technical value considers **how well are the resources we have chosen meeting our desired outcomes and goals**.[6]

The four pillars reflect some of the challenges which have been, and may continue to be faced in achieving a Value-based approach. Whilst the focus remains on delivering what matters most to people, the conflicting goals of different people or decision makers could present a barrier. It is important therefore to keep asking ourselves the question:

"Have we allocated resources to different groups equitably and in a way that maximises value for the whole population?"[7]

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Why is a Value-based approach important?

An emphasis has been placed on ensuring that only interventions with outcomes that "give greater benefits than any other alternative use of resources" are used in a system where everyone contributes.[8] In Wales, the public sector is funded by tax; this means we have a **responsibility to ensure that the money is being spent in the right places, to give the most benefit to the local population.**

In 2019, four main problems that might arise if a Value-based approach is not widely adopted were identified. Two of which are relevant to all public sector organisations and two of which are relevant specifically to health:[1]

For all public sector:

1 **Poor allocation of resources[1]**

We will all have experienced something we call "opportunity cost" in our day to day lives. Where we only have £10 to spend, we could buy food from the supermarket or buy a take-away meal, but we can't spend the same money twice. The same is true of our time: we have to choose what to do with our time. For example, if we have been asked to help a neighbour with their garden at 10am tomorrow, or to volunteer at the library at 10am tomorrow, we have to make a choice where to spend our time. The cost of choosing one, is that we lose out on the other. So we need to balance up what the best choice is. Public services are no different, just on a bigger scale. If for example, a library building needs to fix a hole in the roof, then the same money cannot also be spent on new books or computers for that library. A Value-based approach offers an **important opportunity to really think how resources are used and the value that they add.**

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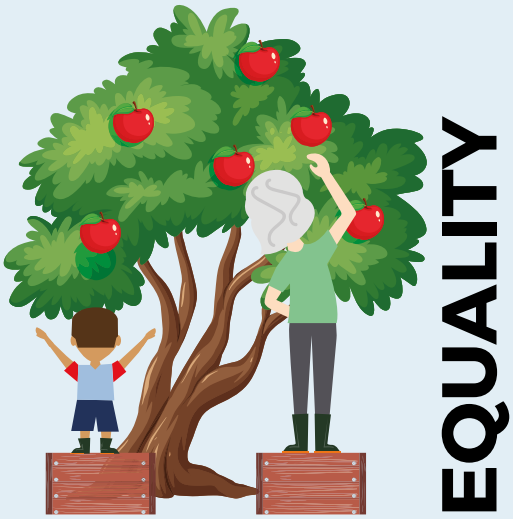
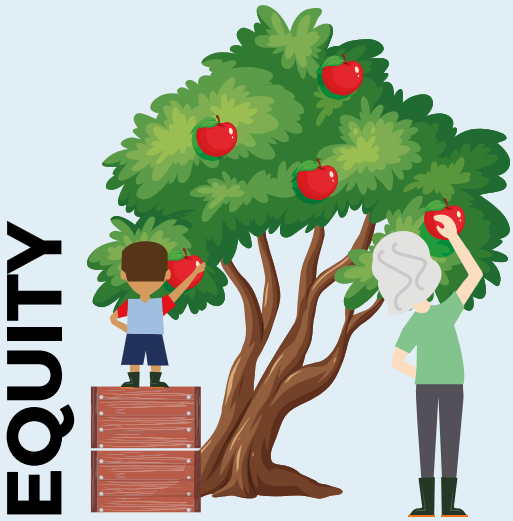
2 **Lack of equity of services**

A service must be accessible to those who need it. If a service cannot be accessed by those who need it most (for example, it is not accessible by public transport and most people who need it don't have their own car), it may mean many people don't turn up for their appointments or attend the services that have been provided and resources are wasted. The cost of transport to services is increasingly being reported as a barrier to accessing services due to the cost-of-living crisis. For services to be accessible to all they may need to be provided in different ways.





For health specifically:

3 **Over-diagnosis and too much medicine[1].**

At first, it may feel strange to think that getting a diagnosis and treatment could be a bad thing. But there may be times when it may do more harm than good. There are many conditions that are self-limiting (that means they will get better on their own). For example, most people who have an ear infection will clear it without the need for any antibiotics. Antibiotics are used to treat infections caused by bacteria, but every time we take them, we give the bacteria a chance to fight back. Antibiotic resistance happens when bacteria find a way to defeat the drugs designed to kill them. If this continues, treatments such as chemotherapy, organ transplants and joint replacements may no longer be possible because the antibiotics needed to make them safe will have stopped working.

Sometimes, we can rely on healthcare when someone else can help. For example, social prescribing can help us get the right help in the right place, which is often not a healthcare professional at all. Services should be focused on what is important to each of us for our well-being at any one point in time.

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Social Prescribing

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses. They refer people to a link worker to offer support. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups based on the individual's interests with a range of activities on offer including coffee mornings, fitness groups, gardening, and walking groups. Social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing. In a survey of GPs 59% thought that social prescribing can help reduce their workload.[9,10]

Social Prescribing Model in Wales

4 Risk of new treatments or technologies which do not have enough evidence of adding value[1]

Before any new treatment or technology starts, they are always tested for safety and how well they work in ideal research-controlled conditions. When they are used in the real world however, there are other things that may interfere with the treatment, for example a treatment may reduce a symptom (e.g. a rash) in half the people who use it, but if it is another symptom that really affects peoples' lives (e.g. pain), although the treatment is safe and works, **it may not add much value to those people.**

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Summary

To make the change towards a Value-based approach requires public sector staff and decision makers to look at things in a different way. Whilst we may agree that taking a Value-based approach to public sector and other services is desirable, it is important to recognise that achieving the shift may be a "long-term endeavour".[11] Ultimately however, embedding this approach will lead to the shared vision of **delivering the best for every person in our population within the resources available to us.** With all public sector services operating with finite resources, following a Value-based approach will be beneficial for us all.

Chapter 2

The Tools and Techniques to Deliver a Value-based Approach

Introduction

This chapter provides an overview of the **tools and techniques that can be used to deliver a Value-based approach.** Examples are used throughout this chapter to show where a Value-based approach has been applied in Cardiff and the Vale of Glamorgan, Wales, and beyond. Many of the examples in this chapter come from health services, but **the tools and techniques are equally applicable to all public sector organisations.**

Providers of public sector services are required to work within their available resources to recognise and **deliver the outcomes that matter most to their local population.** However, if local **people are to be true partners,** we need to empower local people to both understand and engage with this. The areas that are important to the delivery of a Value-based approach include:

For all public sector organisations

1. Prevention: a refocus upstream
2. Improving outcomes for our population through partnership working
3. Shared decision-making
4. Describing desired outcomes and monitoring actual outcomes
5. Providing feedback on quality of the services and their experience

And for health specifically

6. Improving health literacy
7. Understanding and addressing unwarranted variation
8. Programme Budgeting and Marginal Analysis

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1 Prevention: A refocus upstream

To refocus upstream means to move towards addressing the causes, rather than consequences of problems developing: this is applicable right across the public sector.

In the classic public health story a witness sees a man caught in a river current. A passer-by saves the man, only to be drawn to the rescue of more drowning people. After many have been rescued, the witness walks upstream to investigate why so many people have fallen into the river. The story illustrates the tension between responding to emergencies (i.e. helping people caught in the current), and prevention problems (stopping people from falling into the river). An upstream approach to health and well-being, i.e. one that helps people to stay well, benefits everyone.

The saying 'prevention is better than cure' may be familiar, however a rewording to 'prevention is of more value than cure' may be more appropriate. Prevention is beneficial across the public sector. Examples include:

- Community policing reduces crime and makes people feel safer in their neighbourhood;
- Education improves the life chances of children, boosts their future income and better education levels have an impact on health and well-being in the future;
- Cycling and walking reduces pollution, improves the environment, and reduces ill health
- Car safety advice (e.g. keeping valuable goods out of sight) helps prevent opportunistic thefts from cars;
- Better legislation for Houses of Multiple Occupation in relation to fire safety has saved lives;
- Encouraging home owners to fit smoke alarms saves lives and reduces damage to property;

Saunders,Nathan
23/01/2023 12:30:29

- Falls prevention helps to reduce the number of people needing hip operations due to a fall;
- Vaccinating people prevents illness and diseases and stops the spread of a disease to those who are most vulnerable in society and cannot mount an immune response themselves (e.g. people who are immunosuppressed following cancer).

CASE STUDY

Walking and cycling are promoted by local authorities. They are an excellent example of preventative activities, helping to improve mental well-being, improve the environment (as there is less pollution) and preventing illness and deaths. In Cardiff, an estimated **175 early deaths are prevented through walking** every year, and walking prevents an estimated **653 serious long-term health conditions each year.**

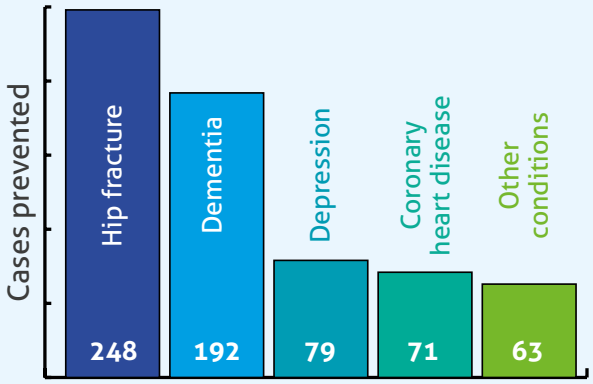

Figure 1: Estimated Cases of Long-Term Conditions Prevented Each Year by Walking in Cardiff [12]

Despite us knowing that prevention is of high value, a recent review found that only 4% of the NHS budget was spent on prevention.[13] **Prevention is a requirement of the majority of public bodies in Wales under the Wellbeing of Future Generations Act.**[14]

To systematically move spend upstream in the public sector, we first need to map how resources are being applied (money and staff) currently, then identify areas that are high-value investments (e.g. investment in the best start in life for every child), and then agree a clear approach to moving spend upstream over the medium to long term that won't compromise the quality of services being delivered now.

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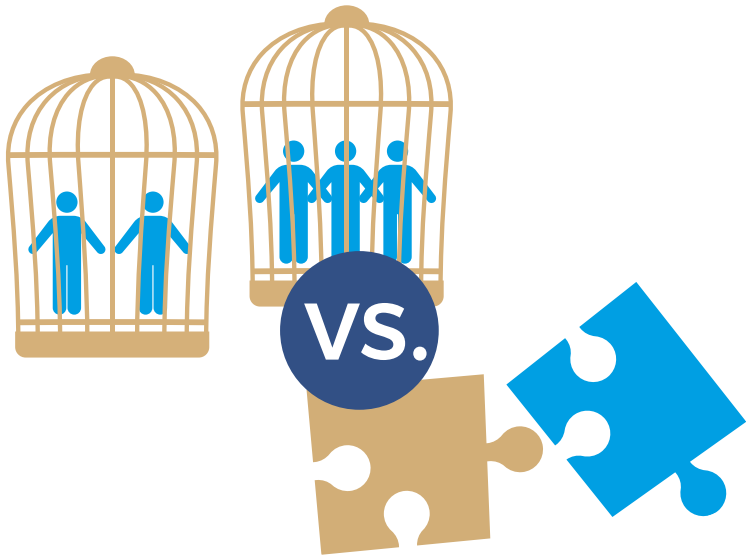
2 Improving outcomes for our population through partnership working



Some complex issues require partnership working between different organisations to support local people. Through partnership working, much more can be achieved than by working in silos. **Many of our health and care problems can be resolved by working together.** This is particularly the case where prevention (or upstream activity) and the wider determinants of health are considered. Locally, there are some excellent examples of good practice, where bringing prevention and partnership together has resulted in optimising results for wellbeing.

CASE STUDY

One example is the whole school approach to emotional and mental wellbeing. Within the new schools' curriculum, the Health and Well-being Area of Learning and Experience is the anchor around which the whole school approach to emotional and mental wellbeing is built. The **whole school approach needs partnership working** between school pupils, senior leaders, teachers, and all school staff, as well as parents, carers, and the wider community to **function well.**

Schools throughout Cardiff and the Vale of Glamorgan took part in the initial pilot projects during 2021/22 to support the self-assessment of schools against set criteria. Through partnership working and the subsequent prevention of mental ill-health, **much good work has already started** in relation to mental wellbeing, with positive feedback.

Being part of the whole school approach to emotional and mental wellbeing pilot has helped us identify how we can specifically improve how we support pupils, staff, and parents with their emotional and mental well-being. The framework enabled us to look at this important issue strategically and involve all stakeholders...I truly believe that we now have the tools to support everyone in our school community in these challenging times.

Colcot Primary School, Vale of Glamorgan.

At Cathays High School, we have found completing the whole school approach tool extremely useful to us as a school. The partnership we have with Healthy Schools has been invaluable and the support we have had from them when completing the tool has been outstanding. By completing the tool, it allows us to focus on our strengths as a school in meeting the needs of our young people with mental and emotional health along with looking at our areas to improve on.

Cathay's High School, Cardiff.

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3 Shared Decision-Making

Shared decision-making increases value, as it focuses care on **what matters to people**, increasing personal value. It also increases technical value (the efficient use of resources) as informed patients often choose the more simple, timely options for care.[2] The resources saved can then be reinvested to improve outcomes elsewhere.

> When people feel more involved and informed about the options of care available to them, and are able to make their own decisions, their personal outcomes from care are markedly better.[2]

To achieve this, we must support people receiving public sector services and professionals to[2]:

- Have a shared understanding of the person's goals
- Act as equal partners
- Have the time and skills for the key information to be communicated effectively

'What matters' conversations in social care

The 'what matters' conversations in social care enshrine the values of shared decision-making. 'What matters' conversations encompass the principle of **equity,** but also aim to improve the **experience** and **improve outcomes.**

The origin of the importance of this form of dialogue is explicit in the Social Services and Wellbeing (Wales) Act. The Act, and the associated codes ensure that the 'what matters' conversations are a genuine partnership and that co-production principles are embedded in assessments. In the long run, this may prevent future (and potentially larger and more expensive) interventions.[15]

The aim of the 'what matters' conversation is to find out what matters to the person needing support. By responding to their needs and providing tailored support it helps keep people independent for longer.

CASE STUDY

What matters conversation

Sion is moving out of residential children's care home into his own flat. The support workers have been working with Sion, helping him to prepare for his move. But Sion feels lonely; his after-care worker Jane suggests he joins a supper club for young people, which he does. Sion finds that the company and additional advice and support at the club help him adapt to living on his own, and he makes a successful transition in life.

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4 Describing desired outcomes and monitoring actual outcomes

From the 'what matters' conversation we should know what the desired outcomes are for the individual. We then need to measure progress towards these desired outcomes. In social care we record progress against the outcomes discussed and agreed in the 'what matters' conversations. In the health field the collection of 'Patient Reported Outcome Measures' (PROMs) helps to meet this need.

Patient Reported Outcome Measures (PROMs)

PROMs assess outcomes such as improvements in health and well-being after a procedure e.g. a knee operation. They use questionnaires which are completed by patients to share information on how they are feeling and functioning before, during and after care.[16]

There are two different types of PROMs[17]: those which ask generally about quality of life, and those specific to the operation that has been performed (e.g. following a knee operation asking about range of movement and pain in the knee). Comparing a patient's answers at different time points can help measure the impact a person's treatment has had (or is having) on them. This can then provide opportunities for shared decision making between clinicians and patients on what the next steps are, or whether further support is needed at all.

PROMs can be completed online or in person. This is important as access to the internet is not available to all. Systems which rely only on online data collection may exclude those experiencing digital inequalities.[16]

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In Cardiff and Vale University Health Board the Orthopaedics Team used PROMs data to reduce the need for low value (unnecessary) follow up appointments after 1 year by up to 70%. They did this by looking at who needed to be recalled to hospital for further appointments and surgery based on the results of the PROMs. If people had made a full recovery and were happy, they were not invited back to the hospital unnecessarily. But people who were taking longer to reach a full recovery and needed more support could be invited in more quickly, as more appointment slots had been freed up. The service described the benefits of introducing PROMs as:

Number of unnecessary appointments reduced, meaning people could get on with life

An opportunity cost saving of approximately £140,000 per year

More appointment slots available, which has reduced waiting times for those needing support

Carbon footprint of the service reduced, with less people travelling to hospital unnecessarily

Both patient and staff time and stress levels positively impacted

Developing services based on higher value interventions reduces variation, as well as waste, and improves outcomes whilst also saving appointment slots for those who need care most.

5 Providing feedback on quality of services and a person's experience

Many commercial companies ask us to report on the quality of the service experienced. This is also true in the public sector. The aim of asking about the experience is to **improve the quality of services provided over time and tailor experiences for different groups of people.** Both local Councils (the Vale of Glamorgan and Cardiff Council) have dedicated webpages for all feedback on the services that they provide. For example, the Vale of Glamorgan Council states, "If you have a concern, complaint or a compliment about one of our services we want to hear about it."[18] They have an online form, an email address, a postal address, a telephone line, and a face-to-face service to accept both compliments and complaints about services.

All public sector services aim to continuously improve services and collecting information on local people's experience of services is an important element of this. Some public sector organisations have established groups of service users who regularly provide feedback on services. The quality of the experience is an important element of a Value-based approach.

In the health field a system to collect patient reported experience measures has been developed to collect feedback. Patient reported experience measures ask about the patient's experience, including how well information was explained to them, whether they had opportunities to ask questions, and whether staff were polite.

For health there are some further tools and techniques which have been used to embed a Value-based approach.

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6 Health Literacy

Health literacy is defined as "The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health".[19]

Put simply, health literacy is **having the knowledge and skills to make good health decisions.** Health literacy is an important factor for everyone, but particularly people with long term conditions who may need additional information in order to be able to manage their health and well-being.

People with Type 2 Diabetes who accessed 'Skilled for Health', an intervention to improve health literacy had a better understanding of their condition and improved their confidence in cooking healthier meals, managing medicines and monitoring blood sugar levels.[20]

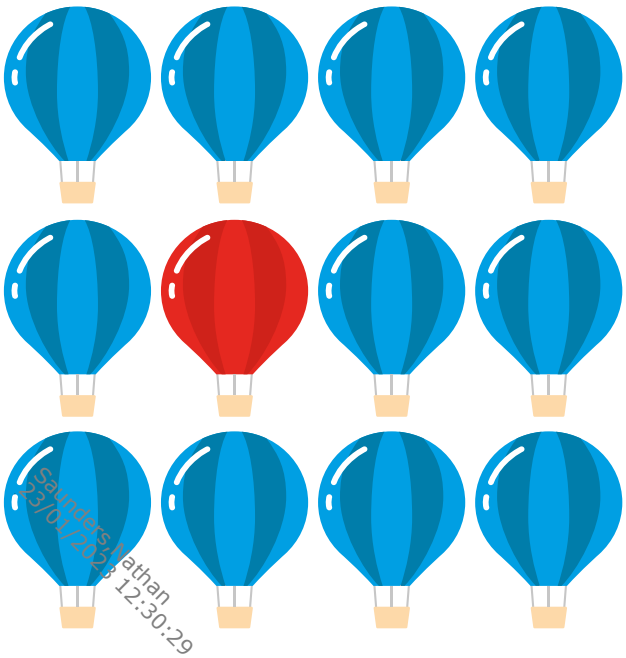
Improving health literacy in Wales is a **key foundation** on which to build a Value-based approach. Accessible communication and supporting people to understand health information, working collaboratively with local people in all aspects of the decisions and development of a Value-Based approach will be vital to success.

7 Reducing unwarranted variation

"Unwarranted variations" in healthcare describe differences in resource allocation, resource use or outcomes in health that aren't explained by patient preference or illness."[1]

Put simply **unwarranted variation means differences that should not occur.** Reducing unwarranted variation and waste can be viewed as both a requirement, and result of, a Value-based approach. If two people have the same problem and would benefit from the same treatment, then they should get the same offer of treatment to consider. Unfortunately, this does not always happen. This may be as a result of[21,22]:

- **Under provision**
- **Over provision**
- **Failure to implement evidence guidelines**
- **Poor access**
- **Socio-economic factors**
- **Poor health literacy**
- **Unconscious bias (i.e. decisions or actions that we are not consciously aware of)**



'Atlases of variation' are a useful tool which "help to **identify unwarranted variation and assess the value that healthcare provides** to both populations and individuals".[23] Atlases of variation are maps which provide a visual representation of different data relating to healthcare for specific health concerns or conditions. Public Health Scotland describes the benefits of an Atlas of healthcare variation as identifying[24]:

- **Underuse of higher value interventions i.e. under-treatment;**
- **Overuse of lower value interventions; and**
- **Overuse of interventions which may result in increasing harm.**

Atlases of variation help to identify opportunities for disinvestment in low value interventions and reinvestment in higher ones, which will help achieve the aim of **increasing value and improving outcomes** but without increasing costs.

Atlases of variation are promoted as a way of **supporting innovation** by disinvestment in low value interventions to re-invest in high value interventions.[25] Low value interventions are described as either[25]:

- **evidently ineffective or harmful;**
- **lacking an appropriate evidence base and failing to add to it;**
- **delivered to those who have not been provided with the opportunity to make an informed decision about their treatment;**

or,

- **using resources which would be more valuably invested elsewhere.**

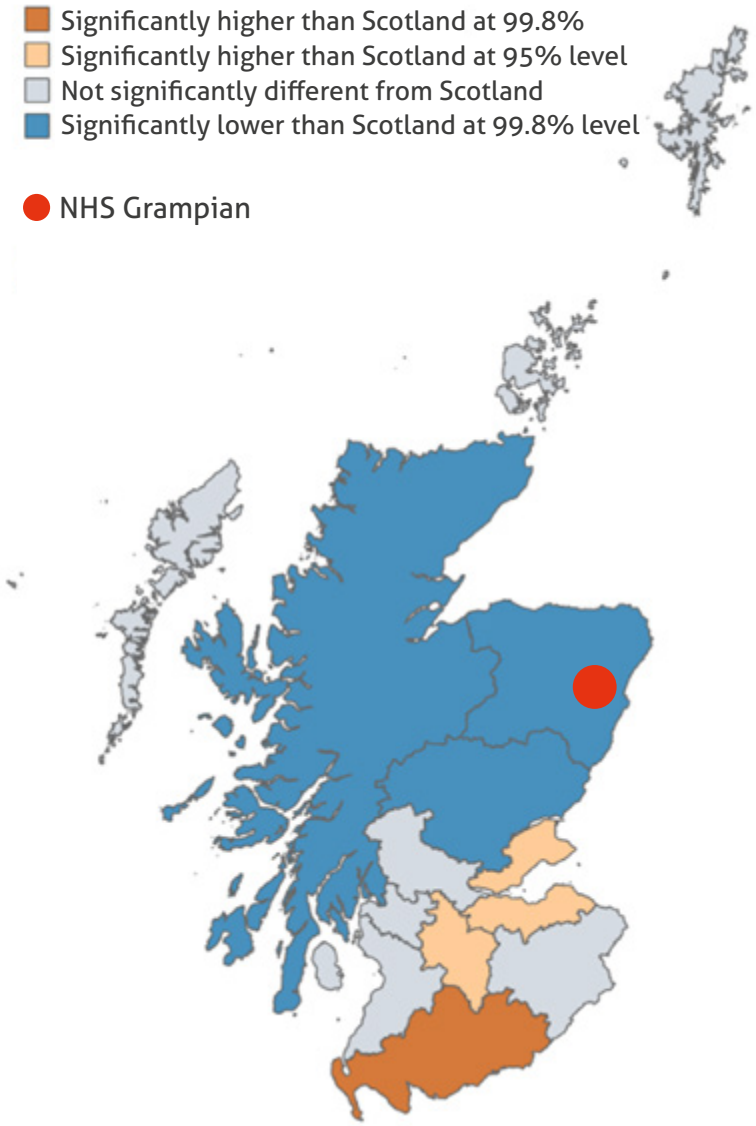


Figure 2: Map of Scotland indicating rates of tonsillectomy in 2017/18 by Health Board area.[26]

CASE STUDY

An example of how the tools can support a Value-based approach is seen in Scotland, when an atlas of variation on elective tonsillectomies led to debate over harm and waste reduction in relation to tonsillectomy. Tonsillectomies for the management of tonsil stones alone are no longer offered in Scotland because they are not evidence-based. By recognising the intervention as low value and disinvesting in it, resources which could potentially be used for a higher value elsewhere in the field have been released. NHS Grampian identified that they had higher rates of tonsillectomy than the rest of Scotland. They introduced a range of measures including revising guidelines, vetting referrals, participating in relevant Randomised Control Trials and strengthening their shared decision-making processes with patients. These actions resulted in them then having one of the lowest rates for Tonsillectomy in Scotland, whilst knowing that they were not causing harm. Comparisons such as these are therefore helpful in identifying unwarranted variation.[27]

In Wales, to support the delivery of a Value-based approach 'Insights Dashboards' (similar to atlases of variation) are available for epilepsy, lung cancer, hip procedures and diabetes.[28] They provide opportunities **to support a refocus upstream to preventative action.**

Programmes aimed at engaging people in healthy behaviours to reduce risk factors can be targeted in the areas or populations the data shows are most in need.

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8 Programme Budgeting and Marginal Analysis

Programme budgeting and marginal analysis is a decision-making framework which can be used by those planning services to maximise benefits through the **reallocation of resources.**[29] Programme budgeting and marginal analysis is not a cost-cutting exercise, but an opportunity to **disinvest resources from lower value interventions and reinvest them into higher value ones.** Through the use of programme budgeting and marginal analysis, we can question whether by moving money, we could **improve outcomes without increasing financial and carbon costs.**

There are eight stages of programme budgeting and marginal analysis[30]:

1. Choose a set of meaningful programmes
2. Identify current activity and expenditure in those programmes
3. Think of improvements
4. Weigh up incremental costs and incremental benefits and prioritise a list
5. Consult widely
6. Decide on changes
7. Effect the changes
8. Evaluate progress

This framework has already been used in Wales, for example to reallocate funds in respiratory care in Betsi Cadwaladr University Health Board[29]. As well as nationally by Public Health Wales to reallocate resources to the best value health improvement interventions in Wales.[30] Programme Budgeting and Marginal Analysis has been described as a platform for discussion and prioritisation of initiatives, while considering budget, evidence base and stakeholder views.[30] As a tool for increasing co-production, shared decision making and reducing low value interventions, Programme Budgeting and Marginal Analysis has an important role to play in moving towards a Value-based approach in the health field.

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Summary

This chapter describes some of the tools and techniques that could be used to embed a Value-based approach in the public sector more generally or in health specifically. The case studies throughout this report demonstrate that some of these tools are already being used in Cardiff and the Vale of Glamorgan and that outcomes have improved, and value has increased as a result. However, we now need to harness this enthusiasm and expertise to **make the application of a Value-based approach the standard way of planning and delivery of services and care**, not the exception. **These tools should be adopted as standard practice throughout the public sector to drive change that recognises three elements concurrently: quality, cost and outcomes that matter to people i.e. a Value-based approach.**

There is a need to **systematically and sequentially move funding upstream** towards prevention to improve the health and well-being of the local population and ultimately to **stem the demand** for public sector services downstream **across all public sector services.**

This is challenging in the current context where demand for services is high, but if this is not tackled soon people will not live their best lives and will need more help and support from the public sector in the future. **Refocussing upstream, towards prevention cannot wait for much longer;** there is a both a moral and financial imperative to act.

Living in an environment where the **healthy choice is the easy choice,** engaging in preventative programmes and practicing health enhancing behaviours reduces a person's risk factors for poor health and well-being. This has potential to be valuable across all four pillars of a Value-based approach: personal; societal; allocative and technical. If healthy environments and the wider determinants of health are not actively supported now, the financial cost lies with the public sector in funding treatments and providing care that could have been avoided or potentially postponed by decades, and the **human cost lies with local people** who will suffer unnecessarily.

Chapter 3

The relationship between a Value-based approach and equity

Introduction

One of the key principles from the definition of a Value-based approach highlighted in Chapter 1 was equity, i.e. allocating resources to help everyone achieve successful outcomes in life. Equity recognises that we do not all start from the same place and therefore we must acknowledge and make adjustments to these imbalances. It requires us to identify and overcome intentional and unintentional barriers. This chapter describes the relationship between a Value-based approach and equity. This chapter primarily focuses on health inequities, but the principles can be applied across the wider public sector.

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What are health inequities?

Health inequities are avoidable, unfair, and widespread differences in health between different groups of people.[31]

These avoidable and unfair differences include the chance to lead healthy lives. Groups that can experience inequity include:

- People with lower income
- People with protected characteristics such as age, sex, race, ethnicity, or sexuality
- People who are socially excluded, such as people experiencing homelessness, including those in temporary accommodation

A powerful example is seen with life expectancy, i.e. how long people can expect to live. Right now, in parts of Cardiff and the Vale of Glamorgan, people are dying years earlier than they should. When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our bodies. This can result in increased stress, high blood pressure, and a weaker immune system particularly if this strain is put on our bodies over a long period of time. In our least well-off neighbourhoods in Cardiff and the Vale of Glamorgan, people are dying nearly 10 years earlier than those in the most well-off neighbourhoods *(see Figure 3)*.

Life expectancy at birth, years, males and females, Health Board by deprivation fifth, 2018-2020

Produced by Public Health Wales Observatory using APS, 2011 Census, PHM, MYE (ONS) & WIMD (2019)

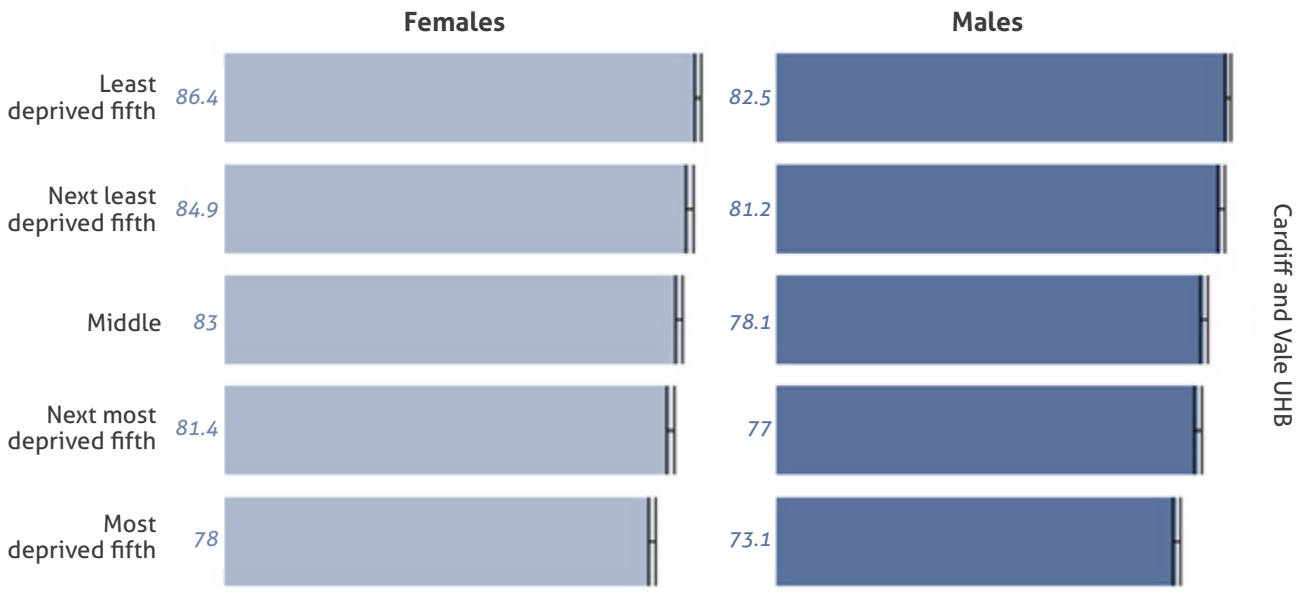

Figure 3: Life Expectancy by Deprivation in Cardiff and the Vale of Glamorgan, 2018-2020[32]

Public sector organisations are fully committed to reducing inequities in all areas, for example local authorities, the Fire and Rescue Service, the Health Board and the Police all have Strategic Equality Plans and associated objectives that are aimed at eliminating discrimination and removing barriers to services, information, premises, facilities, and employment.

Cardiff and Vale University Health Board has a vision that "a person's chance of living a healthy life is the same wherever they live and whoever they are."[33]

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However, we are far from meeting this aspiration and the cost-of-living crisis and COVID-19 have made it challenging to close the gap in life expectancy between the least disadvantaged and most disadvantaged in Cardiff and the Vale of Glamorgan.

These differences come from the conditions in which we are born, grow, live, work and age, also known as the wider determinants of health.[34] The wider determinants of health interact with each other to powerfully influence our health chances. The wider determinants include: living conditions (e.g. damp houses) and working conditions (e.g. low pay or zero hours contracts).

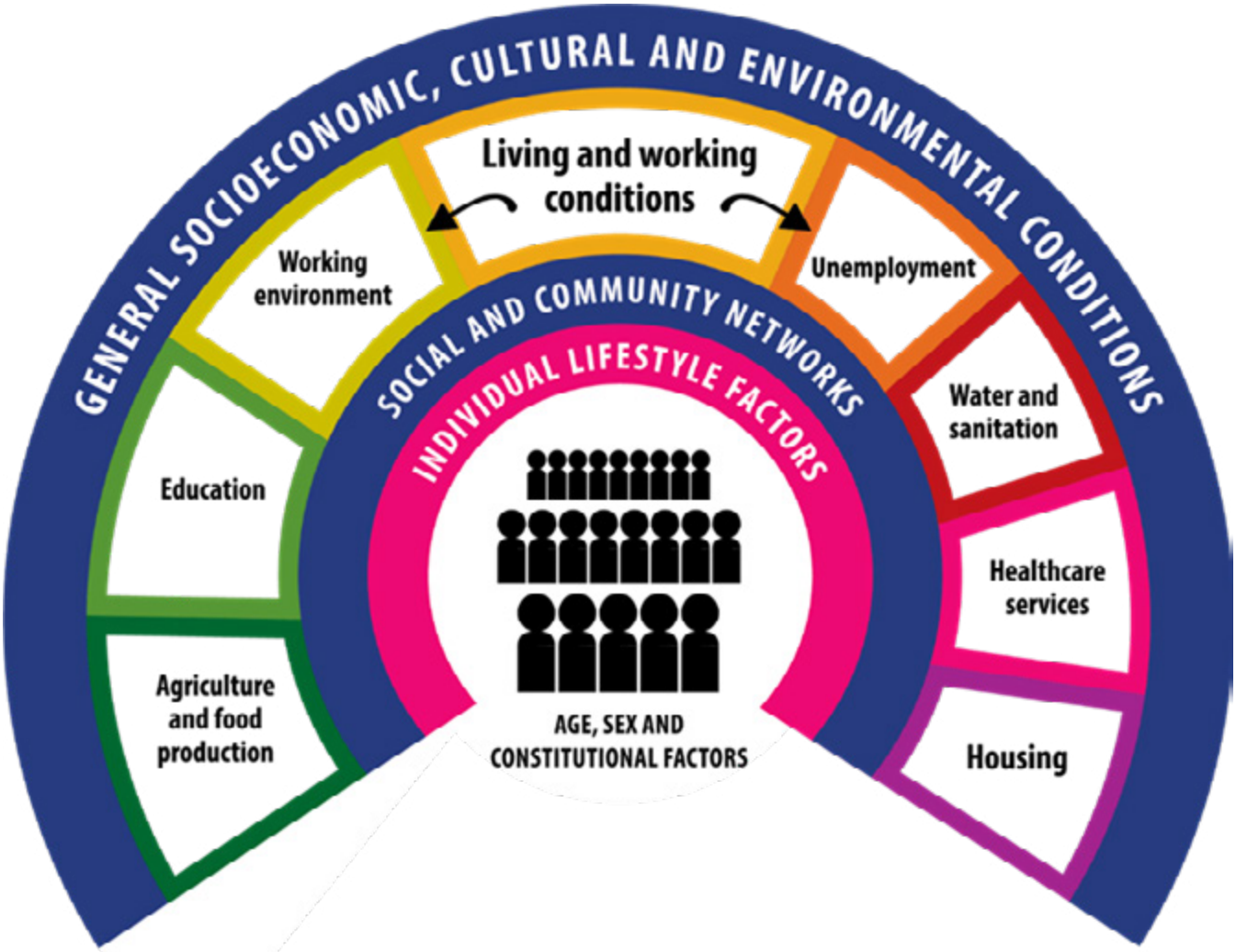

Figure 4: Dahlgren and Whitehead Model of Determinants of Health, 1991.[35]

Certain groups of people, such as people experiencing homelessness, and sometimes those with protected characteristics face stigma and discrimination from society, in the economy, and inadvertently from public services. This can combine with mental health problems and substance misuse. These groups of people tend to have the worst health in our society: for example, the average age of death for homeless women in the UK is 43 and it is 48 for men.[36]

Unfortunately, public sector services are not always set up well for these groups. For instance, services often rely on people arriving at fixed appointment times and communicating through letters, and as a result, these groups rely more heavily on emergency care and support.

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How do health inequities and exclusion affect value?

A value approach focusses on the **outcomes that matter to people**. Health inequities make delivering value more difficult across all public services. These groups of people may need more support than usual, whether that be welfare support, housing support, or healthcare. **Historically, many groups, such as people living in disadvantaged areas, receive less support.** This is not new: it was first described in Wales in 1971 by Dr Julian Tudor Hart who called it the **'Inverse Care Law'**.[37]

> **"The availability of good medical care tends to vary inversely with the need for it in the population served"[37]**

More recently, a 'Disproportionate Care Law' has been described[38] for groups experiencing health inequity. This occurs when individuals with the greatest health needs access more care. However, this **care is urgent and unplanned and so is less cost-effective and has a greater risk of associated harms**. For example, in the health setting, emergency department resources are disproportionately used by a small number of attenders, with health excluded groups overrepresented in this.[39] A recent study in Wales showed that those with lived experience of homelessness accessed emergency departments at more than six times the rate of the general population.[40] In the 6-month study period, emergency department use by people experiencing homelessness in Wales alone cost £11 million more in healthcare costs than people living in homes. This is because they often do not have access to a local GP and experience more health problems. In order to address this the public sector needs to collectively move upstream towards prevention, provide accessible services and tackle the causes of homelessness.

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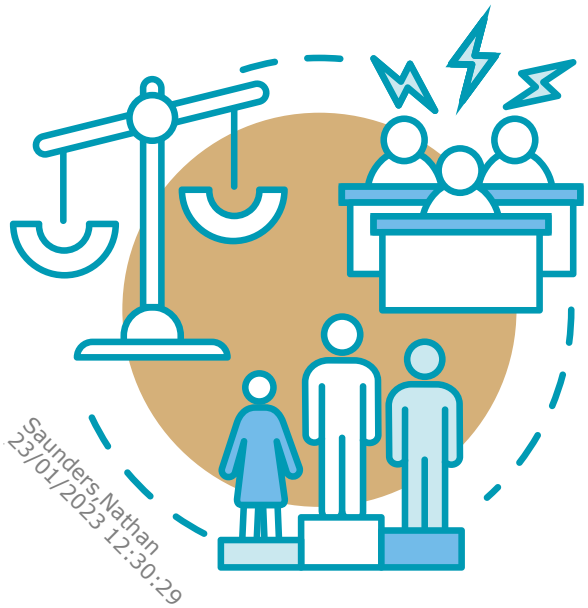
How can a Value-based approach help address inequity?

By using a Value-based approach we can move resources upstream to make services more accessible, of higher quality and in so doing reduce costs. This has been shown in the housing sector through the 'Housing First' initiative, and in the health sector through the provision of health services that offer more flexibility for people experiencing homelessness.

CASE STUDY

During the pandemic, a significant shift occurred with both the focus on and funding to support local authorities to prevent and reduce homelessness wherever possible. 'Housing First' offers unconditional, permanent housing to people experiencing homelessness in contrast to the previous phased approach requiring engagement with support services first. Evidence now demonstrates this leads to greater housing stability and ultimately delivers better outcomes for people and reduces the need for other public services such as the police and health services.[41]



The public sector aims to provide services that meet the needs of local people. To do this the needs of local people must be understood. To improve understanding the Public Health Team in Cardiff and Vale University Health Board recently conducted a 'health needs assessment' for health excluded groups living in Cardiff and the Vale of Glamorgan. This included conversations with people who were homeless and others who struggle to access traditional services and the professionals working with them. The key messages from this work were:

- 5,000-7,000 people living in Cardiff and the Vale of Glamorgan would benefit from Inclusion Health Services provided in this more flexible way.
- Key needs include mental health, dental health, and other physical health needs.
- Key barriers to accessing services include fixed appointment times and length of appointments, long waiting times, appointments being in different places with different services, and facing stigma and discrimination.
- Different models of healthcare, such as walk-in centres with specialist staff, and careful case management and outreach, are needed.

The findings of the health needs assessment will be used to develop an action plan that aims to deliver higher value services to our population in Cardiff and the Vale of Glamorgan.

CASE STUDY

Cardiff and the Vale University Health Board has established an 'Inclusion Health Service.' These services provide GP services and access to things like immunisation and screening at a convenient location and are more flexible, for example allowing walk in appointments. These services deliver high value in the medium to long term, as over time the number of times that people arrive at the Emergency Department reduces when GP and other services are provided in a more accessible way.[42] In the last nine months, the weekly outreach session for people staying at hostels in Cardiff has seen 76 people, of which 51 had problems that would have otherwise presented at the Accident and Emergency Unit.

Summary

This chapter describes the relationship between a Value-based approach and equity. Whilst it primarily used examples from the health sector **the principle of moving upstream is applicable to all public sector organisations,** as outlined with the Housing First case study. **Value and equity are inextricably linked** and the case studies in this chapter help us to appreciate that a Value-based approach can also have a positive impact on equity.

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23/01/2023 12:30:29

Chapter 4

Towards the Consistent Application of a Value-based Approach

Introduction

The concept of a Value-based approach has existed for many years in the public sector with policies to introduce 'Best Value' being used to drive the modernisation and improve the effectiveness of services in various forms across multiple public sector organisations.

Within health, a Value-based approach was first described by the Centre for Evidence-Based Medicine in 2001.[8] Many health initiatives have considered aspects of a Value-based approach to care. These include "Choosing wisely",[43] Prudent Healthcare[44] and "Realistic medicine"[45] which all aim to **empower clinicians and patients in making shared decisions about care**. Cardiff and Vale University Health Board is committed to a Value-based approach and has established a Value Based Healthcare Steering Group. The aim of the group is to embed a Value-based approach across the Health Board with a focus on **outcomes that matter to local people**. A number of pilot projects and themes have been funded and have shown promising results, some of which have been included in this report as case studies. The next step is to apply a Value-based approach consistently across all services.

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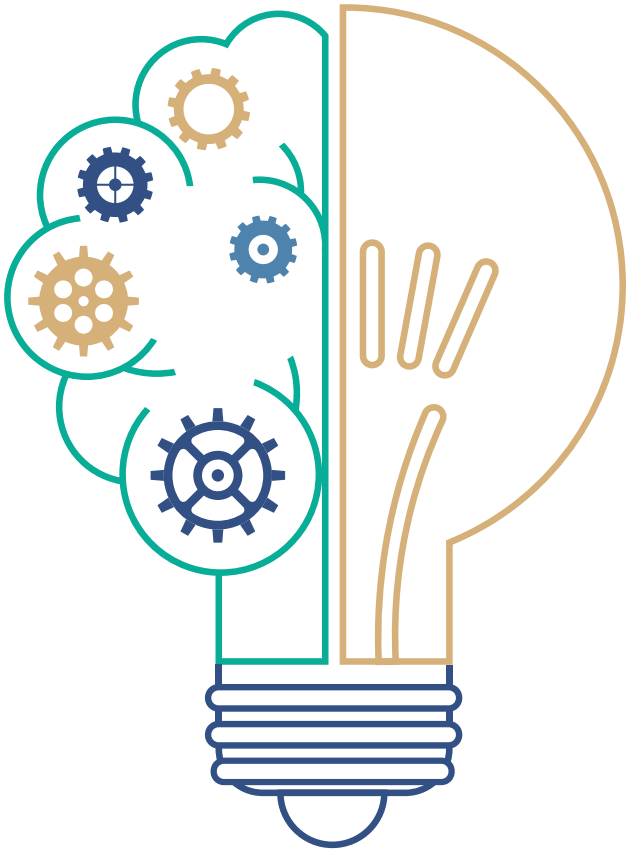
Applying a Value-based approach consistently across a large organisation or system takes time to achieve. There is a need to **build the right environment in which a Value-based approach will flourish.** This includes:

- Understanding the **needs of the local population;**
- Jointly share an **understanding of the benefits** of a Value-based approach;
- **Supporting staff** with training on implementation;
- **Changing the culture** of the workforce to adopt a Value-based approach as the primary way of working;
- Monitoring organisational and system-wide success by measuring value - including **quality measures, costs and outcomes that matter to people.**



What can we learn from others?

CASE STUDY

Aneurin Bevan University Health Board was one of the first in Wales to consistently have a Value-based approach to planning services[46] and they described some of the steps they took to achieve this[47]:

- **Identifying leads** from across the workforce to **drive change** from below
- Ensuring a **common understanding** of what a Value-based approach is
- Incorporating a Value-based approach as **core business**, rather than being owned by one team
- **Starting small** before **rolling out** further

They identify the 'critical success factors'[48] to implementing Value Based Care as:

- The **expertise and commitment** of a multi-professional team
- Strong, visible **support from senior and clinical leadership**
- Building a value **culture,** beginning with agreeing a definition with both patients and providers
- An initial **focus on outcomes** while considering the resources (of costs and informatic skills) needed to act on the information they provide
- Ongoing **patient engagement**

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23/01/2023 12:30:29

Six Steps to Successfully Implementing a Value-based Approach

Learning from the research[49,50,51,52] and from others' practical experience, we can identify the steps that are needed to successfully adopt a Value-based approach. These are outlined below as the **six steps to success**.

Six Steps to Success

- **Step 1** Establish the right **policy framework** to work collaboratively with people
- **Step 2** Establish **organisational readiness**
- **Step 3** Normalise the culture of **discussing outcomes with people**
- **Step 4** Provide adequate funding to support change and **shift funds to high value interventions**
- **Step 5** Record **outcomes** routinely in systems that are available to staff in a timely way
- **Step 6** Report success routinely by using **outcome measures that matter to people**

Step 1 Establish the right policy framework to work collaboratively with people

A supportive policy and legislative framework are important as they set the landscape as to how public sector organisations operate in Wales. Legislation and policies from Welsh Government are very supportive of a Value-based approach. There are two good legislative examples of this:

- The Social Services and Well-being (Wales) Act was introduced to give people using social services more of a say in the care and support that they receive with an emphasis on promoting independence and empowering people by providing access to the right information, advice, and assistance.
- The Wellbeing of Future Generations Act mandates public bodies to think more about the long term, work better with people and communities and each other, focus on prevention and take a more joined-up approach. This is essential to achieving a Value-based approach.

Saunders,Nathan
23/01/2023 12:30:29

The Well-being of Future Generations Act 'Ways of Working'[53]

Long term
The importance of balancing short-term needs with the need to safeguard the ability to also meet long term-needs.

Prevention
How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

Integration
Considering how the public body's well-being may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

Collaboration
Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

Involvement
The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Step 2 Establish organisational readiness

The second step in implementing a new way of working across an organisation is to assess organisational readiness. This helps to build knowledge among the senior leaders about the extent of the organisation's current capabilities but also creates buy-in and provide information about where to focus effort. There are many tools that can be used to assess organisational readiness.

CASE STUDY

Organisational Readiness

One of the largest hospital networks in northern Europe, Sahlgrenska provides emergency and basic care for the 700,000 citizens of the Göteborg region and specialised care for the 1.7 million people living in western Sweden. In 2013, the Chief Executive decided that value-based healthcare was one of the top three priorities for the organisation and set about assessing the organisational readiness of the hospital network using an existing tool. This showed the senior team where they should focus their work and resulted in pilot projects being adopted in those areas.[54]

Cardiff and Vale University Health Board have undertaken a capacity and maturity assessment which considers ten areas including leadership and culture. The intention is to complete this every six months to track progress.

Recommendation 1: Any organisations that wish to adopt a Value-based approach should undertake an assessment of their organisational readiness. This could be led by a small group with a report back to the leadership team, which should enhance discussions about where to focus energies going forward.

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Step 3 Normalise the culture of discussing outcomes with people

Without the support of the local population, professionals, and other staff this new way of working will not take off and become the normal way of working. Staff need to understand why we want to make this change, to see how it benefits local people, to understand how this fits with their work and to be empowered to take action to make changes.

With all the pressure on staff as a result of the global pandemic right across the public sector, we do not wish to add another thing to the long list. **Applying a Value-based approach in practice is a different way of working not an 'add on.'** It helps us to ask, is this the right thing to do? And is it what local people want and need us to do?

Making it normal to ask, 'what do people want' from public sector services is essential to delivering a Value-based approach. However, some staff may not feel comfortable having these conversations, and may need more training in managing people's expectations if they are above and beyond what is possible.

In order to normalise this new way of working full **engagement with local people,**

professionals and other staff will need to take place. Having conversations and being involved in decision making about the best treatment **may come as a surprise to local people** who have not experienced this before, and it will take time for this to be normal practice. Similarly for those clinicians who are not used to making this part of their routine practice it will take time to adopt and embed this new way of working. This **cultural adaptation** should not be overlooked. If this element is not given adequate effort the Value-based approach will not succeed.

CASE STUDY

Palliative Care Case Study

Palliative care is an approach that improves the quality of life of people and their families who are facing problems associated with life-limiting illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial, or spiritual. Patients in later stages of chronic disease prefer to feel a greater sense of control with a focus on enhanced quality of life, improved symptom control and more opportunities to spend time with, and lessen burden on, the people they love. Over the last six years Cardiff and Vale University Health Board has developed a new Supportive Care Service to better deliver palliative care to patients dying from advanced heart failure. Eighty percent of people would choose to be at home for end of life and this can be achieved more often if admission is avoided in the months leading up to death, yet people frequently spend weeks in hospital in the last year of their life.[55,56]

Saunders,Nathan
23/01/2023 12:30:29

CASE STUDY

David was a self-taught ceramic artist who was well known in the artistic community. He lived quietly in Penarth with his wife Debbie and their dog. Making beautiful and intricately designed ceramics was his passion and he had a small studio in his garden which he used until he was no longer strong enough to use his hands.

David's quality of life deteriorated progressively over a period of a year. He struggled enormously to accept his life-limiting diagnosis. His symptoms were increasing week by week and eventually even walking between rooms in his house was almost impossible because of breathlessness.

He also found it incredibly hard to feel that he was burdening his wife who was his sole carer. He had many spiritual questions in his mind and needed to talk through his worries about the world and what comes after death.

We managed him at home and eventually he was nursed in a hospital bed in the dining room so he could look out on his garden. He had subcutaneous diuretic infusions to help him avoid admission to hospital when fluid was accumulating. Ongoing input from the co-speciality team allowed careful balancing of cardiac medication required to support optimal symptom-control.

He died peacefully at home as he had chosen.

By focusing on patient-centred care and **clarifying what matters to people**, this approach has improved quality of life, reduced time spent in hospital away from loved ones, reduced in-hospital deaths and helped many more patients to die in their preferred location (often at home). This project has delivered on all aspects of value: outcomes that matter to people, cost, and the quality of the service provided. Plans are now in place to expand these services to people with advanced heart failure, advanced renal failure, advanced liver failure and respiratory failure.

Capability-building within the organisation is central to any successful transformation.[57] A key element of delivery of a successful change will include engaging with local people and staff on the benefits and reasons for the focus on delivering a Value-based approach and **providing staff with the skills to implement the change within their own area of work and empowering them** to do this.

Welsh Government has commissioned **'Value into Practice'** training for teams to work together with guided support to deliver value projects. This is aimed at giving groups working on specific issues the skills to deliver. This is a great start, but more will need to be done locally to supplement this if it is to be adopted across the public sector more widely.

Recommendation 2: A range of learning and development opportunities on both the theory and practical application of a Value-based approach is needed both within organisations and across partnerships.

Saunders,Nathan
23/01/2023 12:30:29

Step 4 Provide adequate funding to support change and shift funds to high value interventions

For change to succeed there must be both sufficient resources and capabilities within teams. To implement a new way of working some projects need to test the new way of working and share the learning from this, to inspire and accelerate change across the organisation or system.

In order to shift funds to high value interventions, we need to understand where money is best spent in terms of the value that each interaction with a public sector service has on the outcomes for that individual and the local population. There is much evidence in this area right across the public sector on high value interventions.[58,59,60] Two examples of high value interventions are provided here.

Example 1: Young people who are not in education, employment or training for a substantial period are less likely to find work later in life, and more likely to experience poor long-term health. Interventions that reduce the number of young people not in education, employment or training generate substantial cost-savings to the public sector.[61]

Example 2: The costs of homelessness to society are significant. Total public sector costs of a person experiencing homelessness can be up to £38,736 per year (England figures). This estimate included the NHS costs (£4,298), mental health services (£2,099), drug and alcohol services (£1,320), criminal justice sector costs (£11,991) and homelessness services (£14,808). On average, it was estimated that preventing homelessness for one year would reduce the public expenditure by approximately £10,000 per person.[62,63]

There are urgent and pressing issues following the pandemic, with every public sector organisation facing financial pressures. There is a need to take action on prevention now and move money upstream. A phased approach to how budgets are re-allocated towards prevention is needed over time. If we do not implement **prevention programmes across the public sector at scale** further health and equity issues will accrue in our population over time to the extent that our services may become overwhelmed or may not be sustainable in the future.

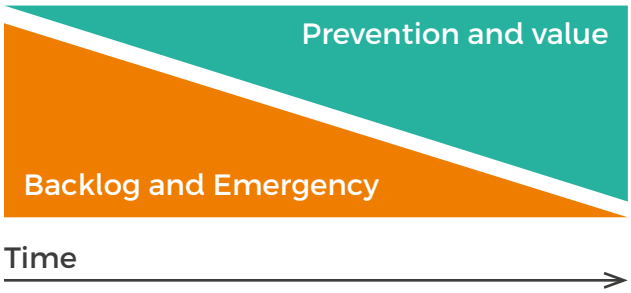

Figure 5: Phased approach to moving budgets towards prevention over time

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Recommendation 3: Where pertinent public sector organisations should consider systematically and sequentially shifting funding upstream towards prevention to improve the health and well-being of the local population and ultimately stem the demand for public sector services downstream.

As highlighted in chapter 2 there are some tools that have been used previously in the health sector that may be useful, including Programme Budgeting Marginal Analysis. This is a framework that helps decision makers working with patients and staff to reallocate resources so that the outcomes are maximised. This methodology could be given consideration.

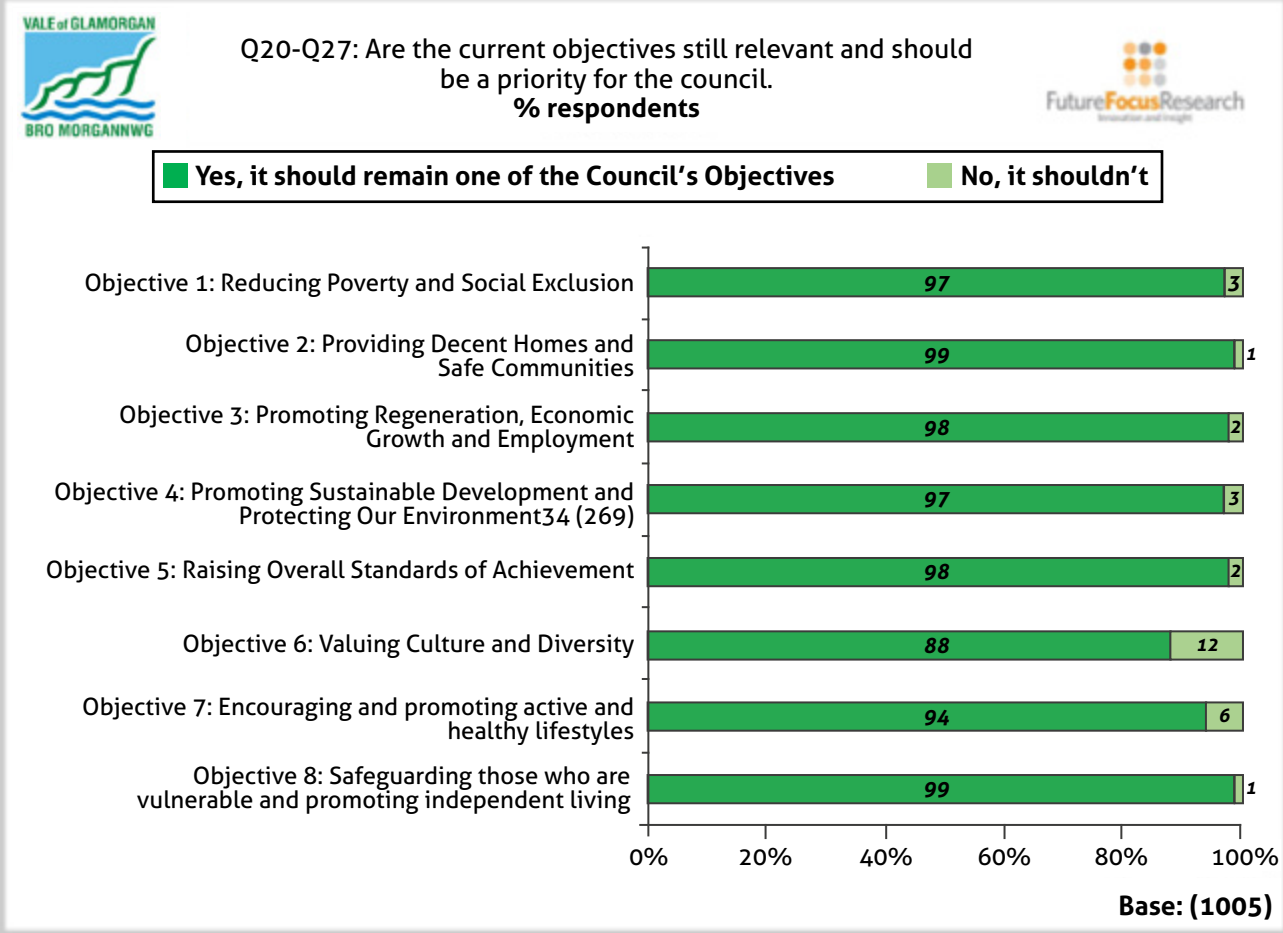
Recommendation 4: For Cardiff and Vale University Health Board to consider the use of Programme Budgeting and Marginal Analysis as a tool to help shift funding from low value interventions to both high value interventions and move funding upstream towards prevention.

Step 5 Record outcomes routinely in systems that are available to staff in a timely way

Outcomes that matter to people need to be measured, monitored and reported as standard. In order to determine what matters to people, we need to ask them. The public sector often engages with the public to find out which services should be prioritised. For example, the two local authorities both conduct large consultations to check that the public agree with their priorities.

CASE STUDY

Every two years, the Vale of Glamorgan Council undertakes a large consultation exercise; the Public Opinion Survey. They commission an independent market research agency to survey around 1,000 residents of the Vale of Glamorgan to investigate how they rate the services. In the 2018/19 survey residents were given a list of the Council's objectives and were asked whether or not they should remain as objectives. The vast majority of respondents were of the opinion that all objectives should remain.



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23/01/2023 12:30:29

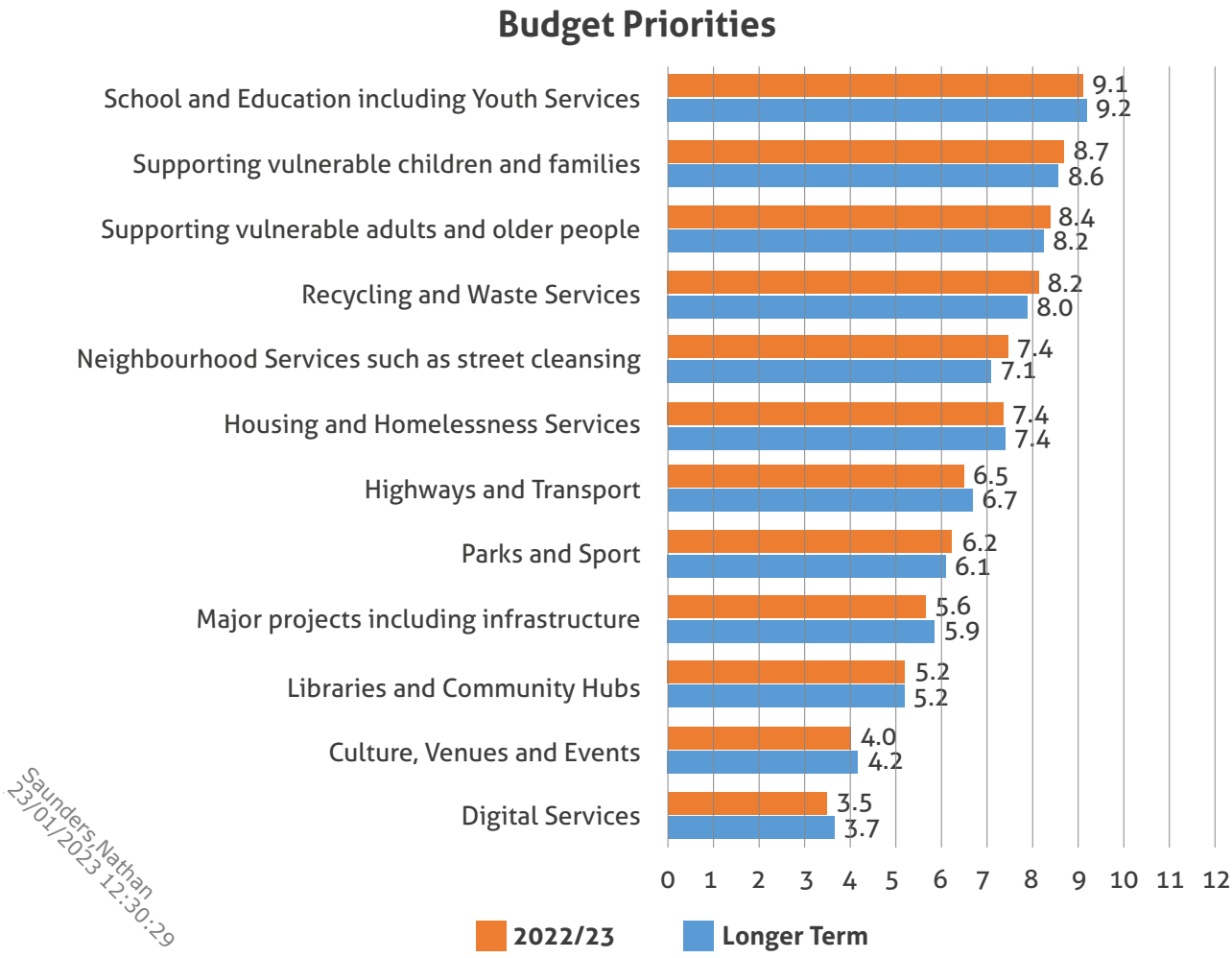
CASE STUDY

Cardiff Council run an annual 'Ask Cardiff' survey. This gives people living and working in Cardiff and those visiting the city the chance to share their experiences of public services. In the 2021 survey, respondents were given a list of services provided by the Council and asked to prioritise the Council's available resources both for the next financial year, and in the longer term. Schools and Education, including Youth Services, was seen as the most important service. A quarter of respondents (26.5%) ranked this as their most important priority, with almost half (45.3%) putting this in their top three priorities. This was followed by supporting vulnerable children and families and supporting vulnerable adults and older people.

These examples are both conducted on a **large scale to help guide the overall budget allocation** decisions. The local authorities also ask what matters to local people at the **individual level**, for example when conducting **'what matters' conversations** to help guide the social care services.

The sorts of things that people describe as important with regard to their health include:

- Support to live a healthy life (e.g. vaccination, screening, stop smoking services, access to mental health services)
- Surviving serious illness (e.g. cancer, sepsis etc.)
- Recovering well from operations or treatments (scored using PROMs where available)



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In Chapter 2 we explored the tools available to measure outcomes, including PROMs. The use of PROMs has expanded rapidly over the last few years, but they are not yet collected across all areas. This will need to be extended to **consistently capture the right data and turn it in to useful information that enables both patients and healthcare professionals to make good decisions.**

CASE STUDY

The Use of PROMs in Wales

In 2016, an electronic platform was developed to collect PROMs from patients across Wales. By 2020 in Wales, over 110,000 surveys had been completed by patients[16]. These are being used by clinicians to[16]:

- facilitate shared decision making with patients
- manage patients' expectations
- identify health concerns
- discuss healthy lifestyles

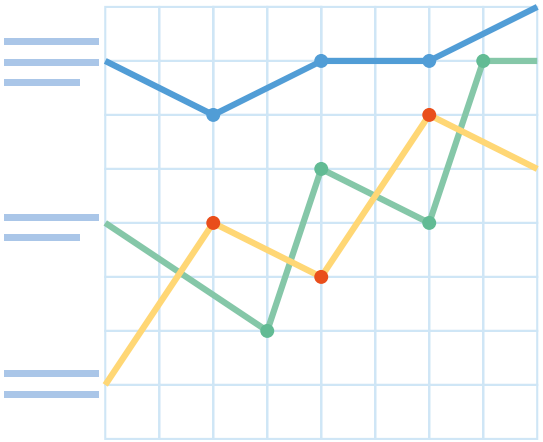
On an individual level, PROMs **record what matters to a patient.** They **support shared decision making** between patients and healthcare professionals to help them achieve this, and show **whether treatment has resulted in the desired outcomes**. But the benefits of PROMs extend beyond the individual patient including to[64]:

- Provide strong evidence on the effectiveness of care and treatment
- Compare performance across hospitals and health boards;
- Plan future service developments

Saunders,Nathan
23/01/2023 12:30:29

At the population level, when groups of PROMs are combined and analysed, they can be used for service development and improvement, as they **identify differences in outcomes**, assess needs, and increase understanding on how to address both of these. PROMs influence this wider scale change by highlighting **which interventions have resulted in the best outcomes using the resources available**.

Recommendation 5: Changes to data collection and infrastructure are needed to allow decisions to be driven by the data. This data must be focussed on the outcomes that matter to local people and must be timely to support service improvement.



Step 6 Report success routinely by using outcome measures that matter to people

When we think about adopting a Value-based approach in the public sector we need to consider carefully how we measure success. Each statutory organisation is tasked by Welsh Government to deliver different services, for example the Fire and Rescue core functions are to promote fire safety, fight fires, respond to road traffic accidents, and deal with other prescribed emergencies. Health Boards in Wales have a duty to protect and promote the health and well-being of the local population and reduce health inequities. Reporting measures need to relate to these fundamental duties but also show how the organisation has added value.

What we report on is often given more attention. Therefore, reporting is important in directing staffing and other resources. As highlighted in chapter 1, the benefit of a Value-based approach is that it considers the outcomes that people get from their interaction with a service, the **quality** of the service and the **cost** of the service in the round.

The traditional measures (for example in health, waiting times at Accident and Emergency and for the Fire and Rescue Service the total number of fires, false alarms, road traffic collisions and other incidents attended per 10,000 population) do not always give us a **full and rounded picture** of how well an organisation is doing against the broader duties. Nor does it incorporate and balance the three components of measuring value: **quality, cost and outcomes that matter to people**. For an individual attending the Accident and Emergency Unit, the time they wait to be seen is important, but the **quality of the care** and the **actual outcomes** following their visit are just as important. For the Fire and Rescue Service the quality and outcomes related to each call out are also important, not just the number of calls attended. A **well-rounded mix of indicators** is therefore needed to describe how well each public sector organisation is performing against its strategic objectives.

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Recommendation 6: To review the types of indicators used in monitoring the success of public sector services, with a view to increasing those that are focused on outcomes and balance this with quality and cost indicators. Using a data driven approach will support decision making at every level, i.e. operational, strategic and partnership.

Summary

This chapter summarises the evidence and learning from others on how to successfully implement a Value-based approach. The six steps were developed by assimilating the evidence and best practice, as a guide for organisations and partnerships as a route map to success. However, we recognise that progress is not always linear, and that different organisations may find some steps more challenging than others.

Many of the necessary building blocks are already in place across public sector organisations, for example the policy and legislative framework in Wales supports collaborative partnership working, and the shift upstream towards prevention.

Many of the public sector organisations in Cardiff and the Vale of Glamorgan have provided case studies in areas where they are making great progress towards a Value-based approach, highlighting that each organisation is able to make progress towards a Value-based approach.

Appendix 1

Delivery Against Recommendations of the Previous Director of Public Health Report

Annual Report of the Director of Public Health 2020 'Let's leave no one behind in Cardiff and the Vale of Glamorgan' update on progress

Last year's report explored the impact of the COVID-19 pandemic on the population of Cardiff and the Vale of Glamorgan, identifying how the harms it caused exacerbated existing inequities. The report advocated for a partnership approach to tackling these inequities and prioritising prevention as we moved to the recovery phase. The report can be accessed here.

The report contained four chapters, each of which contained a number of recommendations; an update on each chapter is provided here.

Chapter 1

Epidemiology – impact of COVID-19 pandemic on inequalities in Cardiff and the Vale of Glamorgan

- The Cardiff and Vale University Health Board mass vaccination programme has offered COVID-19 vaccination in line with the Joint Committee on Vaccination and Immunisation guidance and has administered over 1.25 million primary and booster doses since the start of the campaign.
- Active communication and engagement with a range of communities and groups, by all partner agencies, ensured the developing knowledge around COVID-19, actions to take to protect yourself and vaccination was shared quickly; this included employing a range of methods to ensure maximum reach. Multiple methods of communication were also used by partner organisations to raise awareness of the support available to those who needed to isolate, whilst restrictions remained in place. These partnership arrangements remain in place in the recovery phase.
- Cardiff and Vale University Health Board (UHB) has developed a range of resources to support those experiencing symptoms of Long-COVID, including a Long COVID Recovery Team

Saunders,Nathan
23/01/2023 12:30:29

Chapter 2

Children and Young People – striving to support a generation's emotional wellbeing and mental health

- As a part of the Emotional and Mental Health work in the Regional Partnership Board, we have engaged with young people across all agencies in designing our work programme and continue to do so. The voice of children and young people underpins our service planning programme, called the 'EmPower' programme: the name was chosen by young people. Young people have been a part of developing our website, www.cavyoungwellbeing.wales, our social media and also developed patient letters.
- Family support is provided through a variety of services across Cardiff and the Vale of Glamorgan, Health, Education, Children's services and the third sector. Cardiff and Vale University Health Board teams work closely with colleagues in Cardiff Early Help and through the Vale of Glamorgan Families First advice line to support families. For children with a disability, support is provided through a multiagency approach.
- The 'whole school approach to mental health' pilot was completed in 2022, with 12 schools participating across Cardiff and the Vale of Glamorgan. This year, taking the learning from these Pathfinder Schools, the focus is in supporting secondary schools to implement and embed the whole school approach and events have been held to support schools and colleagues. This work is closely aligned to the EmPower programme. Work is underway to develop resources to raise awareness and share good practice with education colleagues and schools. We are also looking at ways to incorporate learner voice in this workstream.
- The EmPower programme is designed to deliver on the Regional Partnership Board's commitment to the No Wrong Door/NEST/NYTH approach. This approach underpins all the work of the partnership, which has mapped the work against the NEST/NYTH framework and developed an implementation plan.
- Under the EmPower project, work is underway to improve processes to support children and young people. Improved multiagency planning arrangements have been put in place and through Regional Integration funding, a new integrated team to support children and young people in distress is being recruited to. This will be Clinical Psychology led but with Health and Social care members, working with young people to support their needs. This team will work closely with our Crisis team and Home Treatment teams in the UHB to ensure each case is supported appropriately.

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23/01/2023 12:30:29

Chapter 3

Amplifying Prevention

- Building on the excellent partnership working throughout the pandemic, Cardiff and Vale University HEalth Board, Cardiff Council and Vale of Glamorgan Council have established and Amplifying Prevention Delivery Board to drive through the recommendations contained in this chapter of the Annual Report of the Director of Public Health 2020
- Initial attention will focus on increasing uptake and reducing inequity in childhood immunisations and bowel screening, as well as specified actions in the Move More Eat Well plan linked to workplaces, educational setting, and healthy advertising
- Guided by local data, partner organisations will begin this work in Cardiff City and South, Cardiff South East and Central Vale Primary Care Cluster areas
- Progress is being made in implementing the Cardiff Clean Air Plan, installing and consulting on new active travel infrastructure in Cardiff and the Vale of Glamorgan, along with related initiatives including a Transport for Wales pilot of 'tap on tap off' ticketing due to start on selected public transport routes in Cardiff in Q3/Q4 2022/3
- The first organisations to complete the Cardiff Healthy Travel Charter were announced in October 2022, with a new 'Level 2' Charter now available for organisations to sign up to, with more ambitious and stretching commitments.

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23/01/2023 12:30:29

Chapter 4

Ways of working through recovery

- The Annual Report of the Director of Public Health 2020 received widespread support and there was partnership agreement to work collectively to prevention and addressing inequities
- The Annual report informed the Well-being Assessments in both Cardiff and the Vale of Glamorgan, and thus the content of the two Well-being Plans, which set out the work of the respective Public Service Boards over the next five years
- It has also informed the UHB's Integrated Medium Term Plan, ensuring prevention and addressing inequities are core themes
- Agreement has been reached to build on the experience of working in partnership during the pandemic, and adopt a data driven approach to problem solving and targeting action through the Amplifying Prevention approach described above, including the development of a suite of partnership inequity indicators

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Saunders,Nathan
23/01/2023 12:30:29

Saunders,Nathan
23/01/2023 12:30:29

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro

Cardiff and Vale
University Health Board

Published December 2022

Report Title:	Addendum to Standing Financial Instructions			Agenda Item no.	7.2
Meeting:	Board	Public	X	Meeting Date:	26th January 2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

Procedures for consent for Health Boards to enter into contracts is set out within the Health Boards Model Standing Financial Instructions. The attached letter received from Welsh Government clarifies that procedure as there appears to have been some confusion as to when Heath Boards are noting Welsh Government of said contracts and when they are seeking approval.

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

As stated in the attached letter NWSSP Procurement Services asked Welsh Government to issue to letter to Health Boards to ensure that there was not any confusion going forward and that everyone was clear on the process.

Having checked with the Assistant Director of Procurement Services, Claire Salisbury, I can confirm that Cardiff and Vale UHB are and have been fully compliant with the guidance.

Recommendation:

The Board are requested to:

(a) Note the reissued guidance from Welsh Government and the assurance provided by the Assistant Director of Procurement Services.

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	
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	

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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
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 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:

Saunders,Nathan
20/01/2023 12:30:29

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health & Social Services Group

Llywodraeth Cymru
Welsh Government

7 November 2022

Chief Executives of Local Health Boards and NHS Trusts

Dear All

ADDENDUM TO STANDING FINANCIAL INSTRUCTIONS

PROCEDURES FOR CONSENT FOR LOCAL HEALTH BOARDS TO ENTER INTO CONTRACTS EXCEEDING £1 MILLION

Some confusion has arisen in relation to the procedures for the consent to enter contracts over £ 1 million. The latest version of the Standing Financial Instructions issued in April 2021 state in paragraph 11.6.2 :

General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4 All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

Paragraph 11.6.4 states that the exceptions mentioned above are as follows :

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

Saunders, Nathan
23/01/2023 12:16:29

i) Contracts of employment between LHBs and their staff;

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ii) Transfers of land or contracts effected by Statutory Instrument Model Standing Orders, Reservation and Delegation of Powers for LHBs Schedule 2.1: Standing Financial Instructions Status: Update – March 2021;
iii) Out of Hours contracts;
iv) All NHS contracts, that is where one health service body contracts with another health service body.

To ensure consistency with guidance issued to NWSSP Procurement Services, further exceptions highlighted below should be applied;

v) Contracts over £ 500k - £1 million (for noting) and £ 1 million + (for approval);

i) Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSSP (not exhaustive) - <u>no further approval required to award contracts under these Frameworks through a direct award or mini competition.</u>

ii) ***Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – <u>no further approval required to award contracts under these Frameworks through a direct award.</u> Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.***

All Health Boards in Wales and Special Health Authorities bodies should apply these exceptions from the date of this letter.

The revision introduced in point v) above will be included formally in the next version of the Standing Financial Instructions.

Yours sincerely

SR Elliot

Steve Elliot

Cyfarwyddwr Cyllid dros dro | Interim Director of Finance

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	Audit and Assurance Arrangements			Agenda Item no.	7.4
Meeting:	Board	Public	x	Meeting Date:	26th January 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

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

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

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

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

(a) Internal Audit

NWSSP Audit & Assurance Services provides professional audit and assurance services to all NHS organisations in Wales. The function is headed by a Director of Audit & Assurance with a named Head of Internal Audit assigned to each Local Health Board. This model enables bodies to enjoy a service responsive to local Health Board's needs and priorities whilst conforming to mandatory standards and industry best practice in terms of operating frameworks, policies and protocols. Further information about the NWSSP Audit & Assurance Services is available from their website.

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

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

Saunders, Nina (23/01/2023 11:00:16)

The work of internal audit is overseen by an Audit and Assurance Committee set up by the Board to consider audit matters, and this Committee is responsible for advising the Board on the effectiveness of the internal audit function. An effectiveness review of the Internal Audit function was presented to the Audit and Assurance Committee in November 2022. The work of the Audit Committee follows the guidance set out in the NHS Wales Audit Committee Handbook.

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

(b) External Audit – Audit Wales

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

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

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

Audit Wales provide external assurance to the Board through two key pieces of work:
The Structured Assessment and the Annual Report to the Board from the Auditor General for Wales.

The structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. This year's Structured Assessment is currently in draft but has been shared with the Board for review and completion of management responses. The Structured Assessment 2022 is due to be presented to the Audit Committee in February 2023 before being published on Audit Wales's website.

This Annual report from Audit Wales summarises the findings from the 2022 audit work at Cardiff & Vale University Health Board undertaken to fulfil the Auditor General responsibilities under the Public Audit (Wales) Act 2004.

That Act requires the Auditor General to:

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

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

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

This Year's Annual Report from the Auditor General for Wales will be presented to the Audit Committee in February 2023.

An effectiveness review of the External Audit function was also presented to the Audit and Assurance Committee in November 2022. The results for both sets of Auditors were positive and provide the Board with further assurance on this area of work.

(c) Committees of the Board

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

Under Standing Order 3.4 The Board shall establish a Committee that determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum it must establish Committees which cover the following aspects of Board business:

- Quality and Safety
- Audit
- Information Governance
- Charitable Funds
- Remuneration and Terms of Service
- Mental Health Act requirements

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

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

In addition to these Committees the Board has, over the last 12 months, also established the following Committees:

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

However, going into 2023 financial year the following Committees are going to be established in addition to the statutory Committees:

- Finance Committee will become Finance and Delivery Committee (From April 2023).
- People and Culture Committee will be established (From April 2023).
- Health and Safety Committee will be come a Sub Committee of the newly established People and Culture Committee (From April 2023).
- The Strategy and Delivery Committee will be removed as a Committee of the Board. From April 2023 the 'Strategy' element of the Committee will be dealt with as part of the Board Development session prior to full Board and the 'Delivery' element will be part of the Finance and Delivery Committee.

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These Committees will be formally established by the Board at its March 2023 meeting where Terms of Reference and associated Workplans for the established Committees will be presented to the Board for approval.

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

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

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

(d) Corporate Governance Directorate

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

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

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

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

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

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

The Risk Management and Board Assurance Framework Strategy was last approved by the Board in July 2022.

(ii) Assurance Strategy

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

The implementation of the Assurance Strategy will achieve the following:

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

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23/01/2023 12:30:29

During this financial year 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.

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 the September Audit and Assurance Committee work has been undertaken to action the above recommendations. In particular the following progress has been made:

1) A revised Three Lines of Defence Model has been prepared and shared with Internal Audit Colleagues for comment. That model incorporates elements of best practice highlighted within the Advisory Review so that it aligns with examples of external risk, governance and assurance models. Specifically, the updated model re-aligns functions within the Lines of Defence to ensure that the more accurately reflect recognised best practice.

   Once agreed with Internal Audit, the revised Model will be embedded within the Health Board's Risk Management Policies and Procedures and Assurance Strategy and shared with the Audit and Assurance Committee and Board for Approval.

2) A revised version of the Health Board's Template Assurance Map has also been prepared and shared with Internal Audit Colleagues for comment. The revised map has been designed so that it specifically maps Assurance Levels in relation to risks that are reported within the Corporate Risk Register. Once agreed with Internal Audit, the revised Assurance Map will be embedded within the Strategy and shared with the Audit and Assurance Committee Board for Approval.

   It is hoped that monitoring the level of Assurance that can be provided against those risks held within the Corporate Risk Register will enable more targeted action to be taken to proactively manage these risks and identify opportunities to control the same.

   Once this approach is fully embedded it is proposed that supplemental Assurance Maps will be populated and reviewed within specific corporate and clinical areas. These maps will identify what levels of assurance can be provided to the Board in areas where high scoring risks are frequently held for prolonged period of time and will enable more targeted reviews and support to be undertaken/provided by Internal Audit and other colleagues.

Saunders,Nathan
23/01/2023 12:30:29

3) The below action plan has been prepared and shared with Internal Audit

Action:	To be actioned by:	Completion Date:
To agree revised Three Lines of Defence Model and Assurance Map with Internal Audit.	Head of Risk and Regulation and Internal Audit	November 2022
To fully populate an updated Assurance Map in relation to those risks included within the Corporate Risk Register at the November 2022	Head of Risk and Regulation	December 2022
To share an updated Assurance Strategy and Risk Management and Board Assurance Framework Strategy with the Audit and Assurance Committee and Board for approval. To share a copy of the fully populated Corporate Risk Register Assurance Map with the Audit and Assurance Committee and Board for approval and/or comments.	Director of Corporate Governance Head of Risk and Regulation	January/ February 2023
Commencement of Phase 2 of Advisory Audit Work	Internal Audit	February 2023

(i) Internal Audit Recommendation Tracking and Audit Wales Recommendation Tracking

All recommendations made by our Internal Auditors and Audit Wales through their respective Audit Reports are tracked by the Corporate Governance Directorate. In the draft Structured Assessment 2022 Audit Wales have made the following comments:

'The Health Board continues to have good arrangements in place for tracking and implementing audit and review recommendations. Positively, the Health Board is taking steps to make its recommendations tracking arrangements more impactful and to provide greater assurance to the Audit and Assurance Committee. From November 2022, the committee will consider internal and external recommendations trackers at every other meeting to allow officers more time to progress actions. In addition, high-risk or long-standing recommendation will be agreed by members to consider in-depth'.

Saunders,Nathan
23/01/2023 13:30:39

(ii) Regulatory Compliance Tracking

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

- All Regulatory Bodies that have active recommendations with the Health Board this also includes Health Inspectorate Wales Reports and Community Health Council Reports. Also

contained within the tracker are the details of Regulatory Bodies that have previously inspected the Health Board despite there being no live recommendations. This is to ensure that the tracker remains a comprehensive list of all potential regulatory bodies.

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

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

- inspected the Health Board despite there being no live recommendations. This is to ensure that the tracker remains a comprehensive list of all potential regulatory bodies.
- The Regulatory Standard which is being inspected is listed where this information is available.

In the draft Structured Assessment 2022 Audit Wales have made the following comments:
'The Health Board is also taking positive steps to improve its legislative and regulatory compliance tracker following a reasonable assurance report issued by Internal Audit in August 2021. A report is presented to each meeting of the Audit and Assurance Committee on progress against actions'.

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

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

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

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

Recommendation:

The Board are requested to:

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

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19/01/2023 12:30:19

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	
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~~/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

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 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.

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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:

Saunders.Nathan
23/01/2023 12:30:29

Report Title:	**Board Lead and Champion Roles**			Agenda Item no.	7.5
Meeting:	Board	Public	x	Meeting Date:	26th January 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	**Director of Corporate Governance**				
Report Author (Title):	**Director of Corporate Governance**				

Main Report
Background and current situation:

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

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

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

Board Lead and Champion Roles were last approved by the Board in September 2021. Since that time there has been a couple of changes to the Board in that a new Executive Director of Nursing has been appointed and a new Independent Member – Universities has been appointed. It should also be noted that a new role has been added in that the Board is now required to have a 'Board Champion' for Research and Development. All other roles are set out under the Welsh Health Circular 2021/002.

Once confirmed each Independent Member 'Champion' will be linked in with an Executive Director to agree a plan to ensure that the role is fulfilled.

Recommendation:

The Board is asked to:

(i) Approve the proposed Board Leads and Champions set out in Appendix 1.
(ii) Confirm the Board Champion Role Description set out at Appendix 2.
(iii) Agree that where the Champion Role is allocated to an Independent Member that they will work with the relevant Executive Director to form a plan to fulfil the role.

Saunders,Nathan
23/01/2023 12:08:14

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		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
Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/No
Decarbonisation: ~~Yes~~/No

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

Saunders,Nathan
23/01/2023 12:30:29

BOARD LEADS AND CHAMPIONS

The Health Boards Standing Orders state that the Chair is required to ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Government Health Circular 2021/002 or as set out in statutory or other guidance. In addition to the ones set out by Welsh Government, statute or other guidance the Board has also identified some local areas where an Executive Director or Independent Member Lead is required.

Role	Executive/Non-Executive	Statutory	Proposed Board Member
Fire Safety	Executive		Rachel Gidman, Executive Director for People and Culture
Emergency Planning	Executive	Yes	Abi Harries, Executive Director for Strategic Planning
Caldicott	Executive		Meriel Jenny, Interim Executive Medical Director
Violence and Aggression	Executive		Rachel Gidman, Executive Director for People and Culture
Infection prevention and control	Non-Executive		Akmal Hanuk, Independent Member Community
Armed Forces and Veterans	Non-Executive		David Edwards, Independent Member ITC Fiona Jenkins, Executive Director of Health Science and Therapies
Mental Health	Vice Chair		Ceri Phillips, Vice Chair
Equality	Non-Executive		Sara Mosely, Independent Member Third Sector
Children and Young People	Executive & Non-Executive	Yes	Jason Roberts, Executive Nurse Director Rhian Thomas, Independent Member Estates
Putting Things Right	Executive & Non-Executive	Yes	Jason Roberts, Executive Nurse Director Charles Janczewski, Chair
Raising concerns	Executive or Non-Executive		Mike Jones, Independent Member Trade Union

Saunders,Nathan(3)
23/01/2023 12:30:29

Welsh Language	Executive		Rachel Gidman, Executive Director of People and Culture
Older Persons	Non-Executive		Professor Keith Harding, Independent Member University
Wellbeing of Future Generations Act	Non-Executive		Charles Janczewski, Chair
Social Services and Wellbeing (Wales) Act	Non-Executive		Susan Elsmore, Independent Member Local Authority
Research and Development	Non-Executive		Professor Keith Harding, Independent Member University

Saunders,Nathan
23/01/2023 12:30:29

Board Champions – Role Description

1 The principal responsibility of a Board Champion

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

2 Representing the Board

2.1 To take a lead responsibility in a defined area of the business

2.2 To be consulted on the development of strategy and policy in relation to the defined area prior to consideration by the Board or Committee of the Board

2.3 To attend project Groups, working groups or action groups and offer a Board member's perspective to the meetings

2.4 To contribute to learning events

3 Working with Staff

3.1 To support the Executive Director or Lead Officer in the defined area in the preparation of strategy and policy papers

3.2 To offer advanced level of scrutiny on proposals prior to consideration by the Board or Committee of the Board

3.3 To support joint working between Board members and staff

3.4 To ensure that Board members roles and responsibilities do not cross in to the operational duties of the staff

All Champions can do the following things:

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

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23/01/2018 15:13:39

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

Champions cannot do the following things:

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

Saunders,Nathan
23/01/2023 12:30:29

Confirmed Minutes of the Public Finance Committee Meeting
Held On 19 October 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
Tim Davies	TD	Head of Corporate Business
Nicola Foreman	NF	Director of Corporate Governance
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Jason Roberts	JR	Executive Nurse Director
Paul Bostock	PB	Chief Operating Officer
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Hywel Pullen	HP	Assistant Director of Finance

Item No	Agenda Item	Action
FC 19/10/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 19/10/002	**Apologies for Absence** **The Finance Committee resolved that:** a) No Apologies were noted.	
FC 19/10/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	
FC 19/10/004	**Minutes of the meeting Held on 28 September 2022** The minutes of the meeting held on 28 September 2022 were received. **The Finance Committee resolved that:**	

Saunders.Nathan 23/01/2023 12:30:29

	a) The minutes of the meeting held on 28 September 2022 were held as a true and accurate record of the meeting.	
FC 19/10/005	**Action Log following the meeting held on 28 September 2022** The Action Log was received. **The Finance Committee resolved that:** a) The Action Log was up to date.	
FC 19/10/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
FC 19/10/007	**Financial Report – Month 6** The Deputy Director of Finance Operations (DDFO) presented the Financial Report Month 6 and highlighted the following. At month 6 the Health Board reported an overspend of £12.807m against the submitted draft plan. That comprised of £4.257m of operational overspend and the planned deficit of £8.550m (six twelfths of the annual planned deficit of £17.1m set out in 2022/23 financial plan). The Health Board was now in "enhanced monitoring" by Welsh Government (WG). <u>Core Financial Plan – Month 6 Cumulative Position</u> The Health Board had overspent by £12.807m against its core financial plan, of which (i) £8.550m was planned as part of the underlying financial deficit and (ii) £4.257m was unplanned as an overspend in delegated and central positions. It was noted that the rate of unplanned overspend had increased in month, deteriorating by £1.730m from the cumulative Month 5 unplanned overspend of £2.527m. Table 3 provided a summary of the Month 6 position. The UHB Chair queried how the work undertaken with regards to forecasting had impacted upon the actual spend. The DDFO responded that when looking at the forecast it had caused people to reassess liabilities. Across such a wide	

Saunders.Nathan 23/01/2023 12:30:29

financial position, they only needed a small update on the forecast for colleagues to reflect on. They might have considered something a risk that was not a risk.

The UHB Chair queried if the Finance team was confident that this was the overspend for the year to date.

The DDFO responded that nothing else should appear for the year to date. However, there were risks in the last six months of the year, because of the uncertainty which would be discussed in the meeting later on and which were likely to cause pressure on delivering the financial plan.

Table 3: Finance - Key Performance Indicator Dashboard at September 2022

- The first red indicator was marked against the delivery of the 2022/23 draft financial plan.
- The Finance team was confident that the capital resource limit would be managed and the Health Board would remain within the capital resource limit at year end. It was a challenge to manage because there were so many variables. The challenge was making sure the Finance team worked with WG to recycle slippage.
- The overspend situation had impacted upon the underlying deficit. Work had not yet been completed regarding that and it would be discussed in the Private session of the Committee meeting.
- The Health Board was substantially behind on the recovery of recurrent savings. It was difficult for the Clinical Boards to find current savings. The Health Board was £1.9 million short of the savings.
- The Health Board was currently working on cash savings. It had been the most challenging this year. There was an all Wales responsibility to WG. The Health Board have been asked to formulate their forecast to year end. If WG could not remain within the limits set by the Treasury, it would need to discuss how that could be managed.

The Committee Chair (CC) stated that the Health Board had a lot of expenditure that was not yet formally “backstopped” by WG or where there had been no formal confirmation from WG regarding the same. The CC queried whether that was an issue in terms of cash.

The DDFO responded that it was an issue in terms of cash. WG had not confirmed the resource cover to spend that yet. It was implicit in conversations with WG that the Health Board required the resources and the cash.

Saunders.Nathan 23/01/2023 12:30:29

	It was noted that a number of cost pressures had emerged or increased in the year to date that had not been foreseen in the original financial plan. <u>Table 4: Financial Performance for the period ended 30th September 2022</u> Table 4 summarised the year to date position across the Clinical Boards and delegated areas of the Health Board. The operational deficit of £8.907m against delegated budgets was offset by a £4.650m underspend against central budgets, leaving a total operational overspend of £4.257m before the addition of the cumulative £8.550m planned deficit, to leave a total overspend of £12.807m. <u>Table 5: Key Cost pressures and risks within delegated positions as at Month 6</u> Table 5 highlighted items which had been real pressures this year. That included the following: • The first two figures for unfunded Medical staffing, including agency & premium costs, had become really acute this year. • It was noted that international Nurse recruitment was an expensive way to recruit Nurses. • The WHSSC LTA performance had moved back into a quasi-performance environment. There had been some mitigations to some of the contracts. • There was a need to increase Patient catering in EU. • The cost of prescribing had been going up. The Health Board increasingly had to go outside of normal contracts to obtain supply which came at a premium cost. The Finance team was monitoring the situation carefully. • There had been an increased demand for Mental Health services and an increase in capacity. The Health Board was relying more on CHC placements. • Security at Rookwood & Whitchurch was an estate cost. It was noted that there was a requirement to maintain sites in a good order. • There was a reduced footfall in Aroma due to less patients as a result of COVID 19 and that had impacted upon sales. The DDFO advised the Committee that the Health Board was reporting a £4.257m deficit over and above the planned defiit of £17.1m.	

Saunders,Nathan
23/01/2023 12:30:29

	The DDFO added that the risks of pulling that back to £17.1m were significant and real. The different trajectories and concerns would be discussed in the Private session of the Committee meeting. The DDFO explained the trajectory graph contained within the meeting papers. It was noted that the blue line represented the planned deficit of £17.1m. A gap was appearing on the trajectory between where the Health Board was at month 6 and where it had planned to be at month 6, along with what the gap would look like at month 12. The UHB Chair queried what actions were being taken to correct the wayward trajectory. The DDFO responded that the Finance team was meeting with the Clinical Boards on a regular basis to discuss how the trajectory could be improved. The trajectory levels would be discussed further in the Private Session of the Committee meeting. The UHB Chair stated that it was important from the Board perspective to understand the importance of trying to take corrective action as soon as possible and the actions that were being undertaken in order to minimise any potential excesses. The Chief Operating Officer (COO) stated that there was an absolute focus on the financial position from the Clinical Board perspective. Monthly meetings had been set up between the COO, DDFO and EDF to meet all of the Clinical Boards in the same room at the same time. The CC requested that the COO shared the outcome of that meeting with the Clinical Boards at next month's Committee meeting. The DDFO stated the trajectory did not include a number of potential cost issues that could add pressure to recover the trajectory. Those included (i) winter pressures planning for additional bed capacity and (ii) Emergency Unit service mitigations whilst Covid restricted the ability to efficiently discharge patients. It was noted that the Health Board still had to deliver additional savings of £1.9m against its plans in the second half of 2022-23. <u>Exceptional costs</u>	**COO**

Saunders.Nathan 23/01/2023 12:30:29

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

- Increased energy costs of £20.9m for 2022-23.
- Employers NI costs of £6.9m.
- The impact of paying Real Living Wage (RLW) for staff working within Social Care and the Third Sector, which had remained at the original estimated level of a £2.9m increase in annual costs.

The DDFO advised that there had been huge volatility with the excess energy costs. However, there had been more positive news on pricing and modelling since month 5. The Government's guarantees to the Business sector would also apply to the NHS. The Health Board had greatly reduced the forecast ask from WG in that area.

Table 6 – Exceptional Cost forecast for 2022-23

It was noted that WG funding to support those costs had been assumed but had not yet been confirmed.

However, the COVID funding for response costs had moved in month because of the wage award. It was at £25m. It was being challenged by WG as to why it had not reduced since the COVID situation was improving.

However, the Health Board was still on a "COVID footprint" and there were still outbreaks on some wards. The DDFO described that situation as moving into "COVID consequential". It was the world the Health Board had emerged into since the pandemic and it was difficult not to rely upon COVID funding for response costs.

Table 8: Summary Financial Position for the period ended 30th September 2022

It was noted that this emphasised the £4.257m overspend the Health Board had anticipated for that time of the year.

Key Financial Assumptions and Risks

Approving the three-year financial plan was noted at "red". A revised financial plan was submitted into WG on 30 June 2022. The plan had projected a £17.1m deficit by the end of 2022-23. WG had now moved the Health Board into an Enhanced Monitoring position based on financial concerns.

The revenue funded limit was a red risk. The Health Board had submitted a £17.1m deficit plan and therefore would

Saunders,Nathan 23/01/2023 12:30:29

	breach the breakeven duty in 2022-23. It was a high risk that would not be recovered in years two and three of the rolling performance measure. Operational delegated positions had deteriorated in year resulting from cost and service pressures and excess inflation which was a red risk. Table 5 referred to new in year cost pressures which had arisen from demand and staffing pressures whilst still maintaining a Covid ready environment. The CC queried whether the rating was accurate enough to reflect the Health Board's current position. The Director of Corporate Governance (DCG) stated that the BAF would go to the next Finance Committee meeting and then to Board in November. It was previously agreed that once they were clear on the month 6 financial position, the financial risk would then be reviewed. The DCG would also check it against the Risk Register for consistency purposes. It was noted that WG funding exceptional costs and COVID costs still remained at risk. <u>Table 10: Savings Schemes</u> It was noted that the Health Board had yet to recover £1.9m of saving schemes. The Finance team would continue to work on that. The EDF advised that WG had asked the Health Board to provide a list of slippage bids. The Health Board had submitted bids of £15m, the vast majority of which was for relocating services that had restarted during COVID. A bid for urgent care had also been submitted, plus a bid for £700,000 - £800,000 to upgrade work in the Emergency front door. Bids to upgrade infrastructure would be submitted next month. The UHB Chair queried the current position of the savings plan for 2023-24. The DDFO responded that the Finance team was starting the planning for next year and assessing the needs for savings. There was pressure on the financial plan for next year along with the underlying deficit of this year. That could produce a need for a significant Cost Recovery/Reduction Programme (CRP) but there was also a need to be cautious. The CEO stated that following conversations with the EDF, the Health Board needed to find a way to shift from "salami slicing" to a more transformational place.	**DCG**

Saunders.Nathan 23/01/2023 12:30:29

	The Finance Committee resolved that: a) The reported overspend of £12.807m due to £4.257m of operational pressures and a planning deficit of £8.550m, was noted. b) The financial impact of COVID 19 which was assessed at £30.441m, was noted. c) The additional Welsh Government COVID 19 funding of £30.441m assumed within the position, was noted. d) The financial impact of Exceptional Inflationary Pressures which was assessed at £8.620m, was noted. e) The additional Exceptional Inflationary Pressures funding of £8.620m 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 2021/22 brought forward Underlying Deficit of £29.7m and the planned forecast carry forward of £20.0m to 2023/24, was noted.	
	Items for Information and Noting	
FC 19/10/008	**Financial Monitoring Return – Month 6** The Financial Monitoring Return – Month 6 was received. **The Finance Committee resolved that:** a) The extract from the UHB's Monthly Financial Monitoring Return was noted.	
	Agenda for Private Finance Committee Meeting	
FC 19/10/009	i. Approval of Private Minutes ii. Update on risks to the finance plan iii. COVID funding analysis	
FC 19/10/010	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
FC 19/10/011	**Items to be referred to Board / Committee** No Items to be referred to Board / Committee.	
	Date & time of next Meeting Wednesday 16 November 2022 at 2pm Via MS Teams	

Saunders,Nathan
23/01/2023 12:30:29

Saunders,Nathan
23/01/2023 12:30:29

Confirmed Minutes of the Public Finance Committee Meeting
Held On 16 November 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
Nicola Foreman	NF	Director of Corporate Governance
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Jason Roberts	JR	Executive Nurse Director
Mike Bond	MB	Managing Director – Acute Services
Kris Prosser	KP	Assistant Head of Finance - Financial Planning & Transformation
Geoff Walsh	GW	Director of Capital, Estates and Facilities
Observers:		
Tim Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer

Item No	Agenda Item	Action
FC 16/11/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 16/11/002	**Apologies for Absence** **The Finance Committee resolved that:** a) Apologies were noted.	
FC 16/11/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	
FC 16/11/004	**Minutes of the meeting Held on 19 October 2022**	

Saunders.Nathan 23/01/2023 12:31:09

	The minutes of the meeting held on 19 October 2022 were received. **The Finance Committee resolved that:** a) The minutes of the meeting held on 19 October 2022 were held as a true and accurate record of the meeting.	
FC 16/11/005	**Action Log following the meeting held on 19 October 2022** The Action Log was received. **The Finance Committee resolved that:** a) The Action Log was up to date.	
FC 16/11/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
FC 16/11/007	**Financial Report – Month 7** The Deputy Director of Finance Operations (DDFO) presented the Financial Report Month 7 and highlighted the following: At month 7, the Health Board reported an overspend of £15.430m against the submitted draft plan. That comprised of £5.455m of operational overspend and the planned deficit of £9.975m (seven twelfths of the annual planned deficit of £17.1m set out in 2022/23 financial plan). The Health Board had assumed that Covid and exceptional costs incurred to date (ie £45.725m) would be funded by Welsh Government (WG) and that further costs would continue to be funded to the end of the financial year. <u>Table 4: Financial Performance for the period ended 31st October 2022</u> • It was noted that consistent cost pressures were being experienced by the Health Board. • The largest operational overspends were in the (i) Medicine Clinical Board (£3.175m deficit) where the main pressure areas were nursing and medical staffing, (ii) Mental Health Clinical Board (£2.192m deficit) where there were nursing and continuing healthcare (CHC) placement pressures, and (iii) Capital Estates & Facilities (£2.169m deficit) where there were pressures against security costs, Patient catering in EU and commercial income.	

Saunders,Nathan 23/01/2023 12:30:29

- The performance of the Clinical Boards was being reviewed regularly with the relevant Executives.

<u>Table 5 Key Cost pressures and risks within delegated positions as at Month 7</u>

In the covering report (i) the blue line showed the planned deficit and (i) the red line indicated that the Health Board could be heading towards a £30m deficit. There were mitigations in place to get reduce that to £26m.

The UHB Chair requested an explanation regarding why the Health Board was exceeding the trajectory.

The UHB Chair also added that page 5 stated “the risks will potentially lead to a further increase in the Forecast Deficit to £26.9m following Board approval.” This was incorrect because the Board had not signed that off yet.

The DDFO responded that there was a trend at the moment which was above the £17.1m. The trend would change to £19.850m following the approval of the Winter Plan. The Finance Team was now concerned about the other cost pressures and the ability to “reign in” those cost pressures.

The UHB Chair stated it was “subject to Board approval” and not “following Board approval”.

The UHB Chair asked the DDFO to highlight the main causes of the operational overspend.

The DDFO responded that a report would be presented in the Private session of the Committee and would go into more detail.

The UHB Chair stated that he was worried that the “drift” was being accepted too readily.

The DDFO responded that table 5 showed the pressures. There was no one issue that had caused the £1.1m increase. It was broadly “on trend” to what had previously happened in the past 5 months. It was not hugely out of sync and was still in line with previous trends.

The UHB Chair responded that he was uncomfortable with the trend and queried what actions were being taken to alleviate the trend.

The DDFO stated that the Finance Team was meeting monthly with the Clinical Boards to discuss actions and improvement plans.

Saunders.Nathan 23/01/2023 12:30:29

	The UHB Chair stated that he was looking for the terms “grip and control” to alleviate the trend. The EDF stated it may seem that the trend was being accepted but assured the Committee that it definitely was not. There were items that had caused cost pressures which were not funded under Covid response costs which had included food prices and income shortfalls that were being experienced. That was subject to a review at the moment. The EDF added that the biggest pressure was the capacity in terms of bed base and the cost of manning the bed base. That included CHC placements following the Covid response and trying to expedite delays into the community. This was not accepted and there were certain levels of “grip”. The Managing Director – Acute Services (MDAS) stated that each Clinical Board was considering where it could reduce expenditure quickly. For example, more could be done around utilising workforce, and the high sick rate and agency spend. The Independent Member – ICT (IMI) queried how confident the Finance team was in relation to the green line on the graph based on assumptions and getting a “grip” of the Clinical Boards’ expenditure. The DDFO responded that there were aspects that could help with the green line. A detailed discussion would be had in the Private meeting. The EDF stated there was a level of improvement needed to get to the position required. <u>Table 6 – Exceptional Cost forecast for 2022-23</u> It was noted that energy costs had gone down. The energy forecast would remain a live piece of work involving the Health Board’s Capital and Estates Team and Shared Services’ market intelligence, in light of the volatility of market intelligence. <u>Covid 19 Expenditure and Funding</u> It was noted that this had remained consistent overall. There was a slight change in some of the bed base closing down. There had also been a slight increase in costs. That would be discussed further in the Private session of the Committee. <u>Table 9: Risk Register at October 2022</u>	

Saunders.Nathan 23/01/2023 12:30:29

	It was noted that the top risk was 25. The top three would align with the Corporate Risk Register. The sub-risks were the assessment of the additional risks within Finance. <u>Savings programme</u> - There were still additional savings identified in the saving programme to be achieved. - It was a high risk as there was now less time to deliver those. - The sub-risks were the assessment of the additional risks within Finance. At month 7, the Health Board was forecasting £17.467m of savings to deliver against the revised £19.400m savings target which left a further £1.933m of schemes to identify. That represented a marginal increase in identified schemes of £0.010m in month. Delegated budget holders were being pressed to close the remaining gap through the established internal review process. The Committee was informed that there was still some way to go to achieve the last savings before year end. As the months were diminishing towards year end, there would be less time to deliver those savings. The CC queried that the red column was looking empty. The CC queried whether the Committee should be worried about the lack of red options. The DDFO responded that it was of concern. The Finance team was going to look at procurement savings with Procurement team and the Clinical Boards. The EDF stated that the Finance team did not accept that the savings target would not be met. The Finance team would need to commit to the elements of the plan that could be delivered. During conversations with the Clinical Boards help with corporate elements, such as procurement, had been requested. The EDF added that it was important to start planning next year's savings. <u>Balance sheet</u> It was noted that there was an impact on cash flow because of the deficit. <u>Public Sector compliance</u>	

Saunders,Nathan
23/01/2023 12:30:29

	The Health Board's Public Sector payment compliance performance had remained below the target of 95%. Performance for the 7 months to the end of October was 94.3%. Whilst that had remained below the target, it was an improvement of 0.4% in month. Performance was expected to improve in the coming months as newer "holds" would be cleared, and then paid, within the 30 days target. Work was ongoing with departments, including training, to address the level of orders not receipted, and the high number of workforce and nursing holds, which should improve the Health Board's position. **The Finance Committee resolved that at Month 7:** a) The reported overspend of £15.430m due to £5.455m of operational pressures and a planning deficit of £9.975m was noted. b) The financial impact of COVID 19 which was assessed at £35.494m, was noted. c) The additional Welsh Government COVID 19 funding of £35.494m assumed within the position was noted. d) The financial impact of Exceptional Inflationary Pressures which was assessed at £10.231m was noted. e) The additional Exceptional Inflationary Pressures funding of £10.231m assumed within the position was noted. f) The forecast deficit of £19.850m, which comprised of the £17.1m planned deficit identified in the Final Financial plan and £2.850m of additional winter planning costs approved by the UHB Board was noted. g) The 2021/22 brought forward Underlying Deficit of £29.7m and the planned forecast carry forward of £20.0m to 2023/24 was noted.	
FC 16/11/008	**2022-23 Strategic Cash Request Submission** The DDFO presented the 2022-23 Strategic Cash Request Submission Paper and highlighted the following: • Cash was needed to fund the forecasting deficit. • The Health Board had submitted the assessment of the balance sheet movement to Welsh Government (WG). • A confirmation of the year end forecast would need to be sent to WG. That would need to be covered by WG and an Accountable Officer's letter would be required. The UHB Chair requested that the wording in the recommendation should be changed to "the Committee	**EDF**

Saunders.Nathan 23/01/2023 12:30:29

	recommend to the Board" because the Committee could not approve the recommendation itself. **The Finance Committee resolved that:** a) The UHB's working cash balance requirement of £4.234m identified in the October 2022 Welsh Government Monitoring return, was noted; and b) the UHB's application to Welsh Government for Strategic Cash Support of in support of its 2022/23 forecast deficit was recommended to Board for approval.	
FC 16/11/009	**Financial performance of Clinical Boards – Verbal** The MDAS updated the Committee on the following: • The biggest movement in the Clinical Boards was money spent on agency and medical expenditures. • Following conversations with the People and Culture team, vacancies were being filled and turnover rates were reducing which should help to drive down the premium agency costs. • Medical staffing costs – thought was required about how to use medical staff in the best way. The CC queried what was practically being done to improve the situation. The MDAS responded that they did have systems and mechanisms in place. They needed to find out ways to be able to share it with the Committee. The UHB Chair suggested that a deep dive on how the clinical boards were following through with their actions to improve the situation would be useful. **The Finance Committee resolved that:** a) The Financial performance of Clinical Boards verbal update was noted.	**COO/EDF**
FC 16/11/010	**Board Assurance Framework – Financial Risk** The Director of Corporate Governance (DCG) stated that she had reviewed the BAF with the EDF, following which the financial risk had increased from 15 to 20. The BAF set out the narrative around that and also included the actions being taken to mitigate the risk.	

Saunders,Nathan 23/01/2023 12:30:29

	This would be reported through the full BAF which would go to the Board meeting. **The Finance Committee resolved that:** a) The attached risk in relation to Financial Sustainability was reviewed to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.	
FC 16/11/011	**Operational Pressures** The MDAS advised the Committee on the following: • The Health Board was coming to a challenging part of year. The Winter Plan and additional capacity would need to be implemented. • There was an additional ward in UHW A5. • There was good progress in the EU and assessment footprint. The Clinical teams were managing to hand over ambulances in 4 hours. They previously lost 600-700 hours a week and that had now dropped to 350-400 hours. • A lot of it was down to changing the way the teams work. • Acute short stay beds in A1 had been ring fenced. • A new Frail service had been introduced. The plan was to see every frail person within an hour of hospital admittance. That was managed through senior clinicians. • Medical SDEC had also been moved out of the EU into first floor. • The clinical teams were also looking to triage GP referrals. The UHB Chair stated that the operational pressures update was not required at the finance committee. **The Finance Committee resolved that:** a) The Operational Pressures Update was noted. b) It was agreed that the Operational Pressures Update would not be brought to the Finance Committee.	
	Items for Information and Noting	
FC 16/11/012	**Tertiary Tower Long term solution – Business Case** The Director of Capital, Estates and Facilities (DCEF) presented the Tertiary Tower Long term solution – Business Case and highlighted the following:	

Saunders,Nathan 23/01/2023 12:30:29

- There was a power failure in the Tertiary Tower building 12 months ago.
- As a result of there being no local generator backup for the Tertiary Tower building, the power failure had drastically affected Clinical services within the building during that period.
- The Tertiary building hosted several significant services.
- Having identified the deficiency of maintaining the critical infrastructure, it was necessary to design and upgrade the electrical infrastructure to ensure its compliance with HTM-06-01 and thereby ensure continuity of supply in the event of a mains failure.
- The scheme would include installation of a new switchboard and local generator to provide 100% electrical supply in the event of any failure.
- A summary of the projected capital costs was shown in the paper.
- The revenue implication for this scheme related to the annual maintenance of the new plant and equipment and was estimated at £1k which would be managed within the existing allocation.

The Finance Committee resolved that:

a) Recommendation from the Committee would be made to the Board to approve:

i. The submission of the electrical infrastructure upgrade for the UHW Tertiary Tower – Business Justification Case be submitted to Welsh Government for capital funding support.

ii. The awarding of the construction contract, subject to Welsh Government approval of the BJC, to Amberwell Engineering Services Ltd at a value of £1.647m (inclusive of VAT) under the terms and conditions of the NEC short form contract.

iii. The appointment of Gleeds Management Services as the Project Manager, subject to Welsh Government approval of the BJC, at the cost of £50.435k (inclusive of VAT) under the terms and conditions of the SBS Framework.

iv. The appointment of Gleeds Cost Management as the Cost Advisor, subject to Welsh Government approval of the BJC, at the cost of £38.572k (inclusive of VAT) under the terms and conditions of the SBS Framework

b) Recommendation would be made from the Committee to the Board that it approves that the Health Board enters into the said contracts, subject to recommendation 2,3&4 being satisfied.

Saunders.Nathan 23/01/2023 12:30:29

FC 16/11/013	**FNC Rate** The Executive Nurse Director (END) presented the FNC Rate Paper and highlighted the following: • The rate was set annually by Health Boards. • The Supreme Court judgement led to lots of discussion regarding funded nursing care. • The FNC rate was set to increase from £194 to over £200. That was different to the England rate. • There was a request from Clinical Boards to continue to retain the rate because it was derived from a calculated method. The CC queried how problematic it was in practice. The END stated that a number of Welsh Health Board were adopting the same approach and it made sense to adopt an approach which was consistent with the other Welsh Health Boars. **The Finance Committee resolved that:** a) The update provided in the paper was noted. b) The recommendation of HB Chief Executives that the IUM extended to 2022/23, and beyond, thus providing the opportunity to respond to requirements in future financial years in a timely manner using a tried and tested methodology was noted and supported. This would allow time for WG to formulate revised FNC Policy Guidance that may impact on the way the FNC rate is calculated in future; a review of the mechanism to set the rate that complies with any future policy requirement would then be necessary. c) The proposal that, should the anticipated updated policy guidance not be forthcoming, the IUM will be reviewed after three years to ensure it remained an appropriate mechanism to set the FNC rate, was noted and supported. d) Recommendation from the Committee would be made to Board to approve the recommended uplift to the HB component of the weekly FNC rate to £193.88, backdated to 1 April 2022.	
FC 16/11/014	**Development of the Hybrid/Major Trauma theatres at UHW - Business Case** The DCEF presented the paper and highlighted the following: • The scheme was ongoing for a number of years.	

Saunders,Nathan 23/01/2023 12:30:29

	• The scheme provided two fully operational hybrid theatres which would link into the main theatre facility and support the vascular network and major trauma work. • The costs associated with the hybrid theatres were significant. • It required a capital investment of £40.611m to be funded from the All Wales Capital Programme. The UHB Chair queried whether there was any future proofing of the costs. The DCEF responded that there was no future proofing because it would take place over a long period. WG would fix it at an industry rate and then look to market test it. The EDF stated that there was a commitment on the Health Board to fund the revenue as a commissioner of the service. It was important that the Board understood the pre-commitment on the Health Board revenue commissioning strategy. **The Finance Committee resolved that:** a) Recommendation would be made from the Committee to the Board to approve: i. The submission of the Development of the Hybrid/Major Trauma theatres at UHW Full Business Case to Welsh Government for capital funding support. ii. The award of the contract to the Supply Chain Partner, Willmott Dixon Construction Ltd, subject to WG approval of the FBC, under the terms and conditions of the NEC Option 3 contract, as required by the Building For Wales Programme with an anticipated target cost of £28.075m (Inclusive of VAT) and a commencement date to be agreed. iii. The award of the contract to the Project Manager, Gleeds Management Services, subject to WG approval of the FBC, under the terms and conditions of the NEC Professional Services contract, as required by the Building For Wales Programme at a cost of £0.156m (Inclusive of VAT) and a commencement date to be agreed. iv. The award of the contract to the Cost Advisor, Gleeds Cost Management, subject to WG approval of the FBC, under the terms and conditions of the NEC Professional Services contract, as required by the Building For Wales Programme at a cost of £0.130m (Inclusive of VAT) and a commencement date to be agreed. v. The appointment of an NEC Supervisor to be procured under the SBS Framework, subject to WG approval of	

Saunders,Nathan
23/01/2023 12:30:29

	the FBC, at a cost of £0.125m (Inclusive of VAT) and a commencement date to be agreed. b) Recommend from the Committee to Board that the Health Board enter into the said contracts, subject to recommendation 2,3,4 & 5 being approved.	
	Items for Information and Noting	
FC 16/11/015	**Financial Monitoring Return – Month 7** The Financial Monitoring Return – Month 7 was received. **The Finance Committee resolved that:** a) The extract from the UHB's Monthly Financial Monitoring Return was noted.	
	Agenda for Private Finance Committee Meeting	
FC 16/11/016	i. Approval of Private Minutes ii. High Level Resource Map iii. Forecast Outturn iv. Adult Fracture Clinic	
FC 16/11/017	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
FC 16/11/018	**Items to be referred to Board / Committee** No Items to be referred to Board / Committee.	
	Date & time of next Meeting Wednesday 14th December 2022 at 2pm Via MS Teams	

Saunders.Nathan
23/01/2023 12:30:29

Confirmed Minutes of the Quality, Safety & Experience Committee
Held on 29 November 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		
Paul Bostock	PB	Chief Operating Officer (in attendance until 10am)
Barbara Davies	BD	Lead Nurse in Specialised Medicine
Nicola Foreman	NF	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Experience
Meriel Jenney	MJ	Executive Medical Director (in attendance until 11am)
Mathew King	MK	Interim Assistant Director of Therapies and Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Jane Murphy	JM	Interim Director of Nursing – Medicine Clinical Board
Suzanne Rankin	SR	Chief Executive Officer
Aled Roberts	AR	Clinical Director for Medicine Clinical Board
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Richard Skone	RS	Deputy Medical Director
Observing		
Timothy Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Beth Jones	BJ	Senior Nurse for Specialised Medicine
Katherine Prosser	KP	Interim Quality and Governance Lead – Medicine Clinical Board
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Louise Platt	LP	Director of Operations for Medicine Clinical Board
Catherine Phillips	CP	Executive Director of Finance

QSE 22/11/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**Action**
QSE 22/11/002	**Apologies for Absence** Apologies for absence were noted. The Executive Medical Director (EMD) advised the Committee that she would need to leave the meeting early to attend another meeting. The Chief Operating Officer (COO) advised the Committee that he would need to leave at 10am to attend the Trauma Network Group.	
QSE 22/11/003	**Declarations of Interest** No declarations were noted.	
QSE 22/11/004	**Minutes of the Committee meeting held on 30 August & 11 October 2022** The minutes of the meeting held on 30 August 2022 and 11 October 2022 were received. **The Committee resolved that:**	

Saunders, Nathan
23/01/2023 12:37:29

	a) The minutes of the meeting held on 30 August 2022 and 11 October 2022 were approved as a true and accurate record of the meetings	
QSE 22/11/005	**Action Log following the Meeting held on 30 August 2022** The Action Log was received, and all ongoing actions discussed. **The Committee resolved that:** a) The Action Log from the meeting held on 30 August 2022 was noted	
QSE 22/11/005	**Chairs Actions** The Chairs Action around the Approval of the Research Governance Policy (UHB 099) was received. **The Committee resolved that:** a) The Chairs Action was noted.	
QSE 22/11/006	**Medicine Clinical Board Assurance Report (including a Patient Story)** The Clinical Director for Medicine Clinical Board (CDMCB) introduced the Lead Nurse in Specialised Medicine (LNSM) who presented the Committee with a Patient story. It was noted that the Patient Story reflected the complex experience of a Patient at the University Hospital of Wales (UHW) and their extended length of stay. The LNSM advised the Committee that the Patient's case was very complex and identified a number of areas in which the Health Board had input into the care of the Patient and the actions taken around: • Patient admission • Interventions • Early MDT approach • Discharge Planning • Re-Admission • Further Discharge Planning It was noted that a number of lessons had been learnt which included: • Failure to engage GP in the MDT approach added to the Patient's readmission • Access to psychology was limited • Acute care environments did not support the therapeutic interventions required for Patients with multi-faceted complex needs The Independent Member – University (IMU) noted that the Patient within the story had a very complex case and that the issues seen around psychology had offered another interesting aspect to the complex case in terms of holistic management. The Vice Chair of the University Health Board and Committee (the Vice Chair) asked if the lessons learnt could be pooled across the Organisation with regards to how Patients with complex needs were managed because there were currently Patients inappropriately located in care settings for a number of reasons but those areas did not necessarily address their Clinical or emotional needs. The CDMCB responded that the ward in which the Patient had been admitted was no stranger to complex cases and noted that a Patient whose length of stay exceeded the expected length of stay was usually due to the Patient's needs falling between services and that attention was required as to why a Patient's length of stay was so high. The LNSM added that in terms of sharing the complexity of the learning across the Organisation, it should be looked at and shared effectively between Clinical Boards.	

Saunders, Jonathan
23/01/2023 12:20:16

The Chief Executive Officer (CEO) noted that they had been discussing the need for psychological therapy to be embedded as an element of the Health Board's "universal offering" as opposed to an "as and when" required approach.

The Medicine Clinical Board Assurance Report was received.

The Executive Nurse Director (END) advised the Committee that in relation to the National Reportable Incidents (NRI) management, the Medicine Clinical Board (MCB) had undertaken a lot of work to close down the NRIs.

It was noted that the Medicine Clinical Board (MCB) was investigating 8 NRIs and that 5 of the investigations were being progressed for closure and 3 were subject to His Majesty's Coroners inquests.

The CDMCB advised the Committee that maintaining safe and timely Patient flow across the Clinical Board continued to be a significant risk to the MCB, especially within the Emergency Department (ED).

He added that the MCB had received a lot of support from the Health Board around areas which included:

- A frailty zone - a 6-day Frailty service in the Assessment Unit had commenced in November 2022

- Right bed, first time - Ward A1 was reset to ensure Patients with a predicted length of stay under 72 hours were admitted and Ward C5 had introduced a Clinical led flow model with respect to Board rounds and noted that the small change in the timings of Board rounds had seen a big impact on communication and team working in relation to Patient discharges and flow.

The Interim Director of Nursing – Medicine Clinical Board (IDNMCB) advised the Committee that the biggest risk for the MCB was staffing.

She added that the lack of a consistent workforce impacted on standard of care and added that staff were expressing their concern with regards to not having enough nurses to look after Patients.

It was noted that different models of healthcare were being looked at with other Health Boards in Wales, as well as gaining valuable insights via Tendable.

The IDNMCB advised the Committee that the MCB was trying to build its workforce around the Patient rather than looking at the traditional model of care and had recognised the huge amount of work that was needed.

The Vice Chair asked what actions were in place to increase the percentage of MCB staff undertaking their Values Based Appraisal (VBA), as the current level stood at 22.20% which was poor.

The IDNMCB responded that the MCB and Directorates were working hard to review and improve compliance with VBAs and pay progression.

She added that the paperwork had been looked at and reduced to encourage a more streamlined approach which would help to make the process more discussion based.

The Assistant Director of Patient Experience (ADPE) advised the Committee that the MCB had a high level of activity but had remained very focussed on the QSE agenda and that as a Clinical Board they were always receptive to trying any innovation that could support and improve experience.

Saunders Watermark 23/01/2023 10:30:39

The END concluded that with regards to the staffing and remodelling work, the Committee could not underestimate the challenge to the MCB. He added that there was a Quality Framework that had to be followed and so work would be undertaken to look at that Framework to ensure safety within the system.

The QSE Committee resolved that:

	a) The assurance report provided by the Medicine Clinical Board Report Medicine Clinical Board QSE was noted; and b) The mitigation being taken to improve quality, safety and experience and reduce harm was agreed.	
QSE 22/11/007	**Quality Indicators Report** The Quality Indicators Report was received. The ADPE advised the Committee that she would take the report as read and would highlight key areas for noting. It was noted that one of the areas picked up within the report was around information collated through the Tendable platform which enabled the team to analyse some of the best use of resources questions. It was noted that one of the questions included was: • Are Nurse Staffing Levels Appropriate vs Are you undertaking a task that a non-clinician could to? It was noted that the more nurses felt that staffing levels were inappropriate, the more they reported doing tasks that could have been undertaken by a non-clinician. The ADPE advised the Committee that the correlation was, in part, contributing to the consistent reduction in staff wellbeing scores. It was noted that the over the next 12 months, a more electronic format of the Quality Indicators Report would be received by the Committee to provide a live database and real-time reporting. The END advised the Committee of the Health Board's Infection, Prevention and Control (IPC) position and noted that the grouped total Cdiff, Ecoli, MRSA and MSSA infections had shown no in-year improvement against the 2018/2019 baseline. He added that the Cdiff rate in-year had increased, compared to baseline of December 2018 and noted that the Board had received that information at their last meeting in November. It was noted that the END and the Deputy Medical Director (DMD) co-chaired the Cdiff group and that the root cause analysis would be undertaken and learnings shared with the relevant areas. The IMU asked where the Health Board was in relation to pressure damage and noted that the report tried to discern pressure damage correlation with staffing. The ADPE responded that pressure damage management was difficult because so many variable factors came into it which included: • Patient waiting a long time in ambulances. • Delays in admission to beds on wards for Patients with a "decision to admit". She added that the collated data was used to examine whether there was any correlation between short staffing incidents and pressure damage and falls reporting, and to examine the theory that short staffing incidents led to a reduction in falls, as there were not enough staff to mobilise the Patients, and therefore an associated increase in pressure damage as a result. It was noted that the data did not suggest that, but it was also noted that the data did not account for rates per 1000 bed days. The END added that pressure damage had remained on the agenda for a long time and noted that it would most likely always be there because it was a constant risk for Patients and safety and that constant validation was essential.	**JR/RS**

Saunders Catharine 23/01/2023 12:30:19

	He added that there was a pressure damage collaborative group which looked at all of the data and reported back to the team for use in the Quality Indicators Report. It was noted that the END had requested permission from the CEO to contact Health Boards in NHS England to understand what their collaborative was working to and they noted that by early 2023 there should be benchmarking data to provide to the Committee. The IMU asked if the Clinical areas using the HappyOrNot feedback systems received the positive feedback as noted in the report because one area had not received the feedback when the IMU had undertaken a Patient Safety walkaround. The ADPE responded that all Clinical areas should receive their feedback and noted that she would send the relevant Clinical area their feedback for the one that was missed. The Vice Chair concluded that it was pleasing to read within the report that the approach was to focus upon improving the overall system, and ensuring that 'as few things as possible go wrong' and 'as many things as possible go right'. Further, that there was a focus upon the whole system shift in which the Health Board's QSE priorities in Community and Primary Care carried equal attention to that in the Secondary and Tertiary care services. **The QSE Committee resolved that:** a) The content of the report and the developing process to monitor Quality Indicators was noted.	**AH**
QSE 22/11/008	**Maternity Services Update - Verbal** The verbal Maternity Services Update was received. The END advised the Committee that an unannounced visit from the Health Inspectorate Wales (HIW) had been undertaken in November 2022. He added that from that visit, further correspondence had been received regarding significant improvement plans which had been worked through to complete the assurance plan. It was noted that the Health Board was awaiting further correspondence and that more details could be provided in the Private session of the Committee. The END concluded that as soon as the final report was published and the Health Board had completed the action plan, it would be received by the QSE Committee for assurance in 2023. **The QSE Committee resolved that:** a) The verbal Maternity Services Update was noted.	
QSE 22/11/009	**HIW Activity Overview Including:** ***a) HIW Report regarding the Emergency Unit*** ***b) HIW Report from visit to Stroke Centre*** ***c) HIW Report regarding Cardiothoracic services*** The END advised the Committee that he would take the paper as read and that he had a good relationship with the HIW. The purpose of the report was to provide the Committee with an overview of the reviews and inspections carried out by HIW. It was noted that unannounced inspections undertaken by HIW had allowed HIW to see the services in the way they usually operated. The inspections had focused on 4 themes which included: • Quality of the Patient experience • Delivery of safe and effective care • Quality of management and leadership • Delivery of a safe and effective service The END advised the Committee that HIW had undertaken unannounced visits in 5 areas which included:	

Saunders,Nathan 23/01/2023 12:30:29

	• Cardiothoracic Services UHL: It was noted that no immediate concerns were identified and that an update had been provided to HIW on completion of the Improvement Plan and that all actions had been completed, with the exception of relocating Cardiothoracic Surgery to UHW (planned for May 2023). • Emergency Unit and Assessment Unit UHW: It was noted that HIW had acknowledged that staff were working extremely hard in very challenging circumstances and that they had welcomed the inspection team. A number of immediate improvements were identified by HIW, and an action plan was developed and submitted to provide immediate assurance. It was noted that good progress had been made with regards to the implementation of the Improvement Plan, but some actions remained in progress. • Stroke Services: The END advised the Committee that a national review of Patient flow in the Stroke pathway had commenced in 2021 and that throughout the review HIW were considering how Health organisations in Wales addressed access to acute care at the right time and considered if care was received in the right place. It was noted that the report and associated recommendations and improvements would be reported to the Committee upon publication. • Maternity Services: The END advised the Committee that as previously mentioned, a number of immediate assurances recommendations were issued following the inspection and that the report and associated improvements would be presented to the Committee upon publication by HIW. • Nuclear Medicine Department UHL It was noted that an IRMER compliance inspection was undertaken in UHL in October 2022 and that initial verbal feedback was overall positive, with no immediate concerns identified. The END concluded that the report and any associated improvements would be presented to the committee upon publication by HIW. **The QSE Committee resolved that:** a) The assurance provided by the progress made against the improvement plans was noted b) The recent inspections in Maternity and Nuclear Medicine that were yet to be published were noted.	**JR** **JR** **JR**
QSE 22/11/010	**Community Health Council Reports** The Community Health Council Reports were received. The END advised the Committee that he would take the reports as read and noted that the Committee had made the decision that the Health Board would start reporting on visits that the Community Health Council (CHC) had undertaken. It was noted that the main themes highlighted by the reports included: • Lack of Day Room and TV facilities • Improvement required to showering facilities for patients with mobility issues • Improvement required to storage facilities • Improvement required to parking availability The END concluded that the CHC reports provided great emphasis on Patient feedback and that the Clinical Boards would progress the required actions, and all improvement plans were approved	

Saunders,Nathan 23/01/2023 12:30:29

	by the END, the Executive Director of Strategic Planning (EDSP) and were signed off by the CEO prior to submission to the CHC. **The QSE Committee resolved that:** a) The contents of the report and the CHC feedback and recommendations were noted.	
QSE 22/11/011	**Board Assurance Report – Patient Safety** The Board Assurance Report – Patient Safety was received. The Director of Corporate Governance (DCG) advised the Committee that there were a number of new risks linked to Patient Safety which were received by the Board last week. She added that the new risks included: • Maternity • Critical Care • Cancer • Stroke • Planned Care. Further, that the 2 risks were already on BAF, namely: • Patient Safety • Urgent and Emergency Care It was noted that the highest scoring net risks were: • Patient Safety with a score of 20 • Maternity with a score of 20 • Critical Care with a score of 20 The DCG concluded that the risks had been linked to the END, the EMD and the COO and they would be jointly responsible for the risks going forward. **The QSE Committee resolved that:** a) The risks in relation to Patient Safety, Quality and Experience were reviewed to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.	
QSE 22/11/012	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The DCG advised the Committee that the risks on the CRR were the risks held corporately across Clinical Boards and Corporate Directorates. It was noted that at the Health Board's November 2022 Board meeting a total of 17 extreme risks were reported to the Board and they had related to Patient Safety and were linked to the Quality, Safety and Experience Committee for assurance purposes. The DCG noted that at the November Strategy and Delivery Committee meeting, it was confirmed that whilst the Haematology risk had remained on the Haematology Risk Register since 2010, it was certainly not the case that the risk had been left unmanaged and that detail had now been added to the CRR to reflect the actions and work which had been undertaken in order to address that risk. The IMU thanked the DCG for presenting a fuller picture with regards to the Haematology risk and for capturing all of the proposals that had been attempted in the past to manage that risk, so that anybody coming afresh to the Health Board could receive assurance that the risk had been actively managed as best at it could be. **The QSE Committee resolved that:**	

Saunders Martin
23/01/2023 14:33:29

	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 22/11/013	**Safeguarding Annual Report** The Safeguarding Annual Report was received. The END advised the Committee that the Safeguarding Annual Report was received by the Committee every year and that it provided a backward look at the significant amount of work that the Safeguarding team had achieved each year. It was noted how diverse the agenda of the Safeguarding Report was. It included the introduction of two significant Acts of law in Wales which had impacted on the safeguarding workstream across the Health Board and had required significant changes in process, additional training and supervision as well as the relocation of existing resources. The END added that further legislation from the Home Office had also defined the need to raise awareness of Domestic Homicide and Female Genital Mutilation (FGM) and Modern Slavery. He added that it was important to note the implementation of the Social Services and Well-being Act (Wales) 2014 (SS&W-bA) and the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 (VAWDASV) which had determined much of the safeguarding work undertaken across Wales. It was noted that the report captured all of that work implemented and provided assurance to Committee that the onward focus of the team was to continue to maintain the safety of adults and children in Cardiff and the Vale. The CC noted that the QSE Committee meeting fell at the beginning of the white ribbon campaign which was a campaign to eliminate violence against women and girls and noted there was a lot of activity around the campaign. She asked if there was anything else the Committee needed to be aware of as the reporting period was from April 2021 until March 2022. The END responded that the only other area to mention was that safeguarding formed part of the Health Board's mandatory training. He highlighted the challenges and difficulties for staff to maintain their mandatory training, although he added that the safeguarding modules tended to be the highest completed within the Health Board because staff recognised the importance of safeguarding. The Vice Chair asked to what extent since March 2022 had Liberty Protection Safeguards (LPS) featured in discussions. The END responded that the Health Board was trying to ensure that safeguarding was aligned to LPS whilst noting that LPS had been "on the horizon" for a long time and it was unknown when it would come into effect. He added that safeguarding would be the fundamental bedrock of LPS moving forward The IMU asked to what extent did the Health Board oversee and capture the mandatory training of independent contractors, such as dentists and GPs. The END responded that as part of All Wales contracts, external contractors were expected to complete their mandatory training in line with the Health Board's requirements. The DMD added that under the contract between those independent practices and the Health Board, there was an obligation upon the contractors to maintain training and that they were also subject to reviews as part of that contract. **The QSE Committee resolved that:** a) The assurance provided by the Annual Report 2021/22 was noted	

Saunders, Nathan
23/01/2023 12:30:29

QSE 22/11/014	**Mortality Indicators Update** The Mortality Indicators Update was received. The EMD introduced the paper and noted that the report described the development of a more mature reporting structure for mortality. The Assistant Director of Quality and Patient Safety (ADQPS) advised the Committee the Learning from Death Framework set out three tiers of mortality indicators: • Organisational Mortality It was proposed that the Health Board adopted a crude all cause and inpatient mortality as a tier 1 mortality indicator • Clinical Board Mortality It was noted that the identification of Clinical Board mortality indicators would further support the proposed approach to mortality oversight and learning from death could be achieved by identifying trends in mortality data that supported additional actions and scrutiny. • Speciality Mortality It was noted that once Tier 2 indicators (Clinical Board Mortality) were established, work would progress to identify appropriate indicators in each Directorate. The ADQPS noted that there were multiple clinical databases in use across the organisation and mortality data was included in many of those resources and the Specialties that benefited from those included: • Emergency laparotomy surgery • Neonatal Unit • Intensive Care • Interventional cardiology • Renal • Trauma and orthopaedics It was noted that the Learning from Death Framework would support an approach of systematic Ward to Board reporting and monitoring of mortality, robust and accurate mortality data which needed to be made readily available. The CEO advised the Committee that benchmarking would be important and consideration would be required as to how to embed that into the system. Her concern was that a rate could mask the numbers, hence why reporting the numbers was important. The Executive Director of Public Health (EDPC) advised the Committee of the work done carried out in relation to fatal drug poisoning and suggested that it would helpful to link the work with the Mortality Framework in the Health Board. She added that she would welcome a discussion with the EMD offline The DMD advised the Committee that as a Health Board, Cardiff and Vale had always been information rich and noted that what the ADQPS had proposed was a way of looking at the mortality information in a structured way. **The QSE Committee resolved that:** a) The approach proposed as part of the Learning from Death Framework and the assurance it would provide was noted. b) The proposed Tier 1 Mortality Indicators were approved c) The proposed Tier 2 Indicators were noted.	**FK/MJ**
QSE 22/11/015	**Policies for ratification including:** 1. Concerns, Complaints, Claims Policy (UHB 332) 2. Medical Equipment Policy and Procedure (UHB 082)	

Saunders,Nathan 23/01/2023 12:30:26

	3. Ionising Radiation Policy (UHB 344) 4. Exposure of Patients to Ionising Radiation Procedure (UHB 345) 5. Radioactive Substances Risk Management Policy (UHB 463) and Procedure (UHB 464) 6. Exposure of Staff and Public to Ionising Radiation Procedure (UHB 465). 7. Venepuncture for non-clinically qualified research staff Policy (UHB 364) and Procedure (UHB 365) The END advised the Committee that all of the policies had been received by their appropriate clinical groups and noted that the purpose of the Committee was to ratify each one and to recommend the Concerns, Complaints, Claims Policy to the Board for approval. **The QSE Committee resolved that:** a) The Medical Equipment Management Policy (UHB 082) and Management of Medical Equipment Procedure (UHB 082) was ratified b) The Radioactive Substances Risk Management Policy (UHB 463) was ratified. c) The Radioactive Substances Risk Management Procedure (UHB 464) was ratified. d) The Exposure of Staff and Members of the Public to Ionising Radiation Procedure (UHB 464) was ratified. e) The Ionising Radiation Risk Management Policy (UHB 344) was ratified. f) The Exposure of Patients to Ionising Radiation Procedure (UHB 345) was ratified g) The Venepuncture for non-clinically qualified research staff Policy (UHB 364) and Procedure (UHB 365) were ratified. h) The Concerns, (Complaints) and Claims (Clinical Negligence, Personal Injury and Redress) Policy (UHB 332) was recommended to Board for approval	
QSE 22/11/016	**WHSSC QPSC Chair's Report** The WHSSC Quality & Patient Safety Committee Chair's Report was received. The DCG advised the Committee that WHSSC had requested that the Committee note the report and that any questions raised could be referred back to WHSSC. The Vice Chair advised the Committee that he was the Chair of the WHSSC QPSC and noted that he could answer any questions that were raised. No questions were raised. **The QSE Committee resolved that:** a) The WHSSC QPSC Chair's Report was noted.	
QSE 22/11/017	**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 CC asked when the Clinical Effectiveness Committee (CEC) would meet next. The ADQPS responded that the next meeting of the CEC was 13 December 2022. **The Committee resolved that:** a) The Minutes from the Clinical Board QSE Sub-Committees were noted.	
QSE 22/11/018	**Items to bring to the attention of the Board / Committee** The ADPE advised the Committee that the Concerns, Complaints, Claims Policy needed to be received and approved by the Board.	

Saunders.Nathan 23/01/2023 12:30:3

QSE 22/11/019	**Agenda for Private QSE Meeting** i) Minutes of the Private Committee Meeting held on – 30.08.22 ii) Any Urgent / Emerging Themes – Verbal iii) Maternity Services Update – Ockenden Framework Review iv) DNAR Orders at St David's Hospital – Update	
QSE 22/11/020	**Any Other Business** No other business was raised.	
QSE 22/11/021	**Review of the meeting.**	
	Date & Time of Next Meeting: Tuesday, 10 January 2023 via Teams	

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23/01/2023 12:30:29

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 8 NOVEMBER 2022 AT 09:30HOURS VIRTUALLY BY MICROSOFT TEAMS LIVE

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive Betsi Cadwaladr, BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB (in part)
Andrew Carruthers	Chief Operating Officer, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Nick Wood	Deputy Chief Executive, NHS Wales
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Sian Ashford	Senior Lead Nurse, Quality and Delivery Frameworks, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

Saunders,Nathan 23/01/2023 12:12:29

In Attendance:	
In Attendance for agenda item 2.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru Service Development Proposal	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steven Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 22/111	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting. This was the first EASC meeting to be live streamed.	Chair
EASC 22/112	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Steve Moore, Mark Hackett and Steve Ham.	Chair
EASC 22/113	**DECLARATIONS OF INTERESTS** There were none.	Chair
EASC 22/114	**MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2022** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 6 September 2022 with the exception of: • clarification between the 'Internal Service Analysis' undertaken by the Emergency Medical Retrieval and Transfer Service and the 'Strategic Review' undertaken by the Wales Air Ambulance Charity • the addition of the word 'need' at the top of minute 22/100 (page 9), so that the sentence now reads 'Key headlines from the Strategic Review included under-utilisation and unmet need (geographic, overnight and hours of darkness)' • Amend the resolution to reflect that a service development proposal would be received.	Chair

Saunders,Nathan 23/01/2023 12:30:29

	Members **RESOLVED** to: • **APPROVE** the minutes of the meeting held 6 September 2022, subject to the amendments noted above.	
EASC 22/115	**NOTES OF THE BRIEFING MEETING HELD ON 27 OCTOBER 2022** The notes were **confirmed** as an accurate record of the Joint Committee meeting held on 27 October 2022, with the exception of amending to include accurate titles for Hayley Thomas, Stephen Powell and Joanne Abbott-Davies. Members **RESOLVED** to: • **APPROVE** the notes of the meeting held 27 October 2022, subject to the amendments noted above.	Chair
EASC 22/116	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 22/101** • **WAST Provider Report – Red variation** Ross Whitehead updated that 'a deep dive' into red performance had been undertaken by WAST. Members were also reminded that changes had been made following the discussion relating to the categorisation of Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table, held at the September meeting of the EASC Committee. It was agreed that these will be considered at a future EASC Management Group meeting. • **Clinical Response Model and the Categorisation of the Medical Priority Dispatch System codes within the Dispatch Cross Reference Table** Jason Killens confirmed that this had been received at the WAST Board meeting held at the end of September and the changes went live in October. No difficulties had been reported. **EASC 22/79** • **Different staff input to WAST Control / call options** Jason Killens provided an update on the composition of WAST Control and the clinical support desk with representatives of the paramedic, nursing, midwifery, social work professions now ensuring multi-disciplinary advice was provided to 999 callers. It was agreed it would be important to evaluate the impact of this in due course (item to remain on Action Log).	WAST WAST

Saunders Nathan 23/01/2023 12:30:29

	EASC 22/81 • **Roster Reviews** Jason Killens reported that this programme of work commenced in October and was on track for completion at the end of November. It was agreed that WAST would provide the numbers of staff available on a health board by health board basis. • **WAST Working Practices** Jason Killens confirmed that progress had been made on a range of working practices with the Trade Unions, including a potential pathway for emergency medical technicians. It was further noted that industrial action could take place in coming months. • **Immediate Red Release** The Chair asked Members to ensure that, whilst some progress was being made, a request for red release should continue to be seen as an absolute priority. **EASC22/20** • **Performance Report** This was on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes. In future this would be added as a standing item in the Chief Ambulance Services Commissioner's Report. **EASC 22/10** • **Key Reports and Updates** It was reported that the new WAST Director of Quality and Nursing was currently in the process of reviewing the reporting process on a range of metrics. An update would be provided at a future meeting. **EASC 21/26** • **Committee effectiveness** The Chair reported that attempts had been made to contact the Citizen's Voice Body and would report progress at the next meeting. Members **RESOLVED** to: **NOTE** the Action Log.	WAST ALL EASCT WAST
EASC 22/117	**MATTERS ARISING** There were no matters arising from the minutes.	Chair
EASC 22/118	**CHAIR'S REPORT** The Chair's report was received. Members **RESOLVED** to: • **NOTE** the Chair's report and the Chair's finalised objectives as set by the Minister.	Chair

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Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 22/119	**PERFORMANCE REPORT** The Performance Report was received. In presenting the report Ross Whitehead highlighted the following areas: • **Ambulance Service Indicators -** September's data were now available on the EASC website • **Handover delays** including the handover improvement trajectories • **EASC Action Plan** – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme. The winter resilience letter issued by Welsh Government and its expectation for progress was also noted in this context. Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system. Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment to being a part of the conversations being held and to delivering the actions in the plan. Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted. There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.	

Saunders,Nathan 23/01/2023 12:30:29

	Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need maximise the opportunities with regard admission avoidance schemes and same day emergency care services. The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk. It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed. Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not. Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data. It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard. Members **RESOLVED** to: • **NOTE** the content of the report. • **NOTE** the Ambulance Services Indicators • **NOTE** additional actions that the committee could take to improve performance delivery of commissioned services • **NOTE** the handover improvement trajectories • **NOTE** the EASC Action Plan • **NOTE** the request to progress the dashboard.	WAST EASCT

Saunders,Nathan 23/01/2023 12:30:29

EASC 22/120	**QUALITY AND SAFETY REPORT** The Quality and Safety Report on commissioned services was received. In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP). The following areas were highlighted: • The work of the **Healthcare Inspectorate Wales (HIW) Task & Finish Group** (convened by the EASC Team) established to lead and coordinate 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'. A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations. A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response. A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals. • Fortnightly meetings had been held in response to the **NHS Wales Delivery Unit Report on Appendix B** submissions. As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks. The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process. In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.	

Saunders,Nathan 23/01/2023 12:30:29

	Rachel Marsh noted the potential additional workload and capacity issues for WAST and the need to review the impact of this as soon as feasible. It was confirmed that the group would continue to meet to review the new process and to intervene and adapt as required. • **Regulation 28 – Prevention of Future Deaths** – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board. Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers. Members **RESOLVED** to: • **NOTE** the content of the report and the progress made by both Task and Finish Groups • **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28. • **NOTE** that Quality and Safety Reports relating to commissioned services would be received at all future meetings.	EASCT
EASC 22/121	**EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL** The Service Development Proposal report was received. In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust. Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements. Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness).	

Saunders,Nathan 23/01/2023 12:20:29

	The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations. The proposal suggested that by optimizing the operational configuration the service could: • potentially attend an additional 583 patients and • achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope). Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards. Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal. The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work. Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network. Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023. Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.	

Saunders-Nathan 23/01/2023 12:10:29

	Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered. Stephen Harrhy, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included: • clarifying the position regarding resource implications • responding to the significant comments raised and views regarding the importance of response times • understanding how the air and road response model works, recognizing that for urban and rural areas it would be different • further work required regarding the impact of weather • consideration of the data reference period to ensure that this is appropriate and not unintentionally biased • understanding any seasonal variation • improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted • working with health board colleagues to consider the modelling undertaken. Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness. Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.	

Saunders,Natalie 23/01/2023 12:00:38

	The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process. It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December. After discussion Members **RESOLVED** to: • **NOTE** the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices • **AGREE** the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal • **NOTE** the key risks and any mitigations the Committee need to be put in place.	EASCT EASCT
EASC 22/122	**PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL** The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the: • Activities already undertaken with stakeholders • Comments and questions received to date • Draft Communications and Engagement Plan • Draft Project Plan • Initial Equality Impact Assessment.	

Saunders,Nathan 23/01/2023 12:30:29

	Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan. Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today's meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase. In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work. In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn. Members **RESOLVED** to: • **NOTE** the structured approach adopted since the Committee meeting held 6 September • **NOTE** the activities already undertaken with stakeholders both face-to-face and online • **NOTE** the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC 'Joint Services, Planning & Change Committee Service Change Pro forma' • **NOTE** the record of activities undertaken to date • **NOTE** the key themes arising from the questions, comments and letters received by stakeholders • **NOTE** the Briefing Note sent to stakeholders on 14 October • **NOTE** the development of a dedicated page on the EASC website • **NOTE** the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed • **NOTE** the draft project plan included for comment • **NOTE** the Initial Equality Impact Assessment.	EASCT EASCT

Saunders Nathan 23/01/2023 12:30:29

EASC 22/123	**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: • Point 2.5 - challenging red performance in September 2022 • Point 2.8 - almost 900 patients waiting more than 12 hours • Points 2.16 & 2.17 following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months • Point 2.21 – increase in red demand • Point 2.21 – ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95% • Point 2.21 – improvements in sickness aligned to IMTP trend • Point 2.21 – highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity • A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process. It was agreed that the additionality diagram at the bottom of page 12 was useful, that it is a complicated picture and that it would now be sensible to build an improvement trajectory and to understand the likely impact of all interventions. The Chair summarised including to: • Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above • Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages • Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality. Members **RESOLVED** to: • **DISCUSS** and **NOTE** the WAST Provider Report	WAST WAST

Saunders,Nathan 23/01/2023 12:30:29

EASC 22/124	**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: • Progress on the recruitment of the additional 100 front line staff at WAST • Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought. Members **RESOLVED** to: **NOTE** the report.	
EASC 22/125	**EASC COMMISSIONING UPDATE** The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach**.** Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs). The commissioning framework was included as a 'focus on' item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings. The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme. In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.	

Saunders,Nathan 23/01/2023 12:29:29

	Members **RESOLVED** to: • **NOTE** the collaborative commissioning approach • **NOTE** the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans • **NOTE** the progress made against the EASC IMTP in Quarter 2 as set out in the update provided • **NOTE** the Quarter 2 update against the commissioning intentions for each of the commissioned services.	
EASC 22/126	**FINANCE REPORT MONTH 6** The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6th month of 2022/23 together with any corrective action required. A forecasted break-even position was reported. In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions are in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations. Further discussions would be held to ensure alignment with the IMTP process. Members **RESOLVED** to: **NOTE** the report.	
EASC 22/127	**EASC SUB-GROUPS CONFIRMED MINUTES** The confirmed minutes from the following EASC sub-groups were received: • Chair's Summary EASC Management Group – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings. • EASC Management Group – 18 August 2022 • NEPTS Delivery Assurance Group – 4 August 2022 • EMRTS Delivery Assurance Group – 7 June 2022 Members **RESOLVED** to: **APPROVE** the confirmed minutes.	
EASC 22/128	**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:	

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	• 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 Assurance Framework report, it was noted that this was in same style as the host body's assurance framework (CTMUHB) • The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions • The list of key organisational contacts was noted. Members **RESOLVED** to: • **APPROVE** the risk register • **APPROVE** the EASC Assurance Framework • **NOTE** the EASC Standing Orders would be reviewed prior to the next meeting • **NOTE** the information within the EASC Key Organisational Contacts.	
EASC 22/129	**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 22/130	**ANY OTHER BUSINESS** The Chair closed the meeting by thanking Members for their contribution to the discussions.	
DATE AND TIME OF NEXT MEETING		
EASC 22/131	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 December 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

CYFARFOD CYD-BWYLLGOR GWASANAETHAU AMBIWLANS BRYS

COFNODION 'WEDI EU CADARNHAU' O'R CYFARFOD A GYNHALIWYD 8 TACHWEDD 2022 AM 09:30 YN RHITHIOL GAN MICROSOFT TEAMS LIVE

PRESENNOL

Aelodau:	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd y Gwasanaethau Ambiwlans (CASC)
Nicola Prygodzicz	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Gill Harris	Prif Weithredwr Dros Dro, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Suzanne Rankin	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (yn rhannol)
Andrew Carruthers	Prif Swyddog Gweithredu, Bwrdd Iechyd Prifysgol Hywel Dda
Carol Shillabeer	Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Sian Harrop-Griffiths	Cyfarwyddwr Strategaeth, Bwrdd Iechyd Prifysgol Bae Abertawe
Aelodau Cyswllt:	
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST)

Yn mynychu:	
Nick Wood	Dirprwy Brif Weithredwr, GIG Cymru
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST)
Matthew Edwards	Pennaeth Comisiynu a Pherfformiad Tîm PGAB, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Phil Taylor	Pennaeth Comisiynu a Pherfformiad Tîm PGAB, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Sian Ashford	Uwch Nyrs Arweiniol, Fframweithiau Ansawdd a Chyflawni, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Gwenan Roberts	Ysgrifennydd y Pwyllgor

Saunders-Nyman 23/01/2023 12:30:03

Yn mynychu:	
Yn mynychu ar gyfer eitem agenda 2.3 Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) Cymru Cynnig Datblygu Gwasanaeth	
David Lockey	Cyfarwyddwr Cenedlaethol, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Sue Barnes	Prif Weithredwr, Elusen Ambiwlans Awyr Cymru
Mark Winter	Cyfarwyddwr Gweithrediadau, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Matt Cann	Rheolwr Rhaglen, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Steven Stokes	Cyfarwyddwr Cyfathrebu ac Ymgysylltu Strategol, Elusen Ambiwlans Awyr Cymru

Rhan 1. MATERION RHAGARWEINIOL		**GWEITHREDU**
PGAB 22/111	**CROESO A CHYFLWYNIADAU** Croesawodd Chris Turner (Cadeirydd) yr Aelodau i gyfarfod rhithwir 'Teams Live' (gan ddefnyddio platfform Microsoft Teams) y Pwyllgor Gwasanaethau Ambiwlans Brys a rhoddodd drosolwg o'r trefniadau ar gyfer y cyfarfod. Hwn oedd y cyfarfod PGAB cyntaf i gael ei ffrydio'n fyw.	Cadeirydd
PGAB 22/112	**YMDDIHEURIADAU AM ABSENOLDEB** Derbyniwyd ymddiheuriadau am absenoldeb gan Steve Moore, Mark Hackett a Steve Ham.	Cadeirydd
PGAB 22/113	**DATGANIADAU O FUDDIANNAU** Nid oedd dim.	Cadeirydd
PGAB 22/114	**COFNODION Y CYFARFOD A GYNHALIWYD AR 6 MEDI 2022** **Cadarnhawyd** bod y cofnodion yn gofnod cywir o gyfarfod y Cyd-bwyllgor a gynhaliwyd ar 6 Medi 2022 ac eithrio: • eglurhad rhwng y 'Dadansoddiad Gwasanaeth Mewnol' a gynhaliwyd gan y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys a'r 'Adolygiad Strategol' a gynhaliwyd gan Elusen Ambiwlans Awyr Cymru • ychwanegu'r gair 'angen' ar frig cofnod 22/100 (tudalen 9), fel bod y frawddeg bellach yn darllen 'Roedd penawdau allweddol o'r Adolygiad Strategol yn cynnwys tanddefnyddio ac angen heb ei ddiwallu (daearyddol, dros nos ac oriau o dywyllwch)' • Diwygio'r penderfyniad i adlewyrchu y byddai cynnig datblygu gwasanaeth yn cael ei dderbyn.	Cadeirydd

Saunders,Nathan 23/01/2023 12:30:29

	PENDERFYNODD yr Aelodau: • **CYMERADWYO** cofnodion y cyfarfod a gynhaliwyd ar 6 Medi 2022, yn amodol ar y newidiadau a nodir uchod.	
PGAB 22/115	**NODIADAU'R CYFARFOD BRIFFIO A GYNHALIWYD AR 27 HYDREF 2022** **Cadarnhawyd** y nodiadau fel cofnod cywir o gyfarfod y Cyd-bwyllgor a gynhaliwyd ar 27 Hydref 2022, ac eithrio diwygio i gynnwys teitlau cywir ar gyfer Hayley Thomas, Stephen Powell a Joanne Abbott-Davies. **PENDERFYNODD** yr Aelodau : • **CYMERADWYO** cofnodion y cyfarfod a gynhaliwyd ar 27 Hydref 2022, yn amodol ar y newidiadau a nodir uchod.	Cadeirydd
PGAB 22/116	**LOG GWEITHREDU** **DERBYNIODD** yr Aelodau y log gweithredu a **NODWYD**: **PGAB 22/101** • **Adroddiad Darparwr WAST – Amrywiad coch** Diweddarodd Ross Whitehead fod WAST wedi cynnal 'plymiad dwfn' i berfformiad coch. Atgoffwyd yr aelodau hefyd fod newidiadau wedi'u gwneud yn dilyn y drafodaeth ynghylch categoreiddio codau System Anfon â Blaenoriaeth Feddygol (MPDS) o fewn y Tabl Croesgyfeirio Anfon (DCR), a gynhaliwyd yng nghyfarfod mis Medi o'r Pwyllgor PGAB. Cytunwyd y byddai'r rhain yn cael eu hystyried mewn cyfarfod Grŵp Rheoli PGAB yn y dyfodol. • **Model Ymateb Clinigol a Chategoreiddio codau'r System Anfon â Blaenoriaeth Feddygol yn y Tabl Croesgyfeirio Anfon** Cadarnhaodd Jason Killens fod hwn wedi dod i law yng nghyfarfod Bwrdd WAST a gynhaliwyd ddiwedd mis Medi ac aeth y newidiadau yn fyw ym mis Hydref. Nid oedd unrhyw anawsterau wedi'u hadrodd. **PGAB 22/79** • **Mewnbwn staff gwahanol i Reoli WAST / opsiynau galw** Rhoddodd Jason Killens ddiweddariad ar gyfansoddiad Rheoli WAST a'r ddesg cymorth clinigol gyda chynrychiolwyr o'r proffesiynau parafeddygol, nyrsio, bydwreigiaeth a gwaith cymdeithasol bellach yn sicrhau bod cyngor amlddisgyblaethol yn cael ei roi i alwyr 999. Cytunwyd y byddai'n bwysig gwerthuso effaith hyn maes o law (eitem i aros ar y Log Gweithredu).	WAST WAST

Saunders, Natalie 23/01/2023 12:30:09

	PGAB 22/81 • **Adolygiadau Cylchrestr** Dywedodd Jason Killens fod y rhaglen waith hon wedi cychwyn ym mis Hydref a'i bod ar y trywydd iawn i'w chwblhau ddiwedd mis Tachwedd. Cytunwyd y byddai WAST yn darparu nifer y staff sydd ar gael fesul bwrdd iechyd. • **Arferion Gwaith WAST** Cadarnhaodd Jason Killens fod cynnydd wedi'i wneud ar amrywiaeth o arferion gwaith gyda'r Undebau Llafur, gan gynnwys llwybr posibl ar gyfer technegwyr meddygol brys. Nodwyd ymhellach y gallai gweithredu diwydiannol ddigwydd yn y misoedd nesaf. • **Rhyddhad Coch ar Unwaith** Gofynnodd y Cadeirydd i'r Aelodau sicrhau, er bod rhywfaint o gynnydd yn cael ei wneud, y dylai cais am ryddhad coch barhau i gael ei ystyried yn flaenoriaeth lwyr. **PGAB 22/20** • **Adroddiad Perfformiad** Roedd hwn ar y log gweithredu yn aros am ddiweddariad pellach ynghylch Iechyd a Gofal Digidol Cymru yn edrych ar setiau data cysylltiedig yn ymwneud â chanlyniadau cleifion. Yn y dyfodol byddai hyn yn cael ei ychwanegu fel eitem sefydlog yn Adroddiad Prif Gomisiynydd y Gwasanaethau Ambiwlans. **PGAB 22/10** • **Adroddiadau a Diweddariadau Allweddol** Dywedwyd bod Cyfarwyddwr Ansawdd a Nyrsio newydd WAST yn y broses o adolygu'r broses adrodd ar ystod o fetrigau ar hyn o bryd. Byddai diweddariad yn cael ei ddarparu mewn cyfarfod yn y dyfodol. **PGAB 21/26** • **Effeithiolrwydd pwyllgorau** Dywedodd y Cadeirydd fod ymdrechion wedi'u gwneud i gysylltu â Chorff Llais y Dinesydd ac y byddai'n adrodd ar gynnydd yn y cyfarfod nesaf. **PENDERFYNODD** yr Aelodau: **NODI**'r Log Gweithredu.	WAST PAWB TPGAB WAST
PGAB 22/117	**MATERION YN CODI** Nid oedd unrhyw faterion yn codi o'r cofnodion.	Cadeirydd

Saunders,Nathan 27/01/2023 12:30:29

PGAB 22/118	**ADRODDIAD Y CADEIRYDD** Derbyniwyd adroddiad y Cadeirydd. **PENDERFYNODD** yr Aelodau: • **NODI** adroddiad y Cadeirydd ac amcanion terfynol y Cadeirydd fel y'u pennwyd gan y Gweinidog.	Cadeirydd
Rhan 2. EITEMAU I'W TRAFOD A'U CYMERADWYO		**GWEITHREDU**
PGAB 22/119	**ADRODDIAD PERFFORMIAD** Derbyniwyd yr Adroddiad Perfformiad. Wrth gyflwyno'r adroddiad amlygodd Ross Whitehead y meysydd canlynol: • **Dangosyddion Gwasanaeth Ambiwlans -** Roedd data mis Medi bellach ar gael ar wefan PGAB • **Oedi wrth drosglwyddo** gan gynnwys y llwybrau gwella trosglwyddo • **Cynllun Gweithredu PGAB** – y fersiwn diweddaraf wedi'i gynnwys ym mhapurau'r cyfarfod ac roedd Tîm PGAB i fod i gyflwyno'r fersiwn ddiweddaraf i Lywodraeth Cymru (LlC) a rhanddeiliaid yn dilyn y cyfarfod. Nododd yr aelodau fod hwn yn gynllun integredig sy'n tynnu gwahanol elfennau o waith ynghyd, wedi'i ddatblygu gyda byrddau iechyd ac yn cyd-fynd â chamau gweithredu o'r Rhaglen Chwe Nod ar gyfer Gofal Brys ac Argyfwng. Nodwyd hefyd y llythyr gwytnwch gaeaf a gyhoeddwyd gan Lywodraeth Cymru a'i disgwyliad ar gyfer cynnydd yn y cyd-destun hwn. Nododd yr aelodau'r angen i ddefnyddio'r cynllun i olrhain cynnydd, i nodi a rhannu meysydd o arfer gorau, i ddysgu o'r wythnosau gwael ac i sicrhau camau lliniaru lle bo angen. Nodwyd dau faes allweddol, sef mynd i'r afael ag amseroedd aros 4 awr a lleihau'r amrywiad o fewn y system yn gyffredinol. Nododd Nick Wood y camau sy'n cael eu cymryd ar draws GIG Cymru, a grynhowyd yn y Cynllun Gweithredu PGAB cyfunol. Gofynnodd am sicrwydd gan fyrddau iechyd a WAST ynghylch eu hymrwymiad sefydliadol i fod yn rhan o'r sgyrsiau sy'n cael eu cynnal, ac i gyflawni'r camau gweithredu yn y cynllun. Cadarnhaodd Jason Killens ymrwymiad WAST i'r camau y cytunwyd arnynt ac, er yn nodi bod angen gwneud rhagor o waith mewn meysydd eraill, adroddodd ar y cynnydd a wnaed eisoes yn erbyn y rhaglen adolygu rhestr ddyletswyddau, gan weithio tuag at dargedau ymestyn ar gyfer 'Ymgynghori a Chau' ac ar y trywydd iawn o ran recriwtio ar gyfer y 100 swydd gyfwerth ag amser llawn ychwanegol erbyn 23 Ionawr. Nodwyd y cynnydd da a wnaed gan WAST.	

Saunders Nathan 23/01/2023 12:36:29

	Cafwyd trafodaeth ynglŷn â'r cynnydd mewn perthynas â'r camau gweithredu a rennir rhwng WAST a byrddau iechyd gyda'r enghraifft o drafodaeth weithredol i ehangu'r ddarpariaeth o uwch ymarferwyr parafeddygol i gyfeirio gweithgarwch oddi wrth Adrannau Achosion Brys a ddarperir. Nododd yr aelodau fod pwysau difrifol yn bodoli drwy'r system gyfan o'r 'drws ffrynt' i ofal cymunedol, ac, yn ogystal â'r gofyniad am fwy o gynhwysedd gofal cymunedol, roedd angen gwneud y mwyaf o'r cyfleoedd o ran cynlluniau osgoi derbyniadau a gwasanaethau gofal brys yr un diwrnod. Mae'r ffocws ar gynllun y gaeaf a'r camau gweithredu yn y Chwe Nod ar gyfer y Rhaglen Gofal Brys ac Argyfwng, gyda ffocws penodol ar wella oedi wrth drosglwyddo, amseroedd aros o 4 awr, rhyddhau coch a lleihau risg cymunedol. Cydnabuwyd bod rôl awdurdodau lleol yn hollbwysig o ran mynd i'r afael ag oedi wrth drosglwyddo, hefyd effaith gwasanaethau ambiwlans ar wasanaethau brys eraill (gwasanaethau heddlu'n bennaf), ac felly roedd angen gofyniad am ddull gweithredu ar y cyd a neges gwasanaeth cyhoeddus ehangach nag a oedd yn cael ei gyfleu ar hyn o bryd. Nododd yr aelodau fod tuedd gynyddol o ran yr unedau oriau a gynhyrchir ac y byddai'r sefyllfa hon yn gwella ymhellach unwaith y byddai'r 100 swydd gyfwerth ag amser llawn ychwanegol yn dod yn weithredol; tra bod perfformiad coch yn heriol, roedd mwy o gleifion yn derbyn gwasanaeth. Roedd angen gwaith pellach hefyd mewn perthynas â chanlyniadau i gleifion sy'n derbyn ymateb a chanlyniadau i'r rhai nad ydynt yn derbyn ymateb.	WAST
	Gan amlygu safbwynt y dinesydd, croesawodd y Cadeirydd y dangosfwrdd wythnosol a oedd yn cael ei ddosbarthu'n eang i'r GIG gan Dîm PGAB. Teimlwyd bod hyn yn ddefnyddiol o ran nodi lle'r oedd perfformiad wedi gwella a gwaethygu ac roedd yn nodi'n fras lle gallai camau gweithredu wrth y drws ffrynt fod wedi cael effaith. Nododd yr aelodau'r defnydd o'r dangosfwrdd a gofynnwyd am waith pellach i ddeall yn well y cyd-destun ehangach, y gydberthynas rhwng gwahanol elfennau ac i ddeall y prif yrwyr y tu ôl i'r data. Cytunwyd y byddai rhagor o waith yn cael ei wneud gyda'r timau angenrheidiol i sicrhau mynediad at ddata allweddol a datblygu'r dangosfwrdd ymhellach.	TPGAB

Saunders,Nathan 23/01/2023 12:30:29

	PENDERFYNODD yr Aelodau: • **NODI** cynnwys yr adroddiad • **NODI** dangosyddion y Gwasanaethau Ambiwlans • **NODI** camau ychwanegol y gallai'r pwyllgor eu cymryd i wella perfformiad y gwasanaethau a gomisiynir • **NODI'R** llwybrau gwella trosglwyddo • **NODI** Cynllun Gweithredu PGAB • **NODI'R** cais i symud y dangosfwrdd yn ei flaen.	
PGAB 22/120	**ADRODDIAD ANSAWDD A DIOGELWCH** Derbyniwyd yr Adroddiad Ansawdd a Diogelwch ar wasanaethau a gomisiynwyd. Wrth gyflwyno'r adroddiad, atgoffodd Ross Whitehead yr Aelodau fod ffocws cynyddol ar faterion ansawdd a diogelwch yn flaenoriaeth yng Nghynllun Tymor Canolig Integredig (IMTP) PGAB. Amlygwyd y meysydd canlynol: • Gwaith **Grŵp Gorchwyl a Gorffen Arolygiaeth Gofal Iechyd Cymru (AGIC)** (a gynullwyd gan y Tîm PGAB) a sefydlwyd i arwain a chydlynu'r gwaith mewn ymateb i'r argymhellion a wnaed fel rhan o 'Adolygiad o Ddiogelwch, Preifatrwydd, Urddas a Phrofiad Cleifion wrth Aros mewn Ambiwlansys yn ystod Oedi wrth Drosglwyddo' AGIC. Rhoddwyd diweddariad ffurfiol i AGIC ar 30 Medi, yn amlinellu safbwyntiau pob bwrdd iechyd a WAST mewn perthynas â phob un o'r argymhellion. Derbyniwyd ymateb ffurfiol gan AGIC yn gofyn am ragor o fanylion am nifer o'r argymhellion. Gofynnwyd hefyd i Fyrddau Iechyd a WAST am ymateb. Cynlluniwyd gweithdy 'Hanfodion Gofal' pellach ar ddiwedd mis Tachwedd i fynd i'r afael ymhellach ag argymhellion yn ymwneud â gofal cleifion wrth aros am gyfnodau o oedi, ar ambiwlansys, y tu allan i ysbytai. • Cynhaliwyd cyfarfodydd bob pythefnos mewn ymateb i **Adroddiad Uned Gyflawni GIG Cymru ar gyflwyniadau Atodiad B**. O ganlyniad i'r cyfarfodydd hyn, roedd rhan o'r polisi wedi'i ddatblygu i wella'r broses ar gyfer yr ymchwiliad ar y cyd rhwng WAST a sefydliadau eraill GIG Cymru. Nododd yr aelodau y byddai'r broses hon yn cael ei phrofi dros yr wythnosau nesaf.	

Saunders,Nathan 23/01/2023 12:30:29

	Roedd Dirprwy Brif Gomisiynydd y Gwasanaeth Ambiwlans wedi ysgrifennu at bob bwrdd iechyd yn gofyn am gadarnhad ysgrifenedig eu bod yn derbyn y broses newydd a argymhellwyd. Er mwyn darparu cefnogaeth i brofi'r broses roedd ffurflen newydd wedi'i datblygu i gymryd lle ffurflen Atodiad B. Roedd templed agenda Cymru gyfan drafft ar gyfer cyfarfodydd ar y cyd hefyd wedi'i gynhyrchu i gefnogi'r broses newydd hon. Nododd Rachel Marsh y problemau llwyth gwaith a chynhwysedd ychwanegol posibl ar gyfer WAST, a'r angen i adolygu effaith hyn cyn gynted ag y bo modd. Cadarnhawyd y byddai'r grŵp yn parhau i gyfarfod i adolygu'r broses newydd ac i ymyrryd ac addasu yn ôl yr angen. • **Rheoliad 28 – Atal Marwolaethau yn y Dyfodol** – Gofynnwyd i'r aelodau nodi Rheoliad 28 – Hysbysiad Atal Marwolaeth yn y dyfodol a roddwyd i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaladr. Er bod yr adroddiad yn ymwneud ag achos penodol o fewn y bwrdd iechyd, cydnabu'r Aelodau heriau tebyg ledled Cymru o ran darparu gwasanaethau ambiwlans effeithiol ar gyfer ymateb cymunedol a throsglwyddiadau rhwng ysbytai. **PENDERFYNODD** yr Aelodau: • **NODI** cynnwys yr adroddiad a'r cynnydd a wnaed gan y ddau Grŵp Tasg a Gorffen • **NODI** effaith perfformiad sy'n gwaethygu a'r heriau sy'n deillio o hynny wrth gomisiynu darpariaeth gwasanaethau ambiwlans brys diogel, effeithiol ac amserol, gan gynnwys cyhoeddi rheoliad 28 yn ddiweddar • **NODI** y byddai Adroddiadau Ansawdd a Diogelwch yn ymwneud â gwasanaethau a gomisiynir yn cael eu derbyn ym mhob cyfarfod yn y dyfodol.	TPGAB
PGAB 22/121	**CYNNIG DATBLYGU GWASANAETH CASGLU A THROSGLWYDDO MEDDYGOL BRYS (EMRTS CYMRU) AC ELUSEN AMBIWLANS AWYR CYMRU** Derbyniwyd yr adroddiad Cynnig Datblygu Gwasanaeth. Wrth gyflwyno'r adroddiad, rhoddodd Ross Whitehead wybodaeth gefndir i'r Aelodau a chyflwyniad i'r cynnig a ddatblygwyd gan y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru) ac Ymddiriedolaeth Elusennol Ambiwlans Awyr Cymru.	

Saunders,Nathan 23/01/2023 12:29:29

	Nododd yr aelodau fod y cynnig wedi'i dderbyn a'i drafod yn y Grŵp Sicrwydd Cyflawni EMRTS a gynhaliwyd ar 1 Tachwedd 2022 a bod cais wedi'i wneud am waith pellach a chraffu, gan gynnwys mewn perthynas â gofynion tywydd, modelu ac adnoddau. Nododd yr aelodau fod y cynnig wedi'i ddatblygu yn dilyn dadansoddiad gwasanaeth mewnol a wnaed gan y gwasanaeth EMRT (roedd yr Elusen wedi cynnal Adolygiad Strategol), gyda chanfyddiadau allweddol yn nodi bod asedau'n cael eu tanddefnyddio, a chadarnhau angen nas diwallwyd (daearyddol, dros nos ac oriau o dywyllwch). Roedd y dadansoddiad a'r modelu yn dangos bod cyfle i ymestyn oriau gweithredu a hefyd yn cynnwys newidiadau i leoliadau sylfaen. Roedd y cynnig yn awgrymu y gallai'r gwasanaeth, wrth wneud y gorau o'r cyfluniad gweithredol: • o bosibl wasanaethu 583 o gleifion ychwanegol a • cyflawni 88% o gyfanswm y galw o'i gymharu â'r model presennol sy'n bodloni 72% (o fewn yr un amlen adnoddau). Roedd yr Aelodau'n ymwybodol bod pryderon cyhoeddus a gwleidyddol sylweddol wedi'u codi ynghylch datblygu'r cynnig, yn enwedig mewn perthynas â'r posibilrwydd o gau canolfannau awyr. Mae hyn wedi arwain at heriau i'r Elusen ac EMRTS a bu effaith hefyd ar fyrddau iechyd unigol. Cydnabuwyd heriau ychwanegol mewn perthynas â'r Elusen gan gynnwys ei hangen i adnewyddu contractau hedfan a'r trafodaethau masnachol cysylltiedig, y gallai amseroldeb y gwaith sydd ei angen i asesu'r cynnig effeithio ar y ddau ohonynt. Roedd y cynnig yn amlinellu lefel yr angen heb ei ddiwallu sy'n bodoli ar gyfer y Gwasanaeth Cymru Gyfan, a byddai angen i'r Pwyllgor ddeall a gwerthuso hyn, naill ai drwy fabwysiadu'r cynnig hwn neu drwy waith pellach. Diolchodd yr Athro David Lockey, Cyfarwyddwr Cenedlaethol EMRTS i'r aelodau am ystyried y cynnig. Nododd ei fod yn adeiladu ar ddatblygiadau gwasanaeth a ymgymerwyd eisoes gan y gwasanaeth ers ei sefydlu yn 2015, gan gynnwys cynnydd yn nifer y canolfannau awyr, cychwyn gweithrediadau nos, cyflwyno'r Gwasanaeth Gofal Critigol Oedolion (ACCTS) yng Ngogledd a De Cymru, a'r gwaith sy'n gysylltiedig â'r rhwydwaith Trawma Mawr.	

Saunders, Nadeem
23/01/2023 12:34:29

	Cyfeiriodd yr Athro Lockey hefyd at yr Adolygiad Strategol a gynhaliwyd gan yr Elusen. Amlinellodd Sue Barnes, Prif Weithredwr yr Elusen, y broses a ddilynwyd gan yr Elusen yn gweithio gydag EMRTS i ddeall pa gyfleoedd pellach y gellid eu gwireddu. Roedd hyn yn cynnwys aliniad â'r cyfle a roddwyd gan broses caffael cerbydau awyr hirdymor gofynnol yr Elusen gyda'i hadnewyddu i ddigwydd ar ddiwedd 2023. Cydnabu'r Aelodau nad oedd y Tîm PGAB wedi cael y cyfle i ymgymryd â diwydrwydd dyladwy a chraffu priodol ar y cynnig cyn ei gyflwyno a gwneud argymhellion i'r Aelodau. Fodd bynnag, yn wyneb budd y cyhoedd teimlwyd ei bod yn briodol derbyn y cynnig yn y cyfarfod. Esboniodd Ross Whitehead y gallai fod effaith ar gynhwysedd tîm PGAB i gefnogi'r broses o graffu ac ymgysylltu ar y cynnig hwn, tra hefyd yn cynnal busnes fel arfer o ran y trefniadau comisiynu ar gyfer yr holl wasanaethau a gomisiynir gan PGAB. Cytunwyd y gallai fod angen i'r Pwyllgor ystyried darparu cymorth ychwanegol dros dro unwaith y bydd yr effaith debygol wedi'i hystyried yn llawn. Crynhodd Stephen Harrhy, Prif Gomisiynydd y Gwasanaethau Ambiwlans rai o'r materion allweddol a godwyd ac a nodwyd gan y Tîm PGAB yn ystod y gweithgareddau a gynhaliwyd eisoes gyda rhanddeiliaid, a'r sylwadau a'r cwestiynau a dderbyniwyd hyd yma. Roedd y rhain yn cynnwys: • egluro'r sefyllfa o ran goblygiadau adnoddau • ymateb i'r sylwadau arwyddocaol a godwyd a safbwyntiau ynghylch pwysigrwydd amseroedd ymateb • deall sut mae'r model ymateb awyr a ffyrdd yn gweithio, gan gydnabod y byddai'n wahanol ar gyfer ardaloedd trefol a gwledig • yr angen am waith pellach ynglŷn ag effaith y tywydd • ystyried y cyfnod cyfeirio data i sicrhau bod hyn yn briodol ac nad yw'n anfwriadol ragfarnllyd • deall unrhyw amrywiad tymhorol • gwella dealltwriaeth o'r opsiynau sydd ar gael, gan gynnwys ystyried a oes angen newid canolfannau, nodi opsiynau pellach a deall pam y diystyrwyd opsiynau • gweithio gyda chydweithwyr yn y byrddau iechyd i ystyried y gwaith modelu a wnaed. Cytunodd yr Aelodau â'r ymagwedd arfaethedig ar gyfer craffu ychwanegol, gan gynnwys yr angen i ddatblygu cynnig symlach a mwy modern a deall yr opsiynau a nodwyd yn well. Teimlai'r aelodau y byddai o fudd i fyrddau iechyd ddeall yn well y data a'r modelu a wnaed eisoes, a chefnogwyd	

Saunders,Nathan 23/01/2023 12:16:28

	defnyddio'r offeryn dadansoddi data a oedd yn cael ei ddatblygu i nodi'r effaith ar gymunedau lleol. Teimlwyd y byddai'r dull hwn yn sicrhau bod manteision a risgiau pob opsiwn yn cael eu deall a'u harfarnu'n llawn, gan gynnwys y goblygiadau'n ymwneud ag elfennau allweddol megis ymateb yr awyr a'r ffyrdd, mynediad teg i'r boblogaeth ac effeithiolrwydd adnoddau. Pwysleisiodd yr Aelodau yr angen am broses ymgysylltu agored a chadarn, yn unol â'r cyfeiriad a ddarparwyd gan Gynghorau Iechyd Cymuned Cymru, a chwestiynwyd a oedd amserlen penderfyniad mis Ionawr yn ymarferol, gan ystyried yr angen am ddatblygu a chytuno ar ddeunydd ymgysylltu addas, cytuno ar yr asesiad effaith cydraddoldeb a'r gofynion ar gyfer adolygiad canol-proses. Cytunodd y CASC fod nifer o gamau i'w cymryd a bod angen bod yn dryloyw ac yn realistig er mwyn sicrhau bod y broses gywir yn cael ei dilyn, ac y byddai angen ailedrych ar yr amserlenni. Yn ogystal â'r cam cychwynnol o ddiwydrwydd dyladwy a chraffu a drafodwyd eisoes, nodwyd hefyd bod Cynghorau Iechyd Cymuned wedi argymell y dylid cynnal proses ymgysylltu â'r cyhoedd ystyrlon a chynhwysfawr am o leiaf 8 wythnos, a byddai angen ymgorffori'r cam ymgysylltu hwn yn y llinell amser. Sicrhaodd y CASC yr Aelodau y byddai Tîm PGAB bellach yn gweithio'n agos gyda'r EMRTS a'r Elusen i graffu ar fanylion y cynnig. Byddai angen cynnal trafodaethau hefyd ag arweinwyr cyfathrebu, ymgysylltu a newid gwasanaeth y byrddau iechyd er mwyn sicrhau proses gadarn. Cydnabuwyd bod llawer o elfennau i ganolbwyntio arnynt cyn y gellid darparu diweddariad a chytundeb ar y camau nesaf yn y sesiwn PGAB a drefnwyd ar gyfer 6 Rhagfyr. Wedi'r drafodaeth **PENDERFYNODD** yr Aelodau: • **NODI** cynnwys Cynnig Datblygu Gwasanaeth EMRTS Cymru ac Elusen Ambiwlans Awyr Cymru a'r atodiadau • **CYTUNO** ar y camau nesaf ar gyfer craffu ychwanegol gan y Tîm PGAB a datblygu cynnig symlach, gan gynnwys deunyddiau ymgysylltu addas i fodloni gofynion y Cynghorau Iechyd Cymuned mewn perthynas â'r cynnig • **NODI'R** risgiau allweddol ac unrhyw fesurau lliniaru sydd angen i'r Pwyllgor eu rhoi yn eu lle.	TPGAB TPGAB

Saunders,Nathan 23/01/2023 12:30:29

PGAB 22/122	**ADRODDIAD CYNNYDD AR Y CYNLLUN MEWN PERTHYNAS Â'R CYNNIG DATBLYGU GWASANAETH CASGLU A THROSGLWYDDO MEDDYGOL BRYS (EMRTS CYMRU) AC ELUSEN AMBIWLANS AWYR CYMRU** Derbyniwyd yr adroddiad cynnydd ar y cynllun mewn perthynas â Chynnig Datblygu Gwasanaeth EMRTS Cymru ac Elusen Ambiwlans Awyr Cymru. Cyflwynodd Ross Whitehead ddiweddariad ar y gweithgaredd a oedd wedi digwydd yn dilyn y cais a wnaed gan Aelodau yng nghyfarfod PGAB ym mis Medi ac roedd yn cynnwys: • Gweithgareddau a ymgymerwyd â hwy eisoes gyda rhanddeiliaid • Sylwadau a chwestiynau a dderbyniwyd hyd yma • Cynllun Cyfathrebu ac Ymgysylltu drafft • Cynllun Prosiect Drafft • Asesiad Cychwynnol o'r Effaith ar Gydraddoldeb. Nododd yr aelodau fod y CASC yn parhau i weithio gyda Chynghorau Iechyd Cymuned yng Nghymru a'i fod yn derbyn cyngor ac argymhellion ar gyfer y broses ymgysylltu angenrheidiol. Cadarnhawyd y byddai trafodaethau gyda chydweithwyr o'r bwrdd iechyd a'r Cyngor Iechyd Cymuned (CIC) yn parhau i gael eu cynnal i gytuno ar yr hyn a fyddai'n cael ei ymgysylltu, gan gynnwys y deunyddiau ymgysylltu gofynnol, ac i ddatblygu'r cynllun cyfathrebu ac ymgysylltu ymhellach. Yn dilyn y nodyn briffio a gyhoeddwyd ar 14 Hydref, byddai ail nodyn briffio yn cael ei baratoi i roi'r wybodaeth ddiweddaraf i randdeiliaid am y trafodaethau a gynhaliwyd yn y cyfarfod heddiw, a byddai'r camau nesaf yn cael eu hegluro. Yn ogystal, byddai'r sylwadau a'r cwestiynau a dderbyniwyd hyd yma yn parhau i gael eu coladu drwy'r cyfleuster ar-lein ar y dudalen benodol ar wefan PGAB; rhan bwysig o'r broses graffu i arwain at y cyfnod ymgysylltu. Yn unol â'r trafodaethau a gynhaliwyd, byddai'r amserlen yn cael ei hailasesu a'i hailystyried yn barod ar gyfer darparu diweddariad yng nghyfarfod PGAB ar 6 Rhagfyr. Nododd yr aelodau bwysigrwydd lliniaru unrhyw effaith ar Elusen Ambiwlans Awyr Cymru yng ngham nesaf y gwaith. Yng ngoleuni'r eitem agenda flaenorol a thrafodaethau a gynhaliwyd ynghylch y cynnig manwl a dderbyniwyd, a'r angen i gynnal diwydrwydd dyladwy a chraffu priodol cyn proses ymgysylltu, tynnwyd yr argymhelliad terfynol ynghylch cychwyn y broses ymgysylltu ffurfiol yn ôl.	TPGAB TPGAB

Saunders,Nathan 23/01/2023 12:10:29

	PENDERFYNODD yr Aelodau: • **NODI'R** dull strwythuredig a fabwysiadwyd ers cyfarfod y Pwyllgor a gynhaliwyd ar 6 Medi • **NODI'R** gweithgareddau a ymgymerwyd â hwy eisoes gyda rhanddeiliaid wyneb yn wyneb ac ar-lein • **NODI'R** trafodaethau a gynhaliwyd gyda'r CICau, presenoldeb yng nghyfarfodydd y CICau yn unol â chais ganddynt a chwblhau 'Pro forma Newid Gwasanaeth y Cyd-bwyllgor Gwasanaethau, Cynllunio a Newid' CIC • **NODI'R** cofnod o'r gweithgareddau a gyflawnwyd hyd yma • **NODI'R** themâu allweddol sy'n codi o'r cwestiynau, y sylwadau a'r llythyrau a dderbyniwyd gan randdeiliaid • **NODI'R** Nodyn Briffio a anfonwyd at randdeiliaid ar 14 Hydref • **NODI** datblygiad tudalen bwrpasol ar wefan PGAB • **NODI'R** Cynllun Cyfathrebu ac Ymgysylltu drafft a ddatblygwyd hyd yma, a datblygir dogfen bellach ar gyfer ymgysylltu â'r cyhoedd yn seiliedig ar gynnig symlach i'w ddatblygu • **NODI'R** cynllun prosiect drafft sydd wedi'i gynnwys ar gyfer sylwadau • **NODI'R** Asesiad Effaith Cydraddoldeb Cychwynnol.	
PGAB 22/123	**DIWEDDARIAD YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)** Derbyniwyd adroddiad diweddaru Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru. Wrth gyflwyno'r adroddiad, amlygodd Jason Killens y meysydd canlynol: • Pwynt 2.5 - perfformiad coch heriol ym mis Medi 2022 • Pwynt 2.8 - bron i 900 o gleifion yn aros mwy na 12 awr • Pwyntiau 2.16 & 2.17 ar ôl rhoi'r gorau dros dro i adrodd ar ddangosyddion clinigol yn ymwneud â throsglwyddo i gofnod clinigol electronig y claf (ePCR), roedd data newydd bellach ar gael ar gyfer strôc, toriad yng ngwddf y forddwyd, hypoglycaemia a chnawdnychiant myocardaidd dyrchafiad ST (STEMI). Roedd archwiliadau plymiad dwfn wedi'u cwblhau ar gyfer y dangosyddion clinigol hyn ac roedd yr archwiliad plymiad dwfn a ddychwelwyd yn ddigymell (ROSC) (wrth ddrws yr ysbyty) yn parhau, gyda'r dangosydd clinigol hwn i fod i gael ei gyhoeddi dros y misoedd nesaf • Pwynt 2.21 – cynnydd mewn galw coch • Pwynt 2.21 – roedd cynhyrchu ambiwlansys yn galonogol gyda chynhyrchiad awr uned o 96% ym mis Medi yn erbyn y meincnod o 95% • Pwynt 2.21 – gwelliannau mewn salwch yn cyd-fynd â thuedd Cynllun Tymor Canolig Integredig	

Saunders,Nathan 23/01/2023 12:30:29

	• Pwynt 2.21 – yr oriau trosglwyddo a gollwyd uchaf erioed ar 28,500 awr, sy'n cyfateb i dros 30% o gynhwysedd cludo WAST • Cafwyd diweddariad llafar ar NEPTS a gosod cytundebau newydd o ganlyniad i'r achos busnes Cymru gyfan, gyda'r darparwyr newydd wedi cael eu hysbysu yn ddiweddar o ganlyniad y broses dendro. Cytunwyd bod y diagram ychwanegedd ar waelod tudalen 12 yn ddefnyddiol, ei fod yn ddarlun cymhleth ac y byddai'n synhwyrol yn awr adeiladu llwybr gwelliant a deall effaith debygol pob ymyriad. Crynhodd y Cadeirydd gan gynnwys: • Nodi'r effaith gadarnhaol mewn perthynas â chynhwysedd ychwanegol a chynhyrchiad oriau uned, ond nodwyd nad oedd hyn yn ddigon i wrthbwyso'r colledion ar draws y system fel y nodir uchod • Croesawu'r cynnydd a wnaed o ran cofnod clinigol electronig y claf, a'r camau nesaf o ran cysylltiadau data • Nodi'r diweddariad o ran caffael NEPTS, yr arbedion effeithlonrwydd o ganlyniad, a'r ffocws ar ansawdd gwasanaeth. **PENDERFYNODD** yr Aelodau: • **TRAFOD** a **NODI** Adroddiad Darparwr WAST	WAST WAST
PGAB 22/124	**ADRODDIAD PRIF GOMISIYNYDD Y GWASANAETHAU AMBIWLANS (CASC)** Derbyniwyd adroddiad Prif Gomisiynydd y Gwasanaethau Ambiwlans. Cyflwynodd Stephen Harrhy yr adroddiad a thynnodd sylw at y canlynol: • Cynnydd o ran recriwtio'r 100 o staff rheng flaen ychwanegol yn WAST • Gwaith parhaus gyda Phenaethiaid Bydwreigiaeth mewn byrddau iechyd, ac effaith benodol oedi wrth ymateb gan ambiwlansys ar argyfyngau obstetrig. Roedd gwaith ar y gweill i ddarganfod beth ellid ei gyflawni ac roedd swydd dros dro ar frys yn cael ei cheisio. **PENDERFYNODD** yr Aelodau: **NODI'R** adroddiad.	
PGAB 22/125	**DIWEDDARIAD COMISIYNU PGAB** Derbyniwyd Diweddariad Comisiynu PGAB. Cyflwynodd Matthew Edwards yr adroddiad a nododd yr Aelodau ei fod yn rhoi trosolwg o'r cynnydd sy'n cael ei wneud yn erbyn elfennau allweddol y dull comisiynu cydweithredol**.**	

Defnyddiwr Newydd 1 02/01/2023 12:31:28

	Nododd yr aelodau y trafodaethau niferus mewn perthynas â'r fframwaith comisiynu ar gyfer gwasanaethau ambiwlans brys dros y misoedd diwethaf ym Mhwyllgor PGAB, Grŵp Rheoli PGAB a fforymau cysylltiedig eraill. Mae'r trafodaethau hyn wedi arwain at ddull cydweithredol o bontio a thrawsnewid trwy ddatblygu cynlluniau gweithredu comisiynu integredig lleol (ICAPau). Cafodd y fframwaith comisiynu ei gynnwys fel eitem 'ffocws ar' mewn cyfarfod blaenorol o Grŵp Rheoli PGAB, ac mae trafodaethau wedi'u cynnal yn fwy diweddar gyda'r holl fyrddau iechyd. Mae gwaith yn cael ei wneud drwy gydol mis Tachwedd i ddefnyddio cynlluniau gwella trosglwyddo i lenwi ICAPau. Gofynnir i fyrddau iechyd ymrwymo i anfon cynrychiolaeth briodol i'r cyfarfodydd hyn. Roedd y diweddariad hefyd yn nodi y byddai ffocws ar alinio camau gweithredu o fewn yr ICAPau â'r Rhaglen Chwe Nod ar gyfer Gofal Brys ac Argyfwng. Yn ogystal â'r diweddariad ar y fframwaith comisiynu, roedd y diweddariad hefyd yn cynnwys diweddariad Chwarter 2 yn erbyn Cynllun Tymor Canolig integredig PGAB a'r Bwriadau Comisiynu PGAB y cytunwyd arnynt ar gyfer 2022-23, gyda diweddariadau manwl wedi'u hatodi. **PENDERFYNODD** yr Aelodau: • **NODI'R** dull comisiynu cydweithredol • **NODI'R** cynnydd a wnaed o ran datblygu Fframwaith Comisiynu Gwasanaethau Meddygol Brys (EMS), gan gynnwys datblygu Cynlluniau Gweithredu Comisiynu Integredig lleol • **NODI'R** cynnydd a wnaed yn erbyn Cynllun Tymor Canolig Integredig (IMTP) PGAB yn Chwarter 2 fel y nodir yn y diweddariad a ddarparwyd • **NODI'R** diweddariad Chwarter 2 yn erbyn y bwriadau comisiynu ar gyfer pob un o'r gwasanaethau a gomisiynir.	
PGAB 22/126	**ADRODDIAD CYLLID MIS 6** Derbyniwyd Adroddiad Cyllid Mis 6. Pwrpas yr adroddiad oedd nodi'r sefyllfa ariannol amcangyfrifedig ar gyfer PGAB ar gyfer 6ed mis 2022/23 ynghyd ag unrhyw gamau unioni gofynnol. Adroddwyd ar ragolwg o fantoli'r gyllideb.	

Saunders, Nathan 23/01/2023 12:30:29

	Yn wyneb y pwysau ariannol sylweddol o fewn y system, cytunwyd bod angen cynllunio ariannol cadarn. Dywedwyd bod y tybiaethau ariannol yn unol â'r rhagdybiaethau a wnaed gan fyrddau iechyd a bod angen dangos y defnydd gorau o ddyraniadau comisiynu presennol. Byddai trafodaethau pellach yn cael eu cynnal i sicrhau aliniad â'r broses IMTP. **PENDERFYNODD** yr Aelodau: **NODI'R** adroddiad.	
PGAB 22/127	**COFNODION A GADARNHAWYD IS-GRWPIAU PGAB** Derbyniwyd cofnodion a gadarnhawyd gan yr is-grwpiau PGAB canlynol: • Grŵp Rheoli PGAB Cryno'r Cadeirydd – 20 Hydref 2022 – nododd yr Aelodau nad oedd cworwm yn y cyfarfod a chytunwyd i ystyried sut y byddai eu sefydliad yn cael ei gynrychioli mewn cyfarfodydd yn y dyfodol. • Grŵp Rheoli PGAB – 18 Awst 2022 • Grŵp Sicrwydd Cyflenwi NEPTS – 4 Awst 2022 • Grŵp Sicrwydd Cyflenwi EMRTS – 7 Mehefin 2022 **PENDERFYNODD** yr Aelodau: **CYMERADWYO'R** cofnodion a gadarnhawyd.	
PGAB 22/128	**LLYWODRAETHU PGAB** Derbyniwyd yr adroddiad ar Lywodraethu PGAB. Cyflwynodd Gwenan Roberts, Ysgrifennydd y Pwyllgor yr adroddiad a thynnodd sylw at nifer o eitemau i'w cymeradwyo, gan gynnwys: • Cofrestr Risg PGAB a gyflwynwyd i bob cyfarfod o'r Pwyllgor PGAB, Grŵp Rheoli PGAB ac a dderbyniwyd er sicrwydd ym Mhwyllgor Archwilio a Risg BIP CTM (fel y sefydliad cynnal) • Y 3 risg coch o fewn Cofrestr Risg PGAB yn ymwneud ag eitemau allweddol a drafodwyd eisoes yn y cyfarfod • Adroddiad Fframwaith Sicrwydd PGAB. Nodwyd bod hwn yn yr un arddull â fframwaith sicrwydd y sefydliad cynnal (BIPCTM) • Byddai Rheolau Sefydlog PGAB yn cael eu hadolygu cyn y cyfarfod nesaf yn unol â threfniadau Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a byddent yn cyd-fynd â'r adolygiad o Gyfarwyddiadau Ariannol Sefydlog Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) / PGAB • Nodwyd y rhestr o gysylltiadau sefydliadol allweddol.	

Saunders,Nathan 23/01/2023 12:30:29

	PENDERFYNODD yr Aelodau: • **CYMERADWYO'R** gofrestr risg • **CYMERADWYO** Fframwaith Sicrwydd PGAB • **NODI** y byddai Rheolau Sefydlog PGAB yn cael eu hadolygu cyn y cyfarfod nesaf • **NODI'R** wybodaeth o fewn Cysylltiadau Sefydliadol Allweddol PGAB.	
PGAB 22/129	**CYNLLUN RHAGOLWG A BUSNES BLYNYDDOL** Derbyniwyd y Cynllun Rhagolwg a Busnes Blynyddol. Gofynnodd y Cadeirydd i'r Aelodau anfon unrhyw awgrymiadau ar gyfer sesiynau 'Ffocws ar' yn y dyfodol. **PENDERFYNODD** yr Aelodau: **NODI'R** adroddiad.	
Rhan 3. MATERION ERAILL		**GWEITHREDU**
PGAB 22/130	**UNRHYW FATER ARALL** Daeth y Cadeirydd â'r cyfarfod i ben trwy ddiolch i'r Aelodau am eu cyfraniad i'r trafodaethau.	
DYDDIAD AC AMSER Y CYFARFOD NESAF		
PGAB 22/131	Byddai cyfarfod arferol nesaf y Cyd-bwyllgor yn cael ei gynnal am 13:30 o'r gloch, ddydd Mawrth 6 Rhagfyr 2022 ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC), Uned G1, The Willowford, Main Avenue, Ystad Ddiwydiannol Trefforest, Pontypridd CF37 5YL; ond mae'n debygol o gael ei gynnal yn rhithiol ar blatfform Microsoft Teams.	Ysgrifennydd y Pwyllgor

Arwyddwyd .....
Christopher Turner (Cadeirydd)

Dyddiad .....

Saunders.Nathan
23/01/2023 12:30:29

MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 4 OCTOBER 2022 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Rhys Burton	South Wales Police
Shayne Hembrow	Wales and West Housing Association
Duncan Innes	Cardiff Third Sector Council
Zoe King	Diverse Cymru
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Care Collective
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Tina Bayliss	Interim Director of Operations, Surgery Clinical Board, UHB
Helen Earland	Clinical Operational Lead, GP Out of Hours Service, UHB
Abigail Harris	Executive Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Danielle James	Operational Manager, GP Out of Hours Service, UHB
Emma Wilkins	Directorate Manager, General Surgery, Urology and Wound Healing, UHB
Apologies:	
Jason Evans	South Wales Fire and Rescue
Paula Martyn	Independent Care Sector
Secretariat:	Gareth Lloyd, UHB

SRG 22/34 WELCOME AND INTRODUCTIONS

The Chair welcomed colleagues to the meeting.

The Chair thanked Siva Sivapalan for expressing an interest in the position of SRG Vice Chair. The SRG supported this appointment. The Chair will therefore provide the UHB Board with a report recommending Siva Sivapalan's appointment as Vice Chair.

Action: Chair

Saunders.Nathan 23/01/2023 12:30:29

SRG 22/35 APOLOGIES FOR ABSENCE

Although not a member of the SRG apologies had been received from Nikki Foreman and Jessica Mannings.

SRG 22/36 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 22/37 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 26 JULY 2022

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 26 July 2022.

SRG 22/38 FEEDBACK FROM BOARD

Abigail Harris drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 29 September 2022.

- Patient Story – The Story was from the founder of the charity Daring to Dream which had been set up to help with the emotional needs of people with complex and chronic conditions.
- Chief Executive Report – Highlighted the real pressure in health and social care and the UHB's commitment to doubling its commitment to focussing on the 'front door' and 'back door'.
- Winter Plan - The Chief Operating Officer had provided an overview of the UHB's Winter Plan. Welsh Government (WG) have issued a worst reasonable case scenario which indicates a sharp upturn in activity during November with higher than usual incidences of flu. The message therefore is for people to take up the offer of a flu vaccine. The Bayside and Splott COVID Mass Vaccination Centres have closed to be replaced with a Mass Vaccination Centre at Woodland House which is currently vaccinating circa 1,600 per day. An SRG member reported that their COVID vaccination appointment letter had advised them to contact Public Health Wales for a flu vaccine which didn't seem conducive to maximising uptake. Abigail Harris agreed to check the messaging regarding how people access the flu vaccine.

Action: Abigail Harris

Saunders.Nathan 23/01/2023 12:30:29

- Wellbeing Hub @ Park View Outline Business Case (OBC) – The OBC was approved for submission to WG. The Wellbeing Hub would be a very similar model to the Wellbeing Hub @ Maelfa that had opened earlier this year.
- Velindre NHS Trust business cases for Radiotherapy Services and a Radiotherapy Satellite Centre were supported by the Board.
- Regional Partnership Board (RPB) Market Stability Report – The Report identified that there is not the correct mix of services in the community. Less generic residential care is required and the UHB is looking into commissioning a rehabilitation wing with Cardiff Local Authority. It was agreed that the Market Stability Report would be circulated to the SRG for information

Action: Gareth Lloyd

- Regional Partnership Board Unpaid Carers Charter.- Acknowledges the contribution unpaid carers and the need to ensure they have appropriate support. In response to a question from the SRG, Abigail Harris and Angela Hughes explained that the first task was to identify who carers are as there are a large number of 'hidden' carers. Once this has been done the UHB has a responsibility to provide them with support. Examples of support include the Young Carers in School Project and the Carers Gateway which provides carers with advice .

SRG 22/39 NHS 111

The SRG received a presentation from Helen Earland and Danielle James on the impact of CAV24/7 and the introduction of the NHS 111 service. .

NHS 111 Phone First is a national service which went live with a soft launch on 16 March 2022. It is part funded by WG and part funded by Health Boards. NHS 111 is for urgent non-life threatening case. Once someone contacts NHS 111 there is an initial quick triage and if further assessment/Emergency Unit time slot is required the call will be handed over to CAV24/7. A clinician typically calls back in 1-4 hours. Individuals should ring CAV24/7 for dental issues and for District Nurses Out of Hours. CAV24/7 also has a health care professional line so, for example, GPs, District Nurses and care homes with registered staff can contact the team directly for medical advice.

The SRG suggested that it was unclear when individuals should ring CAV 24/7 and when should they ring NHS 111. Danielle James acknowledged that more communications were required.

Saunders.Nathan 23/01/2023 12:30:29

SRG 22/40 SAME DAY EMERGENCY CARE

The Chair reported that due to operational pressures and staff absences, representatives from the Medical Clinical Board were unable to attend to present on Medical Same Day Emergency Care. It was agreed that their presentation would be circulated to the SRG and if members had any questions they should send them to Gareth Lloyd in the first instance

Action: Gareth Lloyd/All

The SRG received a presentation from Emma Wilkins on the UHB's Surgical Same Day Emergency Care (SDEC) facility.

The SRG was informed that Same Day Emergency Care allows specialists to care for emergency surgical patients on the same day of arrival, where possible as an alternative to hospital admission, removing delays for patients requiring further investigations and/or treatment. The introduction of the Surgical SDEC has resulted in a 22% reduction in acute General Surgery attendances and a 47% reduction in surgical attendances at the Emergency Unit. GPs can refer patients to the surgical SDEC using Consultant Connect which is also used for referrals direct from the Emergency Unit. It is hoped that by the end of October it will be possible for the Welsh Ambulance Service to make direct referrals.

Emma Wilkins agreed to provide a link to the presentation for circulation to SRG members . If members of the SRG had any questions they should send them to Mr Chris Morris, whose contact details were contained in the presentation.

Action: Emma Wilkins/All

SRG 22/41 SHAPING OUR FUTURE WELLBEING STRATEGY

The SRG received a short presentation from Abigail Harris on progress with updating the UHB's Strategy.

The UHB was currently in the process of agreeing the questions it wanted to ask people as part of the engagement process. The intention is to undertake some pre-draft engagement October-January/February prior to producing an initial draft updated Strategy document during February/March for consideration by the UHB Board at its meeting on 30 March. This would then be followed by a period of formal engagement with a view to the final draft being submitted to the UHB Board in July 2023.

The SRG then raised a number of questions and made several observations.

Saunders.Nathan 23/01/2023 12:30:29

- How will the activity backlog impact on the Strategy? Abigail Harris explained that one of the UHB's key aims was to reduce the backlog as quickly as possible. Short-term actions to address the backlog will be set out in the three year Integrated Medium Term Plan. The longer term Strategy will set out how this level of activity will be sustained. One way in which the UHB will look to reduce the backlog is by working more collaboratively on the provision of services such as Ophthalmology, Orthopaedics and Diagnostics across the region.
- Marie Davies had attended a recent Cardiff Third Sector Council Wellbeing Network meeting to provide an update on the UHB's Strategy review. Cardiff Third Sector Council would try to involve as many diverse groups as possible in the engagement process.

It was agreed that the regional collaboration be an agenda item at the SRG meeting in November.

Action: Abigail Harris/Gareth Lloyd

It was agreed that the presentation be circulated to the SRG and that SRG members consider the questions posed in the presentation. The SRG would then undertake a 'workshop' style session at its meeting in November.

Action: Gareth Lloyd

SRG 22/42 ANY OTHER BUSINESS

Unpaid Carer Representative for Regional Partnership Board.

The Chair reported that the RPB was seeking an unpaid carer representative. SRG members agreed to advise the Chair of potential; nominations.

SRG 22/43 NEXT MEETING OF SRG

1.30pm Tuesday 29 November 2022.

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	Move More East Well - Healthy weight in children				Agenda Item no.	8.1	
Meeting:	Board		Public	x	Meeting Date:	26/01/2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		x
Lead Executive:	Executive Director of Public Health						
Report Author (Title):	Consultant in Public Health Medicine/Principal in Public Health/Head of Dietetics						

Main Report
Background and current situation:

In a previous meeting, assurance had been sought by Board, in the context of the waiting list for certain levels of our healthy weight support services, that we had a strong approach to support the healthy weight of children and young people in Cardiff and Vale.

Ensuring that a child has a healthy weight is a part of normal growth and development. Children's healthy weight in Cardiff and the Vale of Glamorgan is measured at reception year (children aged 4/5); the most recent measurements show that healthy weight is at 76.7% (2018/19), with a positive upward trajectory since 2011/12. These results show that Cardiff and Vale UHB is the best performing Health Board in Wales. Across the UK, other areas in England have a higher proportion of healthy weight. For example, the best performing local authority was Waverley in 2021/22, with 86.2% of reception year children having a healthy weight. In Cardiff and Vale of Glamorgan we aspire to achieve at least this ambition.

Through leadership and delivery of the Cardiff and Vale of Glamorgan Move More, Eat Well Plan – (https://movemoreeatwell.co.uk/wp-content/uploads/2020/07/Move-more-eat-well-plan_Jan-2020_FINAL2-3.pdf) which was launched in July 2020, a 'whole system approach' to healthy weight is being taken forward. The plan provides a regional response to how we can encourage, support, and enable people to be more active and have a healthier diet, with a focus on collective action over the long term to improve health outcomes. It is supported by both Public Services Boards and the Regional Partnership Board.

This collaborative action is being driven forward by a range of stakeholders from across the system. Move More, Eat Well is aligned to Welsh Government's Healthy Weight: Healthy Wales Strategy, and is being enabled by Welsh Government grant funding alongside local key levers and mechanisms e.g. Sustainable Food Partnerships, and Move More Cardiff Physical Activity and Sport Strategy, whose wider work is supportive of healthy weight action at a systems level (Appendix A).

Supported by the Healthy and Sustainable Pre School-Scheme, Healthy Schools Schemes and Active Travel Teams in both Cardiff and the Vale of Glamorgan, there are opportunities for children and young people to eat well and move more in both preschool and school settings. Mechanisms are in place to bring partners together to ensure that local action around educational settings are joined up, and through our partnership 'Amplifying Prevention' approach, targeted at those most in need.

In addition, and at a community level, children, young people, and families are being supported to be active and eat well through partner programmes of work such as those delivered by Sport Cardiff, the Vale Healthy Living Team, and Newydd Housing's Hapi Programme (https://movemoreeatwell.co.uk/about/our-partnerships/hapi-project/), which is targeted at communities most in need. Further detail on delivery can be found here: https://movemoreeatwell.co.uk/

Sent 21/11/2022 13:30:16

Wider action to improve the food and physical activity environment is also being driven forward. As the evidence indicates that there are harms to children's health associated with exposure to High Fat Sugar Salt (HFSS) advertising, with those living in areas of deprivation more likely to have greater exposure, wider action includes the development of policies to restrict HFSS advertising and promotion/increased opportunities for healthier advertising. Policy development is being progressed within the UHB, and in both Cardiff and the Vale of Glamorgan Local Authorities in this regard.

One key area within this approach is our healthy weight system for the early years, supported by Foodwise in Pregnancy, Flying Start, and Families First. Appendix B shows the life course approach to services supporting children and families to achieve a healthy weight from the outset. Of particular note, Nutrition for Your Little One (NYLO - https://nylo.co.uk/) is a healthy lifestyle programme developed for families with a child aged 5 years and under living in Cardiff or the Vale of Glamorgan. Its aim is to ensure that families feel confident to support their child to be a healthy weight through group and 1 to 1 sessions. As at December 2022, the longest wait was 10 weeks. For more intensive support, at level 2 and 3 of the healthy weight pathway, Active Families, Active Lives (AFAL - https://keepingmewell.com/living-well-leading-a-healthy-lifestyle/eating-well/weight-management/) was created for children at a 98th BMI centile or greater. This provides access to a full multi-disciplinary team including a: Community Pediatrician, Psychologist, Dietitian, Occupational Therapist, Physiotherapist, and School Nurse. The service is supported by Health Care Support Workers. The longest waiting time for this service as at December 2022 was 10 weeks.

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

The purpose of this report is to provide assurance to Board. To note that:

- Our current approach in Cardiff and Vale to achieving a healthy weight for children is comprehensive, and involves a whole system approach at every level.
- The current waiting times for key healthy weight support services for children and families are below waiting time targets.

Recommendation:

The Board is requested to:

- **NOTE** the ambition of delivery, and implementation to date.
- **SUPPORT** the direction of travel.

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

Page 432 of 471

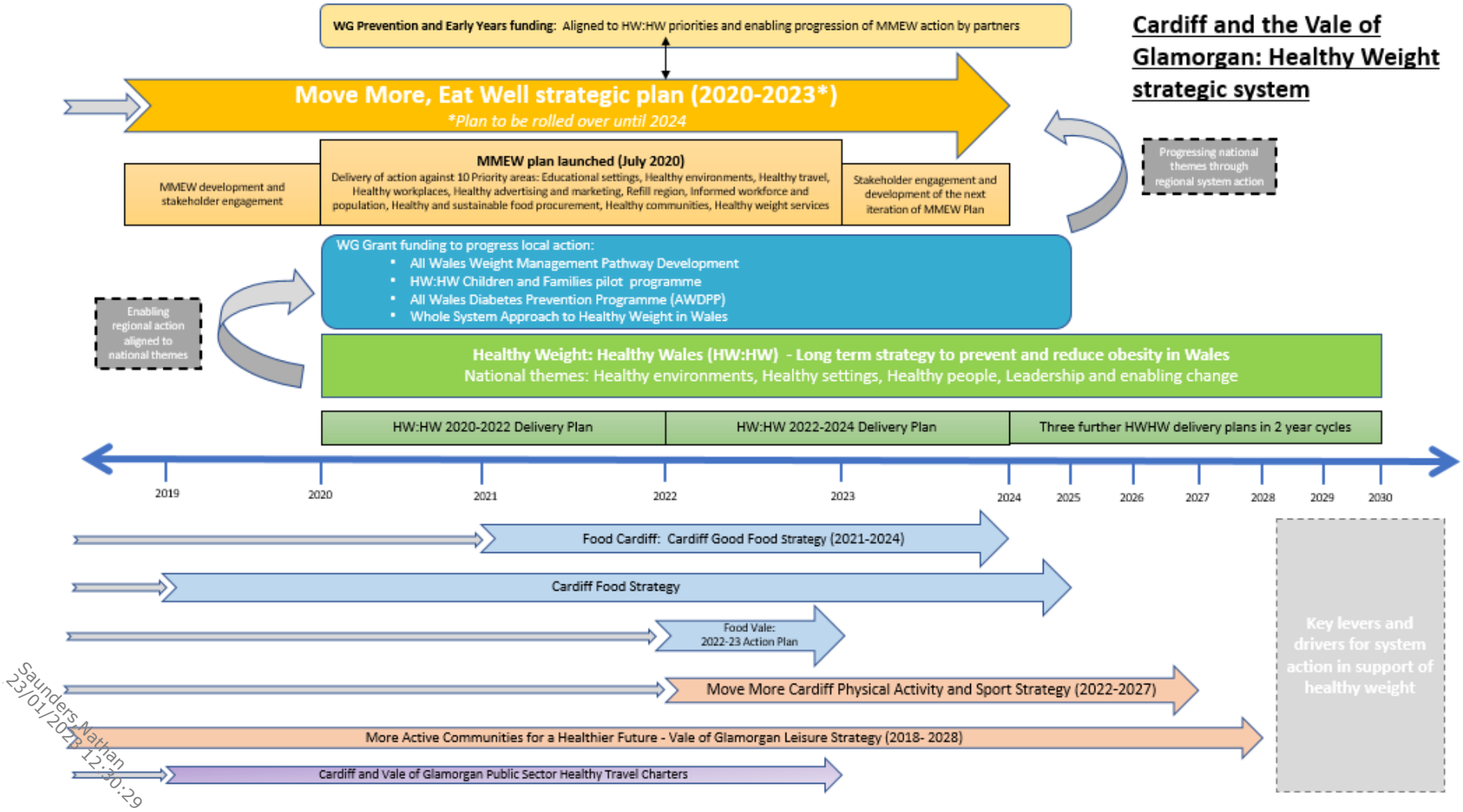
Prevention	√	Long term	√	Integration	√	Collaboration	√	Involvement	√

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategic Leadership Board	18 January 2023
Board	26 January 2023

Saunders,Nathan
23/01/2023 12:30:29

Appendix A



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23/01/2023 12:30:29

Appendix B

Cardiff and Vale Weight Management Services Pathway

Single Point of Access through Dietetic services with additional self referral options.

Nutrition Skills for Life programme supports across the pathway

PHW Digital Offer 2023 onwards

	Early Years	Children	Maternity	Adults	Tertiary services
Level 1	Flying start and Families First programmes supporting families, staff and a settings approach with good nutrition	Community signposting. Families First Settings approach including Food and Fun schools programmes; youth services/ settings	Foodwise in Pregnancy	Self management support via www.keepingmewell.co.uk Living Well including Foodwise for Life / Escape pain Cluster level diabetes prevention through brief intervention	
Level 2	NYLO early years healthy weight programme. Group & 1:1 interventions www.nylo.co.uk Children and families programme for minority ethnic communities	AFAL group education programmes (linked to key stage curriculum)	Foodwise in pregnancy Midwife led healthy pregnancy clinic	Dietetic 1:1 and group interventions. OVIVA virtual service- 400 patients Psychologically informed emotional regulation groups	
Level 3	AFAL MDT 1:1 interventions including medical; nursing; dietetic; psychology; OT; physiotherapy, support workers	AFAL – Active Families Active Lives MDT 1:1 support	Consultant led antenatal care (BMI>40) 1:1 dietetic support	SWMS MDT 1:1 interventions including medical; nursing; dietetic; psychology; OT; physiotherapy Piloting group based intervention as part of research programme. VLCD intervention (counterweight)	• Renal- Balance group education • 1:1 dietetic and MDT support • Bariatric surgery via Swansea

New services established

Existing services enhanced

Partnership with Leisure Services including vouchers to support vouchers and discounted membership to promote access and activity

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	Corporate Risk Register				Agenda Item no.	8.2	
Meeting:	Board Meeting		Public	x	Meeting Date:	26 January 2023	
			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 the 2022/23 financial year.

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.

Sandra Newman 20/01/2023 10:31

There are currently 24 Risks on the Corporate Risk Register. Two of these risks (Risks CRR15 and CRR 23) are new to the register, albeit the risks are known and managed locally.

Risk CRR 15, which relates to Maternity Services continues to be reviewed by the Obstetrics and Gynaecology directorate who are also undertaking a further review of the risk associated with the directorates learning from adverse events. This review will take place during December 2022 with the Head of Risk and Regulation in attendance to provide support and guidance.

Risk CRR 23 in under review internally and with Welsh Government colleagues to ensure

20 of these risks are unchanged and will continue to be recorded on the Register beyond November's Board meeting. Two risks (CRR13 and CRR14) currently sit on the Corporate Risk Register but following a downgrading in their score will be removed from the register before the January 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 CRR1 and CRR4 on the Corporate Risk Register are amalgamations of risks within the Capital Estates and Facilities Risk Register;
- Risk CRR16 is an amalgamation of risks within the Children and Women Clinical Board Register in relation to maternity services; and
- Risk CRR20 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, Finance, 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.

The present position is therefore as follows:

September 2022	November 2022
• 24 Risks rated 20 (Extreme Risk), 5 of which are new entries. • 2 risks to be removed from the Corporate Risk Register.	• 24 Risks rated 20 (Extreme Risk), 2 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 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:

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23/01/2023 12:30:29

Board Assurance Framework Risk	Corporate Risk Register Entry
Patient Safety	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21
Capital Assets	1, 2, 3, 4, 17, 19, 20, 23
Workforce	4, 6, 11, 16
Financial Sustainability	5, 22, 23
Staff Wellbeing	4, 6, 11, 16,
Critical Care	18, 19, 20
Planned Care	7, 9
Cancer	7, 9
Maternity	14, 15, 16
Urgent and Emergency Care	6, 8, 10
Digital Strategy and Road Map	24
Delivery of IMTP 22-25	22, 23

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 is 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

Saunders,Nathan(HDD) 23/01/2023 14:30:29

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Quality Safety and Improvement Committee	29.11.2022
Strategy and Delivery Committee	24.01.2022
Mental Health Capacity and Legislation Committee	31.01.2023

Saunders,Nathan
23/01/2023 12:30:29

CORPORATE RISK REGISTER SUMMARY JANUARY 2023

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score September 22	Risk Score November 22	Risk Score January 23	Target Risk Score
CRR6	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	5x5=25	5x5=25	5x3=15
CRR1	Risk of patient harm due to obsolete Oxygen and Nitrous Oxide medical gas Plant and Equipment at various UHB sites	Estates	Patient Safety Capital Assets	5x4=20	5x4=20	5x4=20	5x4=20	5x1=5
CRR2	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
CRR3	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
CRR4	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
CRR5	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
CRR7	Risk of patient harm due to patients with suspected (Basal cell carcinoma) BCC being added to Routine waiting lists secondary to increased Referal to Treatment times.	Medicine	Patient Safety Cancer Planned Care	5x5=25	5x4=20	5x4=20	5x4=20	5x3=15
CRR8	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	5x4=20	5x4=20	5x3=15
CRR9	Risk of patient harm due to delayed cancer diagnosis secondary to accumulation of therapeutic and surveillance case numbers.	Medicine	Patient Safety Planned Care Cancer	4x5=20	4x5=20	5x4=20	5x4=20	4x2=8
CRR10	Risk of patient harm and breaches of Welsh Government waiting time guidance due to delays admitting patients from WAST	Medicine	Patient Safety Urgent and Emergency Care	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR11	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
CRR12	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
CRR13	Risk of harm to compromised fetuses and reduced options for termination of pregnancy due to capacity shortfalls witin Fetal Medicine	Children and Women	Patient Safety Maternity	5x5=25		5x4=20	5x4=20	
CRR14	Risk of patient harm and poor patient experience due to staffing difficulties and shortages within maternity services.	Children and Women	Patient Safety Maternity	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR15	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	5x4=20	5x4=20	5x2=10
CRR16	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 Critical Care Staff Wellbeing Workforce	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10

Saunders,Nathan
25/01/2023 12:30:29

CRR17	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 Critical Care	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
CRR18	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 Critical Care Capital Assets	4x5=20	4x5=20	4x5=20	4x5=20	4x2=8
CRR19	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
CRR20	Risk failure to achieve revenue statutory duty breakeven duty and achieve an approved three year IMTP	Finance	Financial Sustainability Delivery of IMTP 22-25	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
CRR21	Risk of failure to achieve an approved Three Year IMTP due to a planned defecit of £17.1 million	Finance	Financial Sustainability Delivery of IMTP 22-25	5x4=20		5x4=20	5x4=20	5x2=10
CRR22	Risk of service interuption and potential patient harm due to cyber security threats	Digital Health	Capital Assets Digital Strategy and Road Map	5x5=25	5x4=20	5x4=20	5x4=20	5x3=15

Saunders.Nathan
23/01/2023 12:30:29

Report Title:	Annual Consultations Summary				Agenda Item no.	8.3	
Meeting:	Board		Public	x	Meeting Date:	26.01.2023	
			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 purpose of this report is to provide the Board with an update on the Health Board's systems and procedures to record and track its participation in external Consultations and share a summary of the work undertaken in this regard during 2022/23.

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

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

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

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

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

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

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

Paul Griffiths
19/01/2023 12:30:

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

and the Deputy Executive Medical Director to establish what consultations should be responded to and by whom.

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

Where logistically possible, or given the nature of a consultation (typically one that has a Health Board wide dimension as opposed to a local service specification), responses will be shared at a Management Executive meeting for approval prior to submission.

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

Attached as Appendix 1 is a breakdown of the Consultations (Excluding NICE) noted and tracked during 2022/23 to date.

At Appendix 2 is a breakdown of all NICE Consultations reviewed and allocated for response by the Executive Medical Director. It should be noted that due to the volume of NICE Consultations and the regularity with which new documents are issued the Risk and Regulation team are working with the Interim Executive Medical Director to identify and allocate such consultations only.

Recommendation:

The Board is requested to:

Note the Annual Consultations Summary

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	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 11.	

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23/01/2023 12:30:29

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
There is a risk that the Health Board's views and position on issues may not be considered by relevant external bodies and stakeholders should responses to consultations not be agreed and submitted in a timely manner.
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
23/01/2023 12:30:29

External Body	Consultation Paper	Lead Executive	Operational Lead
Audit Wales	Auditor General's Work Programme	Director of Corporate Governance	Nicola Foreman
Audit Wales	Equality Impact Assessment	Executive Director of People and Culture	Claire Whiles
WHSSC	Policy consultation on (i) 'Policy for the development, review and update of WHSSC policies: Policy for Policies, CPL-024' and; (ii) 'WHSSC Equality Impact Assessment Policy (EQIA), CPL-025'	Director of Corporate Governance	Marcia Donovan
WHSSC	2022-23 Review of the WHSSC Specialised Services Policy CP50a: Positron Emission Tomography (PET)	Executive Director of Strategic Planning	Matthew Temby
Welsh Government	Liberty Protection Safeguards	Executive Nurse Director	Jason Roberts
Traumatic Stress Wales	Trauma Informed Wales Framework	Executive Director of Public Health	Anne Wei / Robert Kidd
WHSSC	CP174, Paediatric Epilepsy Surgery Commissioning Policy	Executive Medical Director	Guy Blackshaw, Clare Rowntree
WHSSC	The Welsh Artificial Eye Service	Executive Medical Director	Paul Rogers
WHSSC	Proposed Service Specification for Paediatric Gastroenterology (CP211)	Executive Medical Director	Ieuan Davies - Amar Wahid
WHSSC	Sapropterin for treating hyperphenylalaninaemia (HPA) in phenylketonuria (PKU) and tetrahydrobiopterin (BH4) disorders	Executive Medical Director	Duncan Cole
WHSSC	WHSSC Consultation: Positron Emission Tomography (PET) Commissioning Policy (Revised 2022)	Executive Medical Director	Various - Sandeep Hemmadi, Rachel Lee
NHS Wales Collaborative	Proposed Service Specification for Adult Specialised Endocrinology Services for People Resident in Wales	Executive Medical Director	Aled Roberts, Guy Blackshaw, David Scott-Coombs
WHSSC	CP244 Neonatal ODN, Service Specification	Executive Medical Director	Ian Morris, NICU
GOV.UK	HIV Action Plan Wales	Executive Director of Public Health / Executive Director of Strategic Planning	Claire Beynon
WHSSC	Draft Specialised Services Strategy for Mental Health – Stakeholder Survey 2022 - 2028	Executive Medical Director	Fiona Jenkins
Welsh Government	National Framework for Social Prescribing	Executive Director for Strategic Planning	Cath Doman, Lisa Dusnford
Welsh Government	Healthcare Procurement Reform Wales	Executive Director of Finance	Claire Salisbury

Saunders,Nathan
23/01/2023 12:30:29

External Body	Consultation Paper	Lead Executive	Operational Lead
WHSSC	Specialised Paediatric Strategy	Executive Medical Director	C&W CB Clare Rowntree
WHSSC	CP55, Drug Treatment for Lysosomal Storage Disorders (All ages) Commissioning Policy	Executive Medical Director	Aled Roberts, Guy Blackshaw, Clare Rowntree
Welsh Government	NHS Wales Executive and opportunity to share your views	CEO	Tim Davies
WHSSC	PP249 Odevixibat for treating progressive familial intrahepatic cholestasis	Executive Medical Director	Specialist Services and C&W CB Triumvirates
Welsh Government	Substance Misuse Treatment Framework and Standards for Mental Health Services for Prisons in Wales	Executive Director of public Health	Justine Cosby
Welsh Government	Social Care and Continuing NHS Healthcare	Executive Nurse Director	Tim Davies (Collating UHB Response)
WHSSC	WHSSC Consultation: All Wales Specialist Mesothelioma MDT Service Specification (CP246)	Executive Medical Director	Dianne Parry, Aled Roberts, Guy Blackshaw, Rachel Lee
Welsh Government	Innovation Strategy for Wales	Jonathon Gray	Mark Briggs
Gov.uk	Equity in Medical Devices: Independent review call for evidence	Executive Director of Therapies and Health Science, Executive Medical Director	-
NHS Wales Confederation	Draft Food Wales Bill Consultation	Executive Director of Public Health	Fiona Kinghorn
Welsh Government	Healthy Food Environment	Executive Director of Public Health	Fiona Kinghorn
WHSSC	WHSSC Consultation: Obesity Surgery for Complex and Severe Obesity – Level 4 (Adults) Service Specification CP29b	Executive Medical Director	Suzanne Wood, Helen Nicholls
Welsh Government	Proposal to end the sale of energy drinks to children under 16	Executive Director of Public Health	Suzanne Wood, Helen Nicholls
WHSSC	Proposed Policy Position Statement for Extracorporeal membrane oxygenation (ECMO) as a bridge to lung transplant (all ages) (PP251), for Welsh residents	Executive Medical Director	Manish Pandey
WHSSC	Dexrazoxane for preventing cardiotoxicity in children < 16	Executive Medical Director	Cathy Morley-Jacob, Rom Al-Samsam, Madeleine Adams, Philip Connor, Indu Thakur, Lena Uzunova, Anthony Lewis, Alan Pateman
Welsh Government	Duty of Candour	Executive Nurse Director	Angela Hughes, Alex Scott

Saunders,Nathan
23/01/2023 12:39:29

External Body	Consultation Paper	Lead Executive	Operational Lead
Welsh Government	Duty of Quality	Executive Nurse Director	Angela Hughes, Alex Scott
Welsh Parliament	Endoscopy Services	Executive Medical Director	Clare Tibbatts
WHSSC	Givosiran for treating acute hepatic porphyria for people aged 12 years and older (PP252)	Executive Medical Director	Executive Medical Director
Cardiff PSB	PSB Local Well-being Plan 2023-2028 - Published for Consultation	Head of Corporate Business	Head of Corporate Business
WHSSC	Engagement Process to Review WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and All Wales IPFR policy	Executive Medical Director	Executive Medical Director
WHSSC	Adult Neurosurgery	Executive Medical Director	John Martin Khalid Hemmani
WHSSC	CP37 Pre-implantation Genetic Testing-Monogenic Disorders and CP38 Specialist Fertility Services: Assisted Reproductive Medicine	Executive Director of Therapies and Health Science	Timothy Banner
WHSSC	WHSSC Consultation: Peptide Receptor Radionuclide Therapy (PRRT) for the Treatment of Neuroendocrine Tumours (NETs), Service Specification (CP266)	Executive Medical Director	Aled Rees, Guy Blackshaw, Mohid Khan, Aled Roberts
WHSSC	Inherited White Matters Disorder Policy Position Statement	Executive Medical Director	Executive Medical Director
WHSSC	Tier 4 Forensic Child and Adolescent Mental Health Service known as the Forensic Adolescent Consultation and Treatment Service (FACTS) CP222	Executive Medical Director	Neil Jones, Clare Rowntree, Anna Kuczynska

Saunders,Nathan
23/01/2023 12:30:29

External Body	Consultation Paper
NICE	Teduglutide for treating short bowel syndrome [ID3937]
NICE	Imlifidase for preventing kidney transplant rejection in people with chronic kidney disease [ID1672]
NICE	Indoor air quality at home
NICE	GID-MT563 NPi-200 for pupillary light reflex in critical care patients
NICE	Diabetes (type 1 and type 2) in children and young people: diagnosis and management - medicines for type 2 diabetes (update)
NICE	Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma [ID1465]
NICE	Artificial intelligence (AI) software to help clinical decision making in stroke
NICE	PLGF-based testing to help diagnose suspected preterm pre-eclampsia (update of DG23)
NICE	Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides [ID3831]
NICE	Removal, preservation and subsequent re-implantation of ovarian tissue to prevent symptoms from the menopause
NICE	Prostatic urethral temporary implant insertion for lower urinary tract symptoms caused by benign prostatic hyperplasia
NICE	Tunnelled peritoneal drainage catheter insertion for refractory ascites in cirrhosis
NICE	Type 2 diabetes in adults: management - periodontal disease
NICE	Type 1 diabetes in adults: diagnosis and management – periodontal disease
NICE	Diabetes (type 1 and type 2) in children and young people: diagnosis and management – periodontal disease
NICE	Sacituzumab govitecan for treating unresectable locally advanced or metastatic triple-negative breast cancer after 2 or more therapies [ID3942]
NICE	Upadacitinib, abrocitinib and tralokinumab for dermatitis [ID3960]
NICE	Obesity: identification and classification of overweight and obesity (update)
NICE	GID-MT566 Faecal microbiota transplant for recurrent Clostridioides difficile infection
NICE	Falls in older people: assessing risk and prevention
NICE	Ab interno canaloplasty for open-angle glaucoma
NICE	Extracorporeal shockwave therapy for calcific tendinopathy in the shoulder
NICE	Suspected cancer: recognition and referral
NICE	Urinary tract infection in under 16s: diagnosis and management
NICE	Zanubrutinib for treating Waldenström's macroglobulinaemia [ID1427]
NICE	Tobacco: preventing uptake, promoting quitting and treating dependence (additional update)
NICE	Osteoarthritis: care and management (update)
NICE	Advocacy services for adults with health and social care needs
NICE	Postnatal care (update)
NICE	Lumasiran for treating primary hyperoxaluria type 1 [ID3765]
NICE	Osteoarthritis: care and management (update)
NICE	GID-MT568 Magtrace and Sentimag for locating sentinel lymph nodes
NICE	Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis [ID1581]
NICE	Transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine
NICE	Percutaneous ultrasound-guided microwave ablation for symptomatic benign thyroid nodules
NICE	YAG laser vitreolysis for symptomatic vitreous floaters
NICE	Pembrolizumab for adjuvant treatment of renal cell carcinoma [ID3810]
NICE	Advocacy services for adults with health and social care needs
NICE	GID-MT565 Optilume for recurrent bulbar urethral strictures
NICE	Slow-release potassium bicarbonate–potassium citrate for treating distal renal tubular acidosis [ID3787]
NICE	Tebentafusp for treating advanced (unresectable or metastatic) uveal melanoma [ID1441]
NICE	GID-MT564 GreenLight XPS for treating benign prostatic hyperplasia
NICE	Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy [ID3892]
NICE	MRI-based technologies for assessing non-alcoholic fatty liver disease
NICE	Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma [ID3795]
NICE	Balloon disimpaction of fetal head at emergency caesarean delivery
NICE	Transvenous obliteration for gastric varices
NICE	Thyroid cancer: assessment and management
NICE	Zanubrutinib for treating Waldenström's macroglobulinaemia [ID1427]
NICE	Cardiovascular disease: risk assessment and reduction, including lipid modification
NICE	Early and locally advanced breast cancer (update)
NICE	Diabetes in pregnancy (update)

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23/01/2023 12:52:39

NICE	Tobacco: treating dependence (update)
NICE	Stroke rehabilitation in adults
NICE	Chronic heart failure in adults (update)
NICE	Velmanase alfa for treating alpha-mannosidosis [ID800]
NICE	Depression in adults update
NICE	Percutaneous image-guided cryoablation of peripheral neuroma for chronic pain
NICE	Alcohol-use disorders update
NICE	Laparoscopic insertion of a magnetic titanium ring for gastro-oesophageal reflux disease
NICE	Trabeculectomy with biodegradable collagen matrix implant for glaucoma
NICE	Transcutaneous electrical stimulation of the trigeminal nerve for ADHD
NICE	Epilepsy (update)
NICE	Intrapartum care for healthy women and babies - fetal monitoring
NICE	KardiaMobile 6L for measuring cardiac QT interval in people having antipsychotic medication
NICE	Memokath-051 stent for ureteric obstruction
NICE	Antenatal care (update)
NICE	Fertility problems: assessment and treatment
NICE	Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy [ID3836]
NICE	Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy [ID3984]
NICE	Transvenous obliteration for gastric varices
NICE	Irreversible electroporation for treating prostate cancer
NICE	Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer
NICE	Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management
NICE	Urinary tract infections in adults (update)
NICE	Diabetes in adults update - Type 1 and Type 2
NICE	Endoluminal gastroplication for gastro-oesophageal reflux disease
NICE	Percutaneous transluminal renal sympathetic denervation for resistant hypertension
NICE	Percutaneous thoracic duct embolization for persistent chyle leak
NICE	Electrical stimulation of the pharynx for neurogenic dysphagia
NICE	Head injury: assessment and early management
NICE	Devices for remote monitoring of Parkinson's disease
NICE	Maribavir for treating refractory or resistant cytomegalovirus infection after transplant [ID3900]
NICE	Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma [ID3901]
NICE	Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene (review of HST3) [ID1642]
NICE	Diabetic foot problems: prevention and management (update)
NICE	Type 2 diabetes in adults: management (medicines update)
NICE	Cirrhosis in over 16s: assessment and management
NICE	Head injury: assessment and early management
NICE	Lu vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more therapies [ID3840]
NICE	Nivolumab in combination for untreated advanced unresectable recurrent or metastatic oesophageal squamous cell carcinoma [ID2712]
NICE	Pembrolizumab in combination with platinum-based chemotherapy for treating recurrent, persistent or metastatic cervical cancer [ID3798]
NICE	Radiofrequency ablation for palliation of painful spinal metastases
NICE	Delirium: prevention, diagnosis and management
NICE	Focal therapy using high-intensity focused ultrasound for localised prostate cancer
NICE	Maximal effort cytoreductive surgery for advanced ovarian cancer
NICE	Radiofrequency ablation for palliation of painful spinal metastases
NICE	Radiofrequency ablation as an adjunct to balloon kyphoplasty or percutaneous vertebroplasty for palliation of painful spinal metastases
NICE	Acute kidney injury (update)
NICE	Velmanase alfa for treating alpha-mannosidosis [ID800]
NICE	Early Value Assessment: Digital cognitive behavioural therapy for children and young people with symptoms of anxiety and low mood
NICE	Pembrolizumab with lenvatinib for previously treated advanced, metastatic or recurrent endometrial cancer [ID3811]
NICE	Osteoporosis: risk assessment, treatment, and fragility fracture prevention (update)
NICE	Bulevirtide for treating chronic hepatitis D [ID3732]
NICE	Asfotase alfa for treating paediatric-onset hypophosphatasia (review of HST6) [ID3927]

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23/04/2023 12:30:39

NICE	Lower urinary tract symptoms in men and other people with a prostate: assessment and management (update)
NICE	Cannabidiol for treating seizures caused by tuberous sclerosis complex [ID1416]
NICE	Pneumonia in adults: diagnosis and management
NICE	GID-MT562 FibroScan for assessing liver fibrosis and cirrhosis in primary or community care
NICE	Cardiovascular disease: risk assessment and reduction, including lipid modification
NICE	Lumasiran for treating primary hyperoxaluria type 1 [ID3765]
NICE	Olaparib for adjuvant treatment of high-risk HER2-negative, BRCA-positive early breast cancer after chemotherapy [ID3893]
NICE	Therapeutics for people with COVID-19 [ID4038]
NICE	GID-MT570 AposHealth for osteoarthritis (OA) of the knee
NICE	Hypertension in adults: diagnosis and management (update)
NICE	Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 1 systemic treatment [ID1684]
NICE	Automated ankle brachial pressure index measurement devices for assessing peripheral arterial disease in people with leg ulceration
NICE	Intraoperative electron beam radiotherapy for locally advanced and locally recurrent colorectal cancer
NICE	Endoscopic ultrasound guided biliary drainage for biliary obstruction
NICE	Daytime intraoral neuromuscular electrical tongue stimulation using a removable device for obstructive sleep apnoea
NICE	Voclosporin with immunosuppressives for treating lupus nephritis [ID3962]
NICE	Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more therapies [ID3805]
NICE	Tezepelumab for treating severe asthma [ID3910]
NICE	Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over [ID1494]
NICE	Botulinum toxin injection into the urethral sphincter for idiopathic chronic non-obstructive urinary retention

Saunders,Nathan
23/01/2023 12:30:29

Report Title:	**Stakeholder Reference Group Report**			Agenda Item no.	8.4.1	
Meeting:	**UHB Board**	Public	X	Meeting Date:	**26th January 2022**	
		Private				
Status *(please tick one only):*	Assurance		Approval		Information	x
Lead Executive:	Executive Director of Strategy and Planning					
Report Author (Title):	**Sam Austin, Chair of Stakeholder Reference Group**					

Main Report
Background and current situation:

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

ASSESSMENT
The SRG considered the following.

Regional Collaboration
The SRG received a presentation from Jon Watts Regional Planning Programme Director, setting out the context and approach to regional planning in South East Wales. .

The SRG enquired whether the new diagnostic facilities will be in addition to existing facilities. It was informed that the Community Diagnostic Hubs (CDH) would be in addition to existing provision because demand exceeded capacity. The SRG was keen to learn more about the timelines for the Programmes. It was advised that the Programmes would run for several years however, the ambition was that a two hub cataract centre model would be established from March 2023 and the first CDH would open during the two quarters of 2023/24.

The SRG enquired about the cause of staff recruitment problems. The SRG was informed that there are several reasons behind the recruitment challenges. In some specialties there are simply not enough people coming through the educational/training pipeline. Another issue is that some parts of the UK and some health care organisations are perceived to be more attractive to would be employees than others. In addition, some sections of the workforce are able to secure higher salaries in the private sector.

The SRG agreed that community engagement for each of the Programmes would be welcomed.

Strategy Refresh
Marie Davies, Deputy Director of Strategy & Planning, presented the initial engagement pack that had been produced for the UHB's internal engagement. The SRG was informed that the next stage would be to develop a much shorter, more focussed and easier to read pack for the engagement with the public and third sector organisations. The UHB's Strategic Communications and Engagement Steering Group will co-ordinate production of the pack and manage the engagement plan. Engagement with the third sector will be via a contract with Cardiff Third Sector Council and Glamorgan Voluntary Services. The planned timeline is:

- Staff and key stakeholder engagement – January and February 2023
- Review feedback and develop strategy – March to April 2023
- Formal engagement of refreshed strategy – May to June 2023 (to be confirmed)
- Launch of refreshed strategy – Autumn 2023 and likely to be September.

The SRG then discussed the pack and made several observations and suggestions

- It would be helpful to make a short video that could be used during the engagement process
- QR codes could aid engagement.
- The general public will want to know what the changes would mean for them. Marie Davies concurred and explained that the UHB acknowledged that the strategy must be ambitious yet deliverable and must set out what it will mean for individuals.
- The themes set out in the pack are important but what people are really interested in is the quality of services in terms of outcomes and how easily and quickly they can be accessed.
- Open questions elicit better responses.

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- It will be important to engage with hard to reach groups.
- There must be flexibility in how the UHB engages with different individuals/groups
- One to one meetings could be offered to talk individuals through the strategy.

Members of the SRG agreed to send Marie Davies any further comments on the pack. The final version of the public engagement pack will be circulated to the SRG in due course.

Vice Chair
The SRG noted that the UHB Board had formally endorsed Siva Sivapalan's appointment as SRG Vice Chair.

Recommendation:

The Board is 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

Saunders,Nathan
23/01/2023 12:30:29

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
23/01/2023 12:30:29

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 December 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/december-2022/
The minutes of the EASC meeting held on 8 November were approved.

PERFORMANCE REPORT

In presenting the report, Stephen Harrhy gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.

NOTED that:

- the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact
- the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent **Ministerial Summit that took place on 28 November**, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.
    - Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays.

Saunders Mona 23/01/2023 13:30:18

Each health board provided an update on their handover improvement plans and commitments at the Summit

AGREED that:

the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme

NOTED that:

- **Fortnightly handover improvement plan meetings** continued to be helpful and constructive and ensured specific consideration of the agreed trajectories
- **Conveyance rates were reducing**, this impact must be considered in light of a reduction in attendance in response to escalation decisions; also that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance
- The **'hear and treat'** efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making
- **The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments**
- Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory
- Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital.

The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.

Members **RESOLVED** to:

- **NOTE** the Ambulance Services Indicators
- **NOTE** additional actions that the Committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement Ministerial summit discussion and the specific requirements of organisations.

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UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

The report provided Members with an overview of the progress made since the Committee meeting on 8 November 2022. At that meeting, the EASC Team was asked to progress on:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

NOTED that:

- Given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.
- the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:
    - Geographical coverage
    - Rapid Response Vehicle Usage (RRV)
    - Utilisation
    - Unmet need.
- there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored
- when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.

AGREED that:

- there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).

Public Pack Agenda Item 3 23/01/2023 15:30:29

NOTED that

- modelling and modelling outputs would be part of a robust evaluation process, not used as a sole determinant
- as per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling
- outputs of modelling would be determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required
- noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review
- the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review. The investment objectives were:
    - Health Gain
    - Affordability
    - Clinical Skills and Sustainability
    - Equity
    - Value for Money.

The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.

Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:

- Activities undertaken with many stakeholders both face to face and virtually
- Ongoing collation of, and responses to, over 60 stakeholder comments and questions
- Circulation of the latest stakeholder Briefing Note 2
- Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement
- Fortnightly meetings with health board engagement, communication and service change leads.

The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.

Saunders,Miriam
23/12/2022 12:30:29

It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.

The proposed engagement would include two phases, these were:

Phase 1:

- Explain how the current service works
- Test the constraints, investment objectives and weightings

Six-Week Review

- Agree options to be modelled

Phase 2:

- Undertake the modelling and use to inform a robust option appraisal process
- Make a recommendation to EASC Members.

Members discussed:

- The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised)
- The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc
- EMRTS as a national service, not covering a geographical area like road-based ambulances
- The need to understand the current co-ordination and deployment process
- The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure
- The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement)
- The need for a range of engagement material, including the need for them to be bilingual and easy to understand
- the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted
- The two phases of engagement proposed, including the review at six-weeks; Members supported this approach
- Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments
- The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team
- Formal public engagement could commence 9 January if the required agreed documents were in place
- Consideration be given regarding short term support for the EASC Team.

Mudiad Meithrin
13/01/2023 11:30:29

The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.

Members resolved to:

- **NOTE** the high-level overview provided and the variation in service delivery from the existing bases
- **AGREE** that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements
- **APPROVE** the service development constraints to be engaged upon
- **APPROVE** the EMRTS key investment objectives and weightings to be engaged upon
- **APPROVE** the commencement of a formal public engagement process as agreed
- **APPROVE** the use of the agreed constraints to inform subsequent modelling and development of options
- **APPROVE** the use of agreed EMRTS key investment objectives and weightings in the options appraisal process
- **APPROVE** Chair's action to commence the formal engagement process when documentation agreed.

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) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

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
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	**17 January 2023**			

Saunders.Nathan 23/01/2023 12:30:29

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services Update

Cardiff & Vale University Health Board
26th January 2023

Saunders,Nathan
23/01/2023 12:30:29

Welsh Health Specialised Services Committee

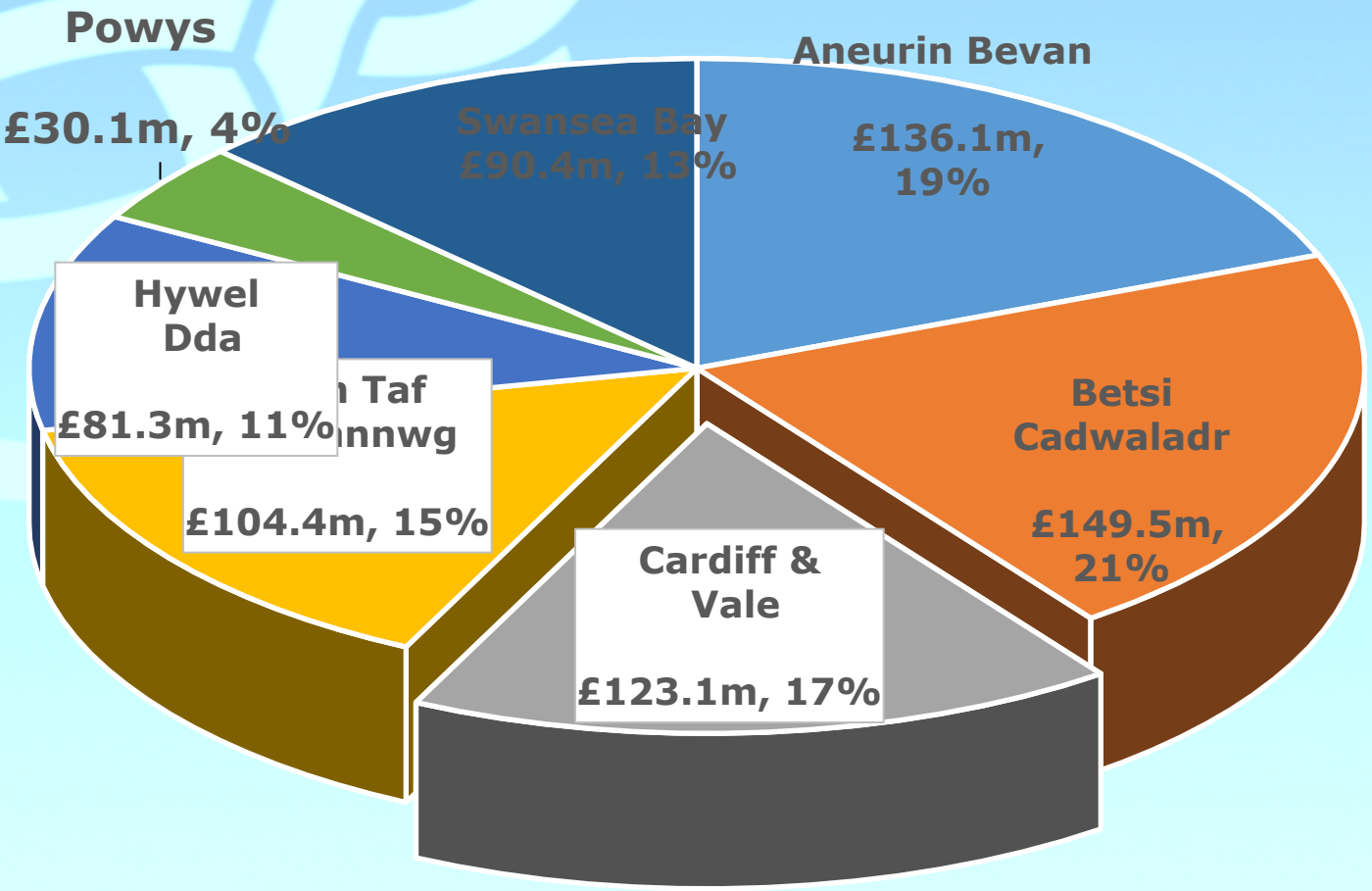
WHSSC

"On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."

What does WHSSC do?

Saunders,Nathan
23/01/2023 12:30:29

WHSSC Commissioning HB Contribution 21/22 - £715m



Saunders,Nathan
23/01/2023 12:30:29

Note: C&V contribution to WHSSC represents 18% of overall HCHSP discretionary allocation;
The average Welsh HB contribution is 14.3%

Strategic Commissioning Approach

- Specialised Services Strategy (in development)
  - Sustainable services
  - Clinical and cost effectiveness
  - Increasing value
- Specialist Mental Health Strategy (under agreement)
  - Sustainable services; adding value
  - Total Spend £80M
- Specialist Paediatric Strategy (implementation phase)
  - Sustainable services; adding value
  - Total Spend £124M
- Specialist Rehab. Strategy (in development)
- Haematology Review (under agreement)

Saunders,Natalan
23/01/2023 12:30:29

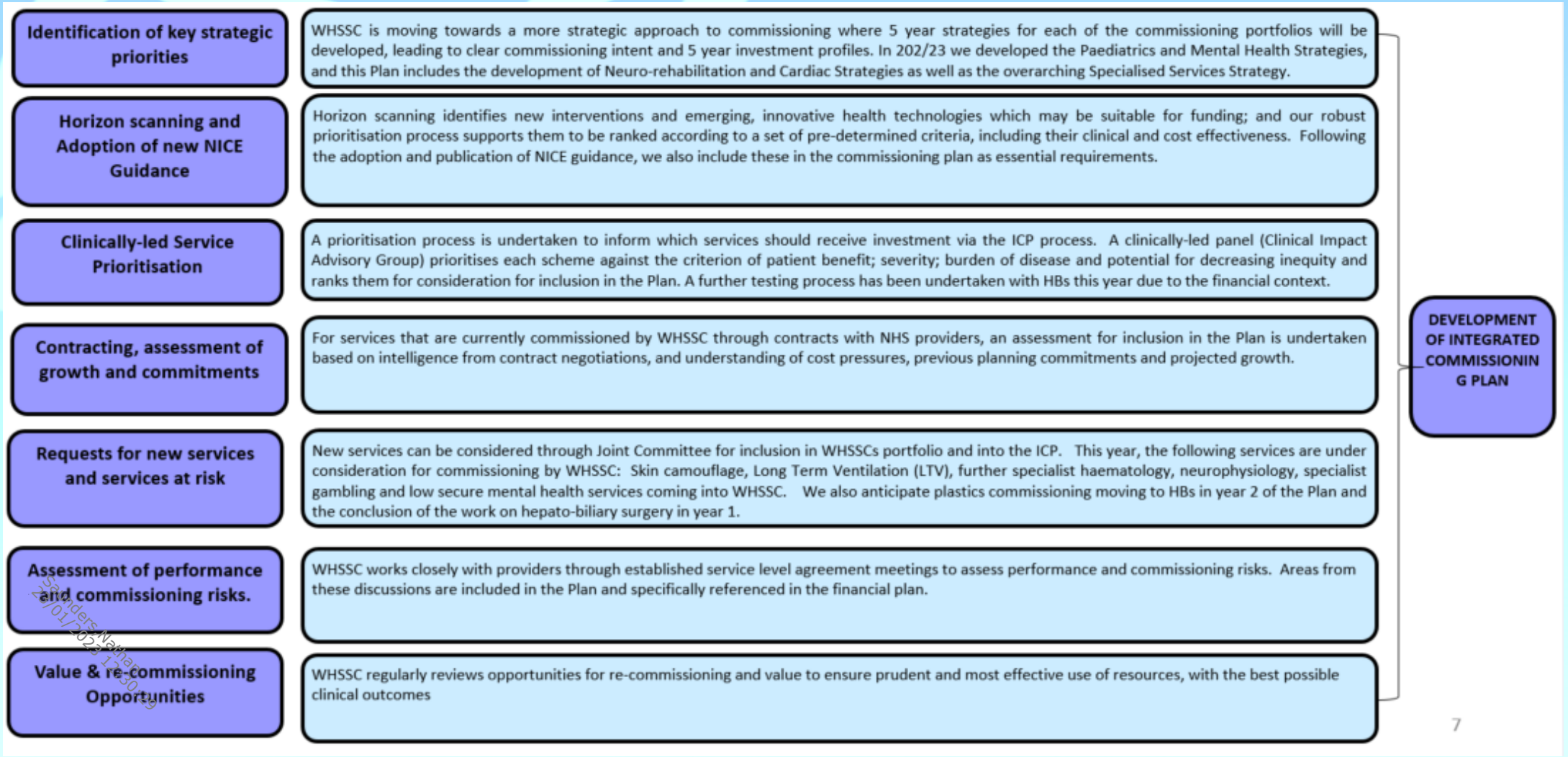
Commissioning for Innovation

- Policy agenda – ATMPS, Genomics, Cystic Fibrosis (CF) drugs
  - NHSE commitment and investment already made
  - NHS Wales Statements of Intent
  - NICE mandated medicines
  - NHS Wales commitment for CF

- Integrated Commissioning Plan (ICP)
  - Developments prioritised according to evidence-base/clinical and cost effectiveness/patient benefit/burden of disease
  - Integrated planning and choices to be made by the Joint Committee

Saunders, Meilyn
23/01/2023 12:30:29

ICP Development 2023/24



Saunders,Nathan(WHSSC) 27/01/2023 11:50:19

Draft ICP Requirements 2023/24 (tbc JC in Feb)

	Aneurin Bevan UHB £m	Betsi Cadwaladr UHB £m	Cardiff & Vale UHB £m	Cwm Taf Morgannwg UHB £m	Hywel Dda UHB £m	Powys THB £m	Swansea Bay UHB £m	2023/24 WHSSC Requirement £m	
2022/23 Closing Income	143.575	157.167	130.518	109.913	85.380	31.171	94.639	752.363	
Genomics Alloction Uplift 23/24	0.836	1.125	0.712	0.541	0.602	0.223	0.506	4.545	
2023/24 Opening Income	144.411	158.292	131.230	110.454	85.982	31.394	95.145	**756.908**	
M7 22/23 - Outturn Forecast	(2.695)	(3.671)	(2.651)	(1.900)	(2.146)	(0.335)	(2.201)	(15.599)	
Reinstate Non Recurrent Writebacks	3.099	3.629	2.600	2.315	2.136	1.034	2.213	17.026	
Adjustments for Non Recurrent Performance	1.963	2.155	1.751	0.751	1.869	(0.187)	2.072	10.374	**2.14%**
Full Year Effect of Prior Approved Commitments	1.078	(0.035)	1.129	0.741	0.630	0.097	0.720	4.359	
B/F 22/23 Underlying Deficit	3.445	2.078	2.829	1.907	2.489	0.609	2.804	16.161	
Unavoidable New Growth & Cost Pressures	1.147	1.130	1.125	0.919	0.621	0.218	0.579	5.740	
Disinvestments & Re-Commissioning	**(2.113)**	**(0.749)**	**(1.509)**	**(1.448)**	**(1.375)**	**(0.383)**	**(1.583)**	**(9.160)**	**-0.32%**
CIAG & Prioritisation Schemes	**0.152**	**0.050**	**0.159**	**0.093**	**0.077**	**0.027**	**0.095**	**0.652**	
Strategic Specialist Priorities	**0.094**	**0.000**	**0.077**	**0.064**	**0.062**	**0.011**	**0.068**	**0.375**	
B/F Deficit, Growth, Savings & Developments	2.724	2.509	2.681	1.536	1.874	0.483	1.962	13.768	**1.82%**
NHS England Provider Inflation - 1.5%	0.293	1.184	0.205	0.200	0.163	0.157	0.175	2.378	**1.29%**
NHS Wales Provider Inflation - 1.5%	1.523	0.950	1.450	1.205	0.964	0.228	1.070	7.391	
ICP Investment 2023/24	4.540	4.643	4.337	2.941	3.001	0.867	3.207	23.537	**3.11%**
Total WHSSC Funding 2023/24	148.952	162.935	135.567	113.395	88.984	32.261	98.353	780.445	
% Core Uplift Required	**3.14%**	**2.93%**	**3.30%**	**2.66%**	**3.49%**	**2.76%**	**3.37%**	**3.11%**	
JC Workshop (10/01/23) Draft ICP Investment	6.028	4.890	5.619	4.187	3.734	1.036	3.944	29.437	**3.89%**
Commissioner Movement	**(1.488)**	**(0.247)**	**(1.282)**	**(1.246)**	**(0.733)**	**(0.169)**	**(0.736)**	**(5.900)**	**-0.78%**

Agenda Item 3.1 ICP 2023-12-29

Refreshing our Interfaces

- Refreshing our interfaces with our main Welsh providers following the pandemic
- Ensuring we have the right conversations in the right places with the right people
- Being clear where we are in strategic; planning; assurance; performance mode
- Trying to reduce duplication
- Have discussed with C&V Operational & Planning colleagues – will keep under review
- Detail on slide 12 (for information)

Saunders,Nathan
23/01/2023 12:30:29

Performance and Commissioning Risks (C&V UHB as provider)

- Apart from neurosurgery the Health Board is not planning to restore WHSSC capacity to contract in 22/23
- Paediatric surgery outsourcing proceeding in-year
- Contract activity may consequentially be reduced in the ICP 23/24 (paeds, thoracics, cardiac)
- Cardiac rebasing
- Neonatal cot reconfiguration to report to JC in March
- Other services on our risk register addressed at SLA meeting (neuropsychiatry waiting times, PIC reporting, NETs)

Saunders,Natalie
19/01/2023 12:30:29

Working together to enable delivery…

- Constructive relationship
- Understanding the plan to bring services back from UHL
- Tertiary Services Provider partnership work underway (cardiac, HPB, thoracics, AWLP)
- Paediatric Strategy Sustainable Workforce workshop
- Other work with HEIW (IR for thrombectomy, paeds radiology)

Saunders,Nathan
23/01/2023 12:30:29

For Information

Saunders,Nathan
23/01/2023 12:30:29

Refreshing the Interfaces WHSSC/HB

Board to Board	• Strategic Direction • Strategic Risks	••WHSSC Corporate Directors ••UHB Executive Directors
Exec to Exec	• As above plus • Service developments • Enabling delivery	••WHSSC Corporate Directors ••UHB Executive Directors
Planning	•Development of Strategy •Development and delivery of ICP and UHB IMTP • Service developments •Ensure ' no surprises' on performance and delivery	••WHSSC DoP and ADoP ••UHB DoP and ADoP ••Relevant Service Leads from WHSSC and UHB
Quality	••Monitor quality as per our Commissioner Assurance Framework ••Service visits as appropriate and required	••WHSSC Quality Leads ••UHB Quality Leads
SLA meeting	• Formal performance and contract monitoring with HB corporate body • Triangulating quality, service, performance and access risks and issues	••WHSSC DoP and DoF ••UHB DoF and other appropriate Execs ••Service Leads from WHSSC and UHB ••Quality Leads
Service level performance meetings	••Monitor and manage service performance and risks ••Monitor investments and benefits ••Escalate issues to SLA meeting	••Service Leads from WHSSC and UHB ••Quality Leads

Saunders,Nathan
23/01/2023 12:30:29

12

Escalation meetings if required under WHSSC Escalation Framework