Public Board Meeting

Thu 27 July 2023, 09:30 - 15:30

The All Nations Centre, Cardiff CF14 3NY (Muller Room)

Agenda

09:30 - 09:30
0 min

1. Welcome & Introductions

Charles Janczewski

09:30 - 09:30
0 min

2. Apologies for Absence

Charles Janczewski

09:30 - 09:30
0 min

3. Declarations of Interest

Charles Janczewski

09:30 - 09:35
5 min

4. Minutes of the Board Meeting held on 25 May 2023

Charles Janczewski

4. Public Board Minutes 25.05.23.pdf (23 pages)

09:35 - 09:40
5 min

5. Action Log – 25 May 2023

Charles Janczewski

5. Public Action Log.pdf (3 pages)

09:40 - 12:15
155 min

6. Items for Review and Assurance

6.1. Patient/Staff Story – Purva Shrivastava

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 Public Board - July 2023.pdf (6 pages)

6.3. Chief Executive Report

20 minutes *Suzanne Rankin*

6.3 CEO Report July 2023.pdf (4 pages)

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6.4. Board Assurance Framework

10 minutes *James Quance*

6.4 Cover Report Board Assurance Framework - July 2023.pdf (3 pages)

6.4a Board Assurance Framework - July 2023.pdf (61 pages)

6.5. Chairs' reports from Committees of the Board:

10 minutes

Audit and Assurance – 4 July 2023

Charitable Funds Committee – 20 June 2023

Digital Health and Intelligence – 30 May 2023

Finance and Performance Committee – 19 July 2023 (verbal update)

Quality, Safety and Experience - 9 May 2023 & 18 July 2023 (verbal update)

People and Culture – 11 July 2023 (verbal update)

6.5a Audit Chair's Report 04.07.23.pdf (2 pages)
6.5b CHC Chairs Report 20.06.23.pdf (5 pages)
6.5c DHIC Chair's Report 30.05.23.pdf (3 pages)
6.5d QSE Chairs Report 09.05.2023.pdf (3 pages)

6.6. Integrated Performance Report:

40 minutes *Fiona Kinghorn / Paul Bostock / Rachel Gidman / Jason Roberts / Catherine Phillips*

Public Health

Operational Performance

People & Culture

Quality, Safety & Experience

Finance

6.6 Cover Report Integrated Performance Report July 2023.pdf (4 pages)
6.6a Integrated Performance Report July 2023.pdf (30 pages)

6.7. CIVICA Patient Feedback Update

10 minutes *Jason Roberts*

6.7 CIVICA Feedback V15.pdf (20 pages)

6.8. Break for Refreshments (10 minutes)

6.9. Strategic Planning Update

20 minutes *Abigail Harris*

6.9 Strategic Planning Update July 23.pdf (5 pages)
6.9a Strategic Planning Update Annex 1.pdf (7 pages)

6.10. Digital Transformation Progress Report

10 minutes *David Thomas*

6.10 Digital Transformation Progress Report Cover.pdf (4 pages)
6.10a Digital Transformation Progress.pdf (16 pages)

12:15 - 15:25
190 min

7. Items for Approval / Ratification

Sandra Nathan
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7.1. Shaping our Future Wellbeing - Refreshed Strategy

30 minutes *Abigail Harris / Suzanne Rankin*

7.1 Shaping Our Future Wellbeing Refreshed Strategy.pdf (2 pages)

7.2. Capital Plan 2023 - 24

15 minutes *Catherine Phillips / Abigail Harris*

7.2 Draft Capital Approval Plan.pdf (6 pages)

7.3. Business Cases:

10 minutes *Abigail Harris / Paul Bostock / Fiona Jenkins*

1. BMT/Haematology/Cardiff Cancer Research Hub Strategic Outline Case

2. Thrombectomy Business Case

7.3.1 Haem BMT SOC Cover Paper.pdf (6 pages)
7.3.1a Haem SOC Exec Sum v11.pdf (30 pages)
7.3.2 South Wales Thrombectomy Service Business Case Cover Paper.pdf (3 pages)
7.3.2a South Wales Thrombectomy Service Business Case.pdf (23 pages)

7.4. Genomics Investment Business Plan

5 minutes *Fiona Jenkins*

7.4 Cover Report AWMGS Annual Business Plan.pdf (3 pages)
7.4a All Wales Medical Genomics Service Investment Business Plan.pdf (7 pages)

7.5. Commissioning Intentions 2024 - 27

10 minutes *Abigail Harris*

The Detailed Commissioning Intentions, Summary Commissioning Intentions and Commissioning Team Annual Report 2022-23 can be located in the Supporting Documents Folder

7.5 Commissioning Intentions Cover Paper.pdf (3 pages)

7.6. Break for Lunch (30 minutes)

7.7. Annual Report and Annual Accounts 2022-2023

40 minutes *Catherine Phillips / James Quance / Audit Wales / Ian Virgil*

a) Introduction to the Annual Report and Accounts 2022-23

b) Audit Wales ISA 260 Report for 2022-23

c) The Head of Internal Audit Opinion and Annual Report for 2022-23

d) The CVUHB Annual Report 2022-23 including the Annual Accountability Report, Performance Report and the Financial Statements

7.8. WHSSC Cochlear and Bone Conduction Hearing Service

10 minutes *Abigail Harris*

Appendices can be located in the Supporting Documents folder

7.8 BAHAs and Cochlears Board Cover Paper.pdf (3 pages)

7.9. Long Term Agreements 2023-24

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10 minutes *Catherine Phillips*

7.9 Long Term Agreements 2023-24.pdf (6 pages)

7.10. Health and Safety Annual Report 2022-23

5 minutes *Rachel Gidman*

7.10 Health and Safety Annual Report 2022-23.pdf (21 pages)

7.11. Funded Nursing Care Uplift

5 minutes *Jason Roberts*

7.11 FNC Uplift.pdf (4 pages)

7.12. Continuing Healthcare Inflationary Uplift

5 minutes *Jason Roberts*

7.12 CHC Fees Uplift.pdf (3 pages)

7.13. WHSSC Governance and Accountability Framework

10 minutes *James Quance*

7.13 WHSSC Governance and Accountability Framework.pdf (10 pages)
7.13a Appendix 1 - Updated Standing Orders Feb 2023.pdf (57 pages)
7.13b Appendix 2 - WHSSC MoA Feb 2023 with Annex 1-5.pdf (66 pages)
7.13c Appendix 3 WHSSCS SFIs July 2021.pdf (33 pages)
7.13c Appendix 3a - Scheme of Delegation.pdf (8 pages)
7.13c Appendix 3b - Copy of Authorisation Matrix.pdf (1 pages)

7.14. Committee Terms of Reference and Annual Work Plan 2023/24 for:-

5 minutes *James Quance*

a) Finance and Performance Committee

b) People and Culture Committee

c) Quality, Safety & Experience Committee

7.14a Finance and Performance Committee Terms of Reference and Work Plan.pdf (8 pages)
7.14b Draft Terms of Reference and Work Plan P&C Cttee July 2023.pdf (8 pages)
7.14c QSE TOR Update July 2023.pdf (7 pages)

15:25 - 15:25
0 min

8. Items for Noting and Information

8.1. Corporate Risk Register

James Quance

8.1 Corporate Risk Register Update - July 2023.pdf (5 pages)
8.1a - Appendix A - Corporate Risk Register July 2023 - Board Summary.pdf (2 pages)
8.1b - Appendix B - Assurance Map July 2023.pdf (2 pages)

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

James Quance

i. WHSSC Joint Committee Briefing - 16 May 2023
ii. EASC Chair’s Report – 16 May 2023
iii. NWSSP Assurance Report – 18 May 2023
iv. Local Partnership Forum – 8 June 2023

8.2.2 Chair's EASC Summary 16.05.2023.pdf (8 pages)
8.2.3 NWSSP Assurance Report 18.05.2023.pdf (5 pages)
8.2.4 LPF Briefing 08.06.2023.pdf (3 pages)

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8.3. Committee / Governance Group Minutes:

James Quance

Audit and Assurance – 11 May 2023

Charitable Funds – 21 March 2023

Digital Health and Intelligence – 14 February 2023

Finance and Performance – 19 April 2023, 17 May 2023 and 21 June 2023

Quality, Safety and Experience – 9 May 2023

People and Culture – 16 May 2023

EASC – 14 March 2023

Local Partnership Forum – 13 April 2023

- 8.3a Audit Minutes 11.05.23.pdf (12 pages)
- 8.3b CFC Minutes 21.03.23.pdf (11 pages)
- 8.3c DHIC Minutes 14.02.23.pdf (11 pages)
- 8.3d Finance and Perfomance Minutes 19.04.23.pdf (9 pages)
- 8.3e Finance & Performance Minutes 17.05.23.pdf (10 pages)
- 8.3h People & Culture Minutes 16.05.23.pdf (10 pages)
- 8.3i EASC Minutes 14.03.2023.pdf (15 pages)
- 8.3j LPF Minutes 13.04.23.pdf (8 pages)

15:25 - 15:25
0 min

9. Agenda for Private Board Meeting:

i. *Approval of Private Board minutes*
ii. *LINC Update*
iii. *Covid-19 Inquiry Update*
iv. *Approval of Private Committee minutes:*
v. *WHSSC Joint Committee Private Briefing – 16 May 2023*

15:25 - 15:25
0 min

10. Any Other Business

Charles Janczewski

15:25 - 15:25
0 min

11. Review of the meeting

Charles Janczewski

15:25 - 15:25
0 min

12. Date and time of next meeting:

Thursday 28 September 2023 – Future Inn Hotel, CF10 4AU at 9.30am

15:25 - 15:25
0 min

13. Declaration:

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

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Unconfirmed Draft Minutes of the Public Board Meeting
Held On 25 May 2023
The All Nations Centre, Cardiff
9.30am

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member – ICT
Susan Elsmore	SE	Independent Member – Local Authority
Rachel Gidman	RG	Executive Director of People & Culture
Akmal Hanuk	AH	Independent Member – Local Community
Keith Harding	KH	Independent Member – University
Abigail Harris	AH	Executive Director of Strategic Planning
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
Ceri Phillips	CP	University Health Board Vice Chair
James Quance	JQ	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
John Union	JU	Independent Member – Finance
In attendance:		
Stephen Allen	SA	Regional Director – Llais Cymru
Sam Austin	SAu	Chair of the Stakeholder Reference Group
Alex Bridgman	AB	Programme Lead for Six Goals
Observers:		
Joanne Brandon	JB	Director of Communications
Marcia Donovan	MD	Head of Corporate Governance
Astrid Etherington	AE	General Medical Council Clinical Fellow
Max Scott-Cook	MSC	Member of the Public
Max Wallis	MW	Member of the Public
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Michael Imperato	MI	Independent Member – Legal
Catherine Phillips	CP	Executive Director of Finance

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Item No	Agenda Item	Action
UHB 23/05/005	**Welcome & Introductions** The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 23/05/006	**Apologies for Absence** Apologies for absences were noted.	
UHB 23/05/007	**Declarations of Interest** No Declarations of Interest were noted	
UHB 23/05/008	**Minutes of the Meeting Held on 30.03.2023** The minutes from the Board meeting held on 30 March 2023 were received. **The Board resolved that:** a) The minutes from the Board meeting held on 30 March 2023 were approved as a true and accurate record of the meeting.	
UHB 23/05/009	**Action Log** The Action Log was received. **The Board resolved that:** a) The Action Log was reviewed and noted.	
UHB 23/05/010	**Chair's Report and Chair's Action taken since last meeting** The Chair's Report and Chair's Actions taken since last meeting were received. The UHB Chair advised the Board that in addition to the usual ratification and approval of Chairs' Actions, he had highlighted: • The All Wales Medical Genomics Service – It was noted that the Minister for Health and Social Services (the Minister) had visited the Institute of Medical Genetics at University Hospital of Wales (UHW) to learn more about the launch of the 'QuicDNA' clinical trial. • Board Development Sessions – It was noted that on the 27th April 2023 the Board undertook a Board Development Session to devote time to the development and discussion of the following topics: - Annual Plan Submission 2023-24 - Strategy Refresh (Shaping Our Future Wellbeing II) - Anti-Racist Action Plan - Further Faster - Board Effectiveness **The Board resolved that:** a) The report was noted.	

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	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 23/05/011	**Chief Executive Report** The Chief Executive Report was received. The CEO advised the Board that the report focused on the Shaping our Future Wellbeing Strategy (the Strategy) refresh process which had progressed well and with the on-going engagement, support and approval of the Board, the Health Board was on track to deliver a refreshed iteration of the Strategy in the Summer 2023. She added that assurance could be provided on two key supporting and enabling approaches which included: • The Operating Model (OM) • Sustainability Programme Board. The CEO commented that a set focus of activities had been identified by the Senior Leadership Board (SLB) and noted that the Sustainability Programme Board (SPB) would ensure the organisational delivery of the programme of work streams in order to lead the organisation on the path to financial sustainability. She added that one SPB meeting had been held and that the Health Board covered a range of priorities which were important to unify around a set of principles that were in line with the overall Strategy and annual plan. It was noted that to convert 'strategy' into 'action' an operating model would be required and that creating a clear, compelling operating model and supporting structure for both internal and external stakeholders would be a crucial factor in coalescing health care transformation. The CEO advised the Board that in the Health Board's Integrated Annual Plan (IAP), the Health Board had committed to ensure that the six domains of quality, and their supporting principles, would shape an operating model that would drive decision making, planning, delivery and evaluation around those 6 domains of quality and the organisational values. The Executive Medical Director (EMD) endorsed the CEO report and noted that she had a unique view on the strategy refresh because she had experienced it from a Clinical Board Director perspective and then again from an Executive perspective. She added that the Strategy refresh was all about ownership and shared responsibility and that noted that the SLB meetings had changed from being a reporting system to a more structured, interdependent and effective meeting which drove the Health Board forward. The Deputy Director of Finance (DDF) agreed and noted that the financial element to the Strategy refresh was joined up correctly which was positive. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.	

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UHB 23/05/012	**Patient Story** The Patient Story was received, entitled Paul's Story, was in the form of a video which included a story told by Paul. The story outlined the experiences of Paul who had had a stroke and outlined the care he had received during his hospital stay and in the community. He noted that he had made great progress when he was discharged home with the help of the Physiotherapy team. The Executive Director of Therapies & Health Sciences (EDTHS) noted that there was learning to be taken from the Patient Story, mainly in relation to the front end of the pathway and the ambulatory waits. She added that stroke presentations had reduced during the Covid-19 pandemic and noted that the work undertaken by the team had been huge to provide a better patient experience which included: • Music groups • Gardening sessions • Other social settings and activities The EMD added that stroke was being taken very seriously by the CD&T Clinical Board and the culture had been looked at in great detail with a focus on the stroke summits being led by the Chief Operations Officer (COO). She added that they were aware of the gaps, such as thrombosis, and noted that work was underway to bring the relevant teams together to get momentum around those gaps. The UHB Chair concluded that it was important to note that the Stroke service had been on a journey and good progress had been made. **The Board resolved that:** a) The Patient Story was noted.	
UHB 23/05/013	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The Interim Director of Corporate Governance (DCG) advised the Board that he would take the report as read. It was noted that the BAF had undergone a more extensive review as the Health Board entered a new financial year and that many actions had been updated which were scheduled for completion by 31 March 2023. The IDCG advised the Board that the financial sustainability risk had increased from 20 to 25 [which recognised that the Health Board had continued to breach its statutory financial duties by being unable to produce a balanced three-year plan].	

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	He added that 3 risks had reduced following clarification of Welsh Government (WG) expectations and approval of allocation of resource which included: • Maternity • Critical Care • Planned Care It was noted that those 3 risks had still scored as high or extreme. The IMCE asked if there was any cost analysis undertaken against risk number 12, Capital Assets. The Executive Director of Strategic Planning (EDSP) responded that a timeframe had been built into the capital programme which provided an amount of time for WG scrutiny. She added that it was an elongated process because all of the Wales Capital Programme was over allocated and that the risk held was that a number of business cases were still "below the line" and that a number of the business cases had been approved by the Board but were still waiting on feedback from WG. It was noted that WG were aware and the issue had been raised. **The Board resolved that:** a) The 15 risks to the delivery of Strategic Objectives detailed on the attached BAF for March 2023 were reviewed and noted.	
UHB 23/05/014	**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: • **Senior Leadership Board (SLB)** – The CEO advised the Board that she would take the report as read. The Independent Member – Trade Union (IMTU) asked for further clarity on the agreement of the implementation of WAGESTREAM, a private company that provided an opportunity for staff to pull an element of their additional earnings forward before payday and noted conversations had been held with Trade Unions. The CEO responded that the item was received by the SLB but as identified by the IMTU, conversations with Trade Unions had not be held and so it was on hold and had not been implemented until those conversations had taken place. The Executive Nurse Director (END) added that since the publication of the SLB Chair's Report, a meeting had been held with partnership groups where a long and robust discussion had taken place around what the final details would be. The Executive Director of People & Culture (EDPH) added that the decision to meet the Trade Unions was the right one and noted that it would be a mixed model going out across other Health Boards in Wales. The IMCE asked what assurance would be provided to the Board around WAGESTREAM.	

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The EDPH responded that once decisions had been made on how to move the plan forward, assurance would be brought back to the Board.

The UHB Chair concluded that access to funds was important to staff given the current cost of living climate.

He added that further conversations were required with the relevant people and to note that the main component of it was to ensure that staff were looked after.

- **Audit & Assurance Committee** – It was noted that the Audit Wales outline 2023 plan was received and discussed by the Committee and that a workshop had been held in May 2023 where it was identified that the Health Board was on track to complete the 2022/23 audit at the end of March 2024.

The Chair of the Audit Committee added that there had been some changes to the audit due to requests made by Audit Wales.

- **Quality, Safety & Experience (QSE)** – It was noted that from April 2023, the QSE meetings had moved to a monthly format and that it was apparent that during the April meeting, the agenda required adjusting for May 2023.

The Chair of the QSE Committee noted that in May, more focus was given on specific risks and greater discussions were held.

He added that there was a programme in place which allowed for more flexibility for the Committee but would also provide insight in a more granular way with the intention to be proactive rather than reactive.

- **Finance & Performance Committee** – It was noted that the end of year deficit was in line with the planned deficit.

The Chair of the Finance & Performance Committee added that during May's meeting, a lot of discussion was held around the Month 1 position with the overspend of £8.896m.

He added that discussions were held around actions being taken, particularly in relation to the unidentified Clinical Board spends.

The Chair of the Finance & Performance Committee concluded that the Finance Risk Register was reviewed and a savings programme was ongoing.

The Committee had also received and reviewed the business cases for (i) the regional Cataracts service and (ii) the CAVOC Theatres.

- **Mental Health Legislation & Mental Capacity Act (MHLMCA) Committee –** It was noted that the Mental Health service had seen a significant and ongoing increase in demand and referrals to the service.

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The Chair of the MHLMCA Committee also added that the UK Government had decided to abandon the Liberty Protection Safeguards and that whilst the Welsh Government had been disappointed with that decision, WG had committed to provide some funding so that the rights of those who lacked capacity would remain.

	He added that the Mental Health Clinical Board should receive credit for the incredible work undertaken in ensuring compliance against various parts of the Mental Health Measures. **The Board resolved that:** a) The Committee Chairs' Reports were noted.	
UHB 23/05/015	**Integrated Performance Report:** The Integrated Performance Report was received. **Population Health:** The Executive Director of Public Health (EDPH) advised the Board that delivery had commenced for the Covid-19 Spring Booster with 18,042 doses given in Cardiff and Vale by 26 April 2023 at 37% uptake. She added that the Joint Committee on Vaccination and Immunisation (JCVI) had announced a new Covid-19 infant vaccination programme which had commenced on 22 May 2023. It was noted that a detailed Health Board Joint Recovery Plan for Hep B/Hep C was being co-ordinated to address the 13 Actions outlined in the Eliminating hepatitis (B&C) as a public health threat: actions for 2022 to 2023 and 2023 to 2024 document (WHC/2023/001). The EDPH provided the Board with a verbal update on Childhood healthy weight and noted that at Reception year in 2018/19 the level of children of a healthy weight was 76.7% which had decreased to 74.6% in 2021/22. **Quality and Safety:** The END advised the Board that he would take the paper as read and noted that performance on concerns raised had increased back up to 85%. He added that the increase was against the backdrop of the highest number of complaints received into the organisation in March and April 2023. It was noted that the Duty of Candour it was becoming well embedded within the Health Board and a lot of learning had been taken from that. The END noted that the total number of hospital infection protection and control (IP&C) rates had fallen and MRSA and E coli had slightly reduced. He added that there had been significant investment in the IP&C team in the past 2 years, which had enabled increased audit and review of infections and had facilitated a bespoke approach to supporting Wards and Primary Care reviews. The EMD advised the Committee that mortality reporting was still in development and a lot of learning had been taken from mortality reviews and data.	

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	She added that now the Quality, Safety and Experience (QSE) Committee meetings were being held more frequently, there was a better position to provide deep dives into the mortality data which could then be brought back to the Board for assurance. The IMTU asked about the bedside surveys. The END responded that it had gone very well and that the volunteering service had helped to add stickers to every bedside in the Health Board which showed a QR code that patients could scan and provide feedback on their care. He added that the Patient Experience team were proactively texting over 600 patients a month and that feedback was far more detailed than the "smiley face" feedback that the Board had frequent reports on. The END concluded that a full report on patient feedback would be received by the Board in July 2023. The CEO added that at the previous QSE Committee meeting she had asked for more trend reporting and that an action was in place to include that which would then be received by the Board via Chairs Reports and other relevant reports. **Workforce:** The Executive Director of People & Culture (EDPC) advised the Board that the statutory and Mandatory training compliance rate had risen to 78.26% in March 2023. She added that the Fire Training statistics had increased but were not where they needed to be and so work was being undertaken in order to move that forward to an All Wales level on the Electronic Staff Record (ESR). It was noted that in relation to staffing, opportunities were being looked at to get high level data and in-depth analysis for Clinical Boards to provide opportunities to improve on their staffing. The EDPC added that teams had worked closely together on those opportunities. The IMTU noted that the first cohort of 14 Assistant Practitioners had commenced their training on 24 April 2023 with the next cohort commencing in July and had expressed their thanks to the teams for getting those posts in place. **Operational:** The COO advised the Board that this was the last report to be received by the Board in its current format because the Board would be receiving a more up to date and new look one in July 2023. He added that Urgent Care continued to do well with ambulance handover times and that Cardiff and the Vale were the best in Wales and were now focussed on delivering less than 2 hour waits. It was noted that the average handover time was good (at around 21 minutes) and that more work was required, but his team was pleased with the progress made.	**JR**

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It was noted that a reduction in patients waiting on trolleys in the Emergency Unit (EU) was observed during the reporting period, with 681 for the current period compared to 1100 in the previous.

The COO added that work was ongoing around zero tolerance on patients being in the EU for more than 24 hours.

He added that work was ongoing to reconfigure the EU footprint and assessment areas and noted that from July the Speciality Hub would move out of the EU footprint to a much more suitable area.

It was noted that it required a significant amount of work and relied on the movement of 12 Wards.

The Board was advised that performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) had shown some improvement. In March 2023 3.5% of patients with a nerve block were admitted to a specialist Ward within 4 hours, with a significant reduction in the median time patients were waiting to move to the Ward.

The COO added that in March, 64.6% of patients had received surgery within 36 hours. That was reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance.

He added that the Health Board's performance was above the national average of 56% over the last 12 months.

The COO advised the Board that he had been pleased to see the Patient Story at the beginning of the Board meeting.

He added that whilst displeased with the care received by the front end of the hospital, work was underway to mitigate issues raised.

It was noted that at the last Stroke summit held, the reasons as to why patients did not get to a ward within 4 hours of admittance to EU were considered.

The COO noted that it was not a bed issue, but the decisions made at the front door which would be further considered.

He added that an ambitious agenda was set at the Stroke summit which asked the Clinical teams from Neurology, Stroke and Medicine to deliver a successful model and to work out how to resource that model.

The COO advised the Board that in relation to Cancer services, there continued to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit.

He added that February had seen another improvement of 6% of patients receiving treatments within 62 days compared with 61.5% in January.

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It was noted that in relation to Planned Care, the total number of patients waiting for planned care and treatment (the Referral to Treatment (RTT) waiting list) was 122,708 as at March 2023 and that work had continued to reduce the number of those long waiting patients.

	The COO concluded that according to the system, around 50,000 patients were owed a follow-up appointment but noted that the Clinical Boards had sent a strong message that the figure was incorrect. He added that he accepted the figure may be incorrect but noted that the actual figure would be required so that work could be undertaken to validate and be clear what the size of the problem was. **Finance:** The DDF advised the Board that the financial element of the report contained 2 components which included: • Year-end deficit - £26.9m • Deficit Plan - £88.4m He added that the Health Board had submitted the draft annual accounts to Audit Wales in time and as such the year end deficit position was subject to audit sign-off. It was also noted that whilst the Health Board was not where it needed to be in Month 1, it was still reporting to WG that the Health Board would reduce the deficit and plans are in place to do so. The IMCE advised the Board that it was concerning that the Month 1 figures were higher than planned and asked the DDF for their thoughts around it. The DDF responded that the Health Board had not identified its full savings programme yet and noted that the Clinical Boards reported to the Finance team on a weekly basis and that the target of £32m, whilst ambitious and to achieve the planned deficit of £88.4m, was achievable. The CEO added that the approach the Health Board had taken was to articulate the £32m and divide that evenly by 12 months. She added that as mentioned, the full savings plan had not been identified and that only 50% of those savings had been identified in Month 1. A discussion took place with regards to approach taken to divide the annual savings target by 12 months, in particular the concern that it might be difficult to keep a track of the overall savings made against the annual savings plan. It was agreed that the savings made to date would be profiled and illustrated by way of a graph and would be brought back to Board. **The Board resolved that:** a) The contents of the report were noted.	
UHB 23/05/016	**6 Goals Improvement Programme Presentation** The 6 Goals Improvement Programme Presentation was received. The COO advised the Board that the 6 Goals Improvement Programme included large pieces of work that cut across the Health Board as well as other areas.	

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	He added that it was a 2 to 3-year programme and the aim was for patients, where appropriate, to receive Primary Care/care in the community rather than in Secondary care. The Programme Lead for Six Goals (PLSG) presented to the Board. The 6 Goals included: • Goal 1 – Population Planning and Support • Goal 2 – Signposting – Right Place, Right Time • Goal 3 – Alternatives to Admission • Goal 4 – Rapid Response • Goal 5 – Optimal Hospital Care and Discharge • Goal 6 – Home First He added that all of the Goals were a mutual agreement that captured the patient's journey from beginning to end. It was noted that all the Goals were clear but when looking at the detail of those, a lot of them overlapped. The PLSG advised the Board that 3 questions had been identified from looking at the 6 Goals which included: • How do we keep people safe at home in the community? • People need safe and effective alternatives to admission, what are they and how are they provided? • How do we provide the best care within hospitals and get people home as soon as possible? He added that those 3 questions could be distilled into 4 programmes of work: - • Community - which included a High-risk Cohort, Single Point of Access, Step up Delivery and Health Inclusion Team. • Urgent Primary Care - which included Vale to Barry Urgent Primary Care Centre (UPCC), Redirects (111, EU and CAV24/7), High risk Cohort pathways and Consultant Connect. • Alternatives to admission - which included Same Day Emergency Care (SDECs) in Medicine, Surgical and other Clinical Boards, Direct referrals from the Welsh Ambulance Service (WASTE) and Virtual Wards. • Inpatient Flow, Discharge and Front Door - which included Lakeside House, an Acute Medicine Model, Implementation of SAFER and Red to Green, roll out of Releasing Time to Care, Ambulance handovers, e-Triage. The PLSG presented the Board with a Crisis Response Model, a single point of access based on existing models such as CAV24/7 and Wellbeing matters. He added that the model would include a "hub" which housed 10 professionals including: • General Practitioners • Doctors and/or Physician Associate • Advanced Paramedic Practitioner • Advanced Practitioners (Nurses and Allied Health Professionals) • Nurses, Allied Health Professionals and Social Workers	

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- Integrated Care Support Workers

It was noted that the priority was to keep the patients out of hospital and to provide them with care in the community.

The PLSG informed the Board of the large amount of work that was being undertaken to achieve the 6 Goals Programme. He added that there were a number of important metrics to follow which was not just around the financial element of the programme but around the clinical prize and quality which would be doing the right thing for patients.

He added that a number of metrics were being looked at which included:

- Healthy Days @ Home
- Mortality and Morbidity
- Multidisciplinary Team (MDT) admission avoidance across all MDTs
- UPCC Redirects from EU

It was noted that some of the UPCC's were born from Covid-19 where GPs had done some of the urgent care work in their own GP practices.

The Board were presented with the next steps which included:

- Development of Healthy Days @ Home metric
- Further understanding of ambitions for each work stream
- Formal counting of Delayed Pathways of Care.

The PLSG advised the Board that a number of the initiatives had led to "good news stories" – for example, the Medical SDEC.

It was noted that the Medical SDEC had seen a dramatic increase in the volume of patients being seen (which had had a positive impact on flow through the EU) with an average of 31 patients per day in Q1 of 2023/24.

The COO advised the Board that all of the areas identified in the presentation provided incremental change and noted that was the reasoning for a 2 to 3-year programme.

He added that it demonstrated that the Health Board was on its way and knew what was required and the plans and ambitions to get there.

The UHB Chair opened the discussion to questions.

The EDPC noted that if the ambition was to get a reframing of Primary Care and its workforce, it would be important to grow that and know what would be required as well as the organisational development work around relationships, values and behaviours.

The COO responded that work had already commenced on the modelling of that.

The Independent Member – University (IMU) noted that a significant amount of work had been achieved in a short space of time and asked if a point would be met where the work decreased.

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	The PSLG responded that the whole Programme was not about keeping people out of hospital who should be in hospital or keeping people in the community who should be in hospital. He added that it was about the right place for the patient to receive the right / appropriate care. The COO added that it was important that not one of the slides presented had shown a "£" sign because the Programme was not about financial savings, but about getting the right quality / level of care for the patient. The Independent Member – Local Community (IMLC) noted that it would be useful to provide a further look at the Programme at a Board Development session with a focus on engagement with communities and cultural diversity. The PLSG responded that it was recognised that there was an element about how the Programme would be communicated with communities and noted that the main focus was to spread the communication internally during the first phase and then outwardly during phase 2. **The Board resolved that:** a) The 6 Goals Improvement Programme Presentation was noted.	
UHB 23/05/017	**Transforming Access to Medicines (TrAMS)** The Transforming Access to Medicines (TrAMS) information was received. The EMD advised the Board that she would take the report as read and that the purpose of the report was to keep the Board aware of the changes around the repositioning of medicinal products across South East Wales. She added that essentially, the aim of the proposal was to rationalise pharmacy provision in South East Wales. **The Board resolved that:** a) The TrAMs report was noted.	
UHB 23/05/018	**Strategic Planning Update** The Strategic Planning Update was received. The EDSP advised the Board that she would take the paper as read and noted that there were 3 areas to highlight which included: • Shaping Our Future Hospital – it was noted that the Minister had asked for an independent review of our Business Case (and that of Hywel Dda Health Board) which was likely to be completed in August. It would not stop the Health Board carrying on work with the Strategic Outline Case. • Community – it was noted that the Park View Centre in Ely was progressing and had been well represented by GPs and the Local Authority.	

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	• Tertiary Services – It was noted that a workshop was ongoing in Swansea Bay and would explore the shared delivery model options the Health Board might want to consider as part of a strengthened provider partnership. The EDSP added that further details on Tertiary services would be brought back to the Board around those detailed proposals. **The Board resolved that:** a) The progress being made across the strategic planning portfolio was noted.	
UHB 23/05/019	**IMTP/Annual Plan Update: Q4 report.** The IMTP/Annual Plan Update: Q4 report was received. The EDSP advised the Board that she would take the paper as read and noted that no further updates were required. She added that the format of the paper was being looked at by her team and an updated report would be received at the July 2023 Board meeting. **The Board resolved that:** a) The progress achieved in delivery of the 22-23 plan was noted.	
UHB 23/05/020	**Anti-racist Action Plan** The Anti-racist Action Plan was received. The EDPC advised the Board that the plan had been received by the SLB and the People & Culture Committee. She added that there were 5 specific Health actions which needed to be implemented which included: • Goal 1: Leadership & Accountability • Goal 2: Workforce • Goal 3: Data • Goal 4: Access to Services • Goal 5: Tackling Health Inequalities It was noted that the actions would lead to a wider strategic direction but that it was about the Health Board's staff as a collective and how to build on that agenda. The EDPC concluded that the plan had been co-designed with trade union colleagues and members of the One Voice Staff Network. The UHB Chair noted that it was incredibly important to be an anti-racist organisation and noted that in terms of assurance to the Board, the monitoring of the plan should be via a Committee of the Board and not a sub-Committee. He added that the Anti-Racist action plan should be received by the Board at least annually.	

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	The Board resolved that: a) The contents of the report and the Cardiff and Vale UHB Anti-racist Action Plan were approved.	
UHB 23/05/021	**Business Cases:** 1. <u>Regional Cataracts Business Case</u> The COO advised the Board that the Business Case had gone through the Finance and Performance Committee where it was discussed in detail and approved. He added that the Business Case provided a regional solution and that there was no financial risk to the Health Board. The UHB Chair noted that Board Members should be aware that on occasions, some of the Health Board's patients may not be as high up on the list as the Health Board would like due to the regional working. The COO responded that the process was about getting the longest waiters treated first and noted that without the investment, Cardiff and Vale patients would not get the treatment either. The RDLC noted that from a patient perspective, they may feel disadvantaged at not being prioritised and asked how that would be responded to if challenged. The CEO responded that the Health Board would not cancel any Health Board patients in place of a patient from a different Health Board and also noted that patients would not be made aware because they would be managed in exactly the same way as they always had been, which was in clinical priority order. **The Board resolved that:** a) The benefits and risks associated with the Regional Cataracts Expansion Business Case were noted. b) The implications specific to Cardiff and Vale University Health Board were noted c) The Regional Cataracts Expansion Case was approved subject to sign off of formal Memorandum of Understanding between the 3 Health Boards which mitigated Cardiff and Vale financial risk (to be agreed through the Regional Oversight Board). 2. <u>CAVOC Theatres Outline Business Case (OBC)</u> The EDSP advised the Board that she would take the report as read. She noted that the CAVOC Theatres OBC was seeking WG capital funding of £37.5m to further develop and improve the theatre complex at University Hospital Llandough (UHL). It was noted that the key issues being addressed were in relation to the replacement of 2 theatres (Theatres 5 & 6 which were old reconditioned military field theatres) that had been subsequently decommissioned due to their failure to meet critical functional and environmental standards.	

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	The Independent Member – Finance (IMF) asked what the typical time response was once the OBC had been submitted to WG. The EDSP responded that historically a 3 month period for scrutiny and questions was built into the timeframe, but cases were taking longer to consider and that would be picked up as part of the all Wales discussions with WG. The Board would receive updates if the case was declined. **The Board resolved that:** a) The contents of the CAVOC OBC were noted b) The submission of the OBC to Welsh Government with a recommendation for approval to progress to the next stage - Full Business Case was approved.	
UHB 23/05/022	**New Velindre Cancer Centre Full Business Case** The New Velindre Cancer Centre Full Business Case was received. The IMCE left the meeting for this item and returned after the discussions had been held. The UHB Chair noted that the Business Case had been discussed at the previous Board meeting in March 2023 and that updates were being provided following discussions with Velindre NHS Trust (VUNHST). The EDSP advised the Board that during the last Board meeting, the Board had been unable to fully support the business case for a number of reasons which had been outlined to VUNHST. She added that clarification was sought on those reasons and that the Health Board had met with VUNHST to gain responses. It was noted that 2 areas were important to note which included: • The revenue costs – It was noted that further work had been done since the March Board meeting to clarify the costs and where that brought the figures to in terms of the current ask. • Assurance from VUNHST that the business case would be seen in the context of a wider programme of work across different elements. The EMD added that as a Board, Cardiff and Vale UHB had a responsibility along with VUNHST to implement the recommendations from the Nuffield Trust report. She added that the concerns raised previously were if the case adequately addressed those patients with complex needs, as well as access to early phase transitional studies and acute treatments. It was noted that constructive conversations had been held with VUNHST and that, going forward, the solution would need to accommodate those patients from a business point of view.	

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	The EMD added that she was happy to support the business case now with the understanding that the Health Board would work very closely with VUNHST to ensure those aspects of the patient pathway can be delivered safely. The UHB Chair asked for the EMD to be clear and to note if she was content with the way that the Clinical element was developing. The EMD confirmed that she was. The DDF advised the Board that the costs had been reviewed since the previous report was received in March 2023 and that costs had reduced by £0.332m. He added that based on the new figures and extensive conversations with VUNHST and WG, he supported the business case. The UHB Chair read out the recommendations of the report. It was noted that the recommendation that read: • VUNHST coordination of the delivery of the additional Nuffield Trust recommendations, as part of the programme management of the Transforming Cancer Services programme. Should be amended to read: • VUNHST collaboration of the delivery of the additional Nuffield Trust recommendations, as part of the programme management of the Transforming Cancer Services programme. **The Board resolved that:** a) The revised revenue consequences of the nVCC were considered b) The responses to the issues raised were considered c) The nVCC Full Business Case was considered and approved, subject to: - Provision of updated detailed financial tables for commissioner scrutiny reflecting the revised assumptions and revenue consequences. - Written confirmation from VUNHST that they accept the financial risk on contract management, energy and digital requirements and will not seek to recoup these costs from commissioning health boards if the risk is not sufficiently managed. - Written commitment from VUNHST to work in partnership with commissioning health boards on the development of patient pathways, outcome monitoring and sharing the space to ensure that the nVCC was a shared resource for the patients of South East Wales - Confirmation of Ministerial approval for positions 1 & 2 in the table above and Welsh Government prioritisation of capital funding for equipment not part of the MIM responsibilities. - VUNHST collaboration of the delivery of the additional Nuffield Trust recommendations, as part of the programme management of the Transforming Cancer Services programme.	

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	- Agreement of the responsibilities for the development of the required future revenue business cases to support the delivery of the Nuffield Trust report. That included receiving written commitment from VUNHST and other regional partners to support the BMT + business case which was currently being finalised. - Recognition that CAVUHB was not in financial balance, so the revenue costs would increase the deficit, unless fully funded by Welsh Government.	
UHB 23/05/023	**Clinical Consultation Plan for the Welsh Language** The Clinical Consultation Plan for the Welsh Language was received. The EDPC advised the Board that she would take the paper as read and noted that Standard 110 of the Welsh Language Standards required the Health Board to publish a Clinical Consultation Plan, which outlined how it would improve the offer of clinical consultations in Welsh to patients and service users. She added that the five-year plan outlined the actions to be taken to increase organisational ability to deliver on that offer and that it had been received by the SLB and the People & Culture Committee for review and approval. **The Board resolved that:** a) The Clinical Consultation Plan – Welsh Language 2023-2028 was approved.	
UHB 23/05/024	**Cardiff and Vale Regional Partnership Board Joint Area Plan 2023-2028** The Cardiff and Vale Regional Partnership Board Joint Area Plan 2023-2028 was received. The EDSP advised the Board that she would take the paper as read and noted that the Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) had a statutory obligation via the Social Services and Well-being (Wales) Act 2014 to prepare a Joint Area Plan (JAP) in response to requirements identified within the region's Population Needs Assessment. She added that it was a really great piece of work and showed a strong commitment from the Health Board. **The Board resolved that:** a) The Area Plan commitments were considered b) The Joint Area Plan on behalf of the Cardiff and Vale University Health Board was endorsed c) Ensured that the CVUHB plans aligned to the Joint Area Plan, where relevant.	
UHB 23/05/025	**Annual Plan – Further Submissions** The Annual Plan – Further Submissions were received. The CEO advised the Board that the integrated annual plan had been submitted to WG following approval by the Board in March 2023.	

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	She added that feedback was then received from WG which indicated that the plan required further scrutiny and a necessity to renew the strengths of some elements of the plan by 31st May 2023. It was noted that a WG Annual Plan Scrutiny meeting was held on 4th May, chaired by the Deputy Chief Executive Officer NHS Wales and attended by the Health Board Chief Executive Officer, Chief Operating Officer, Executive Director of Strategy & Planning, Executive Director of People and Culture, Executive Director of Finance and the Welsh Government Director of Planning. It was noted that at the meeting, positive feedback was shared and it was recognised that the Health Board's plan was well presented, understood and credible and that there was confidence in the Health Board's ability to deliver. The CEO advised the Board that requirements were set out for resubmission on 31st May which included: • Updated Planned Care Ministerial Template and Urgent Care Templates based upon specific WG feedback • Greater detail on Investment Cases, justification and benefits realisation • More assured Cost Improvement Programme aiming for a minimum 75% plans in place. The DDF added that 75% of the Health Board's schemes had been identified. However, 25 were in red and were not quite where they needed to be to get to amber/green. He added that it was a large step forward since the conversation last held and that work was ongoing to get that other 25% into amber/green. The IMTS queried what would happen if the resubmitted plan does not get approved. The CEO responded that the resubmitted plan would not get approved because it did not balance financially. The Health Board was already in an enhanced monitoring status and she was not sure if the Health Board would be escalated further given that the size of the financial deficit had increased. The CEO added that all of the other Welsh Health Boards were in the same position. **The Board resolved that:** a) The requirements for resubmission of elements of the Annual Plan, by 31st May were noted. b) The approach to addressing the requirements as set out in Annexes 1-4 was approved.	
UHB 23/05/026	**Annual Review of Standing Orders and Standing Financial Instructions.** The Annual Review of Standing Orders and Standing Financial Instructions were received. The IDCG advised the Board that the report was self-explanatory and noted that it had been considered by the Audit & Assurance Committee. He added that it was an annual review in accordance with best practice and prescribed by WG.	

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	It was noted that the Annual General Meeting would be held later in the year (Standing Order 7.2.5). **The Board resolved that:** a) The update, as set out in the report, with regards to the Health Board's Standing Orders and SFIs was noted. b) The proposed temporary variation to Standing Order 7.2.5 was approved.	
UHB 23/05/027	**Annual Assurance Report – Compliance with the Nurse Staffing Levels (Wales) Act (2016)** The Annual Assurance Report – Compliance with the Nurse Staffing Levels (Wales) Act (2016) (the Act) was received. The END advised the Board that the report provided assurance that the Health Board was compliant with the Act. He added that there were some key areas to note which included: • Since the previous year's paper, a new digital platform (SafeCare) had been introduced across the Health Board, primarily to 25B areas and it was recognised that the platform would significantly improve the reporting ability and that it had enhanced operational decision making. • A significant increase in hospital acquired pressure damage was reported during the reporting period and previously only avoidable incidents had been reported in relation to hospital acquired pressure damage. The current report contained both avoidable and unavoidable incidents. The END added that there had been a reduction in avoidable hospital acquired pressure damage during the reporting period. The END advised the Board that he was aware of concerns regarding the layout of the template but noted that the template had been agreed at an All Wales level. It was agreed that some training would be provided to give Board Members a clearer understanding of the Act and that the same could be picked up in a Board Development session. **The Board resolved that:** a) The report was received as assurance that the statutory requirements relating to section 25B of the Nurse Staffing Levels (Wales) Act (2016) had been fulfilled; b) The funded nurse staffing establishments detailed in appendix A, undertaken as part of bi-annual recalculations, were noted; and. c) The reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational pressure were noted.	
UHB 23/05/028	**Fire Safety Policy** The Fire Safety Policy was received.	

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	The EDPC advised the Board that the policy had been received by the Health & Safety Sub-Committee where it was reviewed and recommended to the Board for sign off. The IMTU asked what could be done to ensure that all staff adhere to the Policy. The UHB Chair responded that the Policy should be circulated to all staff as appropriate. It was noted that Fire Safety training had been an ongoing issue and the IMLC asked if there were any training implications. The EDPC responded that Fire Safety training compliance levels had increased, but there was a need to energise the requirements around fire safety training. The UHB Chair asked the Health and Safety Sub-Committee to review how the Policy could be circulated to staff. The IMF asked what was done around contractors and the policy in relation to those external contractors. The EDPC responded that there was a summary outlined in the detail of the Fire Safety Policy which was managed by the Capital & Estates team. **The Board resolved that:** a) The Fire Safety Policy Statement of Intent was approved b) The Fire Safety Policy (UHB 22) was approved c) The Fire Safety Management Arrangements (UHB 504) was approved.	
UHB 23/05/029	**Committee / Governance Group Minutes:** The Committee / Governance Group Minutes were received. **The Board resolved that:** a) The Committee / Governance Group Minutes were noted	
UHB 23/05/030	**Draft Annual Report** The Draft Annual Report was received. The IDCG advised the Board that it was here for noting and to provide assurance that the Health Board was where it needed to be in terms of producing the Annual Report. He added that the Draft Annual Report was on route for approval at the July 2023 Board meeting and that any comments should be received by the 15th June 2023. The UHB Chair noted that on page 526, there was no requirement for an annual quality statement but that the Health Board would prepare a quality statement of intent for this year's report. **The Board resolved that:**	

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	a) The minimum reporting requirements outlined in Chapter 3 of the Financial Reporting Manual (FReM) guidance for collating an Annual Report for 2022-2023 were noted. b) The draft Performance Report, Accountability Report and Remuneration Report was noted and it was agreed that any comments in relation to the same would be received by the Corporate Governance team by 15 June 2023.	
UHB 23/05/031	**Draft Annual Opinion from Head of Internal Audit** The Draft Annual Opinion from Head of Internal Audit was received. The IDCG advised the Board that it was for noting and provided the Board with the earliest opportunity to see the report before the final report was published. The UHB Chair noted that Internal Audit had provided 3 categories and to obtain reasonable assurance was a great achievement. **The Board resolved that:** a) The Draft Head of Internal Audit Opinion and Annual Report for 2022/23 was considered and noted.	
UHB 23/05/032	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The IDCG advised the Board that the report was for noting and noted that there was a slight update in regards to assurance mapping. He added that assurance mapping was in its infancy and so it had been caveated as such and noted that the process was continuing and developing. The COO added that as the CRR continued, risks were being received by Clinical Boards which were then being properly articulated by the IDCG and his team. **The Board resolved that:** a) The Corporate Risk Register and the work in the area which was now progressing was noted.	
UHB 23/05/033	**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.	
Saunders.Nathan 19/07/2023 14:38:47	**Agenda for Private Board Meeting:** ***i.*** *Approval of Private Board minutes* ***ii.*** *Accelerated Cluster Development (Confidential Discussion)* ***iii.*** *Major Incident Plan Update (Confidential Discussion)* ***iv.*** *Pentyrch Lease Arrangements (Confidential Discussion)*	

	v. *Radiology Informatics System Procurement (RISP) Full Business Case (Commercially Sensitive Information)* ***vi.*** *LINC Update (Confidential Discussion)* ***vii.*** *Annual Plan – Further Submissions (Confidential Discussion)* ***viii.*** *Approval of Private Committee minutes*	
UHB 23/05/034	**Any Other Business** No other business was received.	
	Date & time of next Meeting: Thursday 27th July 2023 – All Nations Centre CF14 3NY	

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ACTION LOG

Following Public Board Meeting

25 May 2023

(Updated for the meeting 27 July 2023)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 23/03/014	**Integrated Performance Report**	6 Goals programme to be received via the Integrated Performance Report.	**25.05.2023**	Paul Bostock	**COMPLETED**
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	**09.05.2023**	Jason Roberts	**COMPLETED** Item was considered at the QSE Committee meeting on 9 May 2023.
Actions in Progress					
UHB 23/05/018	**Strategic Planning Update**	The EDSP would provide further details on potential shared delivery model option for Tertiary services.	**27.07.2023**	Abigail Harris	**Update on 27 July 2023** Via the Strategic Planning Update – agenda item 6.9
UHB 23/05/015	**Integrated Performance Report: Finance**	It was agreed that the savings made to date would be profiled and illustrated by way of a graph and would be brought back to Board	**27.07.2023**	Catherine Phillips	**Update on 27 July 2023** Agenda item 6.6
UHB 23/01/011	**Integrated Performance Report: Quality and Safety**	Civica 'Once for Wales' – A report on Civica Patient feedback would be provided to the Board later in the year.	**27.07.2023**	Jason Roberts	**Update on 27 July 2023** Agenda item 6.7
UHB 23/01/011	**Integrated Performance Report**	To undertake a review of the Retire and Return Policy	**27.07.2023**	Rachel Gidman/Paul Bostock	**Update on 27 July 2023** *Verbal update from Rachel Gidman*

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 23/05/015	**Integrated Performance Report: QSE**	Mortality data assurance to be provided following a deep dive at a QSE Committee meeting	**28.09.2023**	Meriel Jenney	**Update on 28 September 2023**
UHB 23/05/014	**Chairs' reports from Committees of the Board – Senior Leadership Board (SLB)**	The EDPC to provide assurance to the Board on WAGESTREAM decisions.	**28.09.2023**	Rachel Gidman	**Update on 28 September 2023**
UHB 23/01/018	**Board Champions**	Report to be provided at the end of each year to detail the work undertaken by Board Champions.	**28.09.2023**	Rachel Gidman/James Quance	**Update on 28 September 2023**
UHB 23/03/010	**Chair's Report re length of stay**	The Chief Operating Officer to report back to Board with regards to the length of stay data.	**28.09.2023**	Paul Bostock	**Update on 28 September 2023**
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHB 23/05/027	**Annual Assurance Report – Compliance with the Nurse Staffing Levels (Wales) Act (2016)**	It was agreed that some training would be provided to give Board Members a clearer understanding of the Act and that the same could be picked up in a Board Development session.	**27.07.2023**	Jason Roberts/James Quance	**COMPLETED on 27 July 2023** *Received at the Board Development session 29th June 2023*
UHB 23/05/016	**6 Goals Improvement Programme**	Board Development session to be held on the 6 Goals Improvement Programme	**Date TBC**	Paul Bostock/James Quance	**Update on 27 July 2023** *Date to be agreed for the Board Development session.*
UHB 23/05/028	**Fire Safety Policy**	The UHB Chair asked the Health and Safety Sub-Committee to review how the Policy could be circulated to staff.	**27.07.2023**	Rachel Gidman / Joanne Brandon	**Update on 27 July 2023** *Verbal update from Rachel Gidman / Jo Brandon*

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 23/03/013	**QSE Chair's Report**	A deep dive with regards to stillbirths to be considered at the QSE Committee in the next couple of months.	**27.07.2023**	Jason Roberts/Angela Hughes	**Update on 18 July 2023** On the QSE agenda 18.07.23 (MBRRACE Update)
UHB 23/03/013	**S&D Chair's Report**	The Gender Pay Gap is to be considered at the new People and Culture Committee	**27.07.2023**	Rachel Gidman	**Update in July 2023** *Due to be presented to the People and Culture Committee on 11 July 2023 (agenda item 3.2).*
Actions referred <u>FROM</u> Committees of the Board/Board Development					
DHICH 14/02/007	Digital Transformation Progress Report	The Board should be advised on digital transformation matters at least twice a year at the request of the UHB Chair	**27.07.2023**	David Thomas / James Webb	**Update on 27 July 2023** Agenda item 6.10

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Report Title:	**Chair's Report to Board**			Agenda Item no.	6.2
Meeting:	**Board**	Public	x	Meeting Date:	27th July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information x
Lead Executive:	**Chair of the Board**				
Report Author (Title):	**Head of Risk and Regulation**				

Main Report
Background and current situation:

Recognition of our Capital Estates and Facilities Colleagues

On the 21st June 2023 we celebrated the National Healthcare Estates and Facilities Day. At Cardiff and Vale University Health Board, 1,400 of our colleagues work in our Capital, Estates and Facilities teams, many of whom are frontline staff and continually strive to deliver the best possible service to patients, staff and visitors.

Our Capital, Estates and Facilities teams are fundamental to the care and service we provide to our patients. Without them, the work of the rest of our teams across our hospitals, community and healthcare settings, would be impossible and I take this opportunity to recognise and shine a light on the success that our colleagues within the Security Services Team have achieved.



I would like to congratulate our Security Services Team, who won the Estates and Facilities Team of the Year Award at the Welsh Institute of Healthcare Engineering & Estates Management (IHEEM) awards in June.

The award is reserved for teams working in the Welsh healthcare sector who have demonstrated outstanding achievement, performance and delivery of estates and facilities services over the previous year.

Following receipt of the award, Damian Winstone, Health Board Head of Security and Portering Services, commented: "We are extremely proud to receive such a prestigious award and this clearly evidences the excellent work the Security Officers, Administration staff and Security Team Leaders complete daily in, very often, difficult and sensitive situations to maintain site safety for patients, visitors and staff."

On behalf of the Board, and the wider organisation, I would like to express my gratitude for the sterling work undertaken by the Security Services team and also to confirm that we too are extremely proud of the team's achievement.

The NHS at 75



On Wednesday July 5th the National Health Service (NHS) reached a significant milestone in celebrating 75 years since its conception.

To commemorate this special occasion, Cardiff and Vale University Health Board has hosted a series of promotional activities over the course of the week

spanning 3rd - 7th July; shining a spotlight on key achievements and honouring colleagues past and present who have worked for the organisation and contributed to the health and wellbeing of our patients and local population.

One aspect of those celebrations was the launch of the new legacy page 'NHS Through the Years' available now on the CAV UHB website (https://cavuhb.nhs.wales/about-us/nhs-75-gallery/) which features a growing catalogue of photographs pre-dating and following 1948 featuring colleagues, buildings and other iconic moments in the Health Board's history.

I would encourage you all to take a trip down memory lane and see the transformation of Cardiff and Vale University Health Board over the last 75 years and, if you are able to do so, share your own photographs with our Communications team at News@wales.nhs.uk which will help to commemorate the contribution that our Health Board and our colleagues have made for future generations to see.

Board Development Session

On the 29th June 2023 the Board undertook a Board Development Session to devote time to the development and discussion of the following topics:

- **Strategy Refresh:**

  Shaping Our Future Wellbeing II

  Following further engagement with colleagues and stakeholders the Board devoted further time to consideration of the Health Board's updated Shaping Our Future Wellbeing Strategy ("the Strategy"). The Strategy sets out the Health Board's vision for achieving better health for all by 2035 and acknowledges that whilst there will be challenging times, there is confidence that by working together, internally and with stakeholders, we can achieve the ambitious goals set out in the Strategy.

  The strategy sets out priorities for achieving our vision in four key areas:

  • Putting people first
  • Providing outstanding quality
  • Delivering in the right places
  • Acting for the future

  During this session the Board received feedback from engagement, discussed the proposed vision, themes and objectives, took time to clarify level of detail and content within the Strategy, and shared comments on the style and presentation of the Strategy.

  A copy of the refreshed Strategy is shared with the Board as Agenda Item 7.1 for approval at today's meeting.

- **Equity, Equality, Experience and Patient Safety Framework**

  The Board received a detailed presentation from the Health Board Public Health team on the emerging Equity, Equality, Experience and Patient Safety Framework ("the Framework"). The Framework, which has been developed by a multidisciplinary team of colleagues within our Public Health, Patient Safety and Experience, Workforce and Equality teams, aims to enable colleagues to better understand health inequalities, experience and patient safety issues and provides tools that have been tried and tested by others that could help a team or Clinical Board address issues that have been identified.

  Following review at our Board Development session the Framework will continue to be shared with colleagues and stakeholders before finalising a version of the Framework for approval at a future Board meeting and subsequent adoption and implementation within Clinical Boards.

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- **Nurse Staffing Levels (Wales) Act 2016**

  The Executive Nurse Director shared an overview of the Nurse Staffing Levels (Wales) Act 2016 ("the Act") providing a background to the requirements of the Act and an insight into the Health Board's SafeCare reporting system which provides assurance in relation to the Health Board's compliance with the Act.

  The update provided Board Members with a refreshed insight into Health Board's duties under the Act, most notably our 'Duty to provide sufficient nurses to allow nurses time to care for patients sensitively in all settings'. Armed with this refreshed information the Board will be in a better position to review and scrutinise the Health Board's operational performance in relation to nurse staffing levels.

- **Integrated Performance Report Update**

  The Health Board Integrated Performance Report (IPR) provides the Board with a summary of performance against a number of key indicators. The iteration of the report shared prior to the Board Development session was devised during the pandemic and detailed performance across the domains of Finance, Quality, Safety and Experience, Population Health, Workforce and Operational Performance.

  Following discussions regarding the long-term future of the IPR and how it might be adapted to better suit the needs of the organisation, particularly in the context of changing governance arrangements within the Health Board, an updated draft of the IPR was shared with the Board in anticipation of an updated version of the report being shared at this Board Meeting. Following review of the revised IPR an updated version of the report is shared as agenda item 6.6 at this meeting.

- **Enhancing the Board Session**

  As part of the Board's commitment to continual development the Executive Director of Workforce and Organisational Development facilitated a session to support the strengthening of the Board's own effectiveness.

  The purpose of these sessions is to enhance interpersonal relationships within the Board and to improve the way in which the Board receives, scrutinises and provides feedback to information received from operational colleagues.

  The Board will continue to review its own Board Effectiveness and undertake further development at each Board Development Session.

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 2 documents since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
1035	Settlement Deed	Confidential – Approval to make use of the Seal on this occasion was provided at the Special Board Meeting held on the 23rd April 2023.

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Following the update shared at the March 2023 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
04.05.2023	Memorandum of Understanding	A Memorandum of Understanding for the Spinal Services Operational Delivery Network for South Wales, West Wales and South Powys between (1) Swansea Bay UHB (2) Aneurin Bevan UHB (3) Cardiff and Vale UHB (4) Cwm Taf Morgannwg UHB (5) Hywell Dda UHB (6) Powys Teaching Health Board (7) Welsh Ambulance Service NHS Trust and (8) Velindre University NHS Trust
10.05.2023	NEC 3 Short Form Construction Contract	A Contract between (1) Cardiff and Vale University Health Board and (2) Amberwell Engineering Ltd for the replacement of the UHW Concourse Electrical Generator
05.05.2023	Memorandum of Understanding	A Memorandum of Understanding between (1) Cardiff and Vale University Health Board and (2) Rescape Innovation Limited in relation to the development of clinical Virtual Reality developments.
11.05.2023	Warehousing Agreement	An agreement to govern the storage of medical Devices between (1) Avensus UK Ltd and (2) Cardiff and Vale University Health Board
02.06.2023	NEC 3 Short Form Construction Contract	A Contract between (1) Cardiff and Vale University Health Board and (2) TSF Contracts Ltd for the rectification of flooring Defects, Ground Floor East 3 and 5 University Hospital Llandough
12.06.2023	NEC 3 Short Form Construction Contract	A Contract between (1) Cardiff and Vale University Health Board and (2) E T & S Construction Ltd Project to support UHW Ward reconfiguration works at Wards A5, C7, A1, A1 Link and Heulwen South
15.06.2023	NEC 3 Short Form Construction Contract	A Contract between (1) Cardiff and Vale University Health Board and (2) 2d Building Contractors in relation to UHW Emergency Unit Refurbishment works, including the Specialist Hub Phase 5 – Resus.
29.06.2023	NEC 3 Short Form Construction Contract	A Contract between (1) Cardiff and Vale University Health Board and (2) TSF Contracts Ltd in relation to the UHW Ward Reconfiguration at Wards A6 North and South
30.06.2023	NEC 3 Short Form Construction Contract	A Contract between (1) Cardiff and Vale University Health Board and (2) Amberwell

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		Engineering Services LTD to govern UHW Ward Riser Replacement works.
04.07.2023	Tenancy at Will	A Tenancy at Will at Unit 3 The Concourse UHW between (1) Cardiff and Vale University Health Board and (2) Tiger Retail Limited

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	
27.03.2023	Extension of Electrical, Mechanical and Building Labour Services Framework Value	Approval of increase of Procurement Framework value by £675,000.00 (ex VAT)	12.05.2023	Keith Harding 20.04.2023	Susan Elsmore 20.04.2023	
19.05.2023	Contract for 111 Adastra Licences and Service	Approval contract at totaling £967,473.99 inc VAT	30.05.2023	David Edwards 29.05.2023	Ceri Phillips 29.05.2023	
24.05.2023	Lift Maintenance for CAVUHB	Approval of a 5-year contract at a value of: £1,025,339.40 inclusive of VAT.	04.06.2023	Rhian Thomas 02.06.2023	John Union 01.06.2023	
06.06.2023	Cleaning and Security Services at Woodland House	Approval of a potential three year contract at a value of £726,790.17 inc VAT	08.06.2023	John Union 07.06.2023	Mike Jones 08.06.2023	
09.06.2023	Repairs of Lifts at CAVUHB	Approval for an additional contract to be arranged for repairs of lifts that fall outside the All-Wales maintenance Contract at a cost of £1,800,000.00 Incl VAT over a 5-year term.	19.06.2023	Akmal Hanuk 19.06.2023	Susan Elmore 19.06.2023	
23.06.2023	Insourcing of Endoscopy Procedures	Approval to enter into a contract with a value of £1,397,196.00	30.06.2023	Ceri Phillips 28.06.2023	Mike Jones 30.06.203	

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The Board are requested to:

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

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

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

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Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3	
Meeting:	Public Board Meeting		Public	x	Meeting Date:	27th July 2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Chief Executive						
Report Author (Title):	Head of Risk and Regulation						

Main Report
Background and current situation:

At the time of drafting this report, the Health Board (the 'HB') is in the midst of joining the rest of Wales and the UK in celebrating 75 years of the NHS. When it was founded in 1948, the NHS was the first universal health system to be available to all, free at the point of delivery. And since then, the NHS has innovated and adapted to meet the needs of each successive generation, always putting patients at the heart of everything it does.

The driving force behind the success of the NHS across the UK, and indeed closer to home within Cardiff and the Vale of Glamorgan, has been the commitment, dedication and excellence displayed by our colleagues and friends over the last 75 years and I hope that you will join me in recognising the successes and achievements of the NHS and our colleagues at this historic milestone.

Within my May 2023 update I commented on the need to convert strategy into action through the use of an operating model which sets out, 'how we do things around here'. Managed well, health care organisations can use an operating model to streamline relationships, increase collaboration, heighten talent development and invigorate leadership.

Whilst our operating model continues to be a work in progress, I'm sure Board colleagues will agree of the continuing need to bring our overarching strategies to life. During this period of celebration, it is an opportune time for us to consider our People and Culture Strategy and to celebrate the successes of our colleagues to support our aim of having a workforce that 'feels valued, developed and supported, while maintaining their health and wellbeing at work'.[1]

Within our People and Culture Plan we committed to the following: 'We will continue to develop a culture where everyone feels valued for the work they do. We will ensure that our people are rewarded and recognised, both informally and formally, for the contribution they make, across the whole system and in line with our Values. We will continue to host and nominate people for local, UHB and external awards, celebrating and publicising success and praising via the values-based appraisal process. We will also create more opportunities to say thank you on a local, organisational and national level.'[2]

Studies have found that not only is recognition of success a simple modality, but its rewards are significant, fostering a greater sense of purpose in an employee's work. In a recent survey Forty percent of employees surveyed confirmed that they would put more energy into their work if they were recognised more often, with 63% of employees who are recognised confirming that they were unlikely to pursue a new role. By contrast, a lack of acknowledgement was found to motivate professionals to look for employment elsewhere.[3]

As we continue to work through operational and financial challenges it is therefore important to take the time to recognise some of the recent successes enjoyed by our colleagues and the Health Board so that we are able to deliver on the aims of our People and Culture Plan and to retain a body of 'healthy and motivated colleagues which will result in improved retention, increased innovation and lower levels of sickness, as well as better patient experiences and outcomes'.[4]

[1] https://cavuhb.nhs.wales/files/publications/people-and-culture-plan-2022-25 pg11
[2] https://cavuhb.nhs.wales/files/publications/people-and-culture-plan-2022-25 pg14
[3] https://hbr.org/sponsored/2021/03/good-leaders-acknowledge-their-employees-often
[4] https://cavuhb.nhs.wales/files/publications/people-and-culture-plan-2022-25 pg 12

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

RCN Wales Nurse of the Year 2023

Tara Rees has been named as the RCN Wales Nurse of the Year for 2023. Tara is a Lead Nurse Practitioner for the Hepatology Service within the Health Board and has dedicated her career to creating new services for those with specialist needs. She recently set up a hepatocellular carcinoma service for patients with end-of-stage liver disease. The new service is a major step for patients who will have access to a key worker for the first time.

This achievement followed Tara's establishment of the first community clinic in Wales to treat viral hepatitis C patients, and her creation of the Hepatology Clinical Nurse Specialist role. She has also led on national accreditation for the Hepatology Service and is the Lead Nurse for the All-Wales Liver Disease Delivery Plan.

I was delighted to be present at the Awards Ceremony alongside Tara's rightly proud mother. When presented with her Nurse of the Year Award 2023 Tara addressed the audience on the night saying:

"'I am immensely proud and this is a highlight in my nursing career. It is a true honour and one I take respectfully. I will use the platform to highlight nursing in liver disease as this is usually a speciality hidden under the gastroenterology umbrella. It is challenging and very rewarding and I am passionate about motivating others and will encourage nurses to showcase their excellent work. I would like to be a role model and ambassador and will hopefully encourage people into the nursing profession."

Both Tara and her words on the night I found to be highly inspirational and it was a great privilege to see her win this prestigious award alongside the other Cardiff and Vale University Health Board nominees.

NHS Wales University Eye Care Centre

The Cardiff Based team picked up an award for their innovative work at the HSJ Digital Awards 2023 in Manchester in the Digital Literacy, Education and Upskilling category for their fantastic collaborative work in helping reduce sight loss. I was delighted to be with them at the awards and very proud to see them win one of the most sought-after UK wide awards.

Speaking of the work undertaken by the Eye Centre Team, "the judges felt that this entry documents a remarkable journey towards impressive achievements. The commitment to expansion coupled with strong emphasis on training and development has enhanced patient outcomes and ignited hopes for the future, with the satisfaction of patients serving as a resounding testament to the positive impacts achieved."

The NHS Wales University Eye Care Centre opened at the School of Optometry and Vision Sciences in 2021 with the aim of reducing hospital waiting times for patients requiring eye care. Set up in partnership with Cardiff University the project has provided training for tens of optometrists to attain the College of Optometrists Higher Certificate in Glaucoma and Medical Retina, thus enabling them to manage more patients closer to their home rather than in hospital.

The initiative, has also been praised by Health Minister, Eluned Morgan who welcomed progress on new eye care facilities which will increase the number of patients receiving eye care treatment and cut waiting times.

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The team also scooped the Enhanced Optical Service Award at the Optician Awards 2022 for offering excellent enhanced services and primary care in the community.

Climb Leadership Programme

The Health Board's Dragon's Heart Institute shared the success of the Climb Leadership Programme's recent Summit Event, which took place on June 19th. The event, which is supported by the Hillary Institute of International Leadership, celebrated the graduates of the second cohort of Climb as well as the 75th anniversary of the NHS and the 70th anniversary of the first ascent of Everest by Sir Edmund Hillary and Tenzing Norgay. The event brought together leaders from diverse fields to exchange invaluable insights and explore the future of leadership in health and social care.

The Climb Leadership Programme has been developed by our own Innovation and Improvement colleagues and brings together future leaders from the Health and Social Care sectors within Wales to undertake a 10-month programme providing access to researchers, professors and leaders at the forefront of change which will support ongoing improvement and innovation within our leadership teams for the future. It was a real pleasure to attend the Summit in Bangor, to meet and hear from colleagues from right across the Welsh health and care sector and to benefit from their insights and learnings.

I would like to extend my heartfelt congratulations to the above colleagues and teams for the successes they have achieved and shared with our Health Board and communities.

Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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Impact Assessment:

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

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

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

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Report Title:	Board Assurance Framework 23-24 – July 2023				Agenda Item no.	6.4	
Meeting:	Board		Public	x	Meeting Date:	27th July 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:

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.

The BAF will require review following the approval of the revised Shaping our Future Wellbeing Strategy in order to ensure that it reflects the risks to delivery of the revised Strategic Objectives of the Health Board.

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 the BAF will need to 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 and the current Strategy.

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

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- 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 May 2023 are highlighted in red.

Risk 7. Planned Care has increased from a score of 8 to 12, in recognition of the challenge associated with delivering on the Ministerial priority in this area.

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 July 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.

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Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Having a non-approvable IMTP will impact upon the reputation of the Health Board
Socio Economic: Yes/~~No~~
There is a risk on the BAF on Health Inequalities these inequities have significant social and economic costs both to individuals and societies.
Equality and Health: Yes/~~No~~
As above
Decarbonisation: ~~Yes~~/No

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

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It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing and its Annual Plan for 2023/24 set in a three-year context.

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 23-26 • Planned Care • Cancer • Stroke • Critical Care • Maternity
2. Deliver outcomes that matter	• Patient Safety • Sustainable Cultural Change • Exacerbation of Health Inequalities • Delivery of IMTP 23-26 • 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 23-26 • 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

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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 23-26 • 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 23-26

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Key Risks

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

Risk	Risk Appetite	Corp Risk Register Ref.	Gross Risk *(no controls)*	Net Risk *(after controls)*	Change from Mar 23	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. The Duty of Candour was formally launched in April 2023 and will further improve communication with patients and opportunities for learning across the Health Board.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science/ Chief Operating Officer **Last Reviewed:** 06.07.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23
2. Maternity	Cautious	14, 15, 16	**25**	**15**		**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:** 06.07.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23

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3. Critical Care	Cautious	18, 19, 20	**25**	**15**		**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 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. To address this the UHB has approved additional investment for 23/24 to open 3 additional level 3 beds and to establish the Patient at Risk Team (PART) from 7am-7pm/7 days a week to 24/7 by the end of Q3.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 06.07.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23
4. Cancer Saunders,Nathan 19/07/2023 14:38:41	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. Despite improvements seen through Q1 23/24, it is not expected that the UHB will reach the WG target of 75%. The weekly cancer delivery group has now implemented a standardised and revised demand and capacity approach across all tumour	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 06.07.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23

							sites. The likely improvement timescale to reach the standard is now the end of Q2.		
5. Stroke	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 Medics are faced with competing given the capacity constraints within the footprint. There has been considerable organisational focus on the stroke pathway and 3 internal stroke summits have been held. There is a clear improvement plan in place and we are already seeing some improvements to the time for patients to be admitted to the specialist stroke ward. The next stroke summit to review performance and finalise the proposed changes to the clinical model is on 30th July.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer **Last Reviewed:** 06.07.23	Quality, Safety and Experience **Last Reviewed:** 07.03.23
6. Urgent and Emergency Care Saunders,Nathan 19/07/2023 14:38:41	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	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience Committee **Last reviewed:** 14.03.23

							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. During Q4 the UHB has been able to make considerable improvements in ambulance handover times and are now better than the October 2021 baseline. We have also seen reductions in the numbers of patients spending more than 24 and 12 hours. We have set ambitious trajectories as part of the 23/24 IMTP to further improve on ambulance hand over times and waiting times in the EU dept.	**Last Reviewed:** 06.07.23	
7. Planned Care Saunders.Nathan 19/07/2023 14:38:41	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 **Last Reviewed:** 07.03.23

							published Welsh Government Planned Care Plan reflects the high priority of planned care services. The waiting time standards have since been revised by WG and the ask is now for no patients to wait longer than 52 weeks for their first appointment by 30/6/23, no patients to wait longer than 156 weeks for treatment by 30/9/23 and no patients to wait longer than 104 weeks by 31/12/23. Whilst the UHB is not currently predicting to deliver these standards for 8 specialities, we are expecting to be deliver for 22 others so the vast majority of UHB patients will be treated within these timescales. Therefore, the risk has been reduced. The NHS executive have outlined revised ministerial standards which include no patient waiting for 3 years for an outpatient appointment and working towards 97% of patients receiving treatment in less than 104 weeks by September and 99% of patients by the end of the financial year. Each Clinical Board will be signing off revised trajectories and delivery plans by the 30th June 2023.	**Last Reviewed:** 06.07.23	
8. Exacerbation of Health Inequalities Saunders.Nathan 19/07/2023 14:38:41	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:** 26.06.23	Quality, Safety and Experience Committee **Last Reviewed:** 14.03.23

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:** 07.07.23	People & Culture Committee **Last Reviewed:** 11.07.23
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 behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture **Last Reviewed:** 07.07.23	People & Culture Committee **Last Reviewed:** 11.07.23
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:** 07.07.23	People & Culture Committee **Last Reviewed:** 11.07.23
12. Capital Assets Saunders.Nathan 19/07/2023 14:38:41	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	Executive Director of Strategic Planning, Executive Director of Therapies and Health	Finance & Performance Committee **Last Reviewed:**

							Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Science, Executive Director of Finance **Last Reviewed:** 11.07.23	24.01.23
13. Delivery of IMTP 23-26	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 leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning **Last Reviewed:** 11.07.23	Finance & Performance Committee **Last Reviewed:** 24.01.23
14. Financial Sustainability	Cautious	5, 22	**25**	**25**		**15**	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:** 11.07.23	Finance & Performance Committee **Last Reviewed:** 15.02.23
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	Director of Digital Health Intelligence **Last Reviewed:** 11.07.23	Digital Health Intelligence Committee **Last Reviewed:** 14.02.23

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							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.		

Lines of Defence

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

Key:

(1) First Line of Defence – Management level assurance

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

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

Risk Appetite

Key:

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

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

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

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

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

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

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1. 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 were reported to Management Executive, Strategy and Delivery Committee and the Board (1) (3) • CAHMS position was 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) • Recent Executive review with Clinical Teams for understanding and review of front door pressures. (1) • Monthly Clinical Board reviews to map progress		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings. Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.		

Saunders, Miriam
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Gap in Assurances	Discharging patients is out of the Health Boards control		
Actions	**Lead**	**By when**	**Update since May 2023**
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.	Jason Roberts	30.09.23	Work ongoing. 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	Complete
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	Complete
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 (High)**

Saunders,Nathan
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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.

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	• 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. The final report for CaV indicates a midwifery shortfall of 11wte.
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 38 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 • Board agreement to fund resource necessary to fully meet Ockenden recommendations • Escalation of concerns to HEIW re single out-turn of midwives and paediatric nurses • Establishment of monthly Ockenden Oversight group led by clinical board • Establishment of MatNeo oversight group led by Executive triumvirate • 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

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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) • Midwifery on call manager linked into Executive evening huddle to clarify daily risks.		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (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 • Ability to successfully recruit to additional posts agreed as part of Ockenden.		
Gap in Assurances	• Data and benchmarking information • Resources to meet the national recommendations		

Actions	Lead	By when	Update since May 2023
1. Ongoing recruitment above establishment, increasing training places	AJ	30.11.23	This action continues to take place.
2. Reviewing current obstetric practice in line with NICE guidance	CR/SZ	30.09.23	This action continues to take place.
3. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives	AJ	30.11.23	This action continues to take place.
4. Continued maternity / Neonatology oversight meetings with Executive lead	JR/AJ	30.11.23	This action continues to take place.
5. Ongoing review of job planning and consultant establishment	CR/AT	30.09.23	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case approved by Board 30.3.23
Impact Score: 5 / Likelihood Score: 3	Target Risk Score:		**15 (high)**

Saunders,Nathan
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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 for patients not admitted to critical care • Ringfenced PACU to protect high-risk 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
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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: 3	Net Risk Score:	**15 (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 May 2023
1. Secure funding and develop implementation plan for further three ICU beds	PB	30/04/23	Complete Board approved in April 2023 Recruitment has commenced, beds planned to open on phased basis in 2023/24.
2. Implementation of 24/7 PART team	PB	31/10/23	Plan developed. Board approved in April 23 Recruitment commenced, offers have been made to prospective candidates, on track to implement model by October 2023.
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 a. Design completed for C3S, further work required on design for C3N. The design will include additional cubicles to meet IP&C demand. Funding from discretionary capital approved to commence work on the SOC (medium term plan to bridge to UHW2). b. Engaged with the Programme Director for UHW2 on future demand for CC to inform planning. c. LTiV/complex care now established on C3L. No current planning to create a bespoke facility in UHL
4. Ongoing development of recruitment and retention strategies	JR / RG	31.03.23	This piece of work continues

Saunders,Natasha 19/07/2023 21:39:41

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

Saunders,Nathan
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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
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Current Assurances	• Operational position reported into Cancer Oversight Meeting weekly tracking improvements[1] • Weekly PTL tracking meeting with General Managers/Directorate Managers now in place • Weekly cancer delivery group in place with directors of operations owning accountability for improvements in delivery • 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 Finance & Performance 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] The UHB will require Q2 in order to recover the current cancer performance standard after stalled progress at the end of Q1. This was largely an impact of increased waiting times for Endoscopy where there is now a clear plan of improvement		
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 May 2023
1. Continue to develop and iterate the demand/capacity work	MT	30.6.23	D&HI team are engaged in the work Work is progressing and more robust plans are being created for sign off at end of Q1
2. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey	MT	30.6.23	Support from the WCN to undertake a number of deep dives: – urology, breast, lower GI and gynaecology 4 areas of focus Action to be completed by 30.07.2023
3. Establish a weekly PTL meeting with General Managers/Directorate Managers	JC	30.01.23	Complete
4. Finalise the Cancer Strategy and develop a workplan	RL/BW	30.06.23	Draft strategy is out for consultation with stakeholders. Current plan to sign off at exec cancer board in June and to SLB at end of June
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
Impact Score: 5 / Likelihood Score: 2	Target Risk Score:		**10 (High)**

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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 C score.
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

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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 (Extreme)**
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. • Protection of stroke beds • Roll out of ROSIER tool at triage		
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 May 2023
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	NT/JM/LP	31/05/2023	Pilot in place and clinical workforce model to be presented at 3rd stroke summit on the 23/5/23, and reviewed at 4th summit on the 30/7/23.

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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. Clinical model for delivery 24/7 consistent stroke care to be presented at 3rd stroke summit on the 23/5/23. A shared front door model with Neurology will be explored at the stroke summit on the 30.7.23.
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	31/03/2023	SOP being produced for the ringfencing of beds Agreement being sought at Clinical Board and Health Board level for ringfencing of beds Ringfenced of C4 stroke beds now in place and SOP agreed
4. Diagnostics Daily imaging 'hot slots' for carotid dopplers/ MRIs/ CTA for stroke patients.	NT/TH	31/05/2023	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. Clinical model for delivery 24/7 consistent stroke care to be presented at 3rd stroke summit on the 23/5/23. Work continues on the clinical model with the next summit planned for 30/07/23.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		**10 (high)**

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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) The need for respiratory capacity 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)**

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Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs in the Vale – c.4,000 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 delivered improvements • 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 Finance & Performance 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 May 2023
1. Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff	LD	31/7/23	UPPC in Cardiff CRI went live in December. Further roll out in Cardiff North planned for Feb. 76% of CAV patch now has UPCC provision – 1,200 appointments a week. Plans for remaining areas to be in place by end of July 23 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.

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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. Ambulance handover performance improved.
6. Develop cohesive Winter Plan that introduces 150 beds or bed equivalents	PB	30/11/22	Complete - Circa 150 beds / bed equivalents are being delivered through winter plan
7. Develop acute admission protocols	MJ	05/06/23	Acute referral policy has been launched.
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	31/07/23	Plan to reconfigure UHW site commences 18/5/23 and will complete by 31/7/23.
11. Development of recruitment and retention strategies	RG	31/03/23	See separate BAF risk on workforce
12. Review trauma pathways across UHW and UHL and agree make-up of both ambulatory, same day urgent and emergency and inpatient services and footprint	PB	30/8/23	Develop plan that right-sizes trauma and drives efficient, safe care
13. Develop business case for "safer home" multi-disciplinary team that caters immediately for people in crisis to support locally and timely rather than admit into hospital	PB	30/8/23	Developing plan with partner organisations whilst reviewing current services and analysing workforce gaps
Impact Score: 5 / Likelihood Score: 2	Target Risk Score:		**10 (high)**

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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		

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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 Finance & Performance Committee (1) • Planned Care reported as part of the Board Integrated Performance report (1)		
Impact Score: 3	Likelihood Score: 4	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 May 2023
1. Continue to develop and iterate the demand/capacity work for 23/24 to inform the IMTP	AW/JC	31.1.23	Included in development of IMTP
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	30.04.23	Complete Planned Care Improvement Board now relaunched and has quarterly reporting slot to SLB
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
6. Revise trajectories and delivery plans	MT/AH	30/6/23	All clinical boards will create delivery plans and trajectories to meet the revised ministerial standards
Impact Score: 4	Likelihood Score: 2	Target Risk Score:	**8 (High)**

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

The COVID-19 pandemic 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).

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. The impact of all five harms continues to be experienced by the population of Cardiff and Vale three years after the onset of the pandemic.~~ • Health inequalities arise in three main ways, from ○ structural issues, e.g. income, employment, education and housing ○ unhealthy behaviours ○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs • It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which

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	are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality • The impact of inflation leading to the 'cost of living crisis' currently being experienced in the UK, with rising prices for energy (gas, electricity) and fuel (petrol, diesel) food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety
Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include: ○ Children and young people ○ Minority ethnic groups, especially Black and Asian populations ○ People living in (or at risk of) deprivation and poverty ○ People in insecure/low income/informal/low-qualification employment, especially women ○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, have been found to increase the transmission, rate and severity of disease including COVID-19 • 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 • This remains an uncertain time with concerns about resurgence of COVID-19 which disproportionately impacts the most vulnerable in society, together with the economic impact of the rapid increase in inflation. This may mean that health inequalities widen if public policy and local interventions do not act to rectify this imbalance swiftly. However, most levers for economic action are at the UK government level. Warmth and food availability will be key issues locally

Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**

Current Controls	**1. Statutory function** The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB. **2. Role as an Employer** • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • 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 People & Culture Committee, Reports/Updates to the Centre for Equality and

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	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** • The refresh of the UHB Strategy Shaping our Future Well-being continues to shine a light on the issue of equity at the strategic level • 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 2023-26' within our UHB three-year plan, and will be strengthened in 2023/24 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, (published January 2023) also contains a chapter which focuses on the relationship between a Value-based approach and reducing inequities.
Current Assurances Saunders,Nathan 19/07/2023 14:38:41	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 gap in healthy life expectancy at birth between the most and least deprived in Cardiff and Vale UHB reduced from 16.6 years in 2017/19 to 14.4 years in 2018/20 for males. In females however, the gap increased from 14.6 years in 2017/19 to 18.0 years in 2018/20. Neither of these estimates yet takes account of the impact of the pandemic. • As of 10 Dec 2022, the gap in coverage of COVID-19 autumn 2022 booster vaccination between those (all ages) living in the least deprived and most deprived areas of Cardiff and Vale UHB was 29.8%, with fewer people vaccinated from the

	most deprived groups. This compares to a gap of 23% across the whole of Wales between those in the least deprived groups compared to those living in the most deprived groups. • Discussions with Public Health Wales have been held to support the development and regular monitoring on health inequities. • A gap analysis of health inequalities data has been undertaken as part of a national exercise which indicates that data collection on date of birth and postcode are good but that this drops considerably for other important variables.		
Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**
Gap in Controls	• Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work		
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales		

Actions	Lead	By when	Update since May 2023
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	Fiona Kinghorn /Rachel Gidman	2023/24	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	March 2024	Suite of preventative actions to tackle inequalities developed with PSB and RPB partnerships. The first year of Amplifying Prevention has strengthened collective action being taken by partner agencies to address inequalities, particularly in relation to communication with people who live in C&V and staff. The second year will additionally include a focus on targeted work with communities and settings known to experience inequity.

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		April 2024	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, a Programme Board for Health Inclusion has been established, and a clinical model is being worked through.
		June 2023	An equity, equality, experience and patient safety strategic framework went to the SLB in June 2023, and will also go to the Board Development session in June 2023 for discussion.
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 June 2023 January 2024	High level Amplifying prevention indicators developed. More granular indicators and evaluation to be developed in year. The national Gap analysis of health equity data collection was well responded to by C&VUHB teams, and the local survey results are to be discussed at the next C&VUHB Value Based Healthcare and Data Improvement Groups. The insight from these discussions will help lead to the development of a suite of indicators that can help us to monitor health inequity over time at the population level, and support services to consider indicators that relate to specific services.
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (High)**

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

We pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that in order to meet our population's health and care needs effectively we are completely dependent on our people.

Our people have continued to respond to the challenges despite the impact the workforce crisis is having on Health and Social Care. Recent engagement surveys have told us that our people are leaving the sector and/or their profession due to stress, burnout, poor working conditions and lack of development opportunities. This has made recruitment and retention extremely challenging, resulting in staff shortages that have impacted negatively on the wellbeing of our people.

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 unprecedented events of the last three years have placed significant pressure on our workforce, due to increased demand on services. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure. • The increased demand across the NHS and Social Care 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 remains higher than pre-pandemic levels but since November 22 it has reduced slightly month on month, from 13.66% to 12.52%. • Sickness Absence rates remain high; although the rates appear to be falling to more 'normal' levels. The monthly sickness rate for May 2023 was 5.57% and April 2023 was 5.87%, after an all-time high of 8.56% for December 2023. • 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. The Industrial Action that commenced in December 2022 has not helped the national reputation of the NHS as an employer.
Impact Saunders,Nathan 19/07/2023 14:38:41	• 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; - 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.

	• We are starting to see improvements in the above areas; we need to sustain this improvement going forward • Negative impact on quality of care provided to the population. • Inability to meet on-going demands, operational pressures and needs of our workforce		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• The People and Culture Committee was established in May 2023 to provide more scrutiny and assurance to Board. • People and Culture Plan with robust processes to monitor progress against the key deliverables. • Heads of People & Culture have been reintroduced into the Clinical Boards to provide additional support with strategic priorities, including delivery of P&C Plan, workforce planning, retention, workforce redesign, sustainability, etc. • Hotspots are identified using our workforce data, plans are coproduced to support with recruitment, retention, staff wellbeing, etc. • The People Resourcing team continue to improve the way we attract and recruit, they will ensure that any recruitment needed for the remodelling of clinical areas is achieved in a timely manner. • The Staff Bank are continuing to focus on increasing the supply of HCSW (over 400 additional staff) and RN's on the bank which will support the reduction of agency usage and improve quality. They are also increasing the variety of roles employed by the bank to avoid Agencies which has included Geneticists, pharmacists, Allied Health professions etc. • A Retention Toolkit has been developed and a number of bespoke action plans have been initiated in some of the hotspot areas to ensure problems are addressed urgently. • Starter Survey implemented for all newly appointed novice nurses to identify their experience of working at C&V UHB during their first 3-6 months of employment. • The People Services Team have embedded its operating model, aligned to Clinical Boards, 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 can still be utilised for very specialised roles that are hard to fill through UK recruitment pipeline. • 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 95%. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually. • Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group. • Monthly Executive Performance Reviews with a focus on improving our workforce position are now well established.		

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	• Baseline Workforce Plans have been 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 within the next 12 months. • Modernising the ward skill mix with the introduction of Band 4 Assistant Practitioners will partly address the Registered Nurses vacancies that we have within the UHB. It will enable the RNs to do what only RNs can do by providing them with appropriately trained staff that meet the needs of the patients. • The implementation of Band 4 Assistant Practitioner roles has also enabled a further RN recruitment pipeline for international nurses who can undertake an OSCE to progress to an RN role within potentially 3-6 months.
Current Assurances	• Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. (1) • Regular monitoring of forecasted RN vacancies to identify whether International recruitment would need to be re-considered by the Board. • Qtrly IMTP Updates to WG. • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). (1)

Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since May 2023

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

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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; development of UHB action plans, e.g. Anti-Racist Action Plan • Patient experience score cards • CEO and Executive Director of People and Culture sponsors for culture and leadership • Raising concerns procedure/Freedom to Speak Up. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales • Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020		

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	• Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team • Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language, being cascaded throughout Clinical Boards		
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 May 2023
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	June 2023 May-Sept 2023 June-Sept 2023 Jan-March 2023 July 2023	Acceler8 Senior Leadership Programme Cohort 2 ended in May 2023. Evaluation to take place June 2023. ~~Upon completion, Cohort 2 will join Cohort 1 and Climb delegates in the CAV Leadership Alumni.~~ The Collabor8 Leadership programme, Cohort 1 is continuing. The review of a CAV Leadership Development Strategy is underway. Leadership development across the UHB is being mapped to identify gaps in provision, areas of duplication, and opportunities for collaboration. Education, Culture and OD Team (previously LED) currently reviewing leadership and management development offer to plan schedule from September 2023. Enhancement of a coaching and mentoring network continues. Coaches currently supporting Senior Nurses in Phase 1 of development. Access to coaches continues to be challenging. Development of push-far coaching platform to aid network development underway. Mentoring training has been acquired and the initial training will support the development of the Anti-Racist Action Plan, in supporting Inclusion Ambassadors to hear from colleagues with lived experience. Identification of mentors to take place May/June

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			2023, including discussions on reverse mentoring.
		June 2023	3 Coaching supervisors have been identified, training delayed to June 2023 due to availability.
		June 2023	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.
		March-June 2023 May-June 2023	There has been an increase in the number of requests to facilitate cultural programmes/OD work within directorates and teams. ALAS discovery phase has been completed utilising Culture and Leadership Programme and Framework. Analysis and recommendations to be provided to DMT ~~early~~ May 2023.
		June 2023	OD support for UHB strategic programmes also requested, SOFH, SOFCS etc and challenges to capacity being discussed.
		June 2023	HEIW has reserved 8 licenses for CAV on the NHSE/I Culture and Leadership Programme Framework to increase capability and understanding of the tool. CAV will also provide NHSE/I with a case study of the existing programme.
		May-June 2023	6-month programme of work developed to support EU, has completed stage 1. Evaluation in progress, People and Culture Team to work with SMT to identify next steps.
		May 2023	Equity and Inclusion Audit has been completed and reasonable assurance obtained. Management response provided and action plan developed to address areas for improvement.
2. Showcase	Rachel Gidman	~~Oct 2022~~ June 2023	~~Showcase launched via all Staff Comms in October 2022~~. Review of showcase required.

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3. Equality, Diversity and Inclusion	Rachel Gidman	~~Dec 2022~~ July 2023	Equality Strategy Welsh Language Group under review. To be discussed at People and Culture Committee July 2023. Review of group TOR taking place to ensure all CBs are represented and appropriate governance is in place.
Welsh Language Standard being implemented.		May 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. Initial analysis demonstrates savings to be made through increasing in-house translation capacity. To be presented May 2023.
Inclusion - Nine protected Characteristics		May-June 2023	The UHB continues to receive and respond to inquiries from the Welsh language Commissioner's Office, particularly around recruitment and data. The Welsh language team are supporting prioritised Clinical Boards to further understand their responsibilities and are taking a stepped approach to this due to capacity. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach has also been rolled-out across CBs. An 'Inclusion Ambassador' pack has been circulated that support in understanding and learning.
		Ongoing	Training has been identified for mentors to support Inclusion Ambassadors at executive level. Step two will be identification / nominations for mentors, followed by training.
		May-Sept 2023	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 in June 2023. Review of networks in light of 'Employee resource groups' discussions at Board Development with Race Equality First.

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		~~June~~ May 2023 June 2023	The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board development continued in May 2023 facilitated by Race Equality First. Anti-Racist Action Plan to be presented at Board May 2023. The draft proposal for a framework looking at Equality, Health Inequalities and Safety. A collaboration of areas including the E&I Team; ADOD; PH; Patient Experience; Quality and Safety formed a working group to review existing documentation and benchmarking.
4. CAV Convention	Rachel Gidman	TBC	Action under review and date to be confirmed once known.
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

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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) established April 2021-March 2023 • Network of Wellbeing champions (training linked with the 'Time to Change Wales Programme')		

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	• Health and Wellbeing Strategic group • 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 • Development of the Employee Wellbeing Support Pathway (based on the CTM pathway) • Implementation of 'Money and Pensions Service (MaPS) training for the wellbeing champions and line managers • Development of the Financial Wellbeing pathway • Establishment of the Cost of Living and Wellbeing webpages on Sharepoint • Dedicated staff benefits, savings and discount web pages • Provision of MaPS presentations on 'pensions' and 'pensions and menopause'
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) • Successful retention of the gold (and platinum) Corporate Health Standard awards via the 'Enhanced Status Checks' in March 2023 • HIT Team recommendation plan completed following UHB engagement, priority actions to be focus (1) • Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023 • Development of a new and permanent 'Wellbeing' practitioner role • 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) • Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales (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 May 2023
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by the ongoing impact of the COVID pandemic Saunders,Nathan 19/07/2023 14:38:41	Nicola Bevan	March 2023	The HI Co-ordinator role continues to support the lead counsellor to deliver bespoke support and development in areas of need. This will end at the end of March 2023 when

			the Health Charity Funding ends. From April onwards, the role will be developed to incorporate OD, Wellbeing and employee experience. As requests are rarely limited to 'wellbeing' only, and often include relationships, behaviours, team working and conflict, moving to a more commissioning and collaborative approach with broader People and Culture Team.
		April – June 2023	
		March-June 2023	EWS have continued to run a series of People and Culture Roadshows, visiting sites across the UHB focusing on signposting information around the Cost of Living and where to access Wellbeing support. These have been delivered with the support of the Working with the Money and Pensions Service (MaPS). In total 12 roadshows have been held to date with an approximate 600 staff engaging with the roadshow reps. including Cardiff Credit Union, Staff representatives, P&C, EWS, Occupational Health, the chaplaincy service. Surveys completed during the roadshows by staff are helping shape future communications, and information being shared on cost of living. Financial Wellbeing packs have been circulated to key leads in primary care

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			and community for cascading through the teams. On line MaPS presentations on 'pensions' and 'pensions and menopause' sessions have been delivered. 'Stop Loan Sharks Wales' providing an online presentation for staff in May 2023. A staff Financial Wellbeing pathway has been drafted and will be reviewed by the Strategic Wellbeing Group in April 2023. Dedicated staff financial wellbeing and CoL web pages have been established on sharepoint. Ongoing MaPS workshops rolled out across the various network groups, P&C and line managers. Working with ECOD the first training sessions for line managers are taking place and a workshop for the Wellbeing champions ran in 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 April 2023 March-May 2023	The Health Intervention team Impact Report has been shared with the Strategic Wellbeing Group. Work has commenced on some of the priorities mentioned, including the development of a Wellbeing Strategy. This was presented to the Strategic Wellbeing Group in February 2023, but is currently out for further comment and will be discussed at Workforce

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			Partnership Group in May 2023. ~~Implementation of works around rest space has been completed with the refurbishment of over 30 staff areas.~~ The Health Charity are supporting colleagues at Whitchurch to fund a water station onsite following completion of a SBAR. Peer support developments – MedTRiM training is partially completed. Meeting with provider scheduled for May 2023. Sustaining Resilience at Work Pracitioner Training (StRaW) has been undertaken by Children and Women CB supported by P&C Team. An infrastructure that supports the practitioners has been established and is overseen by four StRaW Managers and a StRaW co-ordinator.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Bevan	May 2023 June 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 Strategic Wellbeing Group in June 2023. Financial Wellbeing Working group continues

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		March – June 2023	to review and implement action plan, designing and communicating signposting for all staff. Having delivered on the main actions the Financial Wellbeing task and finish group will be stepped down in May 2023, the remaining actions on the 'Action Plan' will be delivered and progress monitored via the Strategic Wellbeing group.
		May-June 2023	Presentations were given to SLB in February and April 2023 highlighting the proposed benefits of using Wagestream, a platform that supports financial wellbeing and education and also the ability to 'stream' wages linked to additional hours worked on health roster. A discussion with Workforce Partnership Group is scheduled for May 2023. Implementation planned for June 2023.
		May-June 2023	Cost of Living action plan has been developed, reviewed weekly to ensure information shared and signposting updated. Internal audit highlighted action for SharePoint pages re: inclusion and signposting to wellbeing resources. Work has now been completed all Sharepoint areas are under monthly review.
		May-July 2023	Communication of engagement and wellbeing surveys continue with P&C team attending CB SMTs. Three attended so far, remaining sessions booked in.

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		July 2023	Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned. This will follow attendance at all meetings.
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	Claire Whiles	March – June 2023 May – December 2023 September 2023 March – June 2023 May 2023	Leadership and Management development offerings to support staff health and wellbeing added to existing offerings. Retention toolkit developed to support teams / CBs / managers. Current work planned with Children and Women CB. Acceler8 Cohort 2 completed. Current review and evaluation of leadership training. Futher cohorts planned for Autumn 2023. EWS working closely with Education, Culture and OD Team (ECOD), and Equity and Inclusion Team to ensure alignment and reduce duplication. OD Commissioning model to be developed to support effective and targeted intervention. Financial Wellbeing (FWB) lead working with P&C leads to look at embedding FWB into moments that matter such as staff induction.
5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022.	Claire Whiles	March - June 2023	Work on evaluation metrics underway with support from innovation and improvement team

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Wellbeing Strategy group to shape with feedback from CI Boards.			and public health. This will ensure effective monitoring, evaluation and planning of all wellbeing services and interventions.
		May-August 2023	Wellbeing Strategy and Framework draft presented to Strategic Wellbeing Group Feb 2023. Further engagement with staff networks, TUs and CBs to follow.
		May-July 2023	Schwartz Round clinical leads identified. Training scheduled for June/July 2023. Steering Group Membership to be presented to SLB. Identification 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, scheduled to be in a position to confidently roll-out from late summer 2023. Risk re Schwartz Round Administrator role – currently not assigned.
		June 2023	Wellbeing Retreat Pilot completed, draft evaluation currently in review.
		~~April-June 2023~~	~~Room Refurbishment complete, including delivery and installation of artwork.~~
			~~Concerns of WSG and lack of ownership / accountability for water stations. Health Charity continues to support~~

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			~~areas wishing to implement.~~ Cost of Living working group meeting regularly to review actions. UHB Wellbeing Strategy / Framework in draft discussed at Strategic Wellbeing Group Feb 2023 and further consultation and engagement required. ~~Management Response to Internal Audit agreed and returned and presented at Audit Committee.~~ Focus on staff wellbeing to support retention. Culture Assessment Work completed within one directorate, results being presented May 2023, followed by communication / engagement with staff. Collaborative working across P&C Team and CBs, including TU partners. Range of Financial Wellbeing (FWB) resources available to staff via the dedicated FWB webpages with several links to the other recognised resources such as: Money Helper, Cardiff Credit Union, Stop Loan Sharks Wales and many more.
Impact Score: 5	**Likelihood Score: 1**	**Target Risk Score:**	**5 (Moderate)**

May - June 2023

May 2023

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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. Subject to mid-point review as covered in Board Development session in February 2023. • 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/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 2023/24 Capital Plan will be submitted for Board approval in July 2023. • Medical Equipment prioritisation is managed through the Medical Equipment Group • Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee every 2 months.		

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	• 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. • 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 and reporting of estates risks to the Health and Safety Committee is being strengthened(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 Finance & Performance Committee (1) (2) • IT risk register regularly updated and shared with DHCW (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) • Finance & Performance 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. Not all business cases in the Welsh Government capital plan will be deliverable and the UHB needs to be mindful of the potential reputational risk of delays between OBC and FBC approvals with supply chain partners.
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.

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	• 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. • Full condition surveys of all buildings have not been carried out so not possible to fully understand the condition of the estate.			
Actions			**Lead**	**By when**	**Update since May 2023**
1.	The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas		Catherine Phillips	31.03.24	Mid-term review undertaken and agreed following Board Development in February 2023 to undertake a number of actions overseen by the Health & Safety Committee by the end of 23/24. Refresh of strategy required following sign off of HB strategy with reference to realistic funding available and clarity of funding for UHW2.
2.	The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.		Abigail Harris	31.03.24	This continues with discretionary capital.
3.	An acute infrastructure group is overseeing the short – medium term priorities.		Abigail Harris	31.03.24	The group continues to meet to agree priorities with a number of business cases progressed to address significant infrastructure risks such as Mortuary and BMT.
Impact Score: 5		**Likelihood Score: 2**	**Target Risk Score:**		**10 (high)**

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13. Risk of Delivery of IMTP 23-26 – Executive Director of Strategic Planning (Abigail Harris)

In October 2021 the Welsh Government signalled a return to a three-year planning approach post-pandemic. Due to the extremely challenging financial position the Health Board submitted an annual plan in a three-year context for 2023/24. The final plan which was approved by the Board on 30th March 2023 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 accepted by the Minister.

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 23/24 Annual Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2023/2024 and it is unlikely to be accepted by the Minister. There are a number of factors in play including the withdrawal of Covid-19 funding and inflationary pressures, for example on energy costs.		
Date added:	May 22 (updated for 2023/24 in May 23)		
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 is not able to achieve all planned care targets for 2023/24. 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. Inability to achieve the commitments for 22/23 impacts upon the ability of the Health Board to develop a balanced IMTP for 2023-26.		
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. We have submitted number of proposals against the WG Top Sliced Planned Care Recovery Fund aimed at improving our waiting times position in line with ministerial priorities. 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. Senior management and oversight arrangements are being strengthened, with the introduction of Director of Operations roles, meetings with Clinical Boards to hold to account with regular reporting and oversight, increased focus on 'hotspots' and summits to address challenges in achieving the 6 goals.		
Current Assurances	Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1) The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board. (1) The Board receive a financial update report from the Executive Director of Finance at each of its meetings. (1)		

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	Welsh Government are fully engaged and have been briefed on the Health Board's position. (3) Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. (1) WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. (3) Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. (1)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition. The Health Board continues to have a high number of medically fit for discharge patients with limited control over actions of partners to assist.		
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 May 2023
1. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	30/06/23	Detailed Plan and supporting information discussed extensively in Board and provided to WG. Additional oversight arrangements being established to ensure delivery including Sustainability Programme Board chaired by the Chief Executive.
2. Provide Q1 progress report – including mitigating actions, to the Board for scrutiny. Development of the Integrated Performance Report provides assurance on Ministerial Priorities	Abigail Harris	30/09/23	This will be presented to Finance & Performance Committee and Board in September 2023

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

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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. The deficit plan submitted for 2022/23 was not achieved and has contributed to a worsened financial outlook for 2023/24 which has also been exacerbated by the cessation of Welsh Government Covid-19 funding and unprecedented inflationary pressures which are not funded. For 2023/24 the Health Board has submitted an Annual Plan in a three year context with a realistic yet challenging plan for restore financial sustainability over the medium-term.

Risk **Date added:** 01.04.2022 (updated May 2023)	There is a risk that the organisation will continue to breach its statutory financial duties by being unable to produce a balanced three-year plan.		
Cause	Cessation of Covid-19 funding and unprecedented inflationary pressures, for example on energy costs. The UHB also has to manage its operational budget and deliver planned savings on a sustainable recurrent basis.		
Impact	Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss.		
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 March 2023 explaining inability to deliver financial balance over the three-year period 2023-2026. 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 & Performance Committee which meets monthly and reports into the Board (1) Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Assurance from internal audit annual review of core financial controls including budgeting and planning. Sustainability Programme Board in place, chaired by the Chief Executive.		
Impact Score: 5	**Likelihood Score: 5**	**Net Risk Score:**	**25 (Extreme)**
Gap in Controls	No gaps currently identified.		
Gap in Assurances	None identified.		

Actions	Lead	By when	Update since May 2023
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	Complete for 2022/23 as fully funded for the year. See 2023/24 below.
2. Allocation letter has been received from Welsh Government and impact upon financial performance is being developed	Catherine Phillips	31/03/23	Complete – superseded by production of Annual Plan
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	Complete – draft annual accounts produced reporting deficit consistent with the

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				position reported to the Board and WG.
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	Complete – as part of preparation of the Annual Plan.
5.	The organisation has identified 62% of the 2023/24 £32m savings target at the end of June with further opportunities identified to close the gap. Schemes will be further progressed through Q2 to ensure full delivery.	Catherine Phillips	30/09/23	On track by end of Q2.
Impact Score: 3	Likelihood Score: 5	**Target Risk Score:**		**15 (Extreme)**

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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 10.05.23)		
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		
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) • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.		
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.		

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Gap in Assurances	• Unable to currently provide assurance that the finance will be provided		
Actions	**Lead**	**By when**	**Update since May 2023**
1. Discussions with DoF to feed into Digital Financial Plan	DT	31.03.23	Complete
2. HIMSS assessment of our Digital maturity to be carried out in Qtr 4	DT	31.03.23	Complete
3. A ten-year investment request developed and submitted to WG outlining capital and revenue requirements.	DT	31.03.23	Complete
4. Additional investment request submitted to WG for Digital SOC development resources	DT	31.03.23	Complete
5. Detailed case for investment to be presented at private meeting of DHIC committee (Feb 22)	DT	14.02.23	Complete
6. External assessment of digital maturity of the acute service completed via site visit on 13/3	DT	31.03.23	Complete
7. Formal report on digital maturity to be published by HIMSS	DT	31.03.23	Complete
8. Cyber Assessment Framework update and response to Internal Audit report sets out mitigations and plans to manage cyber risks	DT	31.03.23	Complete
9. Further update on the investment case to be considered at DHIC	DT	31.05.23	Complete
10. Final report on the UHB's HIMSS digital maturity to be shared and discussed at DHIC and a summary brought to Board (private meeting) thereafter	DT	31.07.23	New action
11. Cyber plans reviewed and further updated to reflect Audit recommendations and Cyber Assessment Framework requirements from the WG Cyber Resilience Unit for 23/24.	DT	30.08.23	New action
12. Cyber awareness raising webinar organised by WG and DHCW for board members held on 03/07/23. Cyber Imp plan to be developed and shared with Board, via DHIC	DT	30.09.23	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**

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Report Title:	Audit and Assurance Committee – Chair's Report				Agenda Item no.	6.5	
Meeting:	Board		Public	x	Meeting Date:	27 July 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to provide Board Members with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on **4 July 2023.**

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

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

Progress and Update reports from Audit Wales and Internal Audit in relation to their respective planned activities. The Committee was informed that two Audits had been finalised since the last meeting of the Audit Committee. There had also been a delay with the Consultants Job Planning within the Surgical Clinical Board Audit, which would now feed into the 2023/24 Head of Internal Audit opinion instead of the 2022/23 opinion.

Updates from the Corporate Governance Directorate regarding the current status of the (i) **Declarations of Interest, Gifts and Hospitality Report** (ii) **Internal Audit Tracker** and (iii) **Audit Wales Tracker** were received. With regards to the internal Audit Wales Tracker, the Committee was advised that the aged entries would be targeted and closed off by the July 2023 meeting.

Updated Policies Plan – The Committee was updated on the policy management which had received limited assurance had been received by the Committee at the previous meeting.

It was noted that it was too ambitious to place a fully functioning policy management system into the organisation by the end of May and that the plan was updated following a review of the resources within the team and a designated resource had been allocated.

The **Counter Fraud Progress Report** was reviewed, discussed and noted.

The **Losses and Special Payments Report** was received by the Committee**.** The write offs for the period 1st April 2022 to 31st March 2023 as recommended by the Losses and Special Payments Panel held on 16th May 2023 were approved.

Other key matters of business to highlight to Board Members include: -

a) **Internal Audit Reports** – two reports had been finalised as follows: -

- Planned Care Transformation Delivery - (Reasonable Assurance)
- UHW-Hybrid & Major Trauma Theatres - (Reasonable Assurance)

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The minutes of the Audit Committee held on 4 July 2023 contain further details of the above matters highlighted in this report.

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	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:

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Report Title:	Charitable Funds Committee – Chair's Report				Agenda Item no.	6.5	
Meeting:	Board		Public	x	Meeting Date:	27.07.2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Senior Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Charitable Funds Committee meeting held on the 20th June 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.

Health Charity Financial Position & Investment Update: - The report was split into 2 sections:

1) **The Health Charity Financial Position & Investment Update for the Period Ended 31st March 2023**

The Committee was advised of the draft information on the year to date financial performance of the Charity for the period April 2022 to the period 31st March 2023 and was provide with the forecast financial position of the Charity against commitments already made.

It was noted that there were three key issues to bring to the attention of the Charitable Funds Committee which included:

- The net value of the Charitable Funds decreased by £0.567m for the period ending 31st March 2023.
- The stock market remained volatile with cumulative losses which stood at £0.323m for the period ending 31st March 2023.
- General Reserves were currently overcommitted against outstanding approvals to the value of £0.685m.

The Committee was advised that the General Reserves fund had remained closed to new bids which had been the case for some time.

Various tables of data were presented to the Committee which included:

- Table 1 which showed that the Charity had generated £2.244m of income and spent £2.488m for the financial year which had resulted in net expenditure of £0.244m.
  In addition, the Charity also had market value loss on its investments of £0.323m for the period to the March 2023 valuation with a combined effect of those results resulting in a net decrease in fund balances for the period ending March 2023 of £0.567m.
- Table 2 which showed the Schedule of Income for the period to 31st March 2023
- Table 3 which showed the Summary Balance Sheet as at 31st March 2023.

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It was noted that fund balances had decreased by £0.567m in the period to £8.421m and that the fixed asset balance of £2.479m related to Rookwood Hospital with £5.546m relating to the investment portfolio.

- Table 4 which showed the Summary of Investment Portfolio Performance where it was noted that the investment portfolio had started the financial year with a market value of £6.569m and ended the year with a value of £5.546m.

- Table 5 which showed the outstanding commitments against General Reserves.

The Committee was advised the key financial risk to the Charity was the performance of the investment portfolio which was underpinning the year to date financial position and general reserves balance.

2) Funds Held on Trust – Financial Projections

The Committee was advised that an improved cashflow forecast for the Funds Held on Trust and an analysis of the financial position and outlook for the General Fund which had been closed to new applications for funding since the middle of the 2022-23 financial year had been requested by the Committee at its March 2023 meeting.

The Committee received details of the anticipated cash inflows and outflows for the Funds Held on Trust in 2023-24 where it was noted that the projected cashflow was based on retrospective review of previous years' relevant inflows and outflows combined with specific information provided by the Charity Team in respect of 2023-24.

It was noted that as the year progressed, the projection would be updated based on actual realised cashflows and any further information received which would also inform the development of future year's cashflow projections.

The Committee was advised that the draft cashflow was based on an opening cash balance of £559k and a net annual outflow of £444k which projected a year-end cash balance of £115k and so based on that projection there would not be a requirement to liquidate investments to support liabilities in 2023-24.

Prop Appeal Annual Update: - The Committee was advised of the fundraising activities and income and expenditure for the Prop appeal which covered the period April 2022 to March 2023.

Highlights included:

- Afternoon Tea at the Coal Exchange Hotel where £1685 was raised.
- Claire Nokes Invitational Golf Day where £18,900 was raised.
- Halloween Masquerade Ball at Mercure Holland House where £3147 was raised.
- The ongoing activities around the Health Meadow Rehabilitation for Neuro Patients.

The Committee endorsed the proposal offered for Horatio's Garden annual maintenance contribution, from The Prop Appeal income, as a third of the overall cost, to be reviewed on an annual basis.

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Health Charity Annual Plan 2023-24: - The Committee was advised that as part of the current review of the Health Charity Strategy 2019-2025, ongoing discussions with the Finance Department, and in line with the Charitable Funds Internal Audit Report, May 2023, the Health Charity was required

to provide an Annual Operational Workplan, to be presented to the Charitable Funds Committee in the first quarterly meeting of each year.

Our Health Meadow – Short Term Plan: - The Committee was advised that the Our Health Meadow Appeal Annual Report was submitted to the Charitable Funds Committee on 21st March 2023 where the progress and activities of the Health Meadow Appeal had been noted and that the Committee had come up with proposals for the future and credible plans to ensure that all of the work now had the income and expenditure attached to it.

It was noted that a number of Roundhouses were to be built on the Our Health Meadow site and that one had already been set up.

The Committee was advised that grant funding of £41,488 had been received from NHS Charities Together to provide an outdoor sheltered seating area, which would be completed by Down to Earth and the participants from the two days a week between July and Dec 2023.

It was noted that the expenditure requires approval from the Charitable Funds Committee due to the amount.

The Committee approved the spend of £41,488 for the provision of outdoor seating at Our Health Meadow.

Over £25k bids for approval: - The Committee was advised that there were no bids against the General Reserve but that 2 bids had to be considered from endowment funds which included:

- Cardiology funds allocated to Our Health Meadow for the planned expenditure of £26,400 from Cardiology Services Endowment Funds to support the continuation of South Wales Adult Congenital Heart Disease Group participation in the Wellbeing Groups held at Our Health Meadow, University Hospital Llandough.

- Health Meadow Roundhouses - A payment plan of £76,800 to Down To Earth in line with the terms of agreement of the grant award, including an immediate initial payment of £38,400 (50%) and two subsequent payments of £19,200 (25% each), in line with the grant award criteria, from Meadow Hubbub Donation Fund 9714.

The Committee approved both spends.

Health Charity Fundraising Report: - The Committee was advised of a short synopsis of all of the funds raised by the Health Charity Team.

Reporting Feedback on Successful CFC bids: - The Committee was advised that following a successful bid to the Charitable Funds Committee, the recipient aimed to provide reassurance and assurance regarding the bids by reporting to the Committee how the money had been spent and the relevant impact/improvement.

Saunders,Nathan
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It was noted that 2 bids had been reported on which included:

- Bid 1 - £282,000 - project bid endorsed by the Committee in September 2020 and approved by Board of Trustees in November 2020.

- Bid 2 - £194,864 – The bid for funding extension had been endorsed by the Committee in June 2022 and approved by Board of Trustees in September 2022.

Staff Benefits Group (SBG) Report: - The Committee was advised that the Staff Benefits Group discussed and agreed 'best deals' for staff and in governance terms reported their work to the Charitable Funds Committee and the Local Partnership Forum.

Staff Lottery Bids Panel Report: - The Committee was advised that the last meeting of the Staff Lottery Bids Panel took place on 2nd March 2023 where 23 applications were observed.

Health Charity Events Planner 2023/24: - The Committee received the Health Charity Events Planner 2023/24 which outlined the planned activities of the Health Charity for 2023/24.

Charitable Funds Internal Audit: - The Committee was advised that the Charitable Funds Internal Audit report had been finalised and received by the Audit & Assurance Committee at its meeting on 11th May 2023.

It was noted that the report was for consideration prior to submission to the Board of Trustees for approval.

The Board is requested to:

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

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

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

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

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

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

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Digital Health Intelligence Committee – Chair's Report				Agenda Item no.	6.5	
Meeting:	Board		Public	x	Meeting Date:	27 July 2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Digital Health Intelligence Committee Meeting held on **30 May 2023.**

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

At the May 2023 meeting, the Committee received an update on the progress being made with regards to the Digital Strategy and Transformation. The main constraint was limited resource which was diverted to meeting organisational priorities and operational needs. A digital advisory board would be established to ensure digital resource was aligned with organisational programmes and project priorities. Furthermore, an assessment of capacity was undertaken and there were some resource gaps due to difficulty recruiting the right skills and expertise which was part of a wider challenge. A revised governance model was being developed. The Digital team was aiming for greater transparency and shared decision making with the organization so that it could make the best use of its limited resources.

The Committee also received and considered reports regarding other usual matters of business which included: -

a) IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

Between January 2023 and April 2023, the Information Governance Department reviewed a total of 185 information governance related incidents reported via Datix. Of those breaches reviewed, six of the breaches met the threshold to be reported to the Information Commissioner's Office (ICO). The details of those breaches, plus a complaint received from the ICO, were outlined in the Private meeting of the Committee.

b) Joint IMT & IG Corporate Risk Register

Committee Members were informed that there were currently 14 joint IMT/IG risks identified within the Risk Register document. One risk related to Cyber Security remained red with a score of 20. The Corporate Risk Register would be looked at alongside the risks on the Board Assurance Framework (BAF).

c) Committee Self Effectiveness Survey

The Committee was presented with the individual findings of the Annual Board Committee Effectiveness Survey 2022-2023 relating to the Digital and Health Intelligence Committee. Overall the findings were positive and there were no areas identified for improvement.

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d) Welsh Government Digital Strategy for Health & Social Care Refresh

The Strategy was presented to Committee members. The strategy had been in development over the previous 12 months and final consultation feedback had been sought from organisations. A key focus was to put people at the heart of the strategy.

Further details relating to the matters raised in this report will be set out in the minutes (once approved) of the meeting held on 30 May 2023.

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	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

Yes – as highlighted in the body of the Report the lack of resourcing and /or investment is having an adverse effect on the delivery of some projects identified within the Digital Roadmap.

Safety: No

Financial: Yes

Yes- as above.

Workforce: Yes

Yes- as highlighted in the body of the report.

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Saunders,Natalie
19/07/2023 11:38:41

Decarbonisation: No

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

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Quality, Safety and Experience Committee – Chair's Report				Agenda Item no.	6.5	
Meeting:	Board		Public	x	Meeting Date:	27.07.2023	
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Senior Corporate Governance Officer						

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 meeting held on the 9th May 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.

Quality Indicators: – The Committee was advised that early learning from the Duty of Candour data showed that 37% of the Health Board's incidents were being regraded because it had been found that staff had been scoring the incidents higher than they should have been and that learning would be shared with Clinical Boards around scoring correctly.

It was noted that an improvement had been observed in Nationally Reportable Incidents (NRIs) which reflected the focus and hard work of the Clinical Boards and Patient Safety Team and that through December 2022 and January 2023, the Patient Experience Team had reported a reduction in the number of concerns being managed in time, but that in February and March 2023, the performance had improved to over 80%.

The Committee was advised that the Civica 'Once for Wales' Patient Feedback platform had gone live in October 2022 and that the Patient Experience Team had surveyed up to 600 patients daily via SMS with a month on month improvement in return rates for patient data.

It was noted that a further update on Civica would be provided to the Committee in August 2023.

It was noted that the mortality data provided within the report required work because the team had been able to benchmark against other Health Boards and the Committee was provided assurance that the work would be undertaken to improve the mortality data reporting position.

Ambulance Patient Handover Improvement Trajectories were received by the Committee where it was noted that the Health Board had done well on reducing the number of ambulatory waits and that Cardiff and Vale were the best Health Board by far within Wales.

The Committee was advised that due to the improved ambulatory data, an increased risk was being observed within the Emergency Department (ED) and that more and more patients were being added to the ED and to mitigate that risk, on-boarding was occurring onto wards to improve safety.

Saunders,Natalie
19/07/2023 14:38:41

It was noted that improvements were being made to the Stroke service with a lot of organisational focus on the Stroke data and stroke summits being held.

The Committee was advised that the Quality Indicators Report would undergo further scrutiny as to what data would be presented at future meetings.

Ward Accreditation & Improvement: – The Committee were provided with an update on Ward Accreditation and Improvement and were presented with the "Road to Bronze" by the Nurse Informatics Lead.

It was noted that that the Ward Accreditation & Improvement programme had been well received by Health Board staff and that engagement had been strong.

BAF: – A number of risks linked to Patient Safety were included on the BAF. The highest scoring net risks (which were after controls were in place) were Patient Safety, Maternity, Critical Care, Cancer Services, Stroke Services and Planned Care. It was noted that the introduction of a cycle of assurance from the Committee meeting in July would enable the Committee to afford sufficient time to the discussion of each risk in order to fulfil its responsibilities to the Board.

Community Health Council Reports: Transport to Health Services: – The Committee received the Community Health Council (CHC) Report: Transport to Health Services where a range of considerations CHC had wanted to make the Health Board aware of were outlined.

It was noted that a number of the considerations were around Hospital parking and that it was important to appreciate the response had from the CHC that served as a reminder that the Organisation was trying to move away from planned care outpatient appointments and move more towards patient see-on-symptoms, virtual follow up and virtual consultations which would ultimately reduce the outpatient footfall and less would attend the hospital sites which would mitigate some of the areas identified within the report.

Radiation Protection Group Chairs Report: - The Committee was advised that the report came from the Health Board's Radiation Protection Group meeting held on 24th January 2023 and that the Radiation Protection Service (RPS Cardiff) had undertaken a review of compliance against the Ionising Radiation Regulations 17 within the Health Board.

It was noted that there were 2 actions for the Health Board which included:

- To consider implementing a Health Board wide policy on training of non-radiation workers in radiation areas.
- To review the radon risk assessment.

The Committee was assured that the actions had been looked at and the need to develop a training policy was noted and would be discussed by the CD&T Clinical Board in a meeting held that week.

The Board is requested to:

a) Note the contents of the 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	x

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Date: 2023.03.14 14:38:42

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: 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
19/07/2023 14:38:41

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.6
Meeting:	C&V UHB Board	Public	X	Meeting Date:	30/06/2023
		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:

Public Health

Percentage of adult smokers who make a quit attempt via smoking cessation services: The lower Q3 rate reflects similar trends in previous years with Q1 and Q4 routinely achieving higher rates - reflecting other influences throughout the year which impact on decisions to quit smoking.

Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose): This is below the target of 95%; a Childhood Immunisation Plan 2023/24 is being implemented to increase uptake.

Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15: This is below the target of 90%. The move to the one dose schedule will give teams increased capacity to work more proactively to improve practice in terms of improving HPV vaccine uptake in our eligible groups.

Percentage uptake of the COVID-19 vaccination for those eligible: Spring 2023 Booster surveillance data shows that our Cardiff and Vale uptake is below the 75% target, but is the same as the Welsh average. We had circa 9,300 opt outs locally, and according to our operational data, Cardiff and Vale uptake was 88% excluding the opt outs. We are building on the learning from the Spring Booster in the planning for the Autumn 2023 Booster.

Operational Performance

We continue to see a high level of demand for our urgent and emergency care services. Despite this we have seen performance improvement in areas we have given operational focus. The focussed work on ambulance handovers has led to significant reductions in the number of patients waiting more than 1 hour on an ambulance outside our Emergency Department, in addition to an overall reduction in the average handover time, surpassing our commitments. Our focus on Emergency Department patient flow has also resulted in reductions in the number 12-hour breaches and patients who spend 24 hours in the EU footprint.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. However, the improvements are not necessarily reflected by the KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward, which is now less than 6 hours for the period April-May.

Saunders,Nathan
19/07/2023 14:48:47

The numbers of patients waiting on an RTT waiting list has increased this month. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioural needs. Part 1a compliance for adults fell to below 50% in April following an exceptionally high number of referrals in March. However, the teams are recovering their waiting list position and May's reported compliance with the 28-day standard has improved to 84.4%.

In addition to the Operational Performance update the Committee is asked to note the following information about the reporting of EU performance. As part of the Health Board's acute site reconfiguration, the reporting and capturing of urgent and emergency activity within Cardiff and Vale will be amended. Whilst the approach the UHB has historically taken to capturing and reporting of activity in urgent and emergency care has been in line with All Wales guidance, as per the Emergency Department Data Set (EDDS), it has become apparent that the methodology of counting patients attending assessment areas in both Emergency Unit data and hospital length of stay data has changed over time, particularly during Covid, and now requires updating.

Agreement has been reached to move the assessment units from the lower ground floor (ED), to the first floor, and to close the Speciality Hub. Through these changes the Health Board will need to update the way it records and captures information. These changes are necessary for the operational delivery of the services in their new locations. This will lead to a potential impact on reporting and performance figures, estimates from our informatics department are provided below, it is expected that the impact will begin to be seen in July's activity and performance data.

Reporting area	Change	Why
EU attendances	Reduced by approx. 40-50 per day	Previously, GP expected patients were counted in ED attendance figures due to the location of the clinics. These patients will now go to the 1st Floor / Medical SDEC.
EU 4-hour performance	Performance will reduce by approx. 6%	This is as a result of moving the same day emergency care attendees out of the emergency dataset thereby decreasing the number of <4hour patients in the calculation.
Length of stay – acute medicine	Reduction – exact level TBC.	All patients attending our acute medicine footprint will be admitted on our patient information system therefore there will be more 0-1 day LOS patients in the calculation

In addition to the above changes, it is expected that there may be an increase in the number of 12 hour waits in the Emergency Department as the new model is embedded and implemented. This will be closely monitored, and the model iterated to improve performance.

Welsh Government have been notified of our planned changes and our teams are working to ensure these changes will help to better align our reporting with ongoing national proposals. Cardiff and Vale have been asked to lead an All-Wales task and finish group to explore how we capture and report activity from an emergency and urgent perspective nationally. The changes developed will part of the Welsh Emergency Care Data Set (WECDS) development which will replace EDDS. The Health Board are meeting with the Delivery Unit regularly to develop a dataset as an exemplar in Wales. The aim is that this will be adopted across the whole of Wales to ensure we can compare services in an equitable and fair way.

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People and Culture

For May 2023, Sickness remains below target for the second month in a row at 5.78%. Turnover remains static at 12.52%. Mandatory training compliance continues to improve each month and is now 79% (against a target of 85%) but fire training is consistently lower and in May 2023 was at 72.8%. VBA compliance is above the 60% interim target at 64.89% and Medical Appraisals are

approaching the 85% target at 81.67%. The number of formal Respect and Resolution cases has risen to 17 but only 4 of these were received since the last IPR. The UHB has received a total of 34 formal requests for resolution in 2023.

Quality Safety and Experience

We continue to implement a robust framework to deliver quality, safety, and an enhanced experience requiring a systematic and iterative approach. From the data you can see that we consider factors such as user satisfaction, efficiency, risk mitigation, and compliance with relevant regulations. We are establishing a robust monitoring system to track the implementation and performance of the framework. We have set key performance indicators (KPIs) and Quality Indicators (QI) to measure the effectiveness over time. We actively seek feedback from users and stakeholders, and use data-driven insights to identify areas for continuous improvement.

Finance

At month 2, the UHB is reporting an overspend of £17.183m. This is comprised of a £2.524m deficit on the Savings Programme, (£0.075m) of operational underspend and the planned deficit of £14.733m (two months of the annual planned deficit of £88.4m set out in 2023/24 financial plan). £27.714m of green, amber and red savings were identified against the £32m savings target at month 2, leaving a further £4.286m (13%) schemes to be identified. The month 2 Savings Programme variance of £2.524m is a 2 month share of red and unidentified schemes (£2.505m) and slippage against the identified green and amber schemes (£0.019m). The UHB expects to be able to manage the balance of savings plans required and deliver the forecast deficit of £88.4m.

Recommendations:

The Board is asked to:

NOTE the contents of this report

Link to Strategic Objectives of Shaping Our Future Wellbeing: *Please tick as relevant*			
Reduce health inequalities	X	Have a planned care system where demand and capacity are in balance	X
Deliver outcomes that matter to people	X	Be a great place to work	
All take responsibility for improving out health and wellbeing	X	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
Offer services that deliver the population health our citizens are entitled to expect	X	Reduce harm, waste and variation sustainably making best use of the resources available to us	X
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	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
n/a
Safety
n/a

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Financial	
n/a	
Workforce	
n/a	
Legal	
n/a	
Reputational	
n/a	
Socio Economic	
n/a	
Equality & Health	
n/a	
Decarbonisation	
n/a	
Approval/Scrutiny Route:	
Committee/Group/Exec	

Saunders,Nathan
19/07/2023 14:38:41

Cardiff and Vale
Integrated Performance Report

July 2023



Report Contents

1. Ministerial Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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Section 1: Ministerial Priorities

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The Minister for Health and Social Services has set out 6 priority areas to help address the immediate pressures and help to build a sustainable health and care service over the next year.

Section 1 provides an overview of the Health Boards performance in relation to the 16 measures that are included within these 6 priority areas. As many of the measures are not specific, detail is provided on the specific measurement(s) that has been used to monitor compliance.

For a more in depth view on performance for each priority, please follow the links in the NHS Performance Framework column.

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link in Performance Report
Delayed Transfers of Care	**Reduction in backlog of delayed transfers** Measure: number of delayed transfers of care. Reporting period: monthly	217	Yes	June 2023	202	Hyperlink to section
Primary Care Access to Services	**Improved access to GP and Community Services** Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly	95%	Yes	June 2023	tbc	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	tbc	Hyperlink to section
	Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	90%	Yes	June 2023	tbc	Hyperlink to section
	Improved use of optometry services Measure: Reduce number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Reporting: monthly	877	Yes	Dec 2023	846	Hyperlink to section
Urgent and Emergency Care	**Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales** Measure: Performance response time in NHS 111 Reporting: TBC	tbc	tbc	June 2023	tbc	Hyperlink to section
	Implementation of Same Day Emergency Care services Measure: Increase in SDEC attendances Reporting: monthly	1233	Yes	June 2023	1855	Hyperlink to section
	Honour commitments that have been made to reduce handover waits Measure: Eliminate 4 hour ambulance handover delays Reporting: monthly	0	Yes	June 2023	0	Hyperlink to section

Saunders Nathan
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Performance Key: Meeting standard / trajectory | over target/trajectory

Section 1: Ministerial Priorities

Performance Key: Meeting standard / trajectory | over target/trajectory

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Priority	Aim		C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report
Planned Care, Recovery, Diagnostics and Pathways of Care	**Achieve RTT waiting time targets** Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly		8999	No	Mar 2024	10779	Hyperlink to section
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly		3788	Yes	Dec 2023	4107	Hyperlink to section
	Set foundations for achieving waiting list targets Measure: Reduce outpatient overdue follow by 25% against 2019/20 levels Reporting: monthly		37623	Yes	Mar 2024	54788	Hyperlink to section
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
	Measure 2: Achieve 8-week diagnostic Reporting: monthly		0	No	June 2025	8113	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
Cancer	**Achieve SCP target** Measure: 75% of patients starting their first definitive cancer treatment within 62 days Reporting: monthly		75%	Yes	June 2024	62%	Hyperlink to section
	Implement the national cancer pathways within the national target Measure: progress reporting on national cancer pathways Reporting: quarterly		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
Mental Health and CAMHS	**Achieve waiting wait performance for Local Primary Mental Health Support Services and Specialist CAMHS** Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2024	85.4%	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2024	90.1%	
		Measure 3: Part 2 (adults)	80%	Yes	June 2024	49.1%	
		Measure 4: Part 1a (children)	80%	Yes	June 2024	95.7%	
		Measure 5: Part 1b (children)	80%	Yes	June 2024	0%	
		Measure 6: Part 2 (children)	80%	Yes	June 2024	88.1%	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly		Go-Live	Yes	Sept' 2024	Delivered	Hyperlink to section

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Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

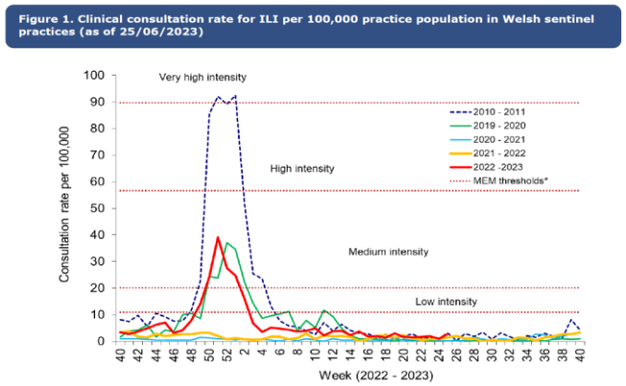
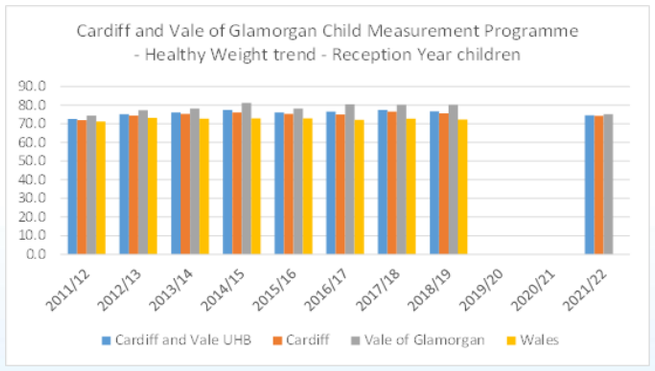
Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

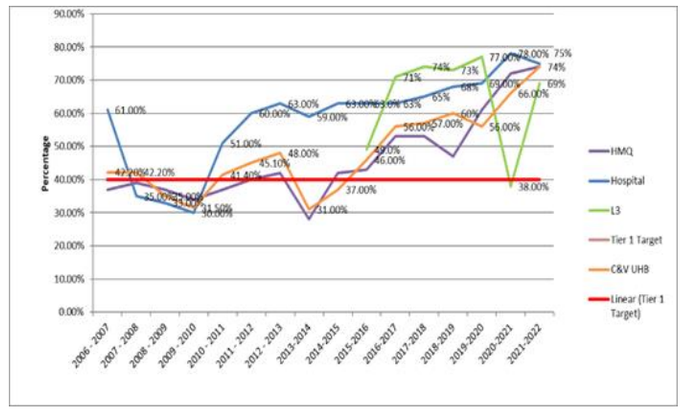
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Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

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Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	• Baseline levels of influenza activity with stable trend • COVID-19 cases continue to be detected in hospitals • RSV in children under 5yrs has decreased below baseline from low intensity the previous week • Rhinovirus, SARS-CoV-2, parainfluenza, adenovirus and enteroviruses are the most commonly detected causes of ARI	Week 25	 Source:10 (wales.nhs.uk)
Health Protection Immunisation	• Delivery has commenced to eligible cohorts for the Covid-19 Spring Booster, with 37,044 doses given in Cardiff and Vale by 15 June 2023, and 65.85% uptake to date (cf Wales average 62.81% uptake). • Following JCVIs announcement on 6 April, the Covid-19 infant vaccination programme commenced on 22 May 2023, running alongside the Spring Booster Campaign. • Planning underway for the Winter Respiratory Vaccination Programme which will see the co-administration of Covid-19 and Influenza vaccinations where appropriate.	Q1 2023/24	
Health Protection Health Protection System	• Planning for a regional, all hazards Integrated Health Protection Partnership continues, with expected full implementation by end of year • Our Cardiff and Vale Hepatitis C and B elimination plan is on track to be finalised and submitted to WG by mid-July 2023	Q1 2023/24	
Health Improvement Healthy weight	• 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021-22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data. • 37% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021-22)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021-22)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021-22)*. • Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale.		

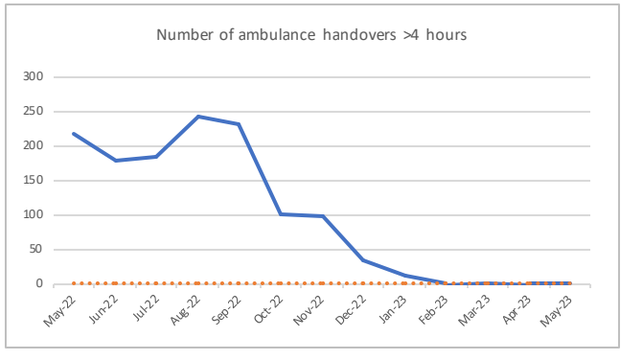
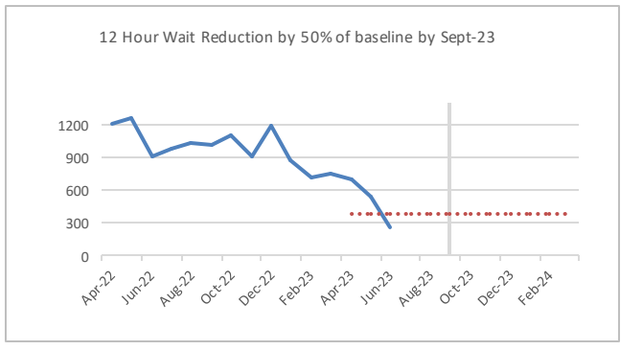
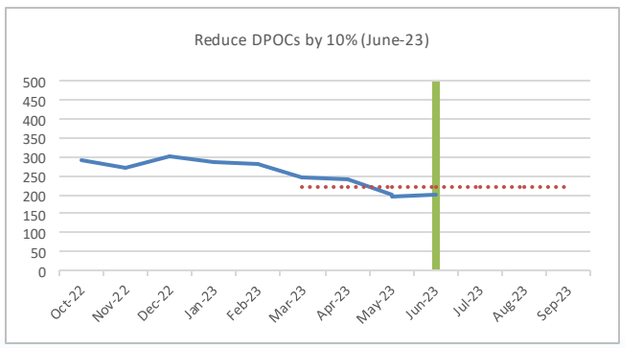
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Priority	Performance Summary	Reported Period	Data
Health Improvement Tobacco	• 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales. • 2.2% of smokers set a firm quit date in 2022-2023 with 74% quitting smoking at 4 weeks • 9% of pregnant women smoke on booking – the lowest in Wales. 8% of pregnant women smoked on booking, Cardiff and Vale UHB, Qtr 3 2022-2023) • 75% of patients quit smoking by accessing the Hospital HMQ programme, Qtr 3 2022-2023	Quarter 3 2022-2023	

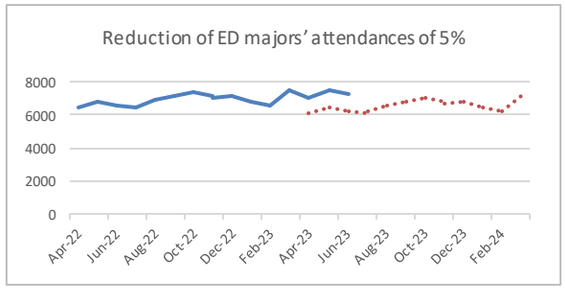
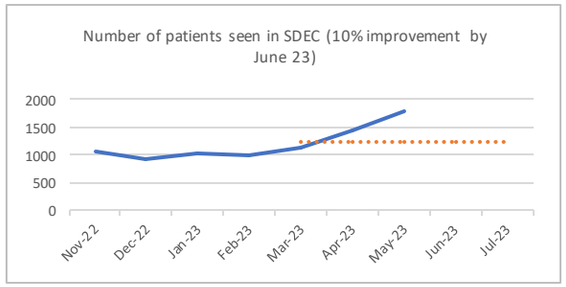
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	Oct-22 to Dec-23	5% annual target	**0.4%**	Q4: 0.4% / Q1: 0.6% / Q2: 0.5% / Q3: 0.4%
2.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)		Improvement trend	Work in progress with substance misuse	
3.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Jan-23 to Mar-23	95%	**84.4%**	Q1: 86.8 / Q2: 87.2 / Q3: 86.8 / Q4: 84.8
4.	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024)	Jan-23 to Mar-23	90%	**71.3%**	Q1: 72.0 / Q2: 72.6 / Q3: 70.3 / Q4: 71.3
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	Sept-22 to Mar-23	75%	**75.7%**	
6.	Percentage uptake of the COVID-19 vaccination for those eligible (Applicable during: Spring Booster 01.04.2023 - 30.06.2023) (Autumn Booster 01.09.2023 - 31.03.2024)	1-Apr-23 to 30-Jun-23	75%	**67%**	w/e 11/06: 64% / w/e 18/06: 65% / w/e 25/06: 66% / w/e 02/07: 67%
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment		90%	Work in progress with PHW	
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks		90%	Work in progress with PHW	
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life		95%	Work in progress with PHW	

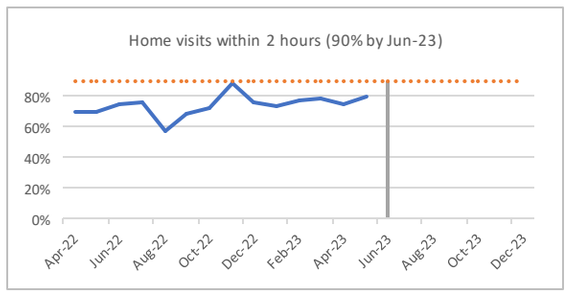
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Priority	Performance Summary	Reporting Period	Data
Ambulance Handover Annual Plan Commitments: • Zero 4-hour ambulance delays (June 23) • Reduce average lost minutes to 30 (Sept 23)	• The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero in May and June 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In May there were zero 2-hour holds in April, a reduction from 206 in March. • Average lost minutes per arrival has reduced to 18 minutes in June, better than annual plan commitment.	Jun-23	
Emergency Department Annual Plan Commitments: • Zero 24-hour ED waits (June 23) • Reduce 12-hour ED waits by 50% (Sept 23)	• In June, 0 patients waited 24-hours in the EU footprint without a stop-clock, a significant reduction from the 307 and 199 recorded in December and January respectively • 12-hour ED waits reduction of 62% from 689 in April to 260 in June	Jun-23	
Delayed Pathways of Care, LOS and Beds Annual Plan Commitments: • Reduce DPOCs by 10% (June-23) • Reduce >21 day LOS by 5% (June-23) • Re-establish dedicated AOS beds (Sept)	• Delayed pathways of care remain a national challenge, the June 2023 census reported 202 delayed pathways a reduction from 241 in April, but an increase of 1 from the May position. • Work in progress • Work in progress	Jun-23	

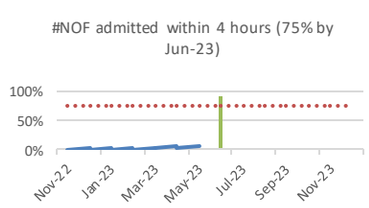
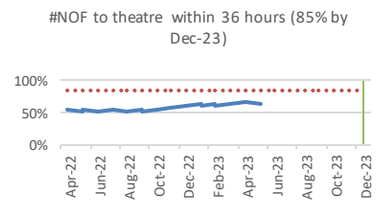
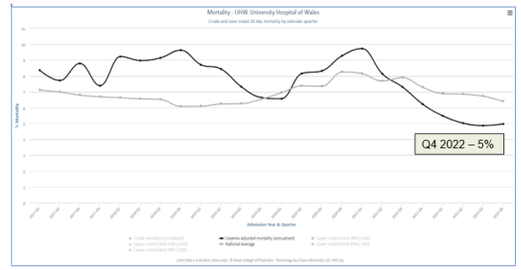
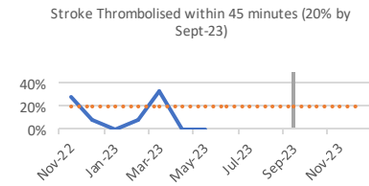
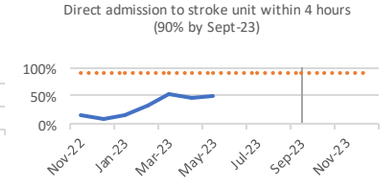
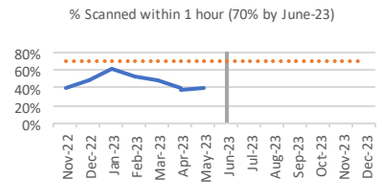
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Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment • Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	• In June 2023 we reported 13,147 EU attendances, an increase from the 12,001 reported in April, but a small reduction from May. • The number of Majors attendances in June 2023 was 7258, an increase from April and above our ambition of 6267.	Jun-23	
Same Day Emergency Care Annual Plan Commitment • 10% increase in the total number of patients managed through SDEC (June 2023) • Reduced number of unplanned re-presentations within 7-days of SDEC attendance (September 2023) • Improve % of take managed in SDEC without requiring admission	• In June 2023 we saw 1,145 patients seen via surgical SDEC and 710 via the medical SDEC. In total 1,855 patients were seen, above our commitment of a 10% increase by the end of Q1. The number of attendances to medical SDEC had been increasing month on month since June 2022, bur showed a small reduction from May to June. • Work in progress • Work in progress	Jun-23	

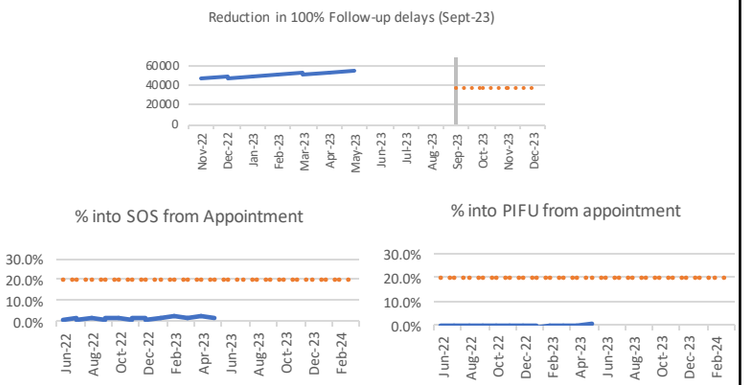
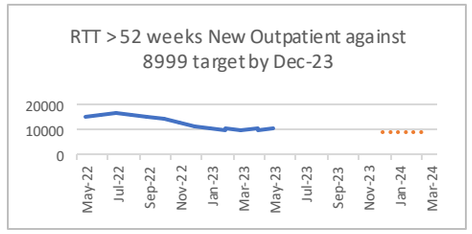
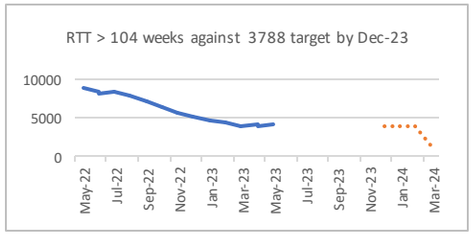
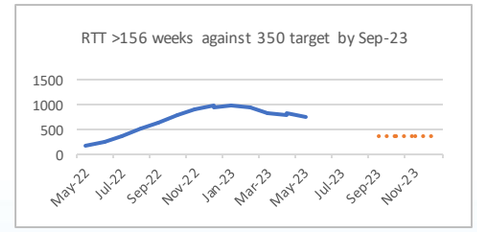
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Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: • 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) • All clusters to have adequate access to UPCC capacity (September 2023) • NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) • Increased redirections from ED to UPCC (March 2024)	• Work in progress • Work in progress • Work in progress • Work in progress		Reporting from July
Community Services • Home Visit (P2) f2f in 2 hrs >90% (June 2023)	• The Health Board was 100% compliant in May 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 4 of 4 patients receiving their visit with one hour. • For patients that required an 'Emergency' appointment at a primary care center in May the Health Board was 100% compliant, with 2 of 2 patients receiving an appointment within 1 hour • The Health Board was 75% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 101 of 127 patients receiving their visit within 2 hours	May-23	

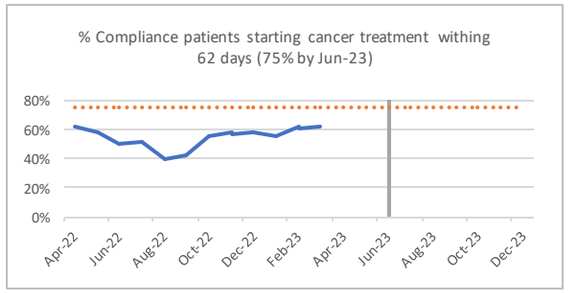
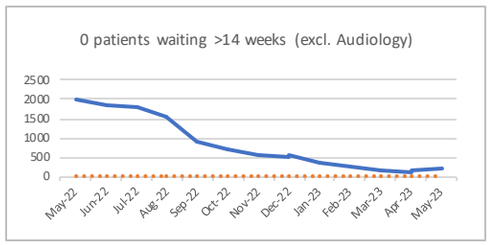
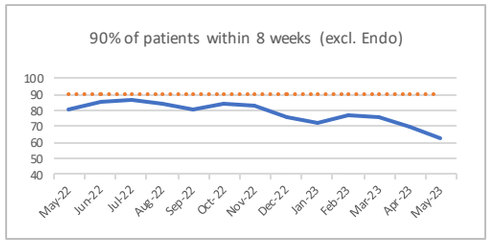
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Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: • 75% admitted within 4 hours (June-23) • 85% to theatre within 36 hours (December-23)	Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In May 2023, 6.7% of patients were admitted to a specialist ward with a nerve block within 4 hours. In May, 65.9% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 57% over the last 12 months. A third summits with key stakeholders will be held in June the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. In addition to pathway improvements, we are committed to improving outcomes for patients. Data from the National Hip Fracture Database shows that annualised Casemix Adjusted Mortality rates have falls from early 2021 and is now below the national average at 5% for Q4 22/23.	May-23	  
Stroke IMTP Commitments: • 70% scanned within 1 hour (June-23) • 90% admitted within 4 hours (Sept-23) • 20% thrombolysis rate (Sept-23)	While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen recent improvements in compliance with the 4-hour door to Ward standard. In May: • 0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 12.7% • The percentage of CT scans that were started within 1 hour in May was 40.0%, the All-Wales average was 57.2% • The percentage of patients who were admitted directly to a stroke unit within 4 hours was 50.9% in May, the All-Wales average was 28.7% The UHB has held three internal Stroke summits and 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 EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP.	May-23	 
Intensive Care Unit IMTP Commitments: • Patient at risk team 24/7 (Sept 23) • ITU - 1 additional staffed bed (Sept 23) • ITU - 2 additional staffed beds (March 24)	Work in progress Work in progress Work in progress		

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Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment • Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) • SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) • SOS and PIFU –20% of appropriate outpatient appointments	• In total there were 198,958 patients awaiting a follow-up outpatient appointment at the end of May • Of these, there were 54,788 patients who were 100% delayed for their follow-up outpatient appointment, with a month on month increase since November 2022 • 2.3% of outpatient appointments saw patients moving into a See on Symptoms pathway • 0.3% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	May-23	
52 Week New Outpatient Annual Plan Commitment • <8999 > 52 weeks (March 2024)	• Cohorts in development	May-2023	
104 Week Treatment Annual Plan Commitment • 3788 patients > 104 week waits for treatment (December 2023) • 1263 patients > 104 week waits for treatment (March 2024)	• Cohorts in development	May-2023	
156 Week Waits Annual Plan Commitment • <350 patients >156 week wait for treatment (September 2023) • 0 patients >156 week wait for treatment (December 2023)	• Cohorts in development	May-2023	

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Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment • >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)	• There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. April saw another improvement with 64.2% of patients receiving treatments within 62 days. At the time of writing there are a total of 2256 suspected cancer patient on the SCP. 240 have waited over 62 days, of which 97 have waited over 104 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken 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 are required to reduce the delays experienced by our patients	Apr-23	
• Develop draft UHB strategy to deliver national cancer pathways (June 2023)	• Work in progress	No date	
Therapies Annual Plan Commitment • 0 patients waiting over 14 weeks (excluding audiology) (June 2023)	• Excluding Audiology there were 190 patients waiting over 14-weeks for Therapy in at the end of May. In total there were 1121 patients waiting longer 14 weeks for Therapy.	May-23	
Diagnostics Annual Plan Commitment • 90% of patients within 8-weeks (excl. endoscopy) (December 2023) • Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023) • Regional Diagnostic Centre go-live (December 2023)	• Excluding endoscopy there were 5737 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of May. In total there were 8113 patients waiting longer than 8 weeks for a diagnostic test. • 63% of patients seen within 8 weeks in May-23 (excluding Endoscopy) • Work in progress	May-23 No date	

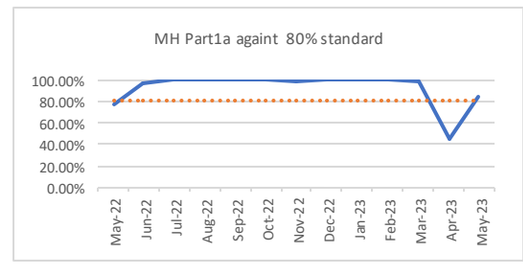
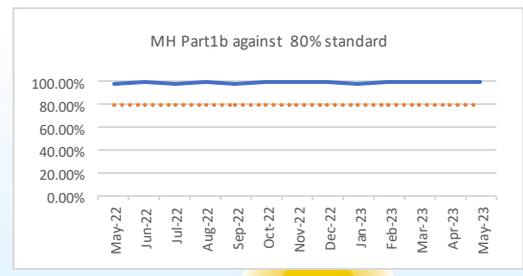
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Priority	Performance Summary	Reporting Period	Data
Community Pharmacy Annual Plan Commitment: • >90% of all eligible community pharmacies providing CCPS (June 2023) • 10% increase in pharmacy independent provider access (December 2023)	**Work in Progress**		Reporting from July
GMS Escalation Annual Plan Commitment: • >95% of practices reporting escalation levels (June 2023) • >95% achievement of core access to in-hours GMS Services (September 2023)	**Work in Progress**		Reporting from July
Community Dental Annual Plan Commitment: • 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	**Work in Progress**		Reporting from July
Optometry Annual Plan Commitment • >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	**Work in Progress**		Reporting from July
Respiratory Annual Plan Commitment • 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	**Work in Progress**		Reporting from July

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Priority	Performance Summary	Reporting Period	Data
Whole System Evaluation Annual Plan Commitment: • Undertake high impact evaluations of three key specialities (June 2023) • Undertake high impact evaluations of three key specialities (Sept 2023)	**Work in Progress**		
Supporting Patients Whilst Waiting Annual Plan Commitment: • Produce models of care (June 2023) • Develop pathways (Sept 2023) • Expand services (December 2023)	**Work in Progress**		

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Priority	Performance Summary	Reporting Period	Data
Children's Mental Health Annual Plan Commitments: • >80% Part 1a performance – SCAMHS • Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) • Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	Part 1a compliance remains above the 80% target at 83% in May. Part 1b performance was 0% due to additional assessment undertaken to meet Part 1a and high referral levels in March 23. The number waiting and longest wait for Part 1b has also increased due to the merge in data reporting for PMH and CAMHS. There have been data quality issues and a through improvement in the capture of data which has further impacted reported performance. In line with the new integrated model and focus on ensuring that children and young people access the most appropriate pathway under the mental health measure, we have redesigned the PARIS record keeping module and associated reporting to accurately capture the children and young people accessing and waiting for interventions for both Part 1b and Part 2 (SCAMHS). It is planned for this to go live in September so we expect to be able to provide accurate reporting from October Work In progress	May-23	Work in progress
Adult Mental Health Annual Plan Commitments: • >80% Part 1a performance • >80% Part 1b performance	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 1377 referrals in May 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs. Significant work has been undertaken to improve access times to adult primary mental health: • Part 1a: in May the percentage of Mental Health assessments undertaken within 28 days was 84.4% • Part 1b compliance remains at 100%	May-23	 

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
10.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours		100%	Work in Progress	
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)		30% (Sept 23) 100% (Mar 24)	Work in Progress	
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services		Reduction by Mar 24	Work in Progress	
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)		Increase against 22/23	Work in Progress	
14.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	May-23	80%	**95.7%**	Feb-23: 97.93%; Mar-23: 92.70%; Apr-23: 88.90%; May-23: 95.70%
15	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	May-23	80%	**0%**	Feb-23: 6.70%; Mar-23: 66.70%; Apr-23: 0.00%; May-23: 0.00%
16	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	May-23	80%	**84.4%**	Feb-23: 100.00%; Mar-23: 97.63%; Apr-23: 44.90%; May-23: 84.40%
17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	May-23	80%	**100%**	Feb-23: 100.00%; Mar-23: 100.00%; Apr-23: 100.00%; May-23: 100.00%

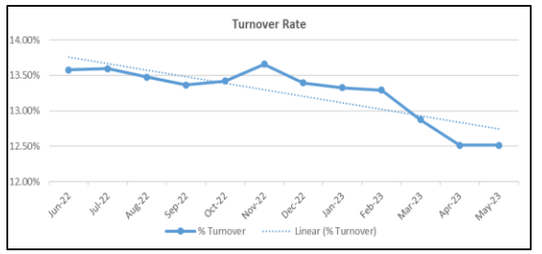
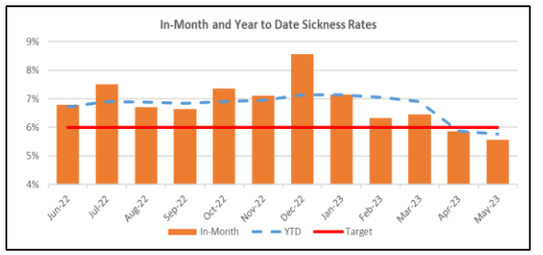
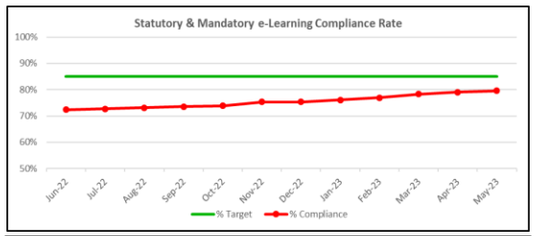
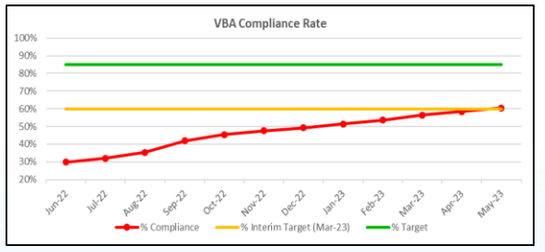
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-23	65%	**60%**	Mar-23: 51% | Apr-23: 64% | May-23: 59% | Jun-23: 60%
19.	Median emergency response time to amber calls		12m improvement trend	Work in Progress	
20.	Median time from arrival at an emergency department to triage by a clinician		12m reduction trend	Work in Progress	
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12m reduction trend	Work in Progress	
22.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Jun-23	95%	**75.3%**	Mar-23: 72.2% | Apr-23: 70.2% | May-23: 73.2% | Jun-23: 75.3%
23.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jun-23	0 (Mar 2024)	**260**	Mar-23: 747 | Apr-23: 689 | May-23: 534 | Jun-23: 260
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-23	80% (Mar 2026)	**62.2%**	Jan-23: 55.1% | Feb-23: 61.5% | Mar-23: 62.2% | Apr-23: 64.2%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	May-23	0 (Mar 2024)	**8113**	Feb-23: 4421 | Mar-23: 4774 | Apr-23: 6267 | May-23: 8113
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	May-23	Improvement trend	**89.4%**	Feb-23: 91.30% | Mar-23: 92.24% | Apr-23: 92.80% | May-23: 89.40%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	May-23	0 (Mar 2024)	**1121**	Feb-23: 1111 | Mar-23: 953 | Apr-23: 1037 | May-23: 1121

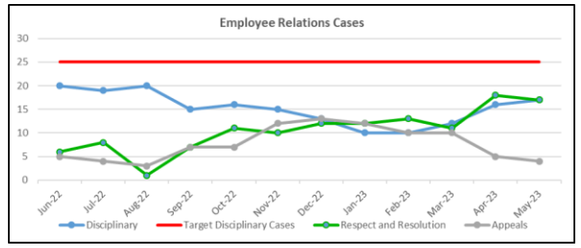
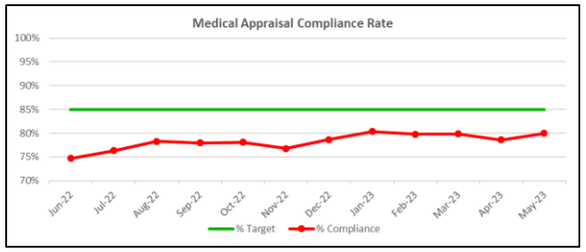
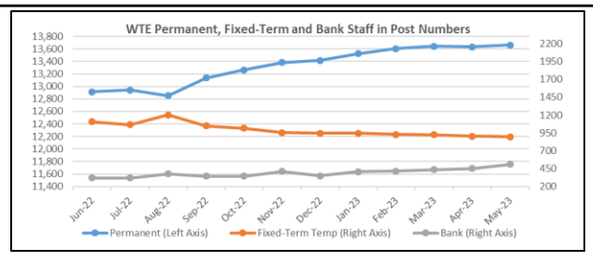
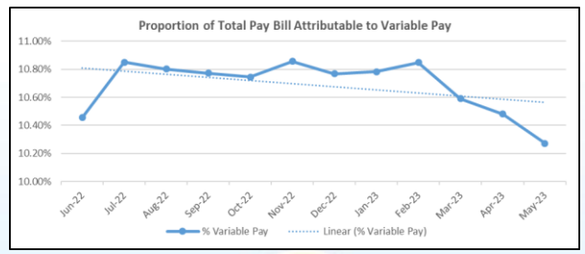


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	May-23	Improvement trajectory towards 0	**10779**	Feb-23: 10707; Mar-23: 10102; Apr-23: 10479; May-23: 10779
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	May-23	TbImprovement trajectory towards 0	**19629**	Feb-23: 10707; Mar-23: 10102; Apr-23: 10479; May-23: 10779
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-23	Improvement trajectory towards 0	**54788**	Feb-23: 51374; Mar-23: 52742; Apr-23: 54064; May-23: 54788
31	Number of patients waiting more than 104 weeks for referral to treatment	May-23	Improvement trajectory towards 0	**4107**	Feb-23: 4333; Mar-23: 3740; Apr-23: 3983; May-23: 4107
32.	Number of patients waiting more than 52 weeks for referral to treatment	May-23	Improvement trajectory towards 0	**24396**	Feb-23: 23745; Mar-23: 22664; Apr-23: 23512; May-23: 24396
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	May-23	80%	Work in progress	
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	May-23	80%	**26%**	Feb-23: 32%; Mar-23: 31%; Apr-23: 29%; May-23: 26%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-23	80%	**62%**	Jan-23: 71%; Feb-23: 69%; Mar-23: 64%; Apr-23: 62%

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Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Jun-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to 12.51% in May-23 UHB wide. This is a net 1.15% decrease, which equates roughly to 158 WTE fewer leavers. The most frequently used reason recorded for leaving is 'Voluntary Resignation - Other/Not Known'. The People Resourcing team are working with managers to encourage greater accuracy when recording the reason for leaving, so that this is used only where appropriate.	May 2023	
Sickness Absence	Rates remain high; although the rates appear to be the falling to more 'normal' levels. The monthly sickness rate for May 2023 was 5.57% and April 2023 was 5.87%, after an all-time high of 8.57% for December 2023. The 12-month cumulative rate has fallen over the past 4 months to 6.84% (by comparison with May 2022, which was 7.14%).	May 2023	
Statutory and Mandatory Training	Compliance rate has risen, to 79.60% for May, 5.40% below the overall target. The compliance for the All-Wales Genomics Services is 93.57% and Capital, Estates & Facilities is 89.50% (i.e. above the 85% target), and Clinical Diagnostics & Therapeutics, PCIC, Corporate Executives and Children & Women's are above 80% compliance. Compliance with Fire training has also risen during May, to 72.80%. Again, the All-Wales Genomics Services and Capital, Estates & Facilities have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.	May 2023	 
Values Based Appraisal	The trend of the rate of compliance with Values Based Appraisal has doubled over the last year; the compliance at May 2023 was 60.50%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (86.44%) Clinical Diagnostics & Therapeutics (69.13%), PCIC (64.33%), Surgical Services (62.14%), Children & Women's (61.45%) and All-Wales Genomics Service (60.81%) are now above the 60% transitory target.	May 2023	

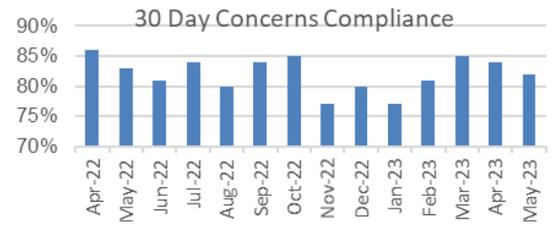
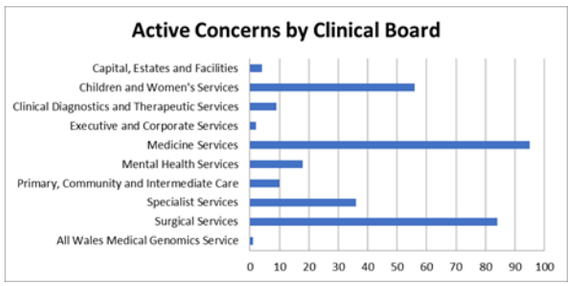
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Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	May 2023	
Job Plans	91% of clinicians have engagement with job planning and have a job plan in the system, however only 51.72% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.	May 2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At May-23 the compliance was 79.94%, by comparison with the target 85%	May 2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 536 WTE, to 14,557.37 WTE. The change in the split between permanent and fixed-term as shown in the graph below is largely due to validation of the ESR data held for staff contract type. The quantity of 'replacement' WTE by bank is increasing; in Jun-22 this represented 318 WTE, in May-23 this had risen to 510 WTE	May 2023	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable Variable Pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in May-23 was 10.27%. It must however be borne in mind that the total pay bill is increasing.	May 2023	

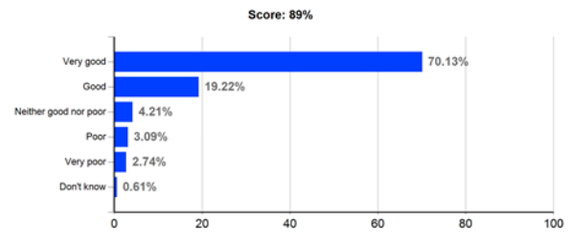
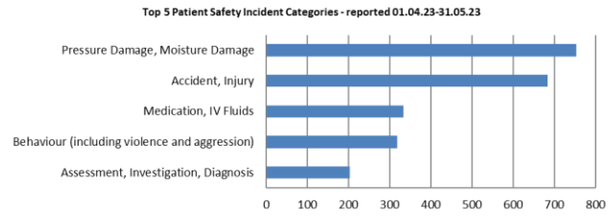
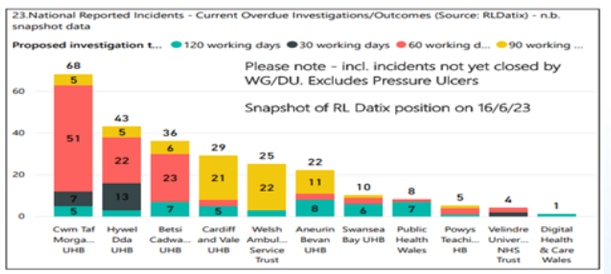
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	May-23	6%	**5.57%**	Feb-23: 6.33%; Mar-23: 6.45%; Apr-23: 5.87%; May-23: 5.57%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	May-23	7%-9%	**12.51%**	Feb-23: 13.29%; Mar-23: 12.87%; Apr-23: 12.52%; May-23: 12.51%
38.	Agency spend as a percentage of the total pay bill	May-23	12 month reduction trend	**1.86%**	Feb-23: 3.31%; Mar-23: 3.80%; Apr-23: 2.48%; May-23: 1.86%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	May-23	85%	**61.63%**	Feb-23: 55.12%; Mar-23: 57.74%; Apr-23: 59.60%; May-23: 61.63%

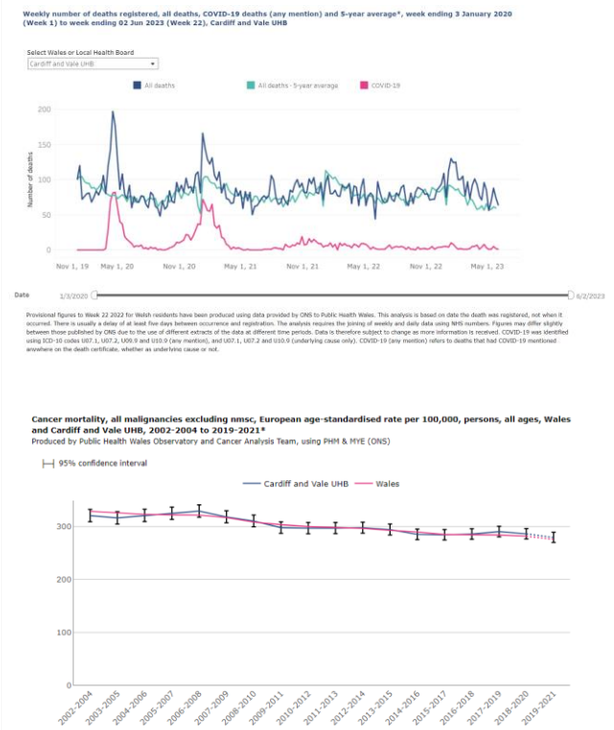
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Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	• **Welsh Government target for responding to concerns is 75% within 30 working days** • During April and May 2023, the Health Board received : • 753 Concerns • 82% closed within 30 working days (including Early Resolution) • 69 % closed under Early Resolution • 113 Compliments We currently have 315 active concerns Top 3 themes and trends 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment	May-23	 
Duty of Candour	• 3785 incidents have been reported by staff across the Health Board, reflecting an open culture where staff feel comfortable to speak up. • Approximately 70 incidents reviewed per day • We have led 6 DOC awareness sessions across the Health Board so far and continue undertake these monthly and when requested. • Since 1 April 2023 we have triggered the DOC on 18 occasions	1-Apr-23 – 12-Jun-23	

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Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	• Went live on Friday 28th October 2022 and we are currently surveying up to 600 patients daily via SMS. As of the end of May 2023, we have contacted some 63,452 people for feedback via text messaging and are seeing a return rate of 19%. • In April, we contacted 9832 people via text and had 1764 completions (18% rr) • In May, we contacted 8333 people via text and had 1521 completions (18% rr) • Combined, we contacted 18165 people via text and had 3285 completions (18% rr). Of those who attended/discharged during April/May, 89% of those who answered the rating question were satisfied with our service. • Our return rate is 19% it is our understanding this is higher than many organisations but will be a focus for improvement with more targeted experience data collection over the next year, with an ambitious aim for a minimum return of 25% by end of March 24.	May-23	
Incident Reporting	• A total of 3342 patient safety incidents were reported between 01.04.23 and 31.05.2023. Pressure damage followed by falls are again the highest reported category. • Medication incidents are increasing in prevalence, in February these had been the 6th most reported incident, in March they were the fourth and in April and May, they are now the third most commonly reported patient safety incident. Whilst something to monitor, it is demonstrating a good reporting culture. • Nationally Reportable incidents is an improving position and reflects the focus and hard work of the Clinical Boards and Patient Safety Team, however, the increase in new NRIs is challenging the closure targets, as focus goes on ensuring a robust review of the new incidents • <u>NEVER EVENTS</u> C&V have reported 5 Never Events since February 2023, these include: 1 x wrong site block; 2 x wrong site surgery; 1 x Retained Swab; 1 x retained drain tip Our annual average is 4 Never Events per year • Between 01.04.2023 and 31.05.2023, C&V reported 20 Nationally Reportable Incidents. Of these, 7 were reporting avoidable hospital acquired pressure damage.	Apr/May-23	 **Clinical Board — Open NRIs as of 02.06.23 — Closure forms sent in May '23 — Overdue NRIs as of 02.06.23** Children and Women: 12 ↓ — 3 — 4 ↓ CD&T: 2 ↓ — 1 — 1 ↑ Exec: 3 ⟺ — 0 — 2 ⟺ Medicine: 8 ↑ — 3 — 3 ↑ Mental Health: 12 ↑ — 1 — 7 ↑ Other: 3 ⟺ — 0 — 0 ⟺ PCIC: 2 ↓ — 3 — 1 ↓ Specialist: 9 ↓ — 1 — 7 ↑ Surgery: 8 ↓ — 1 — 4 ⟺ **Total: 59 ↓ — 14 — 29 ↑** 

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Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	• The Crude inpatient Mortality chart 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 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-19 features anywhere 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 during the first two waves of the pandemic (Spring 2020 and Winter 2020/21). • The age standardised cancer mortality, reported as mortality per 100,000 population, demonstrates significant variation in relation to deprivation. Mortality rates in those living in the most deprived fifths in Wales are around 50% higher than those living in the least deprived areas. The pandemic has impacted on this for some diagnoses, particularly marked in colorectal cancer mortality, where inequalities in cancer mortality increased rapidly from a 30% relative difference between the most and least deprived areas of Wales in 2019 to 80% by 2021.	May-23	
Infection Control	• *Klebsiella sp* bacteraemia - The reduction expectation for this period is 11 cases, the number of cases for this period is 16 over the reduction expectation • *P. aeruginosa* bacteraemia - The reduction expectation for this period is 4 cases, the number of cases for this period is 1 below the reduction expectation • E. coli bacteraemia - The reduction expectation for this period is 11 cases, the number of cases for this period is 47 over the reduction expectation • S. aureus bacteraemia - The reduction expectation for this period is 13 cases, the number of cases for this period is 12 over the reduction expectation • C. difficile - The reduction expectation for this period is 13 cases, the number of cases for this period is 8 over the reduction expectation	Apr-23 – May-23	

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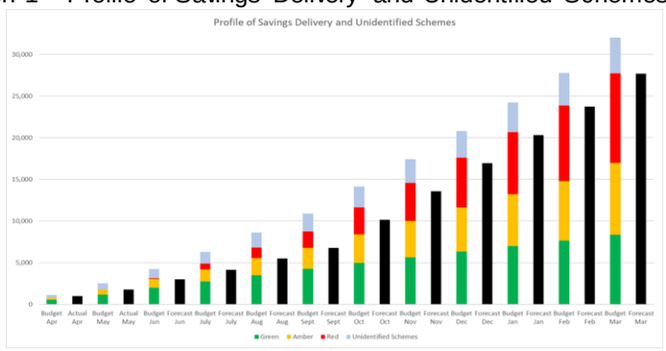
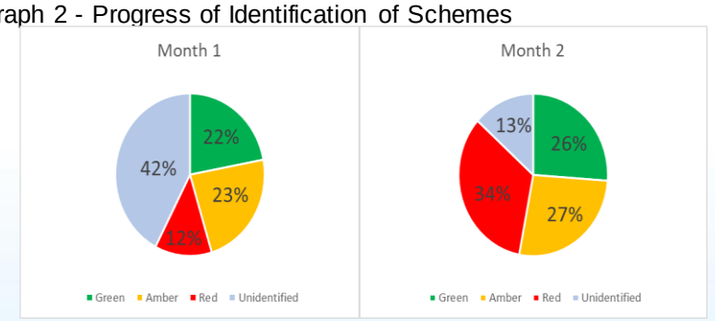
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<tr><th>Priority</th><th>Performance Summary</th><th>Reported Period</th><th>Data</th></tr>
<tr><td>Deliver 2023/24 Draft Financial Plan</td><td>Financial Plan Approved by Board and submitted to Welsh Government

• Brought forward underlying deficit of £40.3m
• Local Covid Consequential costs of £34.2m
• Additional energy costs of £11.5m
• 23/24 Demand and cost growth and unavoidable investments of £48.8m
• Allocations and inflationary uplifts of £14.4m
• A £32m (4%) Savings programme

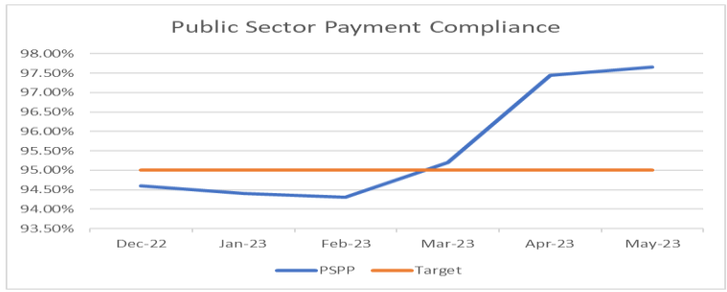
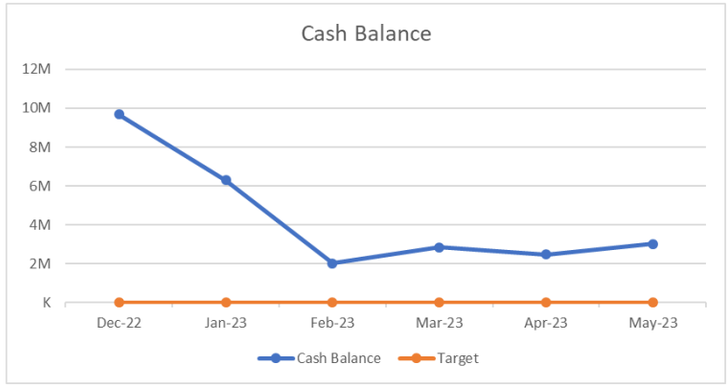
This results in a 2023-24 planning deficit of £88.4m.

The UHB is reporting a month 2 overspend of £17.183m. £14.733m of this being two months of the annual planned deficit. £2.524m deficit on the Savings Programme is two months of red schemes and unidentified savings totaling £2.505m and £0.019m underachievement of identified savings. (£0.075m) is an operational underspend in delegated and central positions.</td><td>May-23</td><td><table><tr><th></th><th>Forecast Month 2 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>14.733</td><td>88.400</td></tr><tr><td>Savings Programme</td><td>2.524</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>(0.075)</td><td>0.000</td></tr><tr><td>Financial Position £m (Surplus) / Deficit £m</td><td>17.183</td><td>88.400</td></tr></table></td></tr>
<tr><td>Delivery of recurrent £32m savings target</td><td>At month 2, the UHB has identified £27.714m of green, amber and red savings against the £32m savings target leaving a further £4.286m (13%) schemes to be identified, an improvement of £9.261m from month 1. The £27.714m identified schemes have a recurrent saving of £19.439m leaving a recurrent shortfall of £12.561m (39%), a recurrent improvement o £4.709m from month 1.

The £2.5m variance on savings is due to slippage on schemes identified (£0.019m) and the un-identified or red savings profiled into the position to date (£2.505m).

The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £88.4m with risk of non-delivery of savings shown in the Graph 1. The progress of reducing the risk via identification of schemes can be seen by the progress made between months 1 and 2 displayed in Graph 2.</td><td>May-23</td><td>Graph 1 – Profile of Savings Delivery and Unidentified Schemes
 
Graph 2 - Progress of Identification of Schemes
  </td></tr>
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Priority	Performance Summary	Reported Period	Data
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	May-23	Remain within capital resource limits
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of May was **97.66%** and improvements illustrated in the graph to the right.	May-23	
Remain within Cash Limit	The UHB's working capital requirement will be discussed with Welsh Government following finalisation of the draft plan at Quarter 1.	May-23	
Maintain Positive Cash Balance	The closing cash balance at the end of May 2023, was £3.019m. Welsh Government require submission of a detailed monthly cashflow forecast commencing in Month 3 following the external audit of the 2022-23 draft financial accounts and confirmation of the brought forward balances. The UHB's working cash assumption for 2023-24 is based on the key assumptions :- • Movements in working capital from the 2022-23 Balance Sheet to be assessed as the year progresses. • Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support. • Cash support for the £88.4m deficit of the UHB 2023-24 Financial Plan. Discussion are ongoing with Welsh Government to provide cash support for these three areas which will approximately total £100m.	May-23	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	Improvement trend	70%	Jan-23: 59%; Feb-23: 56%; Mar-23: 44%; Apr-23: 70%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following		90%	Work in progress	
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)		17% or more	Work in progress	
43.	Number of Pathways of Care delayed discharges		12 month reduction trend	Work in progress	
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Apr-23	90%	**89.4%**	Jan-23: 96.60%; Feb-23: 95.20%; Mar-23: 91.80%; Apr-23: 89.40%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Apr-23	90%	**50.3%**	Jan-23: 85.10%; Feb-23: 80%; Mar-23: 80.20%; Apr-23: 50.30%
46.	Number of patient experience surveys completed and recorded on CIVICA *(Total partial/full survey completions, including SMS, Bedside and bespoke)*	April/May-23	Month on month improvement	**3365**	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	May-23	*Klebsiella sp* - 11 *P. aeruginosa* – 4	**27** **3**	Work in progress
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: *E-coli*; *S.aureus* (MRSA and MSSA)	May-23	*E. coli* - Tbc *S.aureus* - Tbc	**67.79** **29.73**	Work in progress
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	May-23	Work in progress	**23.79**	Work in progress
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	May-23	95%	**58.12%**	Feb-23: 61.70% Mar-23: 62.30% Apr-23: 58.04% May-23: 58.12%
52	Number of ambulance handovers over 1 hour	May-23	0 (Mar 24)	**1395**	Feb-23: 1070 Mar-23: 1123 Apr-23: 1236 May-23: 1395
53.	Number of patient safety incidents that remain open 90 days or more	Jun-23	12-month reduction trend	**1729**	Work in progress

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Patient Experience
Profiad y Claf

Feedback

Meet the team



Tunia Patel

Patient Experience Feedback Manager

Saunders Nathan
19/07/2023 14:38:41

How we receive feedback

Website

Phone

Tablet

Email and Paper

Text Message

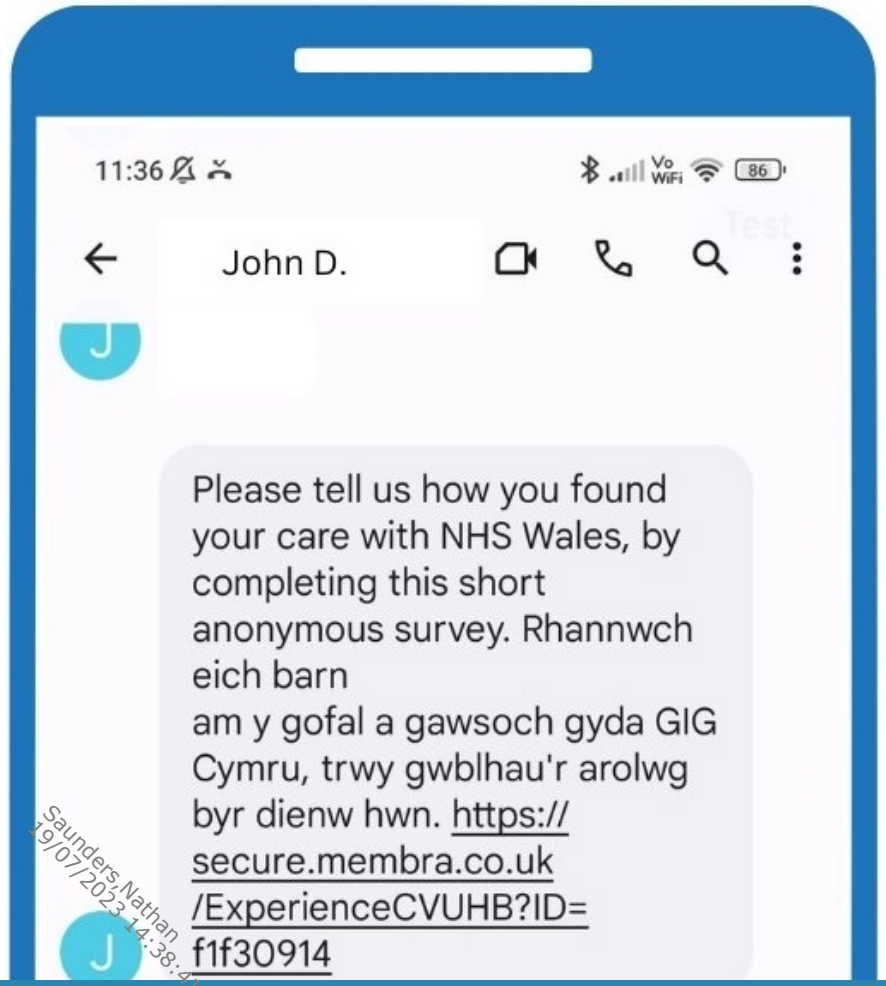
QR Code

Kiosk

Virtual Town Hall and Engagement Events

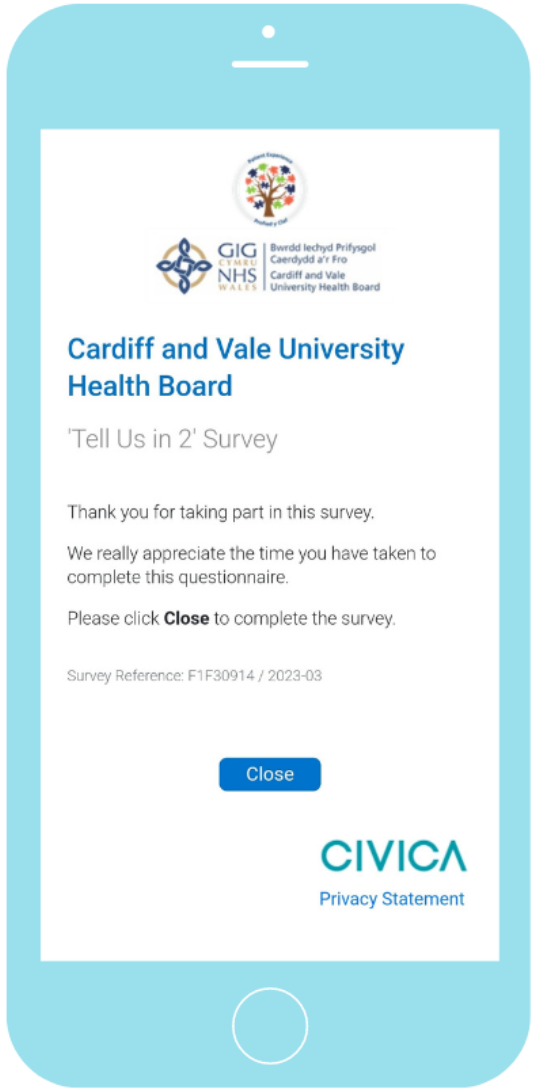
Saunders Megan
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CIVICA – The story so far…



- The CIVICA Once for Wales Feedback System was rolled out in October 2022.
- The CIVICA Once for Wales Feedback System, is a new patient feedback system that allows the Patient Experience Team to engage with their local community, to understand how the services the Health Board provides are working.
- Patients are sent a text message link to leave feedback on the services they've received.
- The system allows the Patient Experience Team to listen, learn and act upon what the public are telling them, on how to make improvements and provide a better experience.
- This new system will provide the data the Health Board needs to identify any issues and to better understand a patient's journey through their services, alongside those of their family and carers.
- This system is a key development for the Health Board as it will enable staff to view feedback in real time specifically for their ward/department, enabling improvements to be made in that area.

How it works



- The user receives a text with a survey URL link.
- The user clicks the URL link in the text message which redirects to the survey.
- The user completes the survey and submits responses.
- The responses are logged in the CIVICA platform.
- The feedback is available to review straight away.

We send up to 600 text messages per day for individuals to leave feedback

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Tell Us in 2



- The Patient Experience Team have recently launched a new way for patients to leave feedback on their services while in hospital.
- Posters, stickers and signs are placed around hospital sites and at bed sides displaying a QR code, inviting patients to share their recent experiences of using the Health Board's services.
- Once scanned, the QR code gives the individual to access the "Tell Us In 2" survey - a short questionnaire, which takes around two minutes and can be completed in English or Welsh. All responses are anonymous.
- When individuals complete the questionnaire, it is asked that they give an open and honest opinion of their experiences so the Health Board can share compliments, best practice or suggestions, to learn from experiences and help shape services for the future.
- For those requiring special assistance in completing the questionnaire, a dedicated telephone helpline is available from 10am-1pm, Monday – Friday.
- A dedicated email address has been created to manage feedback enquiries.

Accessibility



- Informative, clear and user friendly survey pages – logical layout, sharp colours and contrast.
- Mobile friendly survey pages which adapt to screen size.
- BSL for those who are hearing impaired.
- Recite Me option for those with visual impairment.
- Themes and posters designed for children and young people.
- Surveys in languages - English, Welsh and more.
- Digital story integration.
- Available in 10 different languages.

Saunders,Nathan
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WITS Core Data - June 2023

2.4% increase for linguistic support compared to May 23

10.8% increase for linguistics support compared to June 22

Allocation Rates for May 23

- **Spoken Languages –99%**
- **BSL – 94%**



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CORE DATA

NHS Partners

June 2023

Total Number of NHS Partner Bookings

2050

5 Highest Requested Languages for Interpretation

1. Language **Arabic**
2. Language **BSL**
3. Language **Polish**
4. Language **Bengali**
5. Language **Ukrainian**

Completed Bookings **2033**

Remote Bookings **129**

Rare Language Bookings **319**

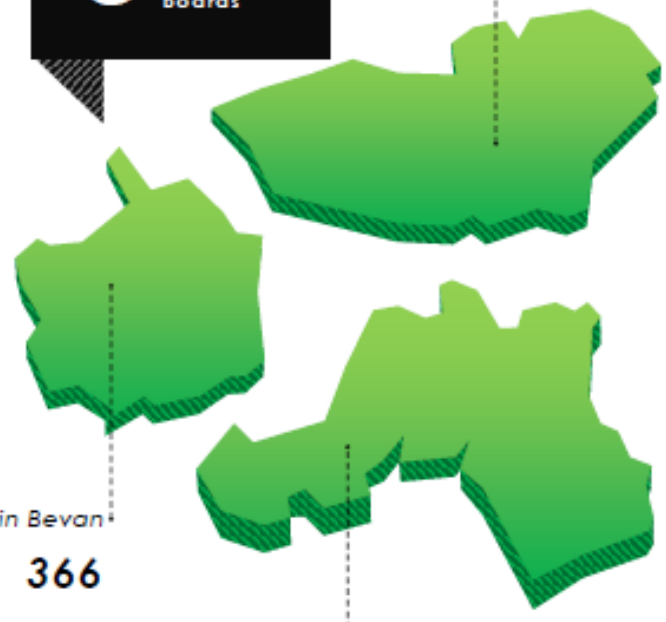
ASAP Bookings **21**

Late Bookings **209**

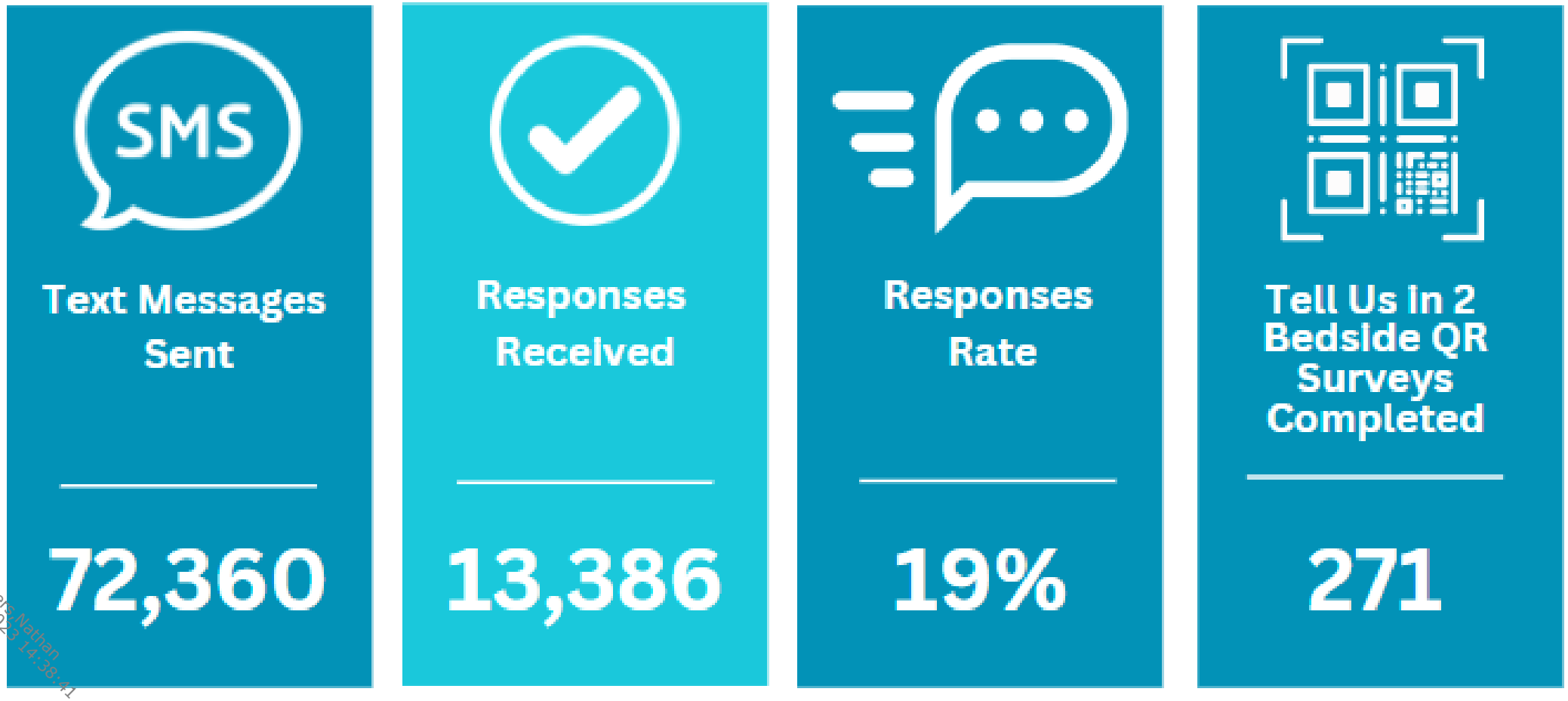
ASAP Booking: requested within 4hrs, with no initial start time stipulated

Late Booking: requested within 24hrs of the appointment start time

3 Highest Requesting Health Boards



How it's going so far



Saunders Nathan
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Data correct as at 30th June 2023

Examples of feedback received

Entire experience excellent. No complaints whatsoever.

I had two appointments cancelled which delayed the process.

Didn't have to wait long and care and follow up was very professional.

The consultant was caring, friendly, and informative, he also took time to listen.

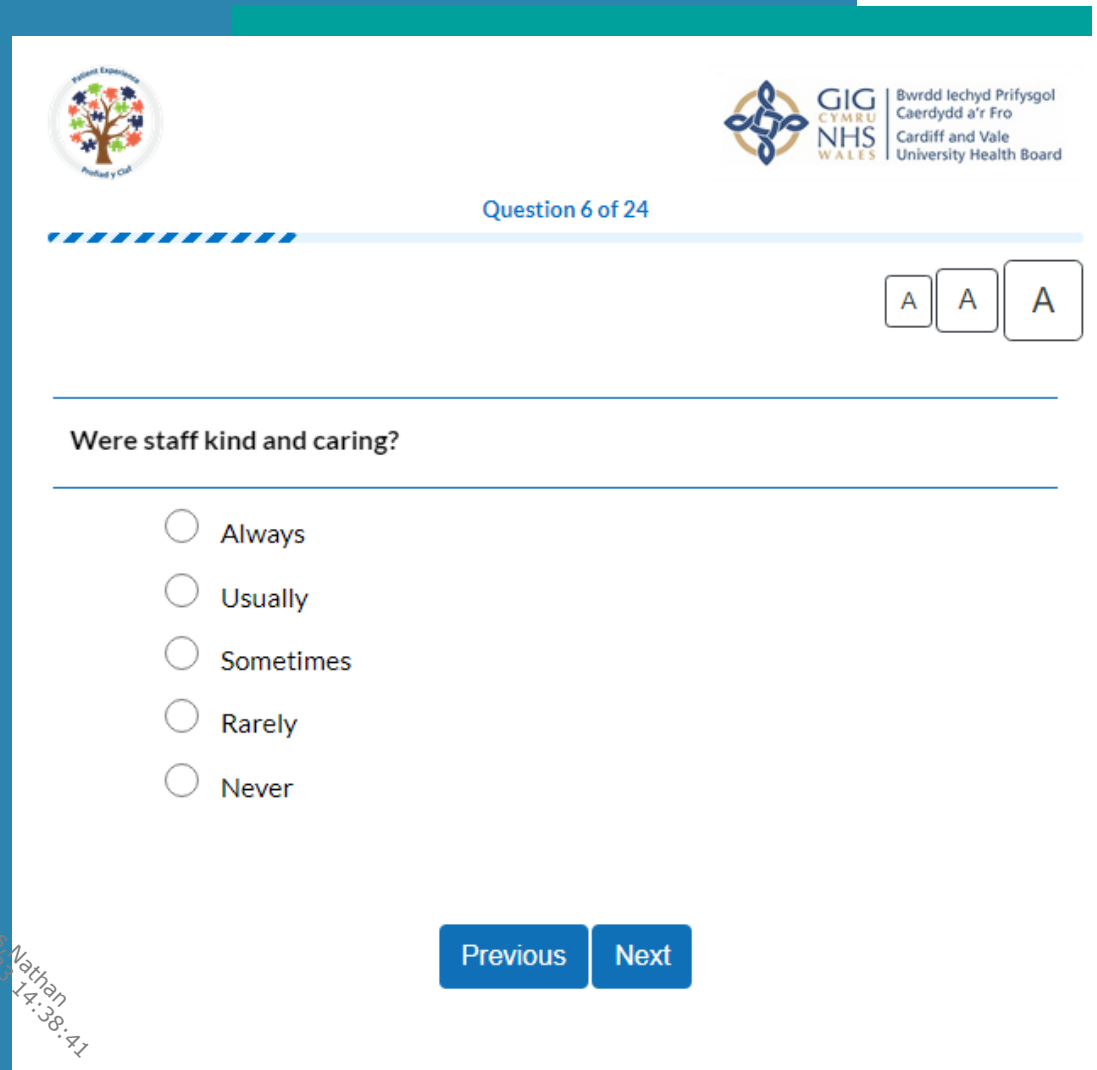
The staff were very caring and looked after me and talked me through step by step what they were doing and put me at ease while I was having surgery.

Saunders Neuro
19/07/2023 14:39:

Wordclouds



- This is an example of a Wordcloud which can be generated using the sentiment analysis tool.
- This graphic is based on comments received during June around the topic of ‘Quality of treatment and care’.



Examples of questions asked in our routine surveys include:

- Whilst in our care did you feel safe? 83% of respondents answered 'Always'.
- Were staff kind and caring? 82% of respondents answered 'Always'.
- Did you feel involved, when decisions were made about your care and/or treatment? 71% of respondents answered 'Always'.
- Did you feel that you were listened to? 72% of respondents answered 'Always'.
- Did you feel well cared for? 74% of respondents answered 'Always'.

Ethnicity

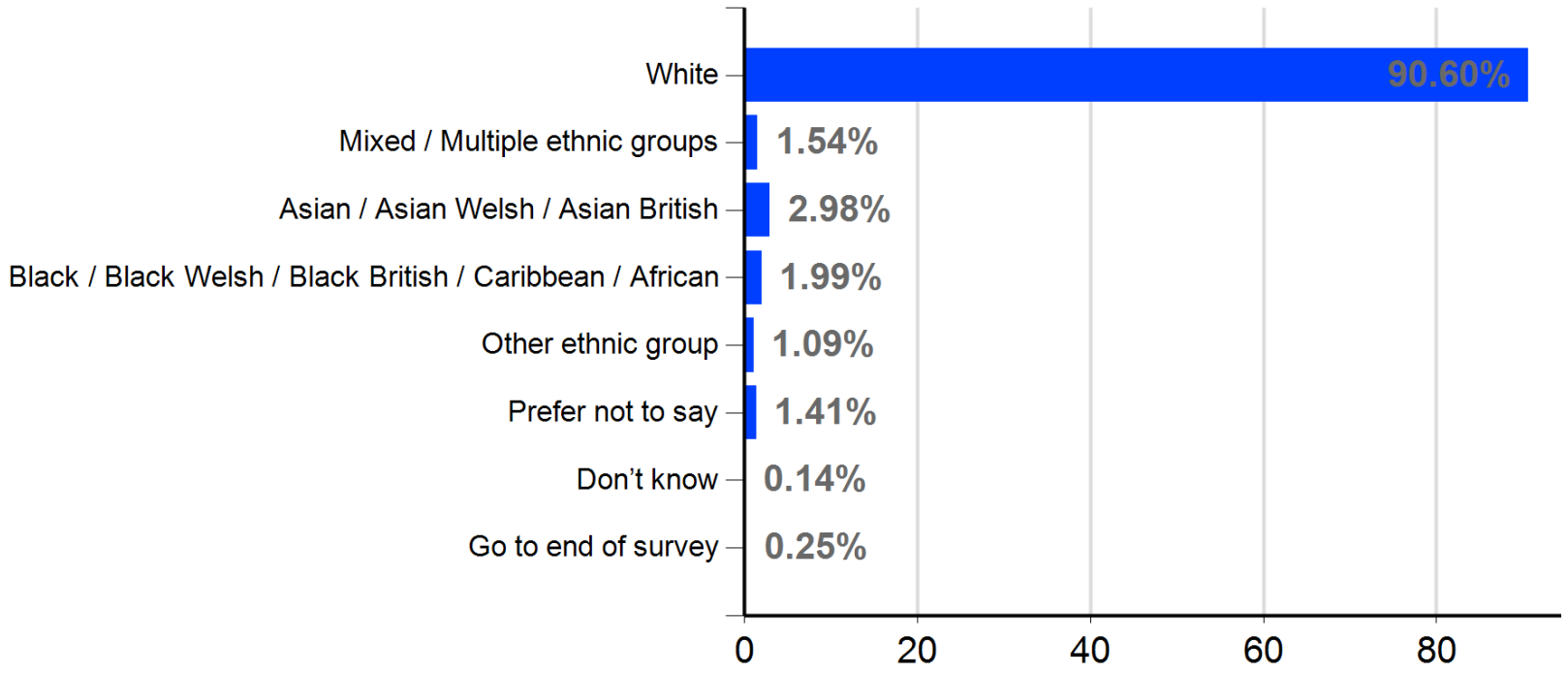
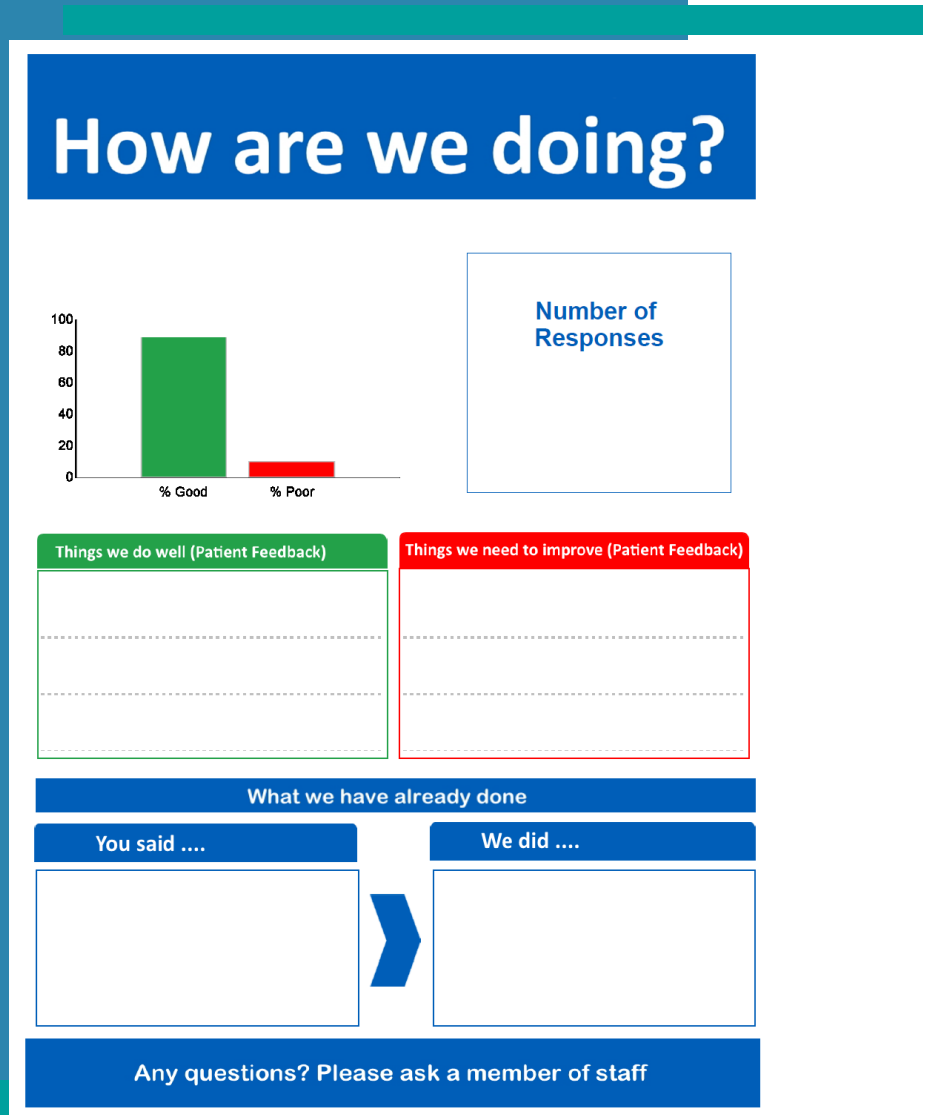


Chart showing ethnicity breakdown (main groups) of those completing the routine SMS survey from 28th October 2022 – 30th June 2023.

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Saunders Nathan
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You said, we did

This image shows a draft poster that can be generated through the feedback system.

This will show the responses from the You Said, We Did section of the feedback survey.

PENNA Award

The bedside sticker project - gathering feedback directly at source - at the patient's bedside, through the use of stickers, a direct call feedback line, a dedicated email address and QR codes linking to an easy to complete a feedback survey.

The simple design enables feedback to be left by patients and/or their relatives, friends and carers at any time during the patient's stay.

We have nominated this project for a PEN National Award.

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What matters to you



- Asking "**What matters to you?"** is about listening and hopefully understanding what matters to a patient within the larger context of their life. When patients are engaged with their health care decisions, it can greatly improve their outcomes.
- Why ask? "**What matters to you**?" It is a simple question that can have a big impact on care. It helps to ensure that the care you give is in line with patient preferences and is more patient and family-centred.
- The CIVICA Once for Wales Feedback system can help capture these important responses to help form part of the patient pathway and inform future health decisions.
- We have used CIVICA to capture peoples feedback on refreshed strategies

Saunders Nathan
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What's next

Expand the platform so it's accessible to staff and build a robust user network.

Transfer existing projects currently hosted in other systems to Civica.



Expand the different languages in which surveys are offered.

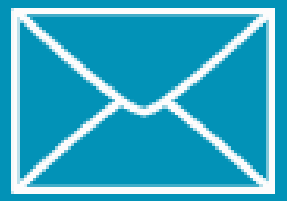
QR code will be added to every appointment letter sent to patients.



Digital stories – we're in early discussions with CIVICA looking at recording, saving and sharing digital stories locally and on a national platform.

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What's next



Postcode collection (just the first few characters) to identify patients in certain geographical locations and their feedback.



Child friendly animations to help younger patients to leave feedback.

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The CIVICA system is a new all-Wales Patient Experience platform. Thank you for listening to this presentation and we would welcome any questions and comments.

Saunders Nathan
19/07/2023 14:38:41

For more information email: pe.cav@wales.nhs.uk

Report Title:	Strategic Planning Update				Agenda Item no.	6.9	
Meeting:	UHB Board		Public	X	Meeting Date:	27.07.2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of Strategic Planning						
Report Author (Title):	Executive Director of Strategic Planning						

Main Report
Background and current situation:

This report provides the Board with an update on key areas of strategic planning work programme 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 and includes progress in relation to the following areas:

- Strategy development and delivery, including strategic programmes.
- Integrated Medium Term Planning
- Regional planning work programme.
- Partnership planning and commissioning.

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 and strategic plans 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 our refreshed strategy, our IMTP/annual plan and our regional and partnership plans.

1. **Strategy Refresh:** at its development meeting in April, the Board agreed the draft text for the refreshed strategy and supported the recommendation of the Steering Group to progress to the next phase of engagement. The launch of this second phase commenced on 9th May and will run until the end of June. It is recognised that the final version of the strategy will need explicit measurable objectives for each of the strategy themes, as well as confirmed priority actions. The aim remains to bring a final strategy to the Board for approval in July.

2. **Strategic Programmes:**

   - The four strategic programmes sitting under Shaping Our Future Wellbeing continue to progress and will be reviewed in the Autumn to ensure alignment with the updated strategy as part of the suite of strategic delivery programmes.

   - Shaping Our Future Clinical Services: work is progressing with the development of the health board's 10-year clinical services strategic plan (CSP). The programme board meets monthly and is chaired by the SRO Prof Meriel Jenney. The CSP outline chapters have been agreed and project board set up to oversee delivery of the plan within the next 12 months on behalf of the programme board. The programme team are currently in the process of ensuring that all relevant plans, projections and assumptions are gathered in key areas (i.e. digital, workforce etc) to inform subsequent CSP chapters. Two supporting workstreams are progressing well: Involvement, Communication and Engagement and Business Intelligence and Modelling. The programme will be tailored to reflect the current operational pressures and the limited ability to commit the necessary resources. The delay to WG funding for SOFH impacts on the SOFCS programme, this risk is being monitored via the Programme Board.

Saunders Latkin
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- Shaping Our Future Hospitals: The independent review of the clinical model set out in the PBC commissioned by Welsh Government is now underway and is due to report by mid-August. The Nuffield Trust has been appointed to undertake the review.

- Shaping Our Future in the Community/the RPB @home programme: The Area Plan has now been finalised and endorsed by statutory partners and this links with the programme to continue to develop our services in the community in a relation to emergency and unplanned response. The OBC for the Ely Wellbeing Hub has been approved and work has now commenced on the FBC. Discussions regarding the Penarth Wellbeing Hub are ongoing with Council colleagues and the local community.

- 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 a fundament aspect of our longer-term strategy and critical to service sus.

3. Integrated Medium Term Planning

- No further feedback has been received formally from Welsh Government following the additional planning submission approved at the May Board meeting. The focus is on delivering the commitments setting out in the plan for this year and to prepare for the next planning round.

- In addition to finalising the Commissioning Intentions which signal the start of our fresh planning round, we have agreed through Senior Leadership Board the approach to developing next year's plan. Lessons learnt from this planning round and any recommendations from the Structured Assessment undertaken by Audit Wales will be taken into consideration.

- No timeline has yet been provided by Welsh Government so our planning assumption is that the financial allocation will be received just prior to Christmas and the plan submission deadline is the end of March. Flexibility has been built into our work programme to bring the submission date forward to February if this is what is required by Welsh Government. We would like to use time at the August Board development session to shape next year's priorities, which will need to align with our refreshed strategy. We would also like to bring more detailed proposals back to the Board in December at the Board development session to ensure the Board is able to shape the final plan.

The Board is asked to support using time in the August and December Board Development sessions to shape the 2024 – 2025 Annual Plan

4. Regional Planning

The South East Wales Regional Planning Collaborative continues to make progress across all aspects of its work programme, with the prioritised areas being ophthalmology, orthopaedics, diagnostic and stroke services. The governance arrangements for our regional cancer planning work are currently being aligned with the new Collaborative arrangements. Each programme has a dedicated programme manager and a clinical lead. Learning from the recently implemented regional vascular service model is being taken into consideration as we develop this work. Headlines to note:

Sandra Newman
31/08/2023 14:38:46

- Ophthalmology (led by AB): We continue to lead the use of the Vanguard Ophthalmology Theatres located at UHW as part of the regional ophthalmology plan. The plan is at risk of falling behind due to the delay in the confirmation of the planned care recovery money as

some key posts are not being recruited to until this is received. From an operational perspective patient booking for quarter 3 needs to start.

- A successful regional orthopaedics summit took place on 30th June. It was very well attended by colleagues from all clinical and non-clinical disciplines across the region. The summit provided the opportunity to give an overview of the purpose of regional working, enable clinical leads to outline the current clinical models, including what works well and the obstacles they face and to present the outcome from the demand and capacity analysis which clearly demonstrated the variation and challenges faced by the three UHBs such as limited theatre space and bed capacity. Members from various clinical roles including anaesthetics, physio and nursing presented the proposed core principles of the short stay arthroplasty pathway, which generated great conversation in the room. The next steps will be to undertake a workforce baseline assessment, continue to develop the short stay arthroplasty pathway with the clinical network and the CRG leads of the NCSOS and to identify potential solutions to optimise under-utilised capacity and help reduce the back log.

- Diagnostics (led by CTM): work is progressing at pace to finalise a business case for the commissioning of community diagnostic facilities that will bring additional capacity on board during quarter 4 to support delivery of our planned care and cancer delivery plans. We are developing plans for a Community Diagnostic Hub to be located in Cardiff, aligned to the regional vision and model, funded through Planned Care Recovery Fund. The delay in confirmation of the planned care recovery funding is putting the timeline at risk.

- Options to deliver a single site model for cellular pathology across South East Wales are being worked up and evaluated through the Regional Pathology steering group

- Regional Stroke Programme (led by C&V): We are currently undertaken an engagement exercise to get feedback from patients who have had a stroke and received care in our services. We have developed the approach with input from the National Stroke Delivery Programme and the Stroke Association, and we are 'piloting' the process on behalf of other regions. The detailed service specification is still awaited from the National Stroke Delivery Programme.

- Welsh Government has provided funding to enable Cwm Taf Morgannwg Health Board to develop the business case for the capital funding needed to develop the Llantrisant Health Park which it is envisaged will provide CTM, and regional health board partners with regional capacity to support planned care delivered in each health board.

5. Tertiary and Specialist Services

The Board will be aware that work is progressing to strengthen and develop the Specialist and Tertiary Services Provide Partnership we have established with Swansea Bay UHB. Following a number of joint workshops with our clinical leaders, work is progressing on strengthened partnership arrangements to enable us to mature the arrangements and progress our ambition to delivery world class tertiary and specialist services. A separate paper is attached in **Annex** 1 setting out the progress to date and the next steps.

The Board is asked to support the development of a strengthened partnership approach for the future delivery of specialised services.

Saunders-Norman
19/07/2021 14:38:21

6. Commissioning

The ***Individual Patient Funding Request*** (IPFR) process was subject to an internal audit and received substantial assurance. The audit report and action plan has been considered by the Audit Committee.

The ***Commissioning Intentions*** for 2024-2025 have been endorsed by the Senior Leadership Board for approval at the Board meeting, and feature as a separate agenda item. Work is well underway to work with WHSSC to develop the Integrated Commissioning Plan as part of the Integrated Medium-Term planning process for 2024 – 2025.

Recommendation:

The Board is requested to:

a) **Note** the progress being made across our strategic planning portfolio.
b) **Support** the approach to Board engagement in the development of the 2024 – 2025 Annual Plan.
c) **Support** the development of a strengthened partnership approach for the future delivery of specialised services.

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: No

No risk assessments relevant to the content of this report.

Safety: 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

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 and follow our governance processes. The plans described in the paper are reflected in our Annual Plan.

Gwyneth Jonathan 19/07/2023 14:23:41

Workforce: Yes

There will be workforce implications relating to the introduction of regional service models

Legal: Yes

There is a requirement to ensure we have engaged appropriately on any significant changes to the way we have delivered services. Plans for engagement are being developed.
Reputational: No
No specific risks to highlight.
Socio Economic: Yes
All of our plans need to be assessed for socio-economic duty. There is an overlay with the EHIA work which identifies any equality impacts we need to take into consideration. Reducing long waits for treatment has a positive socio-economic impact but we need to ensure that regional solutions which may require longer travelling distances do not negatively impact on any particular groups.
Equality and Health: Yes
EHIAs will be undertaken for the key plans described in this report. Appropriate engagement will need to be undertaken in relation to changes in the way we provide services across the region
Decarbonisation: Yes
Decarbonisation impact will need to be considered as each plan is developed. Decisions on prioritise must consider carbon impact and contribution to decarbonisation.

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

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	**Specialised Health Services - Specialised Services Provider Collaborative Board**				Agenda Item no.	Strategic Planning Update Annex 1	
Meeting:	Board	Public	x		Meeting Date:	27th July 23	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning						
Report Author (Title):	Ian Langfield, Associate Programme Director						

Main Report
Background and current situation:

This paper sets out a proposed programme to support the strengthening of the existing partnership, through the development of a new specialised services provider collaborative board to replace the Regional and Specialised Services Provider Planning Partnership (RSSPPP), which will support the development, delivery, and commissioning of specialised services for the population of Mid, South and West Wales.

Background
Cardiff and Vale (CVUHB) and Swansea Bay University Health Boards (SBUHB) are the main providers of tertiary / specialised services for the Mid, South and West Wales region and beyond, with CVUHB providing 122 specialised services, and SBUHB providing 84 specialised services.

Specialised Services Partnership
The RSSPPP between CVUHB and SBUHB was established to provide a forum for the two organisations to develop a shared view about how best to deliver sustainable specialised services across the two tertiary centres in Mid, South and West Wales.

This mechanism has resulted in the following developments over the last three years:

- All Wales service specification for tertiary Oesophageal and Gastric Cancer services – Published on the Welsh Cancer Network website.
- All Wales service specification for Hepato-Pancreato-Biliary surgery services – Published on the Welsh Cancer Network website.
- All Wales service specification for Non-Specialised Paediatric Orthopaedic Services – Published as a Welsh Health Circular.
- All Wales service specification for Specialised Adult Endocrinology Services – Pending approval in principle by the CEG.
- South Wales Spinal Operational Delivery Network – Operating in shadow format, and scheduled to launch in September 2023.
- Transfer of commissioning responsibility for:
    - Hepato-Pancreato-Biliary Surgery
    - Specialised Paediatric Orthopaedic Surgery
    - Paediatric Spinal Surgery

Specialised Services

- As providers of specialised services, both organisations are competing to:
- Meet the needs of our commissioned populations, and to provide services for populations in adjacent Health Boards.
- Deliver specialised services for a relatively small population.
- Improve our relative performance.
- Recruit and retain skilled staff from a limited pool.

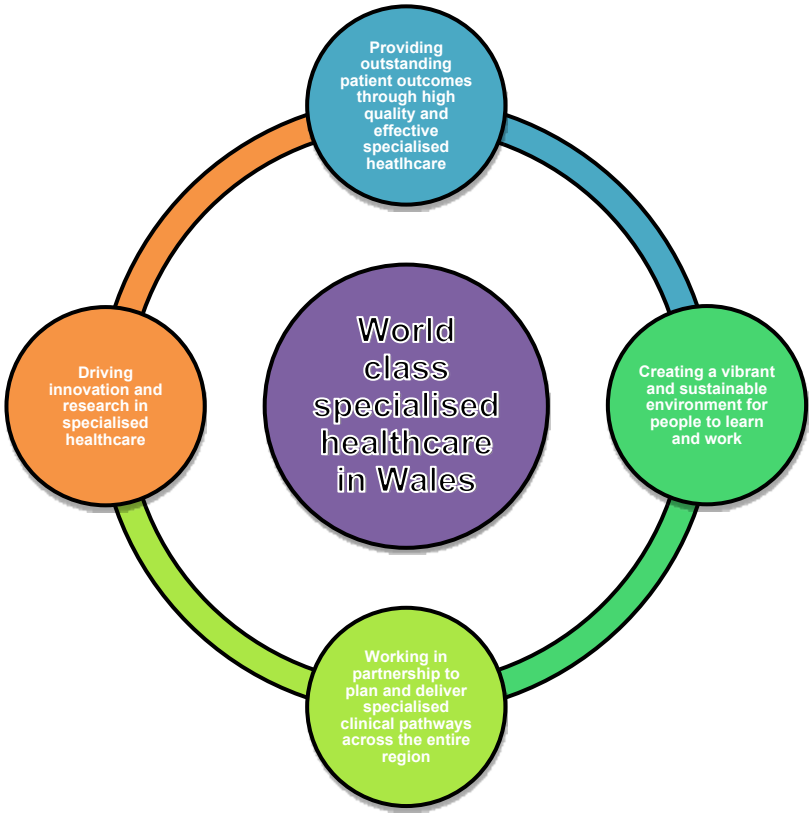
Samantha Newman 19/07/2023 14:38:14

In addition, both organisations are competing for finite resources from a limited Welsh Government budget, and over the last few months it has become clear that the scale of this challenge has increased, as fiscal growth across the UK continues to deteriorate.

As providers with a strong track record in the delivery of specialised services, both organisations have ambitions to develop these services. However, this approach is no longer sustainable in the current financial climate, and the Executive Teams in both organisations have recognised that there is a need to strengthen the existing partnership and identify opportunities to deliver services through the development of collaborative delivery models.

Specialised Services Partnership Vision
In autumn 2021 a series of joint workshops were held with Cardiff and Vale UHB to develop a vision for the provider partnership.

Figure 1 – Specialised Services Partnership Vision



As illustrated in the figure above, the vision is for 'World class specialised healthcare in Wales' supported by four themes:

- Providing outstanding patient outcomes through high quality and effective specialised healthcare
- Creating a vibrant and sustainable environment for people to learn and work
- Working in partnership to plan and deliver specialised clinical pathways across the entire region
- Driving innovation and research in specialised healthcare

The RSSPPP have also agreed a series of partnership principles:

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Service Users:

- Service users should have timely and equitable access to specialised services
- Service users should receive the same level of care wherever they access specialised services across the region.

Health Boards:

- Providers of specialised services should not be constrained by past thinking
- Providers of specialised service should work collaboratively with all stakeholders to develop patient centred, clinically described models, which can inform future commissioning decisions.

Specialised Services:

- Specialised services must be underpinned by a clear commissioning framework – including service specifications, commissioning policies, referral pathways, etc.
- Specialised service models must be both clinically and financially sustainable and resilient, using a value based healthcare approach to deliver high quality patient experiences, care and outcomes.
- Specialised service models must be underpinned by a sustainable workforce plan, which recognises skills and workforce availability, and provides appropriate training opportunities and access to research.
- Specialised services should deliver care as locally wherever possible, and services should only be centralised where necessary.
- Specialised services should work synergistically to ensure equity of access across South Wales- recognising where there are differences and similarities between services.
- Specialised services should aspire to achieve UK standards and specifications.

Since these initial workshops, further pressures have materialised which strengthen the case for developing a partnership approach e.g. WHSSC confirmed that it intends to disinvest £4million recurrently across the two cardiac surgery services in South Wales.

Two further joint workshops were held in autumn 2022 and spring 2023, to consider how the partnership approach could be strengthened.

Developing our Partnership

As part of the strengthened partnership approach, it is proposed that a new specialised services provider collaborative board is established to replace the RSSPPP. The board will have the following functions:

- To lead to strategic development of the partnership based upon the agreed partnership principles
- To lead the development of the strategy for specialised services, research and training to achieve the partnership vision
- To provide a single commissioning interface with WHSCC
- To support the commissioning of services which are not commissioned centrally
- To oversee specialised service planning
- To oversee capital planning for specialised services
- To lead the development of a research strategy and plans for specialised services
- To oversee the development of a specialised service teaching and training strategy and plans
- To oversee specialised service and workforce transformation
- To oversee and assure plans to the respective organisational Board

Under this model, Health Boards will approve strategy and plans, whilst the specialised services provider collaborative board will recommend strategy, develop plans, ensure delivery measures are in place and deliver objectives through the single management teams.

Saunders, Kathryn (EX)
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The Board will have the following membership:

- Chief Executives
- Clinical Executives, Strategy Directors, Chief Operating Officers, Finance Directors
- Programme Director and Clinical Leads*
- Other Executives by appointment e.g. to progress IMT

- Dean of Medical Schools Cardiff and Swansea

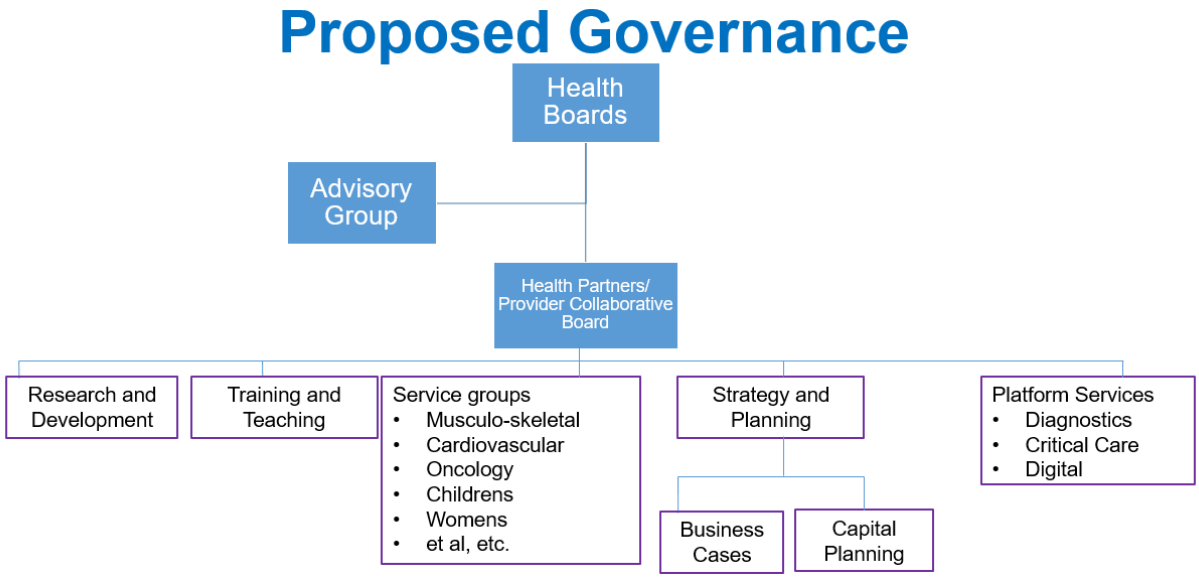
An advisory group will be established to support the Health Boards and the specialised services provider collaborative board, and will act as an engagement sounding board of listening focus to aid the provider collaborative.

The membership of the advisory group will include:

- Chief Executives
- Chairs
- Vice Chancellors Cardiff and Swansea University

The proposed governance is illustrated in the figure below:

Figure 2 – Specialised Services Provider Collaborative Board - Proposed Governance



It is proposed that three distinct collaborative service delivery models will be developed for specialised services:

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Alliance Delivery	Shared Delivery	Lead Provider
• Separate management teams in both organisations • Joint standard setting • Joint audits • Combined teaching, training plan • Service improvement plans/ benchmarking • Joint change programmes	• A single management team which operates the service for the two providers • Accounts to both providers via the Provider Collaborative Board • Manages resources on behalf of each provider which are within each organisation • Workforce is contractually with each organization • Interface with commissioner is joint with management team and organisation	• One organisation hosts the service that can be located on both or either of the sites • Single management team • Combined resources, capacity and workforce • Agreements on service leads across two sites (Ops Lead and Clinical Lead) • Key interface with commissioner

Services may move from the Alliance model through Shared Delivery to the Lead Provider model.

The following criteria are proposed to inform the selection of the most appropriate service delivery model for each service:

Alliance Delivery	Shared Delivery	Lead Provider
• Financially and clinically sustainable services with low risk scores. • Evidence of existing partnerships, joint appointments, joint MDTs	• Services which may not be financially or clinically sustainable in the medium term with moderate / high risk scores	• Services which are not financially or clinically sustainable in the short term with high risk scores

In determining candidates for the lead provider service model, it will also be necessary to take account of:

- Existing distribution of services
- Subspecialty practice
- Interfaces and interdependencies with platform services
- Estates
- Strategy (Health Board, NHS Wales, WHSSC, etc.)

Workshop Programme

In order to support the development of the collaborative service delivery models, it is proposed to hold a series of further workshops with clinical leads, to run through into winter 2023.
The workshops will cover the following:

- Selecting our Candidate Services – To identify and select candidate services, map existing collaborations, and assess existing relationships.

Sandra Nguyen
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- Prioritising our Candidate Services - To prioritise list of candidate services to develop into one of the three collaborative delivery models.
- Developing our Candidate Collaborative Models – To agree the case for change for the prioritised candidate services, agree service vision, and to identify progress and success measures.
- Enabling our Candidate Collaborative Models – To identify the resource requirements, OD objectives and approach, and governance requirements.

Following the final workshop, a programme board will be established to oversee the development and implementation of the specialised services provider collaborative board and the collaborative service delivery models.

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

The development of the specialised services provider collaborative board and the collaborative service delivery models represents a significant change in the way that these services have been planned and delivered historically.

One of the aims of the strengthened partnership arrangement is to improve the commissioning arrangements for specialised services, including services which have not been delegated by Health Boards for commissioning through the WHSSC arrangements.

However, as provider collaboratives are not an established model in Wales, it will be necessary to seek advice from Board Secretaries and Legal and Risk, to ensure compliance with the NHS Wales Act 2006 and subsequent Welsh Government regulations and guidance.

Recommendation:

The Board / Committee are requested to:

- **Note** the content of this report
- **Support** the development of a strengthened partnership approach for the future delivery of specialised services

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
There are no direct implications from this report, however the strengthened partnership arrangement will have a critical role in ensuring that the patients in Mid, South and West Wales have access to safe, effective, and clinically sustainable specialised services.
Safety: No
There are no direct implications from this report, however the strengthened partnership arrangement will have a critical role in ensuring that the patients in Mid, South and West Wales have access to safe, effective, and clinically sustainable specialised services.
Financial: Yes
There are no direct implications from this report, however the strengthened partnership arrangement will have a critical role in ensuring that all specialised services are financially sustainable. A further report will be provided to the Board, outlining the financial implications associated with adopting the strengthened partnership arrangement once the proposed board model and service models have been agreed.
Workforce: No
There are no direct implications for staff from this report, however there will be future implications pending the agreement, selection and adoption of new service delivery models for specialised services.
Legal: No
There are no direct implications from this report, however advice will be sought from Legal and Risk once there is clarity on the proposed board model for the partnership and the underpinning service delivery models.
Reputational: No
There are no direct implications from this report.
Socio Economic: No
There are no direct implications from this report.
Equality and Health: No
There are no direct implications from this report.
Decarbonisation: No
There are no direct implications from this report.

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

Saunders,Nathan
19/07/2023 14:38:41

cReport Title:	Digital Transformation Progress Report				Agenda Item no.	6.10	
Meeting:	Board		Public	X	Meeting Date:	27th July 2023	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		X
Lead Executive:	Director of Digital & Health Intelligence						
Report Author (Title):	Director of Digital & Health Intelligence						

Main Report
Background and current situation:

The CAV UHB digital strategy was published and approved by the board in 2020. Since then there have been several iterations of the roadmap setting out our plans to deliver the ambitions of that strategy (the content of which remains valid and relevant).

An internal audit report carried out in late 2022 on our digital strategy plans provided reasonable assurance against the areas of roadmap, resources and governance and substantial assurance on the appropriateness of the strategy. Work has taken place to address the recommendations for setting out a more detailed roadmap with key activities and milestones, whilst the governance challenge of engaging with the clinical boards has also been addressed. The resource challenges remain and have been discussed in some detail at the Digital & Health Intelligence committee (DHIC). These are outlined in the accompanying slide deck which will be presented at the board meeting.

There is wide recognition that digital is not merely “an” enabler, but that digital is “the” enabler and is fundamental to all our future plans from UHW2 through to transforming our clinical services. Reliance on digital is therefore as critical as our dependency electricity or gas and needs to be reliable and available when needed.

Short term plans (2023/24/25):

There is a continued drive and focus on getting the basics right in terms of robust IT infrastructure on which new and existing applications and systems (both local and national) can dependably function. This work has been driven by the enterprise architecture work, informed by the recent digital maturity (HIMSS) assessment on our readiness to become a digital hospital, recognizing that the acute hospital is only one (major) part of our overall organisation and that we have community and primary care services to consider too. We are also assessing the suitability of services that we can move to cloud where that is sensible and practical to do.

Short term improvements include the refresh of IT estate to reduce and better manage our cyber risks, as well as the requirement to provide ubiquitous Wi-Fi, secure reliable and user-friendly devices which are suitable and capable of supporting our evolving ways of working. The drive for these includes the full implementation of the Wales Nursing Care Record this year and the preparatory work necessary for implementing the e-prescribing and medicines administration programme next year, in itself one of the largest transformational programmes to be implemented in CAV UHB.

Digital inclusion of our entire workforce is also being addressed, with the c2,000 staff currently without one being provided with email accounts during the next few months. Training and support will be provided as part of the transition to digital communications and transactions.

Digitally signed by Huw Thomas
Date: 2023.07.14 14:38:41 BST

Digital key performance indicators have been developed and produced, which are now shared routinely at the Board’s Digital & Health Intelligence Committee. These KPIs demonstrate levels of operational performance of the digital operations teams responsible for delivery of IT infrastructure (servers and networks) and the IT service desk. It is proposed that these be included routinely as

part of the overall integrated performance report.

Separately, there is a data improvement group established with input from across the UHB (including all clinical boards) with the focus on mapping all our data, where it is captured, recorded and stored, to determine the levels of data completeness and data quality which will drive our strategic data plan resulting in greater reliance on our data to manage services, performance and future planning. This group is led jointly by the Executive Director of Finance and the Director of Digital and Health Intelligence on behalf of the Executive team.

Our digital commitments in the IMTP for 2023/24 are summarized as follows:

UHW2 **Digital SoC for a SMART healthcare system**
Major infrastructure projects ESSENTIAL WORKS
Wales critical care information system NATIONAL PROGRAMME DHCW
Welsh Nurse care Record NATIONAL PROGRAMME DHCW
Scan4Safety NATIONAL PROGRAMME NWSSP
ePMA National DMTP portfolio, local purchase and implementation
Common demographics store Local - Acute and Community
PROMS VBHC, ViH
DSPP NHS Wales App – PROMS microservice NATIONAL PROGRAMME DSPP

Longer-term plans (2025 onwards)

In supporting the UHB's strategic programmes, and recognizing the need to plan our digital journey in more detail, we have used the HIMSS model for digital maturity, coupled with the need to implement an electronic patient record (or integrated care record in recognition of our integrated health and care system) and to develop the interoperability between our and others' systems for data-sharing and exchange; this will be important as we develop closer regional working relationships across SE Wales to support the emerging models of care across organisational boundaries.

An outline of scope of our future digital services Strategic Outline Case (SOC) to deliver a SMART health and care system that underpins, enables, informs and helps facilitate the realization of the benefits articulated in our Shaping our future clinical services/future hospital programme has been developed. This has been shared externally with the open-market via a Prior Information Notice issued to set out the UHB's intentions for procuring services to support and develop both the UHW2 (new hospital build) and Digital SOC cases.

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A successful supplier day was held in early June where we met with over 40 interested suppliers to share more information on our plans around the digital SOC and UHW2 SOC as part of shaping our future hospital and clinical transformation programme.

A more in-depth discussion day is taking place on 25th July when we will meet with NHS England's New Hospitals Programme leadership team to learn about their experiences and hear about their plans to develop the digital systems to support new SMART hospitals of the future. The attached presentation (Appendix i) provides further details on the journey we are planning to embark on as we look to develop our digital ambitions to support the long term strategy.

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

In the short term, there is a challenge in managing the number of requests received for digital support/development across the UHB, with limited resource, which means robust priorisation and sequencing. We have therefore established a decision making group, the Digital Advisory Board (DAB) to ensure we are clinically led, delivering on what the organisations priorities are and managing expectations. The DAB has a mix of clinical and operational senior leaders from across the entire UHB (all Clinical Boards). This will greatly assist with the prioritization of multiple requests and will enable the organisation to make decisions on what to stop doing or re-prioritise depending on resources available.

Resource challenges mean that investment in digital (IT previously) has been running at between 1 and 1.5% of the UHB's annual turn over for many years, allowing for a considerable technical debt to accumulate. In supporting the requirements of the organisation, from a digital perspective, there needs to be a significant increase in investment, whether through the Digital SOC associated with UHW2 or via other means to ensure that we can realise the ambitions of the strategy.

Recommendation:

The Committee is requested to:

a) **Note** the digital transformation plans as outlined within the appendix to this paper.

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	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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Impact Assessment:

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

Risk: Yes

The UHB's transformational programmes contained within the shaping our futures strategic programmes are all reliant on adequate digital solutions. The funding available to support digital is far below the level needed

with technical debt and legacy infrastructure a concern. The annual capital allocation is inadequate to cover all the UHB's needs with IT equipment being made to last longer than is necessary, increasing the risks and costs relating to reliability, additional maintenance and support and a lack of confidence in the systems and applications which are reliant on the IT infrastructure.
Safety: Yes/
Patient safety is compromised through the lack of timely good quality data and information sharing across the UHB's digital systems.
Financial: Yes
Adequate funding is necessary to support the digital ambitions of the organisation.
Workforce: Yes
Digital solutions require a level of digital literacy amongst the entire workforce; there are training and development requirements to ensure that the UHB can gain maximum value from the systems and assets being deployed. The update of initiatives such as MS 365 require the ability for staff to be able to access suitable training and support.
Legal: No
Reputational: Yes/No
Adequate digital systems support our ability to manage our resources and data effectively
Socio Economic: Yes
Data completeness will support equitable service provision by assuring that the UHB has the information available to support appropriate decision making and service planning.
Equality and Health: Yes
Timely access to data to support provision of health care via suitable digital systems
Decarbonisation: Yes
Improved use of digital solutions contribute to reduced travel by staff and patients (through home-working, offering virtual appointments and the virtual ward/virtual hospital whereby patients can be cared for remotely, monitored via apps and systems in their home).

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

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Digital and Health Intelligence

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Shaping Our Future Digital Services



Saunders, Nerys
19/07/2023

David Thomas
Director of Digital & Health Intelligence
27th July 2023

Digital Strategy approved August 2020

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Shaping Our Future Digital Services

We are confident we have the right strategy. It drew praise from the Grant Thornton Consortium as aligned to SOFCS and UHW2.

We are using HIMMS to help set milestones to measure progress against, not as targets, but to provide reassurance about direction, pace and to aid conversations around the establishment of UHW2.

As well as HIMSS we intend the NHS Digital / ATOS blueprint for Digital Hospitals and forthcoming NHP model hospital will also be our guide

An important distinction for CAVUHB is we are already an integrated health and care system. Digital transformation in any context must support the entirety of a patient / clinical pathway extending beyond any artificial organisational, physical, geographical or system boundary

This is a journey …

A Learning Health and Care System

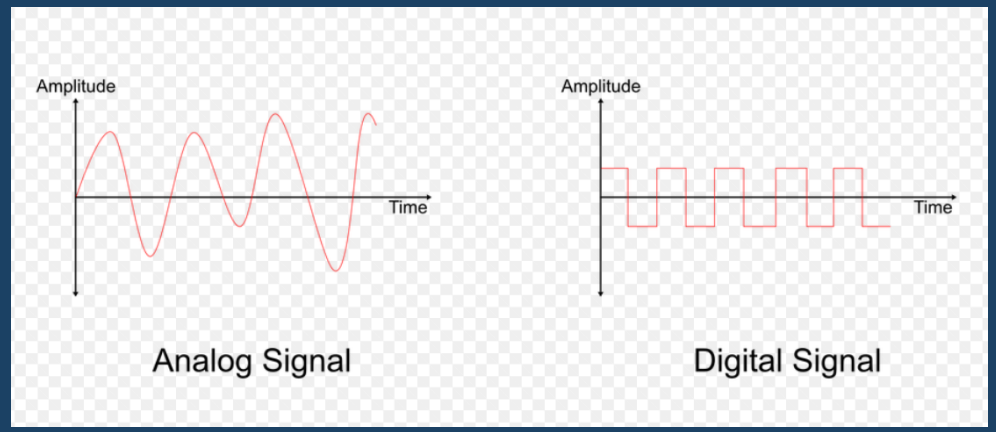


Where we are

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Shaping Our Future Digital Services

Digital fundamental to future aspirations

- We have a lot of legacy
- No EPR, low digital maturity against global standards
- Data silos – local, national



Operational & recovery pressures consume all available resource

Fiscal challenge

- Nationally and locally
- c£1.5m below baseline in human resources
- If funded will still leave little capacity for change
- No plan to fund
- National DPIF funding over subscribed

Continued under investment in digital means

- Less attractive place to work e.g. lacking clinical decision support, paper based processes
- Less optimum environment for care e.g. errors

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If we stand still, we're going backwards

Sample of initiatives underway

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Shaping Our Future Digital Services

Funded in whole or part by WG

- Maintenance responsibility of UHBs

Sample of major programmes

- National RISP
- National Labs
- ePMA (UHB site)
- National Welsh critical care system
- National Welsh Nurse Care Record
- National Opthalmology
- E-Triage EU – national funding, local delivery
- Scan4Safety
- Genomics – Coryton Edge

Some of the regional networks and programmes we are part of

- Regional Orthopaedics, Ophthalmology, Diagnostics and Stroke
- Electronic Order Comms (LINC, RISP, WCP possible solutions) (CPOE)
- Hepato Pancreato Biliary surgery
- Trauma
- Cataracts
- Digital Care Region (health and social care)

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In addition
over 100 local projects requirements, over 100 large development requests and business as usual activity

Roadmap progress (excludes business as usual and minor works)

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Shaping Our Future Digital Services

Strategic roadmap becoming superseded by responses to operational pressures and project backlog

Key	Resource challenges, not started	Resource challenges, slow progress	In progress

2020/21	Covid response Mobile devices Dragons Heart Lakeside Hospital reconfigurations	Winter pressures projects Ewhiteboard – ED to medicine	Virtual Consultations	Telephone advice & guidance	O365 & MS Teams Broadcast public meetings (e.g. Board)	Signals for Noise	Win10 upgrade programme begins											
2021/22	Winter pressures projects Ewhiteboard - medicine Safari round VIP - ED	Electronic requesting radiology Primary care	Digital dictation & transcription	sSDEC & Digital Front Door	Password for life	LINC (managed outside digital)	Local data resource mobilisation	Outpatients - SoS/PIFU	eTR bloods in WCP	Community (nurse) scheduling	EPR Solution Architecture (BoB/Bo?)	UX UR UI key applications	Outcome SoS and PIFU	Replace/build/reimage c12,000 devices	Cardiology application replacements	Mass vaccinations		
2022/23	Winter pressures Ewhiteboard - extend 6 Goals priority projects Dashboards inc. LoS Huddle report - ED	Vein2Vein pump prime for BC (CD&T)	eTRradiology UEC & Inpatients	PROMS	Welsh Nursing Care Record	Scan4Safety (Cardiology first)	Single Sign On	ePMA	Acute projects eg CC, AA, clinical applications e.g. cardiology, PET scanner, Dental etc	Major infrastructure upgrades	New Helpdesk (Ivanti)	Automated password reset	Enterprise Architecture	HIMSS baseline (Level 1 achieved)	Evaluation of tools to replatform & modernise PMS EUWS WCWS	STAMP (slides 1 to 5)	Therapies moving onto PARIS	Outpatients transformation
2023/24	6 Goals	Staff WiFi channel	UHW2 Digital SoC inc. EPR	E-triage	PROMS	Welsh Nursing Care Record	Scan4Safety (Cardiology first)	Single Sign On	ePMA	CAV clinical applications e.g. cardiology, PET scanner, Dental application replacement (Salud) etc	Major infrastructure upgrades	AWGMS Coryton Edge	Common demographics store	LDR infrastructure (NDR)	PROMS – NHSWApp microservice	SNOMED CT	Dashboards and BI	DALS on PARIS

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Fiscal challenge – funding the roadmap

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Key	Not approved	CAV programme BC approved, not funded	CAV funded	WG pump priming	Y/E slippage funded and completed

2020/21	Investment case to CEO £5m hybrid EPR £3.5m pa capital £2.5m pa revenue for staff and capacity	Develop cash release business cases £400k	Systrack (tool pre-Ivanti to assess estate for Win 10) £125k	EPR solutions architecture & recommendations	LINC		
2021/22	Patient facing content	Digital comms – letters , communications etc	Choose & book (outpatients)	Patient Health Record	Self directed enquiry management	RPA	Managed print & universal print drivers
	Scan4Safety	EPMA	WG Recovery fund internal bid - capacity mgmt, e-obs, ED EPR phase 1 -£1.435m (split over 2 years) (June 2021)	PROMS platform procurement	Digital dictation transcription - £45k	WG Recovery fund internal bid - £1m y/e spend to pump prime projects (Dec 2021)	£208K Outpatients bid
2022/23	£1m of a £2.4m staffing ask	£455K WG Outpatients bid over 2 years	Single Sign On	User Research	etriage - 12 month pilot	UHW2 Digital SoC - waiting approval Band 8D and £100k consultancy	Enterprise Architecture

Saunders Lucian
19/07/2021 14:39:47

Capacity for projects & large local initiatives

- if we had a blank sheet of paper

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Team	WTE establishment	% BAU	% projects	FTE available for projects	Vacancies held	Net project capacity	Currently deployed on
Ops	55	80	20	8	-3	5	Deployed across all projects
IG & Cyber	10	70	30	3	-3	0	Staffing deficit
Informatics	13	80	20	2.6	-2.4	0.2	•Mortality BI product for Q&S •'A' Wards inpact monitoring •MSDEC dashboard •Dashboard minor enhancements (Cancer/SOS/PIFU/Theatres)
MHCS/PCIC	8	85	15	1.2	0	1.2	1.Outpatient Therapies 2.Addictions Service Overhaul to comply to new legislation 3.Onboarding (Welsh Gender Service, Community Brain Injuries, Community Pregnancy Support Service, Additional M.H teams, overhaul of CRT/VCRS solutions against SoSC plans 4.Flying Start expansion programme (W.G marquee objective for 2020-2025) 5.Addition of Cerebral Palsy data record to PARIS 6.New Version of PARIS due to roll into LIVE in April-May (testing, comms, training, support etc..) 7.Full hardware replacement for PARIS (2023-2029) due into LIVE in April-May
Database admin	2	90	10	0.2	0	0.2	
Development	12	40	60	7.2	-2 (ex circs)	5.2	Fully deployed on STAMP, PMS, EUWS, WCWS, COMII, interfaces, ED projects, IMTP projects, CAV portal, Vascular system,WAP, infrastructure refresh PMS, national projects e.g. WRAPPER CTM for national MDT - Canisc replacement, national meta data requirements for WCP, maintain national eref system etc
Analytics	2.3	30	70	1.61	-1	0.6	Main priorities Integrated Performance Report, development of Demand and Capacity tool for COO Office, Genomics workload scheduling, UHW2 modelling
Clinical coding	27	100	0	0	-7.4	-7.4	Staffing deficit
Training	4.4	20	80	3.52	0	3.52	Fully deployed on STAMP, PMS, EUWS, WCWS, COMII, interfaces, IMTP projects, CAV portal, Vascular system, infrastructure maintenance, national projects e.g. WRAPPER CTM for national MDT - Canisc replacement, national meta data requirements for WCP, maintain national eref system etc
Acute sites project management	4.4 (of which 0.6 is TTO)	30	70	3.52	0	3.52	e.g. PMO, Acute Site Master Planning / Patient SafetyNet/ADOPT Study/NPIS Server upgrade /Pyxis/ Modulab Update / Medicines Information & Advice in Wales /Pre-hospital video triage /Chemocare = Haems & Peads /Fysicon DataLInQ - Cardiac device service /Real Time Location System (RTLS) Tracking Assets/RFID /Ambulatory Monitoring Upgrade /WICIS - National Critical Care System / Single Sign On / Brainomix /WPRS /GPTR /Till replacement Programme / WNCR - Welsh Nursing Care Record / Upgrade of Cardiology echo system and servers /Salud Upgrade /Replace PET Scanner Project / RADIS Upgrade project (RISP) /WNCR - Welsh Nursing Care Record / eTriage

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Some of our learning

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Shaping Our Future Digital Services

Digital fundamental to SOFW, SOFCS, SOFHs, SOFCommunities …

Clinical transformation is contingent on digital capability

Over 60 meetings with NHSE similar sized Trusts, National Hospitals Programme

- Our legacy appears worse BUT we can leapfrog not follow with our learning
- Critical to have resources, leadership and capacity to support digital transformation

Example - impact of digital on its own

- Virtual / hybrid hospital models e.g. Mercy Virtual USA, SEHA Saudi Arabia, Veteran HA US (>9m members)
  - can reduce physical hospital footprint, make better use of existing community facilities
  - help alleviate workforce shortages across many specialties
  - facilitate care closer to home across large geographies
  - could avoid transfers from e.g. west Wales into UHW as a specialist could offer remote monitoring. This regional advantage could help free up beds

Physical estate (including community resources)

- If you don't design to be digital at the outset, you won't get where you want to be
- retrofitting for digital capability has resulted in multi-million unplanned cost penalties for some Trusts

We know what we need to do

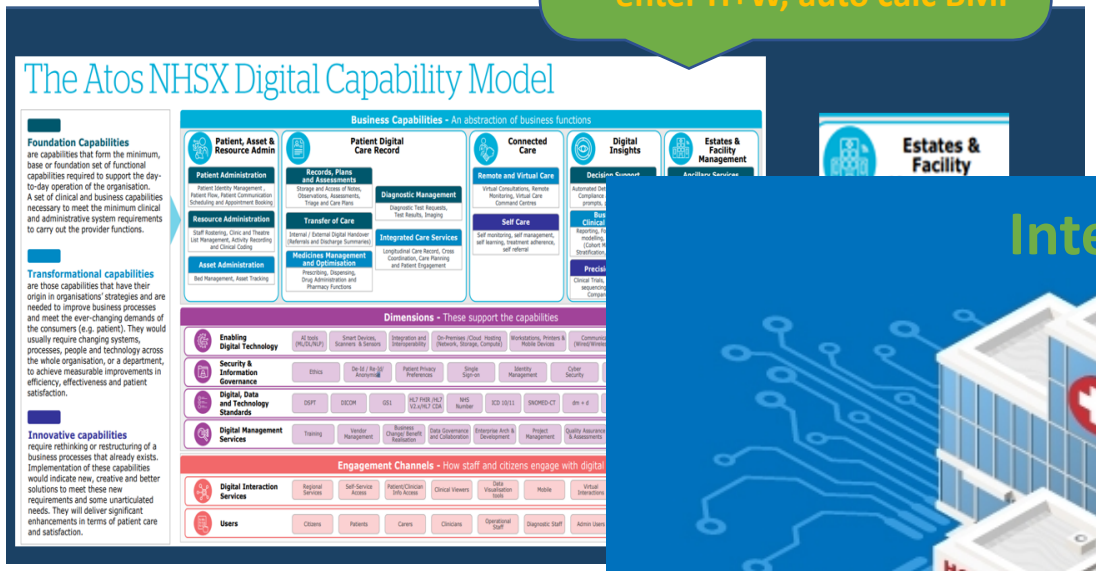
- Need investment to better support BAU and to bring about our future state

The Journey we aspire to

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Digital Hospital

0 – 5 years
Electronic, not Electric
e.g.
enter H+W, auto calc BMI



5 – 9 years Digital SoC
Connected health & care system
Intelligent Hospitals & Community facilities

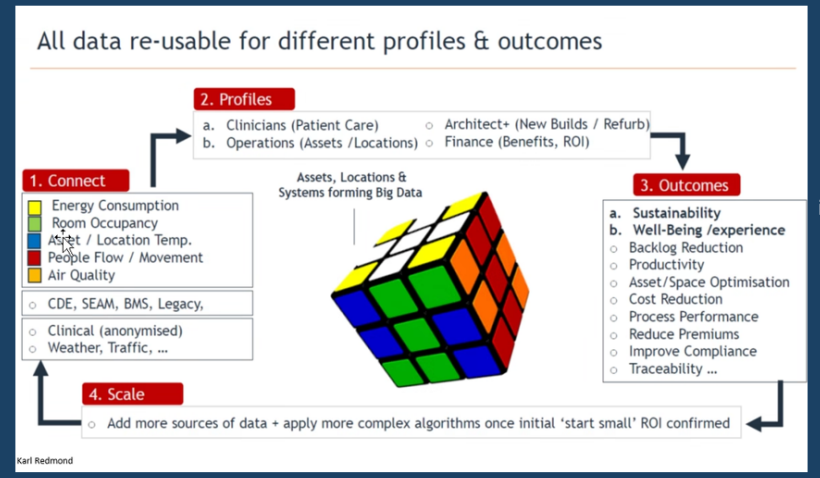
Intelligent Hospital



10 years + UHW2
A SMART Learning Health and Care system with Intelligent Hospitals

SMART - combine environment & patient data

Level 7 is the aspiration long term
Practically, is Level 6 or even Level 5 what we need to aim for with UHW2?



All data reusable

Re-imagine how we can use **all** of the data available to us in support of how we run our business and deliver patient care

Whole system (not just hospital)

(really) Big Data

World Class Digitally Mature hospital

… but we are a health and care *system*



CAVUHB 2023

Need to invest in EPR capability to move to Level 2

Saunders,Nathan
19/07/2023 14:38:41

Level 0

No ancillaries

Level 1

PAS in place
100% filmless in diagnostic imaging

Level 2

Single central data repository (CDR/EPR)/EPR

EPR available remotely on any device

95% radiology images accessed thro EPR (in context launch)

95% lab results accessed thro EPR (in context launch)

VNA linked to CDR/EPR

Clinical Decision Support in the CDR/EPR

Level 3

50%+ Nursing/AHP in CDR/EPR

> 25% clinical documentation in CDR/EPR

Electronic Medication Administration Record application

External data access e.g. imms, vaccs, educational/referenc e materials, registries

Bedside POCT infrastructure planned/partial install

Role based access control CDR/EPR

BC & impact (CAF) in place

Level 4

50% Dr medical orders are digital (CPOE) with clinical decision support

> 50% clinical documentation in CDR/EPR

CPOE used in ED (can be less than 50%)

> 50%+ Nursing/AHP in CDR/EPR

(some) Clinical outcome targets identified e.g., disease groups, clinical procedures and operational services

Access to records inc. external to support decision making

Downtime/offline access to allergies, problem/diagnosis list, medications, and lab results

Data analytics governance define outcomes

Implement HIE

CGC assess CPOE and order sets

Segmented patient satisfaction targets e.g. inpatients, day cases, outpatients, ED

Level 5

> 50% Dr docs are digital & in CDR/EPR using structured templates

Telehealth avilable & in use pre & post discharge

Data analytics - defined outcomes data captured

Patient satisfcation targets inform SIPs in each clinical area

Clinical outcome targets used to prioritise changes

Secu… clinic…

Emer… defined strategy to … accuracy of care interventions.

Level 5 NHSE minimum for England Trusts

HIE integrated with CDR/EPR w/bi-directional interfaces to internal and external repositories

Continuous digital monitoring at least 1 condition with alerts

> 75% clinical docs created digitally & in CDR/EPR

ED Dr docs are digital & in CDR/EPR using structured templates

>25% meds electronically id'd at bedside, timeliness tracked

Level 6

Technology enabled bedside identification (closed loop scanning process)

More than 50% auto verification at the bedside:
Patients
Medications verify POA
Blood Technology enabled bedside identification (closed loop scanning process)

CGC with Data Governance optimize capture clinical care outcomes to identify quality and safety priorities.

Med devices integrated into CDR/EPR in ICUs

At least one example of advanced CDS
Optimise digital capability e.g. epma integrated with orders and labs

More than 90% able to order medications electronically

> 50% auto verification ID at bedside: patients, human milk, blood products, meds admin, specimen/sample bedside collection products

- Human milk
- Bedside specimen/sample collection

More than 90% able to order medications

Level 7

No paper charts

Over 90% physician documentation done electronically in EHR

More than 90% CPOE
>95% auto verification / closed loops
Optimise digital capability to improve patient safety
Optimise digital capability to improve patient satisfaction by reducing delays and errors
Enhance care with right info right time available workflow and content in the digital tool meets the needs of the clinical teams while monitoring compliance with approved standards
ITSec standard cert
Optimise digital capability to support clinicians verification/identification at the bedside:

- Patients
- Medications verification POA
- Blood products
- Human milk
- Bedside specimen/sample collection

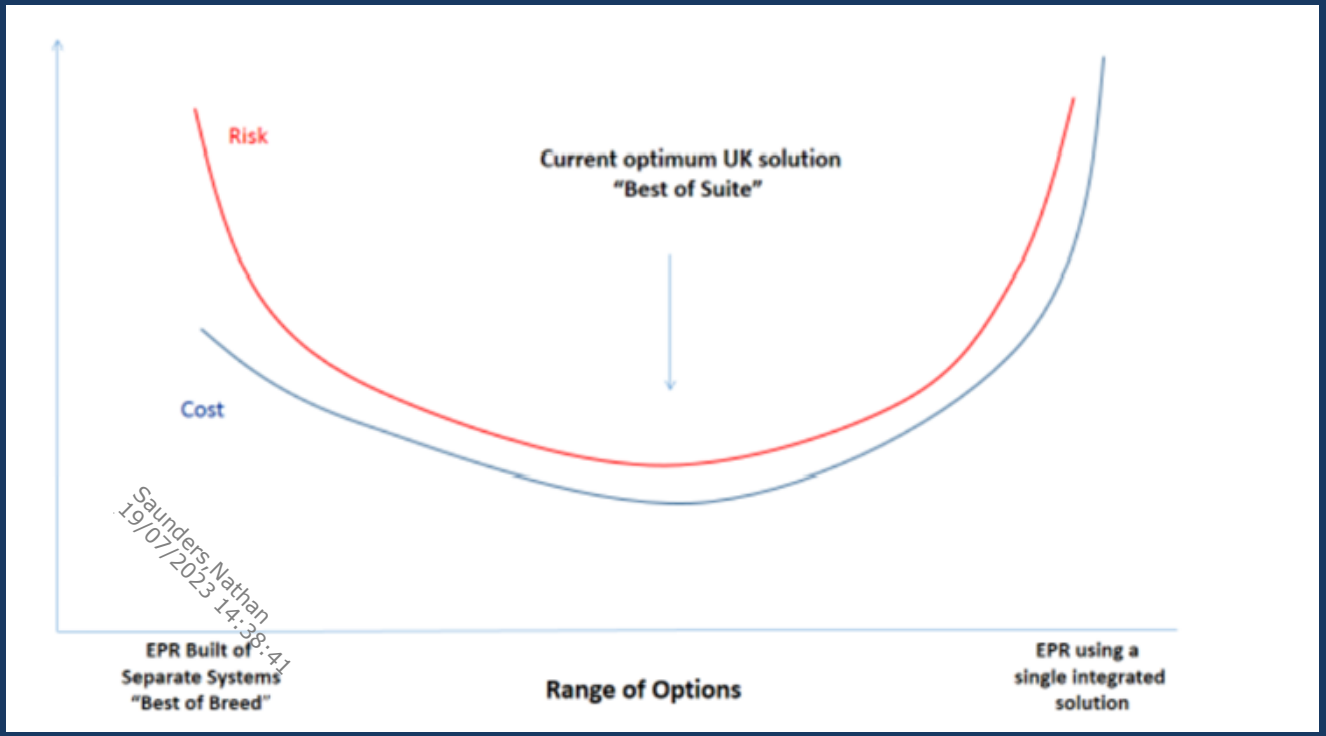
%s represent attempted scans at bedside – excludes ED

Before UHW2

We need a whole system integrated care record – acute & non-acute

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

We think Option B Best of Suite



The range of options for sourcing an EPR ranges from a single supplier providing the complete solution to a 'best of breed' model where every element is selected for the functionality offered and then integrated together to form the EPR. (iPortal)

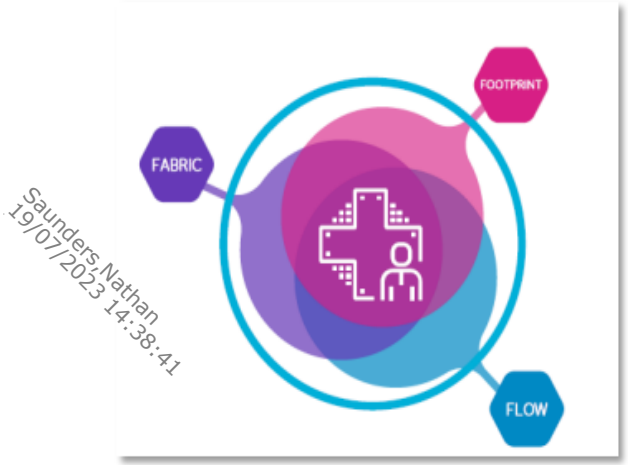
Option	Name	Description
Option A	Best of breed EPR	Each element is sourced from the supplier shown to provide the best capability and value for money for that required functionality
Option B	Best of Suite EPR	A core set of functionality is sourced from a single supplier where these elements are naturally integrated. This core is as large as practicable. Outside of the core systems are procured on a best capability and value for money basis but ensuring they interface tightly with the core EPR
Option C	Single Integrated EPR (Wall to Wall)	The complete range of required functionality is sourced from a single supplier who will provide a fully integrated EPR
Option D	Do Minimum	Current systems are maintained with minimal upgrades to meet statutory requirements

Health Infrastructure plan

Blueprint for Digitally Advanced Hospital produced by NHS Digital and ATOS in 2020

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





- In September 2020 the Department of Health and Social Care released the 'Health Infrastructure plan - A Blueprint for Digitally Advanced Hospital'
- The blueprint guide was released to help support organisations to make wise and future-proofed choices on technology and guide digital design aspirations.
- It offers advice and guidance and lessons learned offered to all HIP sites embarking on their digitally advanced hospital projects
- It gives a structured approach to developing principles, down to individual implementation considerations for each technology which ensures all new hospitals work to similar standards.
- The components of this digital Blueprint are broken down into three fundamental categories:
  - the **fabric** of the building
  - the **footprint** of the establishment
  - the **flow** of the operating model

A model to identify the technologies and capabilities we will include in the SoC for our ToBe state.

This is being used by a number of hospitals that are part of the National Hospitals Programme in England.

It describes the capabilities needed to meet many of our ambitions and presents options on technologies that support and underpin clinical transformation.

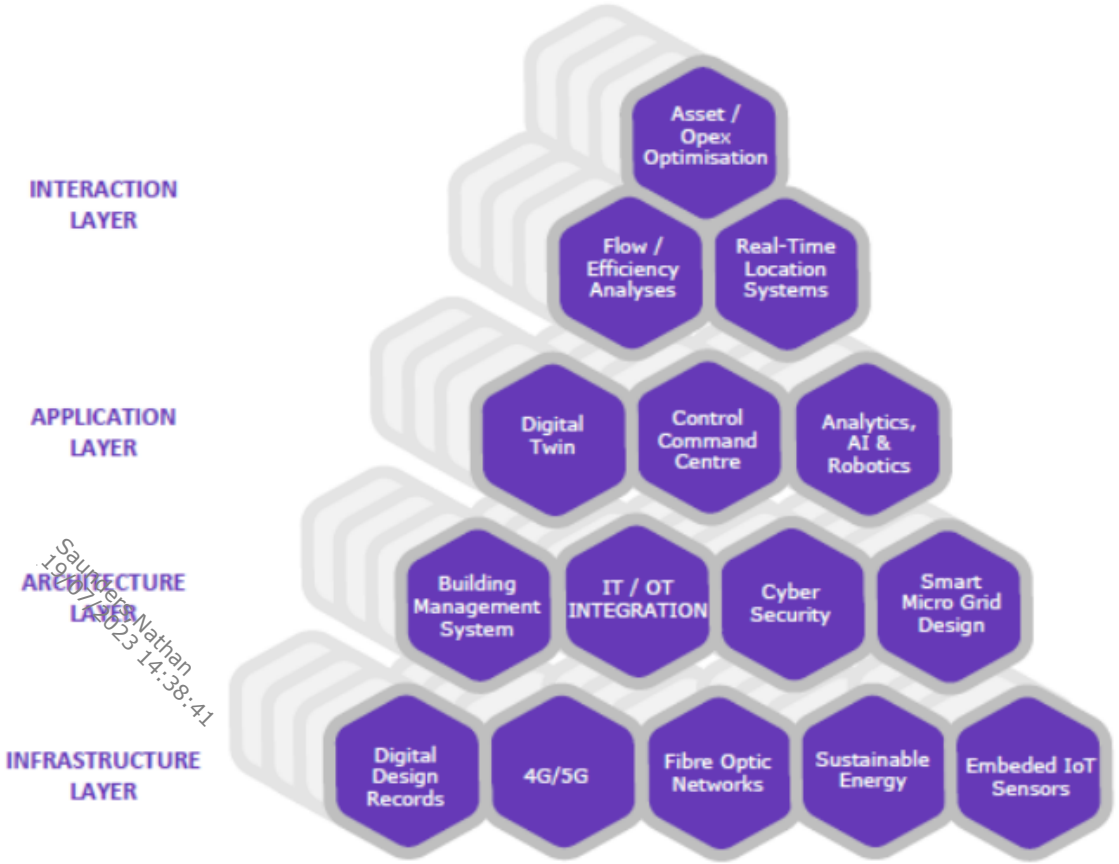
This would lead to Intelligent hospitals; however, we are an integrated health and care *system* and so our digital solutions and capabilities must support the entirety of the patient journey from beginning to end, spanning primary, community, secondary, tertiary care

Health Infrastructure plan

Blueprint for Digitally Advanced Hospital produced by NHS Digital and ATOS in 2020

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

Components of Fabric



Saunders-Nathan
19/01/2023 14:38:41

Fabric deals with delivering resource-efficient and sustainable buildings providing personalised experiences to staff, patients and their carers.

This is through provision of planning for digital during construction phase and stack consisting of Internet of Building Things, network infrastructure, internet and transmission-based protocols, integrated communications network, edge processing, edge/cloud-based analytics and Robotics and Artificial intelligence (AI) to support building operations - all bundled into a single (on-premises or cloud-based) Integrated Platform.

The stack would be aligned to deliver against ecologically sound principles from an energy and carbon impact perspective.

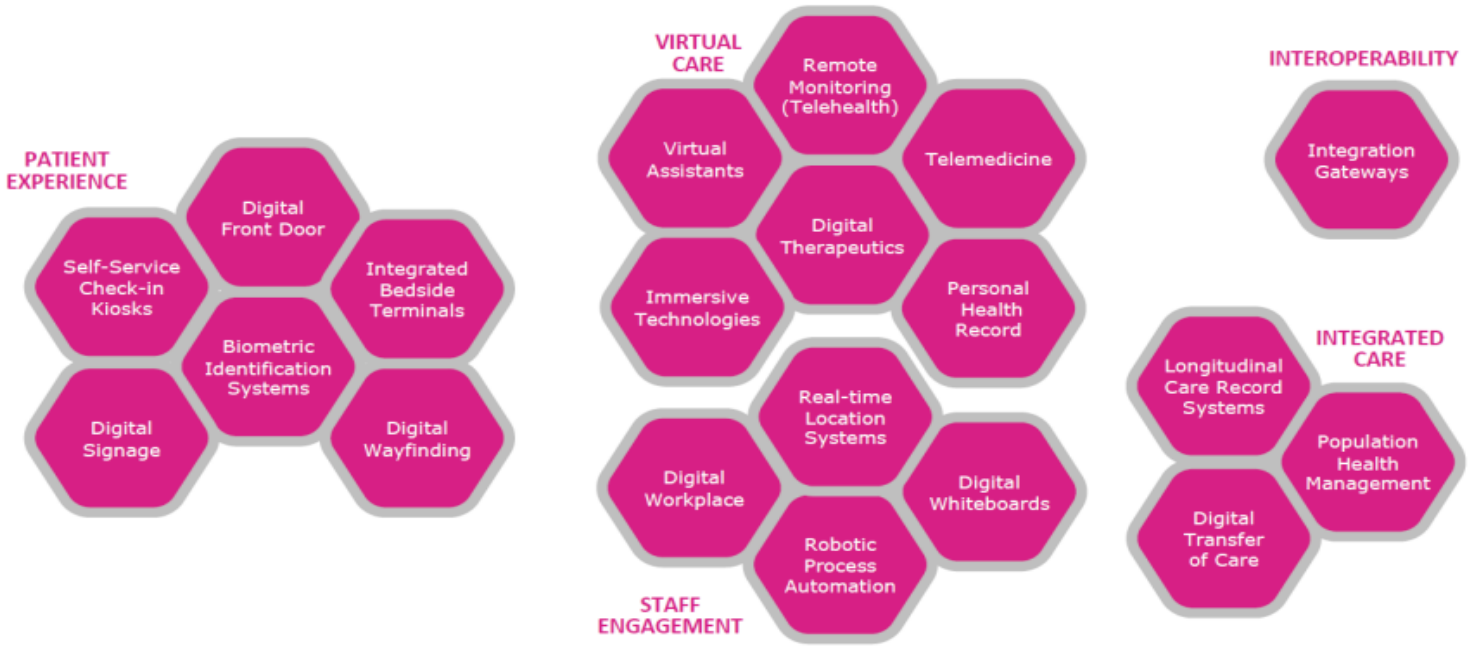
HIMSS and forthcoming NHP model hospital will also be our guide

Health Infrastructure plan

Blueprint for Digitally Advanced Hospital produced by NHS Digital and ATOS in 2020

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

Components of Footprint



Saunders (Kathryn) 19/07/2021 14:20:41

Footprint deals with interaction of the new build(site) with the wider care ecosystem, including interaction of the new site with other sites belonging to that organisation for provision of care and its interactions with other care settings including social care to support integrated care.

Footprint includes home care, supporting provision of care to individuals at home through monitoring of physiological and emotional signs and through observations and assessments by healthcare workers.

Footprint also deals with ability of non-clinical staff working remotely to support in building staff and patient care.

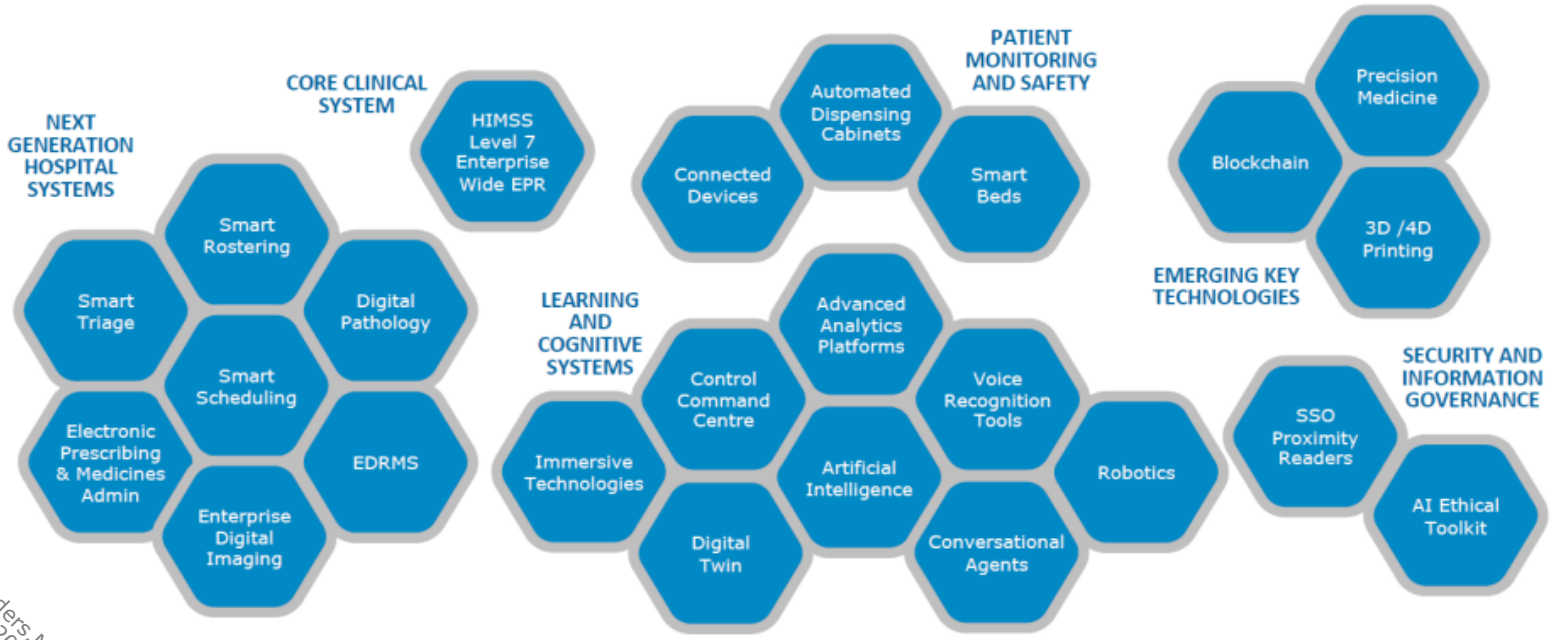
HIMSS and forthcoming NHP model hospital will also be our guide

Health Infrastructure plan

Blueprint for Digitally Advanced Hospital produced by NHS Digital and ATOS in 2020

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

Components of Flow



Saunders,Nathan
19/07/2023 14:08:41

Flow deals with the operating model of establishment to describe the clinical pathways and governance surrounding it.

This includes the design and operations of clinical pathways and capture of digital information associated with every step in the pathway starting from admission and check-in of the patient to discharge or transfer of patient.

Flow incorporates the core clinical digital capabilities that have been demonstrated by the GDE and LHCRE programmes.

HIMSS and forthcoming NHP model hospital will also be our guide

In context of our current position

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

Do nothing isn't an option

- Digital requires funding
- How do we move forward?



Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Shaping Our Future Wellbeing - Strategy Refresh Update			Agenda Item no.	7.1
Meeting:	Board	Public	X	Meeting Date:	27th July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Abigail Harris – Executuve Director of Strategic Planning				
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning				

Main Report
Background and current situation:

The Strategy Refresh has undertaken extensive colleague, stakeholder, patient and public engagement seeking their input on the refreshed strategy's vision, purpose and key strategic priorities.

The UHB established a dedicated website to support the engagement process and awareness was raised and engagement undertaken using a range of platforms and approaches including local radio, posters at prominent public venues, public meetings (both face to face and virtual), facilitated focus groups and 1:1 sessions (supported through our integrating health and social care facilitators)

Phase 1 engagement on the proposed content of the strategy took place between 16th January and 20th March and a second phase of engagement to seek feedback on the draft strategy document took place between 15th May and 23rd June 2023.

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

- The refreshed strategy – Shaping Our Future Wellbeing to 2035 sets at high level our direction of travel as a health board for the next decade and beyond. It articulates a clear vision for the differences we want to see by 2035, and the priorities we need to focus on to get us there.
- The stategy has been developed and updated in line with the key feedback themes that emerged through the engagement exercises.The engagement process has been thorough and has afforded our health board colleagues, patients, partners and stakeholders the opportunity to provide feedback to us and to confirm what is important to them. Some of the feedback relates to detailed areas that we will reflect on as we refresh and develop our strategic delivery plans and programmes that will support delivery of the vision set out in our strategy.
- The strategy, once approved, will be accompanied by easy read and stategy-on-a-page versions, as well as online digital versions.
- The proposed date for the formal launch is September 2023 at the Annual General Meeting.

Recommendation:

The Board is requested to:

Approve the strategy document agreeing the strategic objectives as our wellbeing objectives, as required under the Wellbeing of Future Generations Act.

Sau[illegible]
19/07/2023 14:38:41

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
The timeline poses a potential risk to delivery milestones
Safety: No
Financial: Yes
Some of the constraints are resource related – where there is a financial impact
Workforce: Yes/No
Not directly related to this report, but workforce engagement will for a core component of responses to the strategy refresh survey
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: Yes
the survey has been designed with the nine protected characteristics in mind. Our Health & Social Care Facilitators are targeting the protected characteristic groups. The Strategy Refresh programme has at its core tacking the health inequalities we see in our population. The EHIA that we have completed will be reviewed by the Consultation Institute.
Decarbonisation: Yes – considered within the strategy document

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Senior Leadership Board	13th July 2023
Other extensive consultation and discussion in Board Development and other arenas	

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Capital Approval Plan 2023/24				Agenda Item no.	7.2
Meeting	UHB Board	Public	X		Meeting Date:	27th July 2023
		Private				
Status *(please tick one only):*	Assurance		Approval	X	Information	
Lead Executive:	Executive Director of Finance					
Report Author (Title):	Director of Capital, Estates and Facilities					

Main Report
Background and current situation:

The purpose of this report is to provide the Board with details of the Health Board's Capital programme for the financial year 2023/24. The paper will provide members with an explanation of how the schemes within the programme are prioritised against the limited available budget.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via our Capital Resource Limit (CRL). The latest CRL, issued by WG dated 29th June 2023 indicates a CRL of £27.123m which includes £11.020m Discretionary Capital Funding (Group A), £16.103m Capital Projects with Approved Funding (Group B).

The CRL is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted, and is monitored by the UHB Capital Management Group (CMG) at their monthly meeting.

The funding is allocated across a number of schemes, many of which are supporting rolling programmes of work including estate compliance, with a percentage of the available funding being provided for estate, medical equipment and IM&T backlog.

A bid was submitted to WG to seek funding from the Estates Advisory Funding Board (EFAB) which would be allocated over a 2 year cycle, April 2023 - March 2025, to support infrastructure, fire and decarbonisation schemes. WG have confirmed that they will provide 70% of funding for the supported schemes with the UHB committing the remaining 30% from the discretionary capital programme, this has been deducted from the budget at source. The breakdown of the contributions are as follows:

Cardiff and Vale University Health Board – EFAB funding approvals

	2023-24	HB cont	WG cont	2024-25	HB cont	WG cont	Total WG contribution	Total HB Contribution	Total
Fire	0.950	0.285	0.665	0.950	0.285	0.665	1.330	0.570	1.900
Infrastructure	3.234	0.970	2.264	2.554	0.766	1.788	4.052	1.736	5.788
Decarbonisation	0.381	0.114	0.267	0.552	0.166	0.386	0.653	0.280	0.933
Total	**4.565**	**1.37**	**3.196**	**4.056**	**1.217**	**2.839**	**6.035**	**2.586**	**8.621**

2023/24 Capital Funding Prioritisation

Appendix 1, shows the total available discretionary funding of £11.772m with £0.750m contingency, a committed spend of £9.027m and the uncommitted funding available before the prioritization exercise is £1.998m.

Sandra Nolan 19/07/2023 14:38:47

The importance of maintaining a contingency to manage unexpected events, including Estates plant and equipment failure, Medical equipment failure or an IT infrastructure failure is essential given the

level of backlog reported in each of the areas. Contingency will be managed and allocated by the CMG in line with the UHB Standing Financial Instructions (SFI's)

The prioritisation process considered a number of proposed schemes which were assessed and scored against the agreed criteria including; Safety, Functional Suitability, Capacity, Compliance with National Standards and Strategic Fit.

The outcome of the prioritisation exercise, was discussed with the Senior Leadership team at the Sustainability Programme Board, held on the 29th June 2023.

The table below includes those schemes awaiting approval, for which no funding has yet been approved. The red line indicates the schemes which could be supported with a marginal overspend against the unallocated discretionary budget. It is worth noting that the costs are for budget purposes and may increase or decrease as the design and tendering process progresses.

Scheme Awaiting Approval	Funding	Expenditure	Balance Remaining
Unallocated Discretionary Capital	**(£1.748m)**		**(£1.748m)**
Contingency Release	**(£0.250m)**		**(£1.998m)**
1. UHL Boiler Leveling Tanks		£0.120m	**(£1.878m)**
2. CFPU Build Cold Storage		£0.582m	**(£1.296m)**
3. C3 Link (formally CITU)		£0.750m	**(£0.546m)**
4. A3 Link		£0.120m	**(£0.426m)**
5. B4H Ventilation		£0.450m	**£0.024m**
6. UHW Tunnels Phase 1 (EU to Lift Block B)		£0.240m	**£0.264m**
7. UHW Tunnels Phase 2 (Lift Block B Children's Hospital)		£0.120m	**£0.384m**
8. Assessment Units		£0.075m	**£0.459m**
	(£1.998m)	**£2.457m**	**£0.459m**

The recommendation from the Senior leadership team was to provide the funding for schemes 1 to 5 above with the remainder of the schemes (6 – 7) being developed to tender stage and should slippage become available the projects could progress.

The funding available does not include any expenditure for the development of Business Case's which were supported from previous years UHB Discretionary Capital allocation and which have been submitted to WG for approval. On receipt of approval, the funding will be paid back to the discretionary capital budget and therefore available to support the programme. The total commitment is shown below.

Scheme	Amount
CRI Wellbeing Centre (OBC)	£2.301m
CRI MEP (FBC)	£0.662m
Mortuary (BJC)	£0.129m
Haematology Ward & Day Unit (BJC)	£0.090m
Lift Upgrade Programme (BJC)	£0.017m
Total	**£3.199m**

Business Cases

There are currently six business cases that the Board approved submitted to WG which are awaiting approval, a summary of the cases and their value are outlines below.

Scheme	Value	Date Submitted
Sexual Assault Referral Centre at CRI (OBC)	£45.783m	15 June 2022
CRI Wellbeing Centre (OBC)	£130.251m	2 August 2022
Electrical Infrastructure Resilience Upgrade at Tertiary Tower Block UHW (BJC)	£2.286m	30 November 2022
Major Trauma Vascular Hybrid Theatres at UHW (FBC)	£40.611m	8 December 2022
Mortuary (BJC)	£3.385m	25 May 2023
Passenger Lift Upgrade Programme at UHW (BJC)	£9.302m	25 May 2023
UHL Theatre Development (CAVOC) UHL (OBC)	£37.551m	July 2023
Total	**£269.169m**	

The UHB have been advised that WG are undertaking a review of all business cases submitted across Wales, to determine the prioritisation of schemes to progress, it is anticipated that this review will be concluded in September 2023.

The following business cases are being developed for submission to WG:

- Haematology / Bone Marrow Transplant (BMT) at UHW Strategic Outline Case (SOC), to meet JACIE Accreditation. This is scheduled to be presented to the Board in July 2023 and WG thereafter.
- Critical Care Expansion UHW Strategic Outline Case

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

- The level of discretionary capital funding available remains particularly low for an organisation of the size of the UHB.
- The proposed programme retains a Contingency £0.750m to support any 'in year' emergency expenditure identified.
- A collaborative approach has been taken to prioritise the use of the unallocated funding available, taking into consideration safety, risk, service priorities.
- A submission for £0.592m of IRCF funding is being submitted to support the development of the revised OBC for the Penarth Wellbeing Hub.
- The draft capital plan has been considered and supported by Capital Management Group and Sustainability Programme Board.

Recommendation:

The Board are requested to:

1. **NOTE:** the content of the paper and in particular the extremely limited unallocated discretionary capital funding available.
2. **NOTE:** the schedule of priority schemes identified which would require £2.457m of funding against the unallocated budget of £1.998m.
3. **APPROVE:** the draft capital programme which currently identifies a slight shortfall of £0.024m being funded by slippage from other projects, income from Business Case expenditure or contingency.
4. **APPROVE:** CMG to manage and allocate the capital contingency in line with the UHB SFI's

Sauders Smith 19/07/2023 13:38:41

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
Lack of capital funding to deliver the scheme has implications on clinical service delivery.
Safety: Yes
The scheme has clinical safety implications with lift entrapment issues and breakdowns will impede clinical service delivery and patient safety.
Financial:Yes
There are no additional revenue implications anticipated. Capital is constrained and the programme may need adjustment through the financial year dependent upon tender returns, emergency events etc.
Workforce: No
Legal: Yes
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.
Reputational: Yes
The UHB's ability to reduce waiting times and deliver services in an appropriate setting being cognisant of patient's privacy and dignity.
Socio Economic: No
Equality and Health: Yes
Access to safe and efficient services underpines many of the proposed developments prioritised
Decarbonisation: Yes
EFAB funding has a specific budget allocation to reduce the UHB carbon footprint

Cwm Taf Morgannwg 19/07/2023 14:38:44

Approval/Scrutiny Route:	
Capital Management Group	Date: 19th June 2023
Senior Leadership Board	Date: 29th June 2023

Appendix 1

Capital Funding 2023/24

Scheme	Major Capital	Discretionary Capital	Total
Rookwood Relocation (St David's Hospital)	£0.750m		£0.750m
UHL Engineering Infrastructure	£0.594m		£0.594m
Endoscopy Expansion	£2.275m		£2.275m
EFAB	£4.235m		£4.235m
Fracture Clinic	£0.240m		£0.240m
Emergency Unit	£0.154m		£0.154m
Genomics	£0.259m		£0.259m
Maelfa Wellbeing Hub	£0.338m		£0.338m
Eye Care	£0.221m		£0.221m
Park View Wellbeing Hub (OBC) Disc Cap Payback		0.755m	£0.755m
Discretionary Capital		£11.020m	£11.020m
Totals	**£9.821m**	**£11.775m**	**£20.841m**

Capital Expenditure 2023/24

Scheme	Major Capital	Discretionary Capital	Total
Construction			
Rookwood Relocation (St David's Hospital)	£0.750m		£0.750m
UHL Engineering Infrastructure	£0.594m		£0.594m
Endoscopy Expansion	£2.275m		£2.275m
EFAB	£4.235m		£4.235m
Fracture Clinic	£0.240m		£0.240m
Emergency Unit	£0.154m		£0.154m
Genomics	£0.259m	£1.041m	£1.300m
Maelfa Wellbeing Hub	£0.338m		£0.338m
Eye Care	£0.221m		£0.221m
Boiler Upgrade UHL		£0.050m	£0.050m
Ward C5		£0.010m	£0.010m
Annual Commitments			
UHB Capitalisation of Salaries		£0.865m	£0.865m
UHB Revenue to Capital		£1.215m	£1.215m
Business Cases			
Penarth Wellbeing Hub	£0.592m		£0.592m
Haematology Ward & Day Unit		£0.020m	£0.020m
Ward Reconfiguration			
UHW Ward Reconfiguration (Phase 1)		£0.319m	£0.319m
UHW Ward Reconfiguration (Phase 2)		£0.400m	£0.400m
UHL TACU		£0.150m	£0.150m
Estate Statutory Compliance			

Saundersfoot Harbour
19/07/2023 Item 7.4

Fire Risk Works		£0.200m	£0.200m
Asbestos		£0.400m	£0.400m
Gas infrastructure Upgrade		£0.300m	£0.300m
Legionella		£0.450m	£0.450m
Electrical Infrastructure Upgrade		£0.150m	£0.150m
Ventilation Upgrade		£0.500m	£0.500m
Electrical Backup Systems		£0.250m	£0.250m
Upgrade Patient Facilities		£0.350m	£0.350m
Dedicated Team		£0.200m	£0.200m
Backlog			
IM&T Backlog		£0.500m	£0.500m
Medical Equipment Backlog		£1.000m	£1.000m
Estate Backlog		£0.500m	£0.500m
Lift Upgrade (Maternity)		£0.157m	£0.157m
Contingency (CMG 19/06/2023 agreed to move £0.250m to unallocated)		£0.750m	£0.750m
Unallocated		**£1.998m**	**£1.998m**
Penarth Wellbeing Hub	(£0.592m)		(£0.592m)
Totals	**£9.066m**	**£11.775m**	**£20.841m**

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Haematology/BMT, Cancer Research and Complex Specialist Oncology – Submission of Strategic Outline Case			Agenda Item no.	7.3.1
Meeting:	Board	Public	X	Meeting Date:	27.07.23
		Private			
Status *(please tick one only):*	Assurance		Approval ✓	Information	
Lead Executive:	Abi Harris, Executive Director of Strategy and Planning				
Report Author (Title):	Director of Operations, Specialist Services Clinical Board				

Main Report

Background and current situation:

The attached Strategic Outline Case sets out the rationale for constructing a purpose-built unit on the UHW site to collocate Haematology, Blood & Marrow Transplantation, Advanced Therapy Medicinal Products, Cancer Research and Complex Specialist Oncology, the latter two involving a high degree of partnership working with Cardiff University and Velindre NHS Trust. The delivery of a cancer system that provides excellent patient outcomes and experience is a key strategic and ministerial priority for NHS Wales.

Provision of the highest-quality, specialised services and advanced, targeted, therapeutic interventions, underpinned by cutting edge research, is an essential component in achieving this strategic imperative.

The aim of the business case is to seek investment in future proofing and co-locating the following essential specialised cancer services on the University of Wales site:

- **Increased capacity for Haematology, Blood and Marrow Transplantation Services (BMT) and Advanced Therapy Medicinal Products (ATMPs) –** essential services in the treatment of highly specialised cancers in Wales

- **Development of a Cardiff Cancer Research Hub (CCRH)** – delivered through a tripartite arrangement with Velindre NHS Trust and Cardiff University for patients who require access to early phase or complex new therapies (e.g. CAR-T)

- **Development of Complex Specialist Oncology Services (CSO)** – to support the care of the most unwell patients from across South East Wales who are experiencing severe side effects from current systemic anti-cancer therapy including Immuno-oncology, and future delivery of solid cancer advanced therapies, a core component of the wider clinical model for the delivery of non-surgical tertiary oncology services in South East Wales.

Whilst investment in developing and bringing together these services is essential in delivering Welsh Government aspirations, there are a number of critical drivers underpinning the case for change which make the timing of investment critical.

The three elements of this business case, namely the BMT unit, Cardiff Cancer Research Hub and the Complex Specialist Oncology beds, are inextricably linked and must be collocated so that the required infrastructure, expertise and workforce can be concentrated and shared for the benefit of patients with all types of cancers in Wales. The existing cell therapy expertise within the BMT team will be essential to support the expanding portfolio of advanced immunotherapeutic and cellular therapies in cancer clinical trials for haematology and solid cancer patients, and bringing solid tumour cancer experts from Velindre to work seamlessly alongside Cardiff and Vale UHB and Cardiff University colleagues will help deliver a complex, high-specification service for cancer patients, and also provide the translational pipeline that is required to bring Welsh discoveries through from the laboratory to the clinical setting to benefit patients in Wales.

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Meeting JACIE Standards:

Cardiff and Vale UHB is the only provider in Wales of BMT and CAR-T therapies. Maintaining JACIE accreditation is a fundamental requirement of WHSSCs service specification for BMT and CAR-T and of the pharmaceutical companies who supply the products for CAR-T.

Due to environmental factors related to infrastructure, CAVUB is at risk of not retaining JACIE accreditation.

In short, if CAVUHB is unable to retain JACIE accreditation, the potential impact on the service could result in steps being taken to decommission BMT and CAR-T, which would fundamentally undermine the delivery of haematological cancer services for the population of South Wales.

Transforming Cancer Services across South East Wales:

The development of a Cardiff Cancer Research Hub is inextricably linked to the wider development of high-quality regional cancer services across South East Wales. The development of the research hub is also a key component of the TCS programme, working with partners, and one of the recommendations contained within the Nuffield Report (December 2020). Its delivery will support the region in delivering the recommendations and ensure the full range of benefits are realised.

The business case is an essential component in enabling the wider regional clinical model for non-surgical tertiary oncology services, including the new Velindre Cancer Centre, to be fully optimised and achieve the full range of expected benefits.

Strategic Alignment

This business case contributes to delivering a key number of Welsh Government national strategies and policies through:

- Providing sufficient capacity to meet the clinical demand and ensure that all patients have equitable access to services across South Wales
- Ensuring the safety of patients and the quality of care through the provision of high-quality facilities that fully meet the JACIE Standards
- Providing facilities for research and development to enable the introduction of new treatment modalities, ensuring state-of-the-art cancer care for patients in Wales
- Ensuring the Health Board (that is the only centre in Wales) has capacity to continue to deliver current high-risk Advanced Therapy Medicinal Products (ATMPs) - it is envisaged that in the future demand for this type of therapy will increase
- Providing advanced cellular products to patients from across Wales within the haematology service. There is an urgent need for an expansion in facilities with designated beds co-located within the BMT service and with rapid access to intensive care unit (ITU) services
- Provide high-quality facilities to enable the Health Board to attract and retain specialist staff

Benefits Criteria

As part of the SOC, a range of benefits have been identified including:

- Maximising patient outcomes through earlier interventions
- Reduced length of stay for complex specialist oncology patients
- Providing safe and appropriate environment of care for patients
- Maintaining appropriate privacy and dignity for patients
- Compliance with statutory regulation e.g. JACIE, HTA
- Effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable
- Attract researchers to Cardiff to support the establishment of the Cardiff Cancer Research hub

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- A range of staff benefits such as improvements to recruitment and retention, working environment and staff morale

Options Appraisal

As part of the development of the business case, a range of service priorities were considered by both the clinical teams and the executive team of the Health Board. The clinical team developed a list of service priorities, including the benefits of delivering each of these within this project. Schedules of accommodation were developed for each of these priority areas.

A number of options were short-listed for appraisal as part of the OBC:

- Option 0 – Business as usual (for comparative purposes)
- Option 1 – core services only at UHW, within a new build on the UHW site
- Option 2 - Provide the required accommodation for core and desirable services within a refurbished/remodelled area on the ground floor of the main hospital adjacent to the existing haematology/BMT services, currently occupied by general outpatients and the Haemophilia Centre. Re-provide the displaced general outpatient department within a refurbished/remodelled Lakeside Wing and the displaced Haemophilia Centre within a refurbished HCID Unit
- Option 3 – core and desirable services provided within a traditionally built new build on the site of the current HCID Unit on the car park above the main hospital entrance
- Option 4 – core and desirable services provided within a new modular building on the site of the current HCID Unit on the car park above the main hospital entrance

Economic Case

An initial high-level economic analysis has been undertaken. A detailed assessment of benefits will be undertaken as part of the OBC appraisal but at this stage the economic analysis indicates that:

- Option 3 has the better benefits cost ratio before the more detailed analysis is undertaken but it is very close to Option 4 at this stage and sensitivity analysis would show that further work required on benefits should provide a clearer statement. The wider benefits and flexibility allowed from Option 4 as a modular build are such that this option may preferable.

The Preferred Way Forward

The preferred way forward at this SOC stage is option 3 or option 4. Under both of these options the proposal will provide BMT and Haematology services to meet JACIE compliance. It will also ensure co-location with the Cardiff Cancer Research Hub and beds for complex specialist oncology. This is an essential component to effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable.

Given the wider potential benefits and flexibility associated with Option 4 as a modular build, the financial case has considered the valuation and associated capital charges of this preferred option at SOC stage.

Financial Case

The purpose of this section is to set out the indicative financial implications of the project and provide a high-level assessment of affordability. It should be noted the detailed analysis of the financial case will be undertaken as part of the OBC/FBC.

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Capital Costs

A summary of the capital costs for the preferred way forward at this stage are as follows:

Capital Costs	Option 4 £m
Works Cost	40.508
Fees	1.904
Non-Works	2.413
Equipment	2.539
Planning contingency	4.736
VAT	10.420
VAT Recovery	(0.381)
Total Capital Cost/ Cost Forms	**62.139**

Revenue Costs

The indicative revenue cost implications associated with the case are summarised below. These should be considered alongside the multiple commissioning arrangements and income associated with trials as described below and in the context of the need for a phased approach to expansion in line with future demand/capacity planning assumptions alongside a robust workforce plan to recruit and train the required WTE.

Revenue Costs	Option 4 £m
Facilities and Estates	1.854
Haematology, BMT & CAR-T	32.284
CCRH	2.298
Specialist Complex Oncology	1.971
Revenue Costs in CIA	38.407
Net External Contribution	(2.298)
Cost within CIA	38.407

The affordability of the case is therefore summarised through the following funding streams:

	Commissioner	Funding Model
BMT	WHSSC	Successive WHSSC ICP Rounds
CAR-T	WHSSC	Successive WHSSC ICP Rounds
General Haematology	LHBs	LHB LTA Uplifts and local C&V Investment
Specialist Complex Oncology	Proposal for WHSSC on endorsement of VCCG	Successive WHSSC ICP Rounds, alongside nVCC
CCRH and R&D Beds	Tripartite C&V, VCC, CU	Discrete business case and income from trials

The commissioning arrangements will be finalised and confirmed at OBC/FBC stage.

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Outline Project Programme

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
SOC Submission to WG	July 2023

OBC/FBC Submission to WG	April 2025
Design completion and commence construction	March 2025/July 2025
Construction completion	September 2026/ January 2027
Facility operational	September 2026/ January 2027

The full OBC is available on request.

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

Cardiff and Vale UHB patients, staff and visitors would benefit substantially from the approval and financial support for this project. The proposed project will:

- Create an ambulatory model of treatment delivery for haematology/bone marrow transplant patients, which will meet both future service demand and address health and safety deficiencies and meets the requirements for JACIE accreditation
- Provide additional accommodation required to support advanced therapies
- Provide the required inpatient accommodation for complex specialist oncology patients
- Provide appropriate accommodation for the tripartite Cardiff Cancer Research Hub
- Provide an essential component to effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable

The timescale for the completion of the works will be dependent on the procurement route selected at OBC stage but is expected to be circa 18 months.

The Health Board would, therefore, recommend that WG give due consideration to the request for funding and approve the SOC enabling the scheme to progress to the OBC stage.

Recommendation:

At the time of writing the report, the Strategic Outline Case was due to be considered by the Finance and Performance Committee on 19th July 2023 with a recommendation for Board approval.

Therefore, subject to the case being considered and recommended for Board approval by the Finance and Performance Committee on 19th July 2023, the Board are asked to:

APPROVE the submission of the Haematology/BMT Strategic Outline Case to Welsh Government for capital funding support.

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	✓

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
Risk Potential Assessment has been undertaken, which considered the project risk in relation to strategic alignment, finance/funding, stakeholder engagement, governance, project dependencies, and concluded that the overall risk is **medium.** A project risk register has also been completed.
Safety: Yes/~~No~~
The capital design incorporates statutory health and safety requirements.
Financial: Yes/~~No~~
Capital funding for this project is anticipated to come from the All Wales Capital Programme. The SOC sets out the rationale and capital costs. Cardiff and Vale UHB has a robust project management structure in place to manage the project.
Workforce: Yes/~~No~~
The revenue business case will be worked up fully as part of OBC/FBC stage taking account of likely phasing and commissioning arrangements.
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: Yes/~~No~~
A socio-economic assessment will be undertaken as part of the EHIA at OBC/FBC stage.
Equality and Health: Yes/~~No~~
An EHIA will be undertaken at OBC/FBC stage.
Decarbonisation: Yes/~~No~~
The capital design incorporates required decarbonisation measures.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Project Team	5th July 2023
Senior Leadership Board	13th July 2023
Investment Group	13th July 2023
Capital Management Group	17th July 2023
Finance Committee	19th July 2023
CAV Board	27th July 2023

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Haematology/BMT, Cancer Research and Complex Specialist Oncology

Strategic Outline Case

July 2023 – Final v11

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Authors	Adcuris/CVUHB
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Draft v2	21st November 2022	Economic Case drafted	Geoff Walsh
Draft v3	8th December 2022	Updated service information	Geoff Walsh
Draft v4	4th April 2023	Updated to reflect revised scope	Geoff Walsh
Draft v5	20th April 2023	Strategic case updated	Geoff Walsh
Draft v6	11th May 2023	Strategic case updated	Geoff Walsh
Draft v7	24th May 2023	Updated to include Complex Specialist Oncology	Geoff Walsh
Draft v8	8th June 2023	Updated to reflect final option definitions	Geoff Walsh
Draft v9	18th June 2023	Updated to reflect final comments	Geoff Walsh
Final Draft v10	25th June 2023	Updated to include revised clinical data	Geoff Walsh
Final v11	6th July 2023	Updated to include revised clinical data	Geoff Walsh

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1.0 INTRODUCTION

The delivery of a cancer system that provides excellent patient outcomes and experience is a key strategic and ministerial priority for NHS Wales.

Provision of the highest-quality, specialised services and advanced, targeted, therapeutic interventions, underpinned by cutting edge research, is an essential component in achieving this strategic imperative.

The aim of this business case is to seek investment in future proofing and co-locating the following essential specialised cancer services on the University of Wales site:

- Increased capacity for Haematology, Blood and Marrow Transplantation Services (BMT) and Advanced Therapy Medicinal Products (ATMPs) – essential services in the treatment of highly specialised cancers in Wales
- Development of a Cardiff Cancer Research Hub (CCRH) – delivered through a tripartite arrangement with Velindre NHS Trust and Cardiff University for patients who require access to early phase or complex new therapies (e.g. CAR-T)
- Development of Complex Specialist Oncology Services (CSO) – to support the care of the most unwell patients from across South East Wales who are experiencing severe side effects from current systemic anti-cancer therapy including Immuno-oncology ,and future delivery of solid cancer advanced therapies, a core component of the wider clinical model for the delivery of non-surgical tertiary oncology services in South East Wales

Whilst investment in developing and bringing together these services is essential in delivering Welsh Government aspirations, there are a number of critical drivers underpinning the case for change which make the timing of investment critical.

The three elements of this business case, namely the BMT unit, Cardiff Cancer Research Hub and the Complex Specialist Oncology beds, are inextricably linked and must be co-located so that the required infrastructure, expertise and workforce can be concentrated and shared for the benefit of patients with all types of cancers in Wales. The existing cell therapy expertise that exists within the BMT team will be essential to support the expanding portfolio of advanced immunotherapeutic and cellular therapies in cancer clinical trials for haematology and solid cancer patients, and bringing solid cancer experts from Velindre to work seamlessly alongside Cardiff and Vale and Cardiff University colleagues will help deliver a complex, high-specification service for cancer patients, and also provide the translational pipeline that is required to bring Welsh discoveries through from the laboratory to the clinic to benefit patients in Wales.

1.1.1 Meeting JACIE Standards

Cardiff and Vale UHB is the only provider in Wales of BMT and CAR-T therapies. Maintaining JACIE accreditation is a fundamental requirement of WHSSCs service specification for BMT and CAR-T and of the pharmaceutical companies who supply the products for CAR-T.

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Due to environmental factors related to infrastructure, CAVUB is at risk of not retaining JACIE accreditation.

In short, if CAVUHB is unable to retain JACIE accreditation, the potential impact on the service could result in steps being taken to decommission BMT and CAR-T, which would fundamentally undermine the delivery of haematological cancer services for the population of South Wales.

1.1.2 Transforming Cancer Services across South East Wales

The development of a Cardiff Cancer Research Hub is inextricably linked to the wider development of high quality regional cancer services across the region. The development of the research hub is also a key element of the TCS programme, working with partners, and one of the recommendations contained within the Nuffield Report (December 2020). Its delivery will support the region in delivering the recommendations and ensure the full range of benefits are realised.

This business case is an essential component in enabling the wider regional clinical model for non-surgical tertiary oncology services, including the new Velindre Cancer Centre, to be fully optimised and achieve the full range of expected benefits

The remainder of this Strategic Outline Case (SOC) will establish the need for investment in more detail, appraise the main options for service delivery, and provide a preferred way forward for further analysis.

2.0 THE STRATEGIC CASE

PART A: THE STRATEGIC CONTEXT

2.1 Organisational Overview

2.1.1 Cardiff and Vale University Health Board

Throughout the development of this SOC, the Health Board has been mindful to ensure it continues to consider and take account of national and local drivers.

Cardiff and Vale University Health Board is responsible for planning and delivering health services for people in Cardiff and the Vale of Glamorgan, a population of around 500,000 and is the main provider of specialist services for the people of South Wales – and for some services, the whole of Wales and the wider UK. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacies) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 15,000 staff and has an annual budget of £1.6 billion.

The haematology service provides a tertiary service to the wider population across South Wales and in some instances (e.g., cellular therapy) to the whole of Wales.

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The Health Board is confident that the strategic drivers for this investment and associated strategies, programmes and plans are consistent with national, regional and local strategy and policy documents.

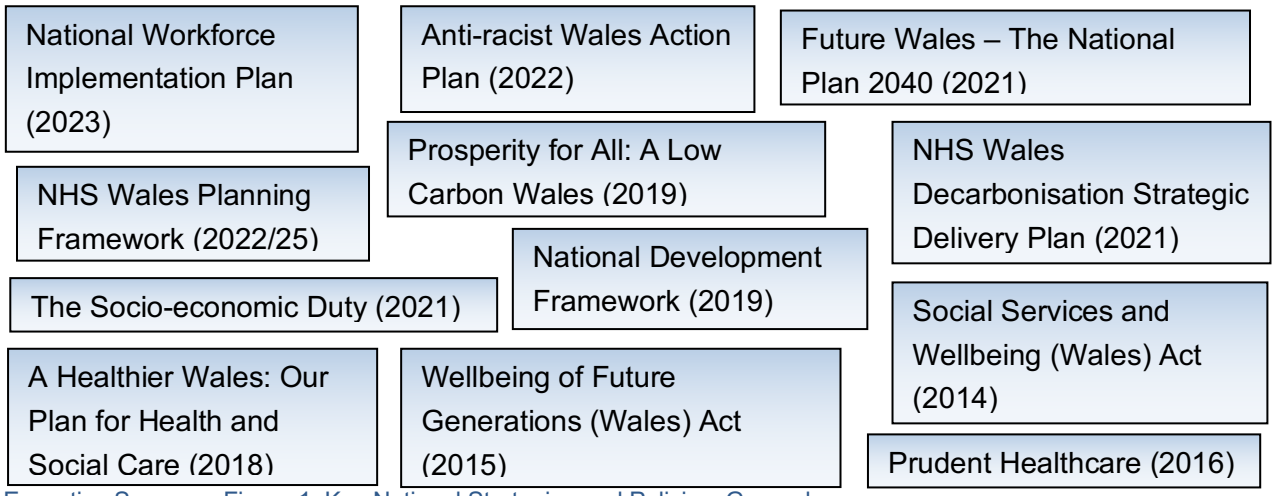
One of the functions of Velindre University NHS Trust is to deliver specialist non-surgical cancer services to a catchment population of 1.5million people using a hub and spoke service model.

2.1.2 Velindre University NHS Trust

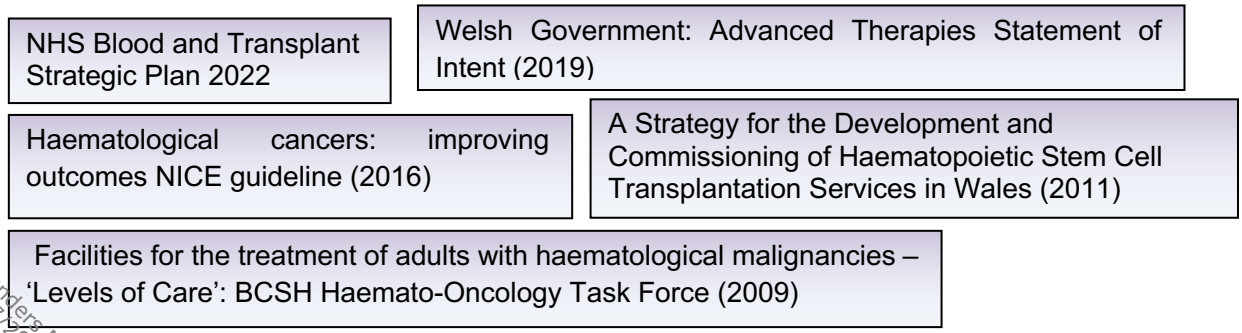
One of the functions of Velindre University NHS Trust is to deliver specialist tertiary non-surgical cancer services to a catchment population of 1.5 million people using a hub and spoke service model. Velindre Cancer Services are currently provided across South East Wales in the following:

- At home: some services are delivered at home such as oral chemotherapy
- Outreach Centres: Some services are delivered on an outreach basis within facilities across South East Wales, including District General Hospitals
- Velindre Cancer Centre (VCC): The core of the Trust's specialist cancer services is a specialist treatment, training, research and development centre for non-surgical oncology

Some of the key Welsh Government policies that have shaped this SOC are:

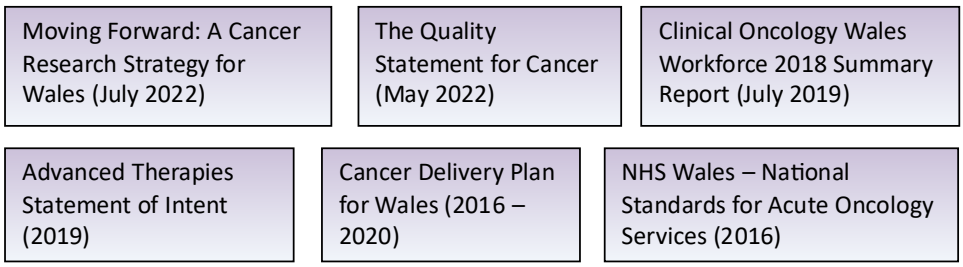


Executive Summary Figure 1: Key National Strategies and Policies: General



Executive Summary Figure 2: Key National Strategies & Policies for Haematology/Bone Marrow Transplant & Advanced Therapy

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Executive Summary Figure 3: Key Strategies and Policies for Cancer Research and Oncology Services

This business case contributes to delivering these strategies through:

- Providing sufficient capacity to meet the clinical demand and ensure that all patients have equitable access to services across South Wales
- Ensuring the safety of patients and the quality of care through the provision of high-quality facilities that fully meet the JACIE Standards
- Providing facilities for research and development to enable the introduction of new treatment modalities, ensuring state-of-the-art cancer care for patients in Wales
- Ensuring the Health Board (that is the only centre in Wales) has capacity to continue to deliver current high-risk Advanced Therapy Medicinal Products (ATMPs) - it is envisaged that in the future demand for this type of therapy will increase as is the case in solid cancers
- Providing advanced cellular products to patients from across Wales within the haematology service. There is an urgent need for an expansion in facilities with designated beds co-located within the BMT service and with rapid access to intensive care unit (ITU) services
- Provide high-quality facilities to enable the Health Board to attract and retain specialist staff

2.1.3 Regional and Local Strategies

Some of the key regional and local strategies and policies that have shaped this SOC are:

- CVUHB Integrated Annual Plan (2023/2024)
- Cardiff and Vale People and Culture Plan 2023 – 2026
- South East Wales Collaborative Cancer Leadership Group
- Shaping Our Future Wellbeing – Future Hospitals Programme Business Case (September 2021)
- Cardiff Cancer Research Hub: Proposal for a tripartite partnership between Cardiff and Vale UHB, Velindre UNHST and Cardiff University (August 2021)
- Shaping Our Future Wellbeing Strategy 2015 – 2025
- Shaping Our Future Clinical Services Plan
- Nuffield Trust report on cancer services in South East Wales (December 2020)
- Cardiff and Vale UHB Delivering Digital: a Five Year Strategy (July 2020)
- Cardiff and Vale UHB Estates Strategy

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This business case contributes to delivering these strategies through:

- Supporting the key objectives of the South East Wales Collaborative Cancer Leadership Group (CCLG) which has been moving forward the joint research agenda and also improving alignment between haematology/BMT and oncology services
- Emphasising a key area of focus to deliver priority 3 of the Integrated Annual Plan (2023/2024) which is to deliver exceptional specialist and tertiary services for local, regional and national populations, and make a commitment to develop a combined Outline and Full Business Case for the redevelopment of facilities to meet JACIE Standards and to transform patient experience in Haematology, Bone Marrow Transplant and co-locating a Cardiff Cancer Research Hub. Therefore, this case is recognised as a critical priority for the organisation
- Addressing the compliance issues for BMT which is a key estates risk and therefore features as the top priority in the estate strategy
- Assist the Health Board to meet the themes set out in the Workforce Strategy for Health and Social Care in relation to the CVUHB People and Culture Plan by improving the experience of staff working within the service
- Build upon the Shaping Our Future Wellbeing (SOFW) strategy and Shaping Our Future Clinical Services Plan in relation to providing a co-ordinated approach to transforming services for the future and delivery of improved outcomes and value-based healthcare whilst utilising innovative workforce models and introducing new technologies

PART B: THE CASE FOR CHANGE

2.2 Spending Objectives

The following project spending objectives have been derived by the Project Team and agreed by the Project Board:

Spending Objective 1: Quality and Safety of Services	

Specific	Services that deliver quality care and meet agreed clinical, quality and safety standards, including:
	▪ Compliance with legislation, regulations and accreditation standards / performance
	▪ Supports rapid adoption of best practice
	▪ Clinical effectiveness, including:
	  ○ Delivering improved outcomes for patients
	  ○ Supporting research & development
	▪ Improves consistency in clinical practice

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Measurable	Evidenced by: ▪ Continued 'The Joint Accreditation Committee ISCT-EBMT' (JACIE) accreditation ▪ Elimination of environmental issues within haematology and bone marrow transplant facilities ▪ undertaking of research in the field of cancer that can only be delivered on an acute, tertiary services hospital site ▪ Ensuring all services within the project have sufficient capacity to meet future demand in an area which is rapidly evolving ▪ Adoption of currently commissioned services for which there is no capacity and for which patients are currently being referred to NHS England (e.g., autologous stem cell transplantation for multiple sclerosis and newer NICE-approved indications for CAR-T therapy)
Achievable	By the development of new facilities that meet current standards and allow the implementation of clinical best practice
Relevant	This objective relates to the Health Board's IMTP regarding the strategic priority of taking forward service priorities. In particular delivering on the priorities of the Cardiff Cancer Research Hub, Specialist BMT services, complex specialist oncology and advanced therapy services. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain:** Improving patient outcomes and providing sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money**: Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised within 1 year of the facility being operational
Spending Objective 2: Provide a High Quality Environment	
Specific	To provide facilities that comply with statutory standards and best practice and enable the Health Board to deliver high quality care and provide clinical teams with the appropriate environments in which to care for patients
Measurable	Evidenced by: ▪ Improved estate performance ▪ 'The Joint Accreditation Committee ISCT-EBMT' (JACIE) accreditation ▪ Meeting design and technical standards
Achievable	Providing functionally suitable facilities with better designed and equipped space, appropriately sized to meet patient and staff expectations

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Relevant	The 2023/24 Annual Plan outlines how services will develop over the next 3 years. This objective is consistent with the priorities of this plan and contributes to the development and sustainability of clinical services. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain:** Improving patient outcomes and providing sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money:** Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised upon the facility being operational
Spending Objective 3: Access	
Specific	To ensure that the changing needs and expectations of a growing population are met in line with Health Board clinical strategies and national guidance standards and that the solution does not destabilise other clinical services/developments. Access to services is optimised with: ▪ Service capacity that will meet demand in a timely way ▪ Services delivered in an appropriate environment
Measurable	Evidenced by: ▪ Reduced nosocomial infection rates within haematology and bone marrow transplant patients ▪ Improved access to services through appropriate use of technologies ▪ Access to new advanced therapy service to the population of Wales
Achievable	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways
Relevant	This objective aligns with the IMTP through ensuring performance targets are met. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain:** Improving patient outcomes and providing sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Health Need:** Introduction of new polytrauma and advanced therapy inpatient services
Time-bound	This objective will be fully realised within 6 to 12 months of the facility being operational
Spending Objective 4: Effective Use of Resources	
Specific	To maximise the use of available resource and provide an environment that promotes improved service efficiency through improved productivity and improved patient flows

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Measurable	Evidenced by: ▪ Appropriate lengths of stay for inpatients ▪ Reduction in staff turnover/increased staff retention through provision of better-quality facilities ▪ Ability to deliver NICE approved treatments within the Health Board ▪ Services provided within the identified revenue budget
Achievable	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways
Relevant	This objective relates to the IMTP by ensure delivery of financial break even through using resources effectively. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain: P**roviding sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money:** Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised within 1 year of the facility being operational
Spending Objective 5: Sustainability/Flexibility	
Specific	To provide a solution that will enhance the reputation of the Health Board and will support the delivery of safe, sustainable and accessible services both in the short and medium term and with built-in resilience to adapt to changing needs
Measurable	Evidenced by: ▪ Capacity to meet increased demand ▪ Rooms to be generic and flexible to meet multiple uses wherever appropriate
Achievable	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways
Relevant	This objective supports the IMTP through taking forward the next steps in delivery clinical services strategy. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain: P**roviding sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money:** Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised within 1 to 2 years of the facility being operational

Executive Summary Table 1: Spending Objectives

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2.3 Business Needs

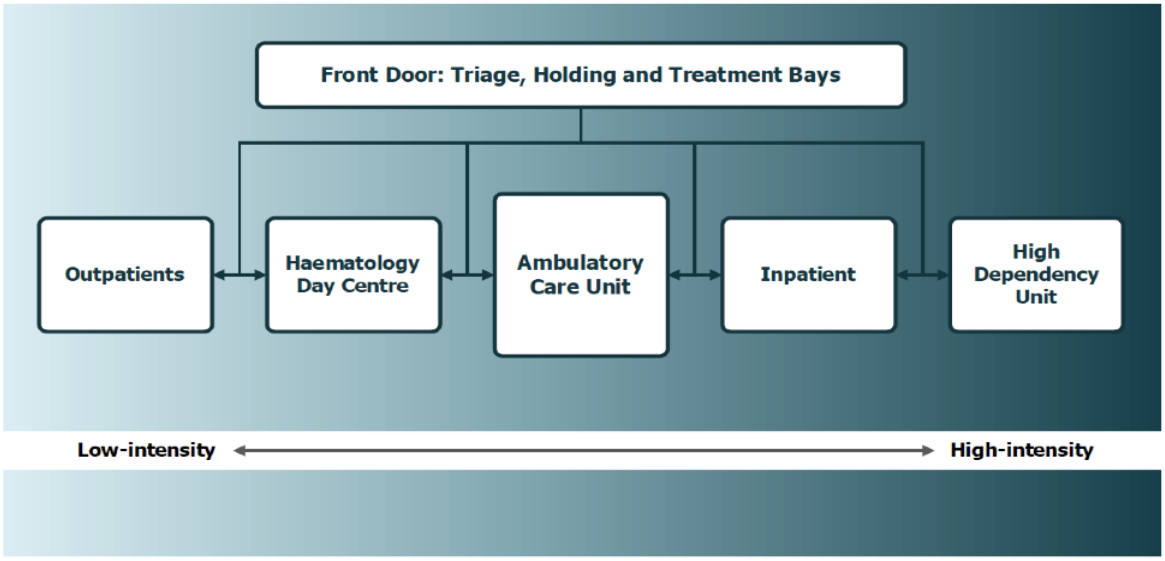
2.3.1 Service Vision

2.3.1.1 Haematology/BMT

The current haematology service fails to meet national and international standards for the care of patients with haematological malignancies due to a severe lack of space, no specialised isolation facilities, inability to clean outdated facilities to modern infection control standards and no area to triage patients before they mix with other immunocompromised patients.

The vision is to provide safe, timely, compassionate and comprehensive care in an environment suited to the management of patients with leukaemia, myeloma, lymphoma, sickle cell disease, bleeding disorders and those who are having blood and marrow transplantation, CAR-T therapies or other ATMPs. This requires an increase in the number of beds, provision of isolation facilities in the ward, day centre, ambulatory care and outpatient settings, and separate, but neighbouring, facilities for patients with inherited bleeding disorders.

In addition, the vision is to provide more Welsh patients with access to cutting edge advanced cellular therapies, some of which remain experimental while others are already commissioned within the NHS.



Executive Summary Figure 4: Future Service Vision

Executive Summary Figure 4 shows the desired layout in schematic form, intending to benefit from economies of scale due to service co-location, triaging and "flexible" transitioning from the lower to higher intensity aspects of service delivery. To insulate against uncertain and fluctuating demand, the aim is to treat most patients in the ambulatory setting.

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2.3.1.2 *Advanced Therapy Medicinal Products*

Advanced Therapy Medicinal Products (ATMPs), as defined by the EU Parliament and Council Directive 2001/83/EC (and as amended by Regulation (EC) No 1394/2007), include any or a combination of the following:

- A gene therapy medicinal product (GTMP)
- A somatic cell therapy medicinal product (SCTMP)
- Tissue engineered product (TEP)
- A combined ATMP

One of the main reasons for the keen interest in ATMPs is the promising early results in patients with relapsed or refractory haematological malignancy – i.e., those normally destined for a palliative approach. For example, the recently updated ZUMA-1 phase 2 trial on the CAR-T axicabtagene ciloleucel (axi-cel) in the treatment of refractory/relapsed large B-cell lymphoma patients who had failed at least two prior lines of systemic therapy showed that after 5 years of follow-up, a survival plateau of 42.6% was maintained with a median survival of 25.8 months. These findings imply that a significant proportion of these survivors are probably cured. What is remarkable is that this population of patients would normally be destined for palliative approaches with a median life expectancy of around 6 months.

Additionally, when compared head-to-head in a phase 3 randomised trial with autologous transplantation in the second line for higher risk patients failing first line therapy within 12 months, axi-cel improved both progression-free and overall survival, effectively displacing autologous transplantation which stood as the standard of care for nearly 30 years. It is therefore imperative that we have capacity to deliver these products for Welsh patients to benefit from innovative lifesaving and potentially curative technologies.

2.3.1.3 *Cardiff Cancer Research Hub (CCRH)*

The main aims of the CCRH will be:

- To increase patient access to research, including early phase clinicals trials and trials of advanced therapies medicinal products (ATMPs) trials for solid cancer and haematological malignancies
- Enabling trials of any phase that need access to specialist services at Cardiff and Vale including surgery, radiology, endoscopy, pharmacy and/or high dependency
- Enabling scientists at Cardiff University to bring new discoveries through to the clinic to benefit patients by strengthening the 'bench to bedside' translational pipeline
- Developing a focus for cancer research excellence in Wales to enhance the collective reputation, attract future funding from third sector and Pharma and inspire, train and retain the next generation of cancer researchers

2.3.1.4 *Complex Specialist Oncology*

It is clear that the world of cancer care is changing rapidly across all aspects. This is no different in the world of oncology and specifically the provision of advanced therapies for solid tumours in cancer patients across South East Wales.

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A complex specialist oncology service is required to support the care of this cohort of patients who have the potential for experiencing severe complex side effects from systemic anti-cancer therapy including immunotherapy and to support the introduction of advanced therapies/AMTPs in Wales in the very near future (e.g., CAR-T).

The provision of this service development is inextricably linked to the development of advanced/complex therapies in cancer services and will support the cohort of patients across South East Wales being offered/receiving them.

Alignment with Acute Oncology Services

Whilst the patients within the complex specialist oncology service are a defined cohort, the service will be aligned with the acute oncology service to ensure a comprehensive approach, allowing effective and efficient use of the multidisciplinary workforce and ensure that any potential duplication is avoided.

This development was highlighted in the Nuffield Trust Independent Advice and is intended to complement the regional acute oncology service which is being implemented across South East Wales. Similar services have been established in other parts of the UK in peer systems e.g., Manchester Cancer Alliance, South East London Cancer Alliance.

2.4 Potential Business Scope and Key Service Requirements

As part of the development of this business case a range of service priorities were considered by both the clinical teams and the executive team of the Health Board. These discussions considered including acute oncology within the scope of the project. The clinical team developed a list of service priorities, including the benefits of delivering each of these within this project. Schedules of accommodation were developed for each of these priority areas.

It was, therefore, concluded that whilst the development of the acute oncology service was important and a priority for the Health Board it should not be included as part of the scope of this business case and will be taken forward within its own dedicated project.

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes
- An intermediate – essential and desirable requirements/outcomes
- A maximum – essential, desirable and optional requirements/outcomes

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	Core	Desirable	Optional
Potential Scope	Service included: Haematology/BMT Inpatients, UHW Haematology Day Centre, UHW Advanced Therapies, UHW	Service included: Haematology/BMT Inpatients, UHW Haematology Day Centre, UHW Advanced Therapies, UHW Cardiff Cancer Research Hub, UHW Complex Specialist Oncology Inpatients, UHW	Services included: Haematology/BMT Inpatients, UHW Haematology Day Centre, UHW Advanced Therapies, (UHW Cardiff Cancer Research Hub, UHW Complex Specialist Oncology Inpatients, UHW Haematology Outpatients, UHW Cardiff Haemophilia Centre, UHW Acute Oncology Unit
	Services excluded: Haematology Outpatients, UHW Cardiff Cancer Research Hub, UHW Cardiff Haemophilia Centre, UHW Complex Specialist Oncology Inpatients, UHW	Services excluded: Haematology Outpatients, UHW Cardiff Haemophilia Centre, UHW	
Key Service Requirements	A facility that meets minimum statutory requirements with regard to environmental and care quality standards. Sized to meet current and projected future demand	A facility that meets minimum statutory requirements with regard to environmental and care quality standards. Sized to meet current and projected future demand	A facility that meets minimum statutory requirements with regard to environmental and care quality standards. Sized to meet current and projected future demand

Executive Summary Table 2: Potential Scope

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2.5 Main Benefits Criteria

Satisfying the potential scope for this investment will deliver the following high-level strategic and operational benefits.

Spending Objective	Main Benefits
Objective 1: Quality and Safety of Services	▪ High quality patient care ▪ Patient outcome maximised through treatment early in the course of the disease. For example, patients with acute myeloid leukaemia (AML) transplanted in first remission have a cure rate of 65% falling to 40% when done in second remission. Thus, earlier treatment avoids the costs of re-treatment (due to relapse) and results in a better long-term outcome ▪ Reduced length of stay for complex specialist oncology patients ▪ Ensuring the model provides safe management of patients at higher clinical risk and who require complex specialist oncology services ▪ High levels of safety which support increasing toxicity of treatments now and in future years i.e., reduced number of incidents relating to toxicity ▪ Reduction of avoidable patient harm ▪ Development of specialist toxicity management pathways with each organ specialist ▪ Staff recruitment and retention will improve as investment in new facilities will help attract and retain high quality professional staff ▪ Development of best practice clinical pathways with clinicians from the Health Board and Trust collaborating with on the management of complex patient toxicity ▪ Delivering high quality and research-led teaching at both undergraduate and postgraduate level, and to inspire others to pursue excellence in research, teaching and innovation ▪ Supports the development of fundamental foundations (capacity/capability) to deliver advanced therapies/AMTPs
Objective 2: Provide a high quality physical environment	▪ Provide safe and appropriate environments of care for patients and improving the patient experience, with improved patient satisfaction (patients have repeatedly complained about the lack of ensuite facilities during informal feedback) ▪ An increase in capacity with contiguous inpatient and daycase facilities forming an integrated unit will enhance patient flow and continuity of care with timely admission for therapy and reduced delays with documented increased risk of relapse ▪ Providing a supported environment for the delivery of EPCTs including, those utilising Advanced Therapies (ATs) ▪ Compliance with statutory standards, including JACIE accreditation and maintenance of the HTA licence ▪ Compliance with NHS guidance/best practice including NICE and All Wales Medicines Strategy Group requirements ▪ Effectively and efficiently deliver the wider the clinical model essential to the deliver the model for non-surgical tertiary cancer services in south east Wales as outlined in the Nuffield report

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Spending Objective	Main Benefits
	▪ Attract researchers to Cardiff to support the establishment of the Cardiff Cancer Research hub
Objective 3: Access	▪ Provide suitable services and facilities sized to meet demand to ensure improved and optimised treatment pathways ▪ Improved waiting times ▪ Increasing research options for Welsh patients nearer to home ▪ Improvements to patient aftercare: toxicity follow-ups provided for all patients with toxicity irrespective of tumour group ▪ Improved survival and quality of life ▪ Reduction in the non-availability of inpatient beds for Haematology/BMT patients ▪ Reduction in patients receiving extra ('holding') courses of chemotherapy (due to current waiting times). This will reduce patients' exposure to potential complications from unnecessary additional treatment ▪ Providing opportunities for shared learning, training, education and career pathways to inspire, train and mentor future clinical and non-clinical cancer research leaders. ▪ Specialist oncology presence physically located within a UHW/secondary care setting to enhance multi-disciplinary working and knowledge transfer for better quality of care, outcomes and clinical and patient experience ▪ Provision of capacity and capability to deliver immunotherapies and advanced therapies/ATMPs will assist in establishing Cardiff and Wales as a global player new/emerging market
Objective 4: Effective use of Resources	▪ Reduced the current waiting times for BMT ▪ Building research critical mass, expertise and infrastructure ▪ Supports development of a robust and comprehensive database for cancer services (acute and complex patient cohort) ▪ Improving income generation (commercial trials, industry investments, grant awards etc.) ▪ Enhancing Cardiff/Wales research competitiveness at UK level and how Cardiff/Wales is perceived by key research funders ▪ Cost avoidance: if capacity and capability is not established patients may have to travel across the border for immunotherapies/ATMPs/advanced therapies and this will be more expensive ▪ Cost savings: there is a significant opportunity to delivery significant cost savings from reduced length of stay for patients with severe toxicity (grade 3 and 4)
Objective 5: Sustainability	▪ Services continue to be provided to meet patients' needs ▪ Providing a pipeline of late phase trials and benefits for future cancer patients ▪ Reduction in staff sickness rates ▪ Better connecting academic researchers and clinical researchers ▪ Facilitating both research development and delivery (NHS/Academia)

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Spending Objective	Main Benefits
	▪ Provision of capacity and capability to deliver ATMPs in Cardiff will make it/Wales a more attractive place for strategic partners to invest in (in terms of infrastructure and financial investments)

Executive Summary Table 3: Main Benefits

3.0 THE ECONOMIC CASE

3.1 The Long List: Options Framework

The framework options long list options findings are summarised below as per business case guidance:

Framework Options	Business As Usual	Do Minimum	Intermediate	Do Maximum
Potential Service Scope Options – as outlined in the strategic case	**1.0 BAU:** Existing Haematology/BMT, Cancer Research and Complex Specialist Oncology services (no beds)	**1.1 Core Services:** Haematology/BMT Inpatients, UHW Haematology/BMT Day Centre, UHW Advanced Therapies, UHW	**1.2 Core Services plus:** Cardiff Cancer Research Hub, UHW Complex Specialist Oncology, UHW	**1.3 Core and Desirable Services plus:** Haematology Outpatients, UHW Cardiff Haemophilia Centre, UHW Acute Oncology Unit, UHW
	Discounted	Carried Forward	Preferred Way Forward	Discounted
Potential Service Solution Options – in relation to the preferred scope	2.0 Backlog maintenance is addressed	2.1 Backlog maintenance is addressed and refurbishment of the accommodation the services currently occupy	2.2 Backlog maintenance is addressed and refurbishment of other potentially available existing Health Board accommodation	2.3 New build
	Discounted	Discounted	Carried Forward	Preferred Way Forward
Potential Service Delivery Options - in relation to preferred scope and solution	3.1 In-house		3.2 Strategic Partnership	3.3 Outsource
	Preferred Way Forward		Discounted	Discounted
Potential Implementation Options – in relation to preferred scope, solution and method of service delivery		4.1 Phased		4.2 Big Bang (single phase)
		Preferred Way Forward		Discounted
Potential Funding Options – in relation to preferred scope, solution, method of service delivery and implementation		5.1 Public Funding		5.2 Private Funding
		Preferred Way Forward		Discounted

Executive Summary Table 4: Options Framework

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3.2 The Short Listed Options

The preferred and possible solutions identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were 'discounted' as impracticable have been excluded at this stage. Business As Usual was excluded from further detailed analysis but has been retained as the baseline comparator.

Based on this hi-level non-financial analysis, the recommended short list for further appraisal as per business case guidance is as follows:

- Option 0 – Business as usual (for comparative purposes)
- Option 1 – core services only at UHW, within a new build on the UHW site
- Option 2 – core and desirable services within Health Board refurbished accommodation. Within option 2 there are three possible physical solutions:
  - 2a – Provide the required accommodation for the preferred scope within a refurbished/remodelled Lakeside Wing
  - 2b - Provide the required accommodation within a refurbished/remodelled area on the ground floor of the main hospital adjacent to the existing haematology/BMT services, currently occupied by general outpatients and the Haemophilia Centre. Re-provide the displaced general outpatient department within a refurbished/remodelled Lakeside Wing and the displaced Haemophilia Centre within a refurbished Highly Contagious Infectious Diseases Unit (HCID) Unit
  - 2c – Provide the required accommodation within a refurbished/remodelled area on the seventh floor of the main hospital building
- Option 3 – core and desirable services within a new building on the UHW site Within this option there are two possible solutions:
  - Option 3a – core and desirable services provided within a traditionally built new build on the site of the current HCID Unit on the car park above the main hospital entrance
  - Option 3b – core and desirable services provided within a new modular building on the site of the current HCID Unit on the car park above the main hospital entrance

The short listed options, including sub-options (relating to location) have been further analysed against the spending objectives and critical success factors. On the basis of this analysis, the recommended short list for further appraisal within the OBC is as follows:

- Option 0 – Business as usual (for comparative purposes)
- Option 1 – core services only at UHW, within a new build on the UHW site
- Option 2 - Provide the required accommodation for core and desirable services within a refurbished/remodelled area on the ground floor of the main hospital adjacent to the existing haematology/BMT services, currently occupied by general outpatients and the Haemophilia Centre. Re-provide the displaced general outpatient department within a refurbished/remodelled Lakeside Wing and the displaced Haemophilia Centre within a refurbished HCID Unit (previously option 2b)
- Option 3 – core and desirable services provided within a traditionally built new build on the site of the current HCID Unit on the car park above the main hospital entrance (previously option 3a)

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- Option 4 – core and desirable services provided within a new modular building on the site of the current HCID Unit on the car park above the main hospital entrance (previously option 3b)

3.2.1 Economic Appraisal

The table below presents a summary of the key outputs of the economic appraisal, expressed as Net Present Values (NPV):

Economic Impact in NPV terms	Option 0 £000	Option 1 £000	Option 2 £000	Option 3 £000	Option 4 £000
Net Present Cost (NPC) of Costs					
Opportunity	0	0	0	0	0
Capital	1.4	52.6	91.9	72.1	72.4
Revenue	824.2	895.9	1018.9	1001.1	1004.3
Externalities	0	0	0	0	0
Risk	0	0	0	0	0
Total Costs NPC	**934.2**	**1,026.3**	**1,202.4**	**1,160.4**	**1,167.0**
Net Present Value (NPV) of Benefits	0	0	0	0	0
NPV non-Cash releasing Benefits	0	0	0	0	0
NPV Societal	0	0	0	0	0
Net Contribution (Benefit)	0	0	53.1	51.1	53.1
Total Benefits NPV	**0**	**0**	**53.1**	**51.1**	**53.1**
Incremental Impact					
Total Incremental Cost Increases (Capital)	0	(50.1)	(89.5)	(69.7)	(70.0)
Incremental Cost - Revenue	0	(71.8)	(194.8)	(176.9)	(180.2)
Incremental cost reduction – opportunity cost	0	0	0	0	0
Incremental cost reduction - revenue	0	0	0	0	0
Incremental cost reduction – net contribution	0	0	53.1	51.1	53.1
Incremental cost reduction - risk	0	29.9	16.1	18.9	17.4
Net Present Social Value (NPSV)	**0**	**(92.0)**	**(215.0)**	**(176.6)**	**(179.6)**
Benefit Cost Ratio		**3**	**4**	**1**	**2**
Economic Ranking of Options				**0.7%**	
BCR Switch Value				(0.002)	0.002

Executive Summary Table 5: Economic Appraisal of Options

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A detailed assessment of benefits will be undertaken as part of the OBC appraisal but at this stage the economic analysis indicates that:

- Option 3 has the best benefits cost ratio before the more detailed analysis is undertaken but it is very close to option 4 at this stage and sensitivity analysis would show that further work required on benefits should provide a clearer statement

3.3 The Preferred Way Forward

The preferred way forward at this SOC stage is option 3 or option 4. Under both of these options the proposal will provide BMT and Haematology services to meet JACIE compliance. It will also ensure co-location with the Cardiff Cancer Research Hub (CCRH) and beds for Complex Specialist Oncology. This is an essential component to effectively and efficiently deliver the wider the clinical model which is essential to deliver the model for non-surgical tertiary cancer services in south east Wales as outlined in the Nuffield report.

Given the wider potential benefits and flexibility associated with Option 4 as a modular build, the financial case has considered the valuation and associated capital charges of this preferred option at SOC stage.

The following table shows the key changes in bed numbers

	Current	Planned
General Haematology	17	20
BMT	9	18
BMT (readmission)	0	6
CAR-T	1	6
Clinical Trials (Haematology)	0	4
R&D (Cardiff Cancer Research Hub)	0	
Complex Specialist Oncology	0	4
TOTAL	**27**	**58**

Executive Summary Table 6: Proposed Changes to Bed Numbers

To facilitate this option, the new building will be on stilts for continued use of the drop-off area around the hospital entrance. Additionally, a new link bridge will be required to connect back to the existing hospital.

4.0 THE COMMERCIAL CASE

The preferred construction method is Modular Build, procured through a two-stage tendering process, via the Shared Business Services (SBS) or via an open tender option, this will be further explored in the OBC. Dialogue with colleagues from the NHS Wales Shared Services Partnership – Specialist Estates Services has been undertaken to explore the benefits of the preferred procurement option.

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4.1 Required Services

The scope of services required is for the project management, cost advice and the design and construction of a new build modular construction.

4.2 Proposed Charging Mechanisms

The Health Board intends to make payments in respect of the proposed products and services as follows:

- Charging will be completed in accordance with the terms and conditions associated within the contract conditions or the SBS Framework terms and conditions
- The contract will be managed by Cardiff and Vale University Health Board under the NEC4 Option A Fixed Price Contract with Activity Schedule

4.3 Procurement Strategy

In deciding on the most appropriate procurement route, the following consideration have been made:

- The size and complexity of the works
- A cost effective procurement route
- Procurement which complies with UK Law
- The timescales and "as soon as" target date for delivery due to JACIE requirements
- The level of pre-works engagement with the contractor required under each procurement route
- The current status of the project with regard to design
- Potential future opportunities for the re-use or re-purpose of the facility procured

Whilst there is very little to choose between the procurement options, the construction period on site and the disruption to an existing Hospital Site, which will be reduced with the modular construction, as much of the structure can be fabricated off site, supports Modular Build. In addition, the modular construction system offers flexibility and adaptability, enabling modules to be easily unbolted, removed, and relocated as needed.

In addition to the above elements, another significant benefit of modular construction systems is that no wall is weight-bearing. This characteristic provides the building with long-term flexibility, as it allows for the complete adaptation of the space into something else. Without the constraint of load-bearing walls, the interior layout can be easily reconfigured and modified according to evolving needs and preferences. This flexibility ensures that the building can be transformed or repurposed with relative ease, offering a sustainable and future-proof solution that can adapt to changing requirements over time.

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The preferred procurement option is to deliver through a modular construction. The preferred option would be to procure via Shared Business Services (SBS). The SBS framework has options for both mini competition and direct award.

The framework states that "Participating Authorities have the ability to call off (Direct Award) without further competition" in certain circumstances which includes:

- Where the framework supplier has already carried out significant services "at risk" on behalf of the Authority in relation to the site to where the call off agreement will relate
- Where for reasons of urgency it is not reasonably practicable to award the call off agreement by way of mini competition

4.4 Accountancy Treatment

It is envisaged that the assets underpinning the delivery of service will be on the balance sheet of the Health Board.

5.0 THE FINANCIAL CASE

5.1 Capital Costs

A summary of the capital costs for the preferred way forward at this stage are as follows:

Capital Costs	Option 4 £m
Works Cost	40.508
Fees	1.904
Non-Works	2.413
Equipment	2.539
Planning contingency	4.736
VAT	10.420
VAT Recovery	(0.381)
Total Capital Cost/ Cost Forms	**62.139**

Executive Summary Table 7: Capital Costs for the Preferred Way Forward

The cost forms are included within Appendix 6.

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5.2 Revenue Costs

The indicative revenue cost implications associated with the case are summarised below.

These should be considered alongside the multiple commissioning arrangements as described in Section 5.5.

Revenue Costs	Option 4 £m
Facilities and Estates	1.854
Haematology, BMT & CAR-T	32.284
CCRH	2.298
Specialist Complex Oncology	1.971
Revenue Costs in CIA	38.407
Net External Contribution	(2.298)
Cost within CIA	38.407

Executive Summary Table 8: Revenue Costs

Revenue cost estimates include:

- Estates and soft FM running costs
- BMT / CAR-T pay and non-pay, with reference to outline staffing requirements
- Indicative CAR-T product (ATMP) costs up to 80 patients, circa £16.250m
- Haematology and Specialist Complex Oncology bed day costs
- Service costs inherently include both direct and indirect support service implications, including, for example, therapies, pathology, pharmacy
- CCRH provisional workforce costs, although trials income is planned to manage this
- Remaining R&D clinical non-pay costs would be speculative subject to trial and are therefore excluded, with trials income also planned to manage such costs

The financial implications are high-level estimates at this stage and will be developed further as part of the OBC, and alongside the required commissioning planning processes.

5.2.1 Depreciation and Impairment

In line with other centrally funded capital schemes, the Health Board would anticipate that the non-cash implications of the scheme would be funded. That is, Welsh Government would provide funding to cover any additional depreciation costs or impairments arising from the scheme.

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Provisional impairment and depreciation estimates are reflected below:

	£m
Impairment	28.804
Depreciation – Building / Engineering	0.772 per annum
Depreciation - Equipment	0.609 per annum

Executive Summary Table 9: Depreciation and Impairment

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimated useful economic life (UEL) provided by the District Valuer. These estimates are provisional and will be revised as part of the OBC.

The following is a summary of the total impact of capital charges and depreciation by year

	2025/26 £m	2026/27 £m	2027/28 £m
DEL Impairment	0	0	0
AME Impairment	28.804	0	0
Total Impairment	28.804	0	0
Depreciation – Build	(0.003)	0.772	0.772
Depreciation - Equipment	0.000	0.609	0.609
Total Depreciation	(0.003)	1.381	1.381

Executive Summary Table 10: Impact of Capital Charges and Depreciation by Year

Depreciation continues per annum in line with UEL and the Health Board's usual accounting policy beyond 2027/28.

This business case assumes all capital charges and depreciation will be funded by WG in each of the years as per the above and on a recurring basis where relevant.

5.3 Impact on Income and Expenditure Account

The anticipated depreciation and indicative net revenue cost profile for the extent of the project and initial implementation is set out below:

	2025/26	2026/27	2027/28	2028/29	2029/30
	£m	£m	£m	£m	£m
Depreciation	- 0.003	1.381	1.381	1.381	1.381
Revenue Cost (Less Ext. Cont'n)		9.491	18.518	27.545	36.109

Executive Summary Table 11: Impact on Income and Expenditure Account

The revenue cost profile is yet to be confirmed subject to the detail around phased implementation aligned to both workforce and commissioning plans.

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5.4 Impact on the Balance Sheet and Capital Spend Profile

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

The anticipated capital spend profile is set out below:

	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m
Capital (Ex VAT) - DEL	0.390	7.190	44.520	0.000	0.000

Executive Summary Table 12: Capital Spend Profile

5.5 Funding Arrangements and Overall Affordability

The revenue consequences of the business case need to be considered in the context of multiple commissioning arrangements and income associated with trials.

BMT / CAR-T services are commissioned by WHSSC, with funding for AMTP developments currently supported by strategic WG allocation routed via LHBs. Investment to support a phased expansion of capacity to meet critical accreditation requirements and demand over the coming years will be met through successive Integrated Commissioning Plan (ICP) rounds. The allocation to LHBs would remain in line with 'Risk Share' arrangements, based on utilisation and/or pooling methodologies. This forms the largest consideration of the financial revenue case.

Current risk shares are set out below for information only

	CVUHB	SBUHB	CTMUHB	ABUHB	HDUHB	PTHB	BCUHB
SW BMT Programme	14.08%	14.18%	21.52%	31.33%	17.00%	1.89%	0.00%
AW ATMPs	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%

Executive Summary Table 13: Current Risk Shares

Specialist Complex Oncology beds are required to support the wider nVCC pathways in line with the Nuffield Trust recommendations. Given the nature of this cohort, consideration of funding via the WHSSC ICP process as part of specialised Blood and Cancer services is proposed. The Velindre Collective Commissioners Group will be asked to consider and endorse this recommendation. The responsible provider for this aspect of care will need to be determined and confirmed through the OBC/FBC, with consideration of Nuffield Trust's Report Recommendation 5, but also the practicalities of location and reporting protocols.

General Haematology is commissioned by LHBs and is subject to long standing 'Long Term Agreements (LTAs)'. Funding for the additional capacity will be agreed through the IMTP planning process, with contracts amended to reflect revised prices and activity baselines where required.

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Based on 2019/20 inpatient activity, respective Health Board utilisation is set out below for information:

	CVUHB	SBUHB	CTMUHB	ABUHB	HDUHB	PTHB	BCUHB
Haematology IP	47.45%	3.06%	16.63%	23.57%	8.47%	0.82%	0.00%

Executive Summary Table 14: UHB Inpatient Utilisation

Cancer Research is a key component to the development and sustainability of tertiary and specialist cancer services in Wales, and a core part of partnership working with Velindre and Cardiff University. Funding arrangements surrounding both the BMT/CAR-T trials beds and the Cardiff Cancer Research Hub (CCRH) are predicated on a 'cost neutral' model. Income from trials or other associated activities will support the revenue costs of the direct workforce and clinical non-pay. A discrete CCRH revenue business case will be taken forward on a tripartite basis.

One important consideration is the opportunity cost from a revenue perspective.

The current and future expansion of CAR-T indications in line with NICE appraisals would need to be implemented and services commissioned for the population. In the absence of capacity and accredited facilities within Wales, patients would require referral to other UK Centres at full price tariffs / pass-through costs for extensive stays. Growth in BMT demand would also need to be referred out of Wales at full price tariffs.

The affordability of the case is therefore summarised through the following funding streams:

	Commissioner	Funding Model
BMT	WHSSC	Successive WHSSC ICP Rounds
CAR-T	WHSSC	Successive WHSSC ICP Rounds
General Haematology	LHBs	LHB LTA Uplifts and local C&V Investment
Specialist Complex Oncology	Proposal for WHSSC on endorsement of VCCG	Successive WHSSC ICP Rounds, alongside nVCC
CCRH and R&D Beds	Tripartite C&V, VCC, CU	Discrete business case and income from trials

Executive Summary Table 15: Funding Streams

The commissioning arrangements will be finalised and confirmed at OBC/FBC stage, with consideration of WHSSC intentions regarding Specialist Haematology.

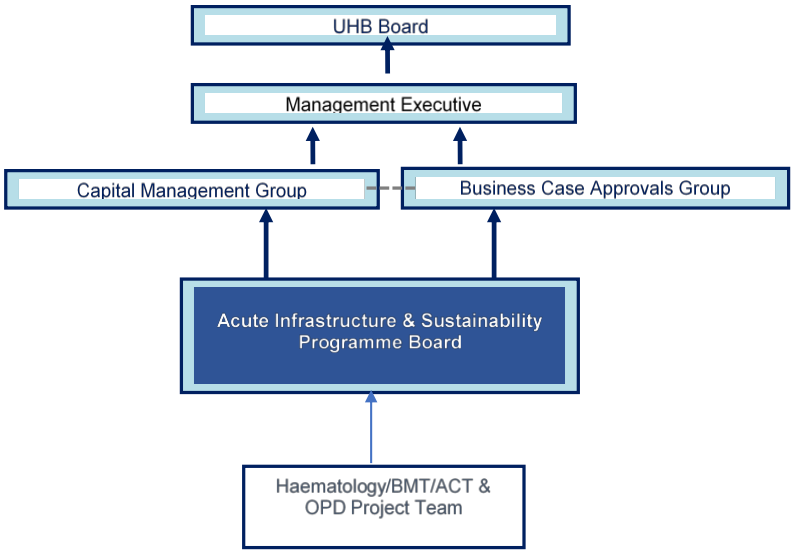
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6.0 THE MANAGEMENT CASE

6.1 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 5: Outline Project Reporting Structure

6.2 Outline Project Programme

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
SOC Submission to WG	July 2023
OBC/FBC Submission to WG	April 2025
Design completion and commence construction	March 2025/July 2025
Construction completion	September 2026/ January 2027
Facility operational	September 2026/ January 2027

Executive Summary Table 16: Project Programme

NB: The design and construction periods differ depending upon the selected option at OBC with a modular construction providing a shorter timescale than a traditional build.

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6.3 Recommendation

Cardiff and Vale UHB patients, staff and visitors would benefit substantially from the approval and financial support for this project. The proposed project will:

- Create an ambulatory model of treatment delivery for haematology/bone marrow transplant patients, which will meet both future service demand and address health and safety deficiencies and meets the requirements for JACIE accreditation
- Provide additional accommodation required to support advanced therapies
- Provide the required inpatient accommodation for complex specialist oncology patients
- Provide appropriate accommodation for the tripartite Cardiff Cancer Research Hub
- Provide an essential component to effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable

The timescale for the completion of the works will be dependent on the procurement route selected at OBC stage but is expected to be circa 18 months.

The Health Board would, therefore, recommend that WG give due consideration to the request for funding and approve the SOC enabling the scheme to progress to the OBC stage.

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Report Title:	South Wales Thrombectomy Full Business Case			Agenda Item no.	7.3.2
Meeting:	Board	Public	X	Meeting Date:	27th July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Deputy Director of Operations, CD&T				

Main Report
Background and current situation:

The importance of Mechanical Thrombectomy as a first line treatment for eligible stroke patients is recognised as an intervention that will improve the quality of life for that cohort, and ultimately avoid the demand on the health service for conditions exacerbated by poor prognosis as a result of a stroke. Mechanical Thrombectomy (MT) has been performed at UHW for some years for the local population, but only for 10-15 patients a year. Out of hours, some patients are referred to North Bristol NHS Trust, with their service having recently expanded to accept referrals from 8am – 12am. Whereas this is a positive move that will benefit more patients, it is insufficient for the needs of the South Wales population.

Cardiff & Vale UHB are in a unique position to be able to offer the service, as the only Health Board in South Wales with an Interventional Neuro-Radiology service. This business case sets out the vision and the requirements to expand the local service in a phased approach to incorporate patients from South Wales in order to provide access to more eligible patients for this life-altering treatment. This business case has been developed in full collaboration with WHSSC as the strategic plan for the development of Mechanical Thrombectomy service in South Wales and is fully aligned to the UHB's strategic outcomes and priorities.

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

Thrombectomy is seen as the medical intervention that provides the greatest whole system value to Health. In addition to the evident benefits for patients accessing this procedure, it provides other benefits to C&VUHB, in the form of recruitment, retention and development of the Interventional Neuro-Radiology service and its associated specialties.

Currently there are two Interventional Neuro-Radiologists performing all INR requirements in the Health Board. In order to expand the service, recruitment to this team is key. Recognising that expansion will require recruitment in a number of areas, it is proposed to expand this service in a phased approach. This business case seeks the approval for Phases 1 and 2.

Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon-Fri	8am-8pm 7 days	24/7
Target %	2.5	3.8	5.3	10.0

The number of patients expected to be treated in Phase 1 represents 2.5% of patients suffering a stroke. It is estimated that only 12% of stroke patients would be eligible for Thrombectomy due to stage of presentation and severity of stroke. This means that around 400 patients a year in South Wales might be eligible, therefore Phase 1 represents less than 20% of eligible patients. In addition to this service, North Bristol NHS Trust will continue to offer the out of hours service to midnight, with a view to expanding their offer to 24/7 in due course. This will increase the % of patients that can access the service. This is a daytime weekday service, mirroring the current service, but accepting tertiary patients.

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Phase 2 would cater for just under 30% of eligible patients treated at UHW, supplemented by North Bristol NHS Trust's out of hours offer. This expands the service to 8pm in the evening.

The total cost of Phase 1 is £2.583m, increasing to £3.421m in Phase 2. A detailed workforce plan has been developed through the Thrombectomy Implementation Group and is included in the business case, including staffing and resource requirements across Radiology, Medicine, Peri-operative Care, Critical Care, Therapies, Pharmacy and WAST; with the bulk of the additional requirements sitting in the first two directorates. It is the recruitment difficulties within the Interventional Neuro-Radiology field that primarily drives the need to implement this in a phased approach. The first phase relies on the current INR duo to provide the service through additional sessions, whilst we seek to recruit further INR consultants. However, the intent to develop as the South Wales Thrombectomy Service will be key to attracting the future workforce, enabling the progression over time to become at 24/7 service.

In terms of affordability, WHSSC currently pay a premium rate per case for North Bristol NHS Trust to undertake this work. This business case measures favourably with the cost per case at Bristol, and through the phases, recognises economies of scale to bring the cost per case in line with English tariffs.

Phases 3 and 4 will look at the development of a supra-regional model to address the gap in access but are outside the scope of this approval request. However, commitment is required to further develop these phases, aligned with the development of Stroke services within the region, with a view to making CAVUHB the regional centre for Thrombectomy. Collaboration will continue with North Bristol to ensure good governance, quality and safety of the service, whilst simultaneously reducing the demand at Bristol and increase capacity at Cardiff.

The Business Case has been reviewed by the Investment Group, Senior Leadership Board and Finance & Performance Committee, both of which recommend to the Board for approval. It is available to Board members to refer to should they wish to when considering whether to approve it based upon this recommendation. However, the Board is not required to consider it in detail as this would duplicate the more detailed consideration by the Investment Group, Senior Leadership Board and Finance & Performance Committee.

Recommendation:

The Board is requested to:

Approve the Thrombectomy Strategy FBC with specific approval to support Phase 1 and 2 of the Business Case, and a commitment to further develop Phase 3 and 4 and the ambition to become the regional centre for Thrombectomy for South Wales.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	Y	Long term	Y	Integration		Collaboration	Y	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:
Investment Group	07/06/2023
Senior Leadership Board	15/06/2023
Finance & Performance Committee	19/07/2023

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Cardiff and Vale University Health Board Business Case

For revenue investment proposals greater than £75,000

All business cases must be submitted in line with the timescales outlined in Annex d

Title	*Thrombectomy Business Case*
Clinical /Service Board or Department	*Clinical Diagnostics and Therapeutics Clinical Board*
Expected funding source (highlight/delete as appropriate)	Welsh Health Specialised Services National Programme (please state) UHB core funding Other (please state)
Where a business case is in regards to external funding sources this template **must** be used unless the source of funding requires their own template to be used.	

Approval and scrutiny route	
Has this case been signed off by the Clinical Board / Corporate Departments senior team?	Clinical Diagnostics and Therapeutics Clinical Board Meeting 13/02/23
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	Carly Podger, Acting Finance Business Partner
Clinical Boards: Has the COOs office signed off this document? **Corporate Departments:** Has the relevant Executive sponsor signed of this document?	yes

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4. Summary current service provision and case for change 2
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1. Executive Summary

The purpose of this business case is to present the required investment to implement, in a phased approach, the mechanical thrombectomy (MT) service for South Wales. Cardiff and Vale University Health Board is the only centre which currently could develop the MT service as it is the only Health Board that has Neuro-interventional radiologists. WHSSC requested of the Health Board the development of a service proposal and resulting business case and has determined that the service is a priority.

The model developed and associated costs have been done so in partnership with WHSSC and other Health Boards in order to ensure that there is transparency across the region and with commissioners. On a cost per case basis this business case is favourable in comparison to increasing the number of patients sent to Bristol. In relation to the English tariff, the cost per case becomes comparable to the English tariff through phases 3 and 4 only.

The financial impact of the thrombectomy business case has been discussed with WHSSC and is provided for in the ICP (Phase 1 and 2), through existing outflows to Bristol that would be repatriated and PYE stepped investment.

The indicative C&V commissioner share of the business case is set out below:

	Phase 1	Phase 2	Phase 3	Phase 4
	£m	£m	£m	£m
Total Case	2.583	3.421	5.023	8.429
Current Risk Share	20%	20%	20%	20%
C&V Contribution	**0.529**	**0.700**	**1.028**	**1.725**

The overall financial requirement is not yet agreed, being subject to Management Group and Joint Committee sign-off. In addition, the financial framework to support investment will need to be determined through that process and LTA sign-off for 2023/24. This is likely to include some tariff arrangements (such as Critical Care) and also some negotiation on the activity prices linked to the peer organisations / national tariff upon which the business case has been benchmarked.

Over the last 2 years there has been significant work undertaken both locally and regionally to develop a phased approach to the provision of MT. In Phase 1 there is an aim to deliver 78 case per annum with a day time Monday to Friday service. Future phases allow for the expansion of this but it has been agreed that there is a need to undertake a formal at 12 months and again following phase 2 which is the extended Monday to Friday service.

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Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon-Fri	8am-8pm 7 days	24/7
Target of eligible strokes %	2.5	3.8	5.3	10.0
Workforce planning assumptions	Medical workforce model starts with Current aim to build to 4 WTE	Medical Workforce model will need to be 6 WTE	Will need to be developed as part of supra-regional model	Will need to be developed as part of supra-regional model
Quality and safety mechanisms	South West M+M	South West M+M	South West M+M	South West M+M

The provision of a 24/7 service will require long term collaboration with North Bristol NHS Trust. Sustainability of this service will only be achieved through effective supra-regional working. In parallel with the development of the service model and the business case, and in partnership with WHSSC, Cardiff and Vale Health Board have started working with Bristol on investigating potential partnerships and the associated workforce models.

Each directorate involved in the Thrombectomy pathway as part of this case have developed workforce plans across the four phases of delivery. In particular there have been detailed reviews of the first two phases and the assessment of delivery through these phases. Each directorate has a level of confidence that the workforce plans can be delivered, accepting that the Neurointerventionalists remain a hard to recruit to staff group.

In parallel with this business case development there is work ongoing to review international recruitment opportunities alongside attracting newly qualified consultants in the UK to Cardiff. It is clear that the existence of a thrombectomy service will support the development of a sustainable consultant workforce.

It is clear that the provision of MT for patients in the South Wales region will have benefits to both the patients and the system. Due to the success rate of MT the numbers of patients with improved outcomes through reduced disability scores is high, with the number to treat of 2.6 which is significantly lower than other health interventions.

The benefits of this case include improvements to the disability score of patients, reduced rehabilitation and ongoing care needs and an impact on length of stay. The benefits to individual patients are highly variable dependant on the significance of the cerebral event and as such there is further work with the patients of South Wales to determine the specific levels of both financial and non-financial benefits. The benefits listed within this case are based upon current evidence but will require ongoing monitoring and testing.

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Annual Revenue Requirement	Current Year (£)	Recurrent (£)
	1,291,688	2,583,377
Capital Requirement (£)		

2. Introduction and Background

In Wales, Stroke significantly impacts on the lives of those it effects, it is the main cause of adult disability and is the fourth leading cause of death. It is estimated there are 7,400 people who experience a stroke each year in Wales and there are around 70,000 stroke survivors with more than half of those being under the age of 75. Stroke causes 1900 deaths in Wales each year (GOV.Wales 21), (British heart foundation Cymru 21). The number of stroke survivors living in Wales is expected to increase by 50% during the next 20 years (GOV. Wales 21). The associated socioeconomic burden is huge with the aggregate cost of stroke, including long-term healthcare, rehabilitation and loss of employment, estimated to be around £26 billion pounds per year in the UK.

Ischaemic strokes are caused by a blockage in the arteries supplying blood to the brain, 85% of stroke cases are due to an ischaemic stroke. An ischaemic stroke is essentially a brain attack. Blood is prevented from supplying the brain and this causes the cells within the brain to die. Over one third of ischaemic strokes are caused by large artery occlusion (LAO) large artery occlusion refers to the terminal part of the internal carotid artery, the proximal middle cerebral artery (MCA) or basilar artery.

Mechanical thrombectomy is a procedure carried out by an Interventional Neuroradiologist to remove blood clots from an occluded intracranial vessel, in patients with an acute ischaemic stroke, restoring blood supply to the affected brain tissue. Following multiple international randomised control trials and subsequent meta-analysis thrombectomy is recognised as the gold standard of care for patients with a LAO stroke. The number needed to treat (NNT) to achieve a reduction of one or more points on the modifies Rankin Scale (mRS) is 2.6 (Evans et al 2017). In comparison to treatment with thrombolysis alone, when administered between 3-4.5 hours will produce a t NNT of 19 (Micieli, 2020). In 2019 The National Institute of Clinical Excellence (NICE) updated its 2008 guidelines on thrombectomy due to the overwhelming evidence that MT was a safe, cost effective and could benefit patients presenting up to 24 hours after they were last known to be well. This intervention deserves to dictate the way in which stroke services are organised and funded.

In October 2020 the Thrombectomy Implementation Group (TIG) at the University Hospital of Wales (UHW) was established. The group included staff members who would play a significant role in developing the thrombectomy service. The group has worked to plan and develop a thrombectomy service across South Wales, which has resulted in a formal business presented herein. The business case presented has been developed by TIG group following a formal development plan with engagement from key internal and external stakeholders. Engagement with key stakeholders, via setup task and finish groups, was focused on systematically determining the resource requirements of the various departments contributing to the targeted MT service.

The TIG working with WHSSC has undertaken both local and regional engagement in order to design a thrombectomy service that can be developed over a number of phases with the ultimate vision being that Cardiff and Vale will move to a 24/7 Thrombectomy service for South Wales. Due to the professions required and the national shortage of these individuals the case has been developed in a staged approach with the focus on Phases 1 and 2 in the first instance which ultimately would deliver an extended day time service. It is recognised that the availability of a 24/7 service will require at least in the short to medium term a supra-regional working

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arrangement with North Bristol. These arrangements are being discussed in parallel with the development of the service in Cardiff.

3. Strategic Context – Alignment to UHB strategic direction

Completion of the table below will support how this business case is supporting the four outcomes of the UHBs outcomes framework and subsequent alignment to the UHBs current Integrated Medium Term plan.

Outcome and Priority	How does this proposal support any of these outcomes
Outcome 1: Home first Due consideration must be given to: ❖ Integration with community services ❖ Collaboration with partners	A Healthier Wales (2018) sets out a long - term vision for a 'whole system approach to health and social care', underpinned by prudent health care and Value-Based health care principals National Institute of Health Clinical Excellence 2019 [NG 128 2019] Stroke and Transient Ischaemic Attack in the over 16s: Diagnosis and management Thrombectomy is seen as the medical intervention that provides the greatest whole system value to Health.
Outcome 2: Outcomes that matter to people Due consideration must be given to: ❖ Our continued covid-19 response ❖ Our physical infrastructure ❖ System renewal and redesign and the UHBs Operational recovery plan	Cardiff and Vale UHB Shaping Our Future Wellbeing Strategy 2015-2025. Stroke is recognised in this document as an area where change will have the biggest impact in shaping the future health and wellbeing of the population. NHS England Clinical Commissioning Policy: Mechanical thrombectomy for acute ischaemic stroke (all ages) (2019) NHS England reviewed the evidence on thrombectomy and concluded that the treatment should be made routinely available
Outcome 3: Empower the person Due consideration must be given to; ❖ Our People and Culture Plan ❖ Our digital strategy	The quality statement for stroke (2021) looks at service improvement for stroke patients and their carers with the goals of delivering thrombectomy and providing an equitable stroke service
Outcome 4: Waste, harm and variation Due consideration must be given to; ❖ Addressing the top burdens of disease in Wales (Mental Health, Heart Failure, Cancer, Musculoskeletal (MSK)) ❖ A shift towards a system focusing on prevention	BASP, BSNR, ICSWP, NACCS and UKNG (2021) To support safe provision of mechanical thrombectomy services for patients with acute ischaemic stroke European stroke organisation (ESO) European Society of Minimally Invasive Neurological Therapy (ESMINT)

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❖ The UHBs sustainability action plan and its zero carbon commitment	Guidelines on mechanical thrombectomy in Acute Ischaemic Stroke (2019) American Heart Association (2019) Guidelines for the early management of patients with ischemic stroke

4. Summary current service provision and case for change

Summary of current Service Provision at North Bristol NHS

Under the WHSSC commissioning policy CP 168, Welsh Health Boards across South Wales are able to refer patients for a thrombectomy procedure at Southmead Hospital, North Bristol NHS Trust. Referrals to Southmead are accepted between 08:00 -17:00, with the condition that patients must arrive at Southmead by 18:00. This is available seven days per week and have been extended in the 24/7 for patients in South West England and will, in due course be extended to the population of South Wales.

The model of care is, 'drip and ship' and *'hub and spoke'*, patients are taken to their local acute stroke centre, assessed, appropriate imaging performed and thrombolysis administered where appropriate. A referral is made to the stroke physician in Southmead and on accepting the case the patient is transported by the Welsh Ambulance Service Trust (WAST) to Bristol. Patients are repatriated back to Cardiff at the soonest opportunity.

Summary of Current Service Provision at the University Hospital of Wales

Currently there is an 'ad-hoc' Mechanical Thrombectomy service in place at UHW serving patients from the Cardiff and Vale catchment area only. The service is available Monday-Friday 09:00-17:00 hours. Due to the nature of this treatment it is conducted as an emergency procedure.

The service has no formal commissioning arrangement therefore the resources required to undertake this work already have an existing workload. There are not enough Stroke Consultants to be able to respond to the emergencies presenting at the front door. There are only two Interventional Neuroradiologists (INR) whose job plans are full. Supporting staff such as radiographers, Interventional Radiology nurses and anaesthetic teams are pulled from other duties to undertake local Mechanical Thrombectomy cases, when the availability of the Interventional Theatre permits.

Prior to a Mechanical Thrombectomy procedure, patients will require a CT Scan, CT Angiography and advanced imaging such as CT perfusion scan. This advanced imaging requires specialist neuroradiologist and neuroradiography input before the procedure can begin. These resources are currently stretched with the Major Trauma workload since the designation of UHW as the MTC for the South Wales region and has been further exacerbated with the advent of the Vascular Hub. Many of the thrombectomy procedures performed are carried out outside the dedicated INR sessions, resulting in displacement of their corresponding clinical activities, which in turn creates additional pressures on the diagnostic neuroradiologists. Furthermore, the bed pressures within

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UHW are significant and constant, with both the Intensive Care Unit and the Acute Stroke Unit consistently running at full capacity. There are currently no ringfenced Stroke beds for thrombectomy patients. The Stroke ward is staffed sufficiently as a general medical ward but is not staffed as an Acute Stroke Unit, with nursing staff often redeployed to open up the adjacent ward as overspill capacity.

The Health Board recognises the shortcomings of the current Stroke provision and a number of Stroke summits have been arranged to focus on pathway improvement. Concurrent with this business case process, it will be essential to monitor the planned improvements through this process as they will be vital to the implementation of a successful thrombectomy service

5. Case of change - *The evidence*

Providing a thrombectomy service at UHW for the population of South Wales would help to reduce health care inequalities by making a thrombectomy procedure more routinely available for Welsh patients. Currently less than 1% of the eligible population receive the intervention, and the gold standard would be to reach 12.5% of eligible patients. The benefits of a successful thrombectomy procedure to eligible Stroke patients are immeasurable. To give the patients a better chance of returning to a more independent way of living following a stroke would reduce their reliance on health services both in the short and longer term. Providing a thrombectomy service at UHW for health boards across the South Wales region would ultimately be financially beneficial to Cardiff and Vale and the region in reducing rehabilitation and long-term care costs.

It should be acknowledged that the financial gain of implementing a regional thrombectomy service will not be immediately realised. The cost per case of thrombectomy for the region would initially be £21,425 moving to £11,320 if phase 4 is realised. These costs are lower in the first instance than the current service in Bristol and ultimately in phase 4 comparable with the tariff in England. Realisation of the financial benefit will require collaborative working across Health and Social Care.

Patient feedback via the stroke association is that they would like this service to be more readily available within Wales.

Health Gain

- The number Needed to Treat (NTT) using modern devices for a benefit to functional outcome is as low as 2.6. In comparison with thrombolysis alone which has a NNT of 19 in patients arriving between 3-4.5 hours from symptom onset. Hence, Mechanical Thrombectomy (MT) is one of the most effective treatment innovations to date.
- MT for Acute Ischaemic Stroke represents a once in a generation opportunity to alter the miserable prognosis for the most devastating form of stroke, with substantial benefits for individuals and the wider health and social care (Ford, 2019)
- Optimal treatment for suitable patients
- Reduced transfer times to UHW in comparison to North Bristol NHS which should improve outcomes for patients.
- Increased survival post stroke with fewer deaths.

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Equity

- Allow a greater number of patients across South Wales to receive a thrombectomy. Currently the rate of thrombectomy in Wales is just 0.9% (Delivery Unit 2022)

Clinical Expertise and Retention

- Improved ability to attract and retain the required highly trained clinical staff needed to deliver these services
- Enhancement of the reputation of the trust
- Stabilising the future of existing services at UHW such as neuroradiology, neurosurgery and the Major Trauma Centre
- Thrombectomy service will work in parallel to the ongoing Stroke Network development
- Designating UHW as the regional thrombectomy centre for South Wales this will support the need to develop a HASU at UHW

Value for Money

- NHS Wales patients are charged three times as much as an NHS England patient for a thrombectomy procedure carried out in North Bristol NHS Trust. In England the current NHS tariff for providing MT is £11,750.
- Sustainable service requirements and costs
- Phase 1 service requirements and the profile of phased activity is comparable to North Bristol NHS Trust and will provide economies of scale as the phased implementation progresses.
- Saving bed days in acute and community trusts (Ford, 2019)
- Overall savings for NHS due to less disability and shorter lengths of stay (Ford, 2019)

Despite the infrastructural challenges, there are a number of reasons why this service should be provided by Cardiff & Vale UHB.

1. MT Is a time critical procedure with best outcomes delivered to those patients who receive timely intervention. Performing thrombectomy at UHW would reduce transportation times thus improving the door to groin time.

2. UHW has an existing neuroradiology department which provides coiling treatment for both acute subarachnoid haemorrhage patients with ruptured intercranial aneurysms and elective patients with intercranial aneurysms for the whole the South Wales region

3. There is already an ‘ad hoc’ thrombectomy service in place that provides thrombectomy procedures in service hours to Cardiff and Vale patients

4. Within the radiology department at UHW there are two laboratories that have biplane digital angiographic equipment needed for endovascular cases

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5. The Interventional Radiology department at UHW has two Interventional Neuroradiology Consultants experienced in endovascular treatment. Also, there are appropriately trained vascular radiographers and Interventional radiology nursing staff able to assist during the procedure

6. UHW is the tertiary centre for neurosurgery in Wales and can provide neurosurgery to Stroke patients who may require hemicraniectomies

7. UHW has a Critical Care on site that is able to provide neurocritical care. It also has a neurosurgical high care delivery unit which can provide care to patients who require tracheostomies and who need close monitoring

Further supporting information is available in the following Appendices.

- Appendix 1 – Stroke prevalence throughout the UK demonstrating that Wales has the second highest stroke prevalence rate out of the UK nations
- Appendix 2- Stroke prevalence throughout South Wales based on local health boards
- Appendix 3 - Data produced by the Delivery Unit detailing the population of the region 2,320,885
- Appendix 4 - Thrombectomy Activity showing the proportion of thrombectomies carried out by each tertiary site Sep 2020- August 2021. In total 33 thrombectomy procedures performed Sep 2020- August 2021.
- Appendix 5 - Cardiff and Vale UHB thrombectomy summary which demonstrates the reduced onset to thrombectomy times and door to thrombectomy times of patients receiving a thrombectomy in UHW in comparison with those transferred to Bristol.
- Appendix 6 - Please see account of a patients experience post thrombectomy procedure performed at UHW

Outline of the Impact of the proposal on demand and capacity

1. Welsh Ambulance Service Trust currently transports and repatriates thrombectomy patients to and from North Bristol. By having a thrombectomy service at UHW this would result in a reduction in transportation time.

2. Patients presenting to Cardiff and Vale with an AIS are usually assessed via the Emergency Department (ED). On establishing a regional thrombectomy service patients from across the region would need to be transferred into ED at UHW. This will impact on the bed space and staffing within ED but the process should be swift, and patients would move on in their pathway quickly.

3. An uplift in the acute stroke staffing such as Stroke Clinical Nurse Specialist and Stroke Consultant Sessions covering the front door will facilitate the swift pathway and is integral to facilitating a regional thrombectomy service.

4. The diagnostic neuroradiologist workforce will need to expand in order to report the additional neuroimaging produced by the regional thrombectomy service. It is estimated that around 30% of patients transferred for thrombectomy will require further imaging. Perfusion software is needed, NICE (2019) recommend that stroke patients presenting between 6-24 hours

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can benefit from thrombectomy if there is salvageable brain tissue demonstrated by perfusion scanning.

5. Mortimer et al (2021) recommend that an anaesthetist experienced in neuroradiology should be present during thrombectomy procedures. Currently there are 3 designated anaesthetic sessions allocated to neuroradiology. Emergency cases are booked onto the emergency CEPOD list. This is unsustainable and in order to deliver a regional thrombectomy service additional funding will be needed to cover in hours and out of hours thrombectomy work as the service expands to a 24/7 service.

6. Currently patients who are stable post thrombectomy procedure are transferred back to the Acute Stroke Unit. The unit is currently staffed to provide Level 1 care to patients. If a thrombolysis or thrombectomy patients is transferred to the unit, there is often a need to reallocate work so that staff can provide the necessary care. An uplift in the nursing staff and the wider multidisciplinary team is needed to accommodate a regional thrombectomy service.

7. Presently, there are no ringfenced beds on the acute stroke unit for Thrombectomy and often the unit cares for general medical patients, going forward there will need to be ringfenced beds to accommodate a regional service. Also, an agreed repatriation policy will need to be agreed by all Health Boards that patients are transferred back to their DGH as soon as possible to prevent the service from being overwhelmed and to prevent over centralisation of care. As part of the development of the model regional engagement on a repatriation process similar to that of the MTC has been discussed and agreed in principle

8. It is anticipated that up to 30% of thrombectomy patients may require a bed in Critical Care following a thrombectomy procedure. Critical care in UHW runs at full capacity.

6. Option Appraisal

Option 1: Do Nothing

Continue with existing arrangement that patients from the South Wales Region are transferred to North Bristol NHS for a thrombectomy and patients presenting to Cardiff and Vale Monday- Friday 9:00- 5:00 have access to thrombectomy.

Benefits:

- This is provided within the current cost envelope.
- North Bristol NHS Trust's intention to run the service 24/7 gives scope for more patients to be treated.

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Disadvantages:

- This does not provide equity of access to South Wales patients.
- The benefit to patients and the overall burden to the NHS is not realised.

- Does not align with Welsh Government priorities.

Option not recommended.

Option 2: Development of a 24/7 Thrombectomy Service at UHW for South Wales

Develop a fully functioning, fully resourced service to treat all eligible patients from South Wales at UHW with Thrombectomy, maintaining a contingency arrangement with North Bristol as appropriate.

Benefits:

- This aligns with Welsh Government Priorities
- This provides equity of access to South Wales patients
- The benefit to patients is incalculable.
- The overall burden on the health service is minimised.

Disadvantages:

- Although will realise long-term financial benefit, it is unaffordable in the short-term.
- The time it would take to set up the infrastructure required would take too long, denying eligible patients the opportunity of Thrombectomy.
- Recruitment to the roles required is difficult and unlikely to be achieved in totality at the outset.

Option not recommended.

Option 3: Development of a phased approach to a 24/7 regional thrombectomy service at UHW

Commence a regional service starting with a day time service and then extending the service hours up to a 24/7 service. There will still be reliance of North Bristol to carry out thrombectomy procedures out of the service hours at UHW and whilst the service develops.

Benefits:

- This aligns with Welsh Government Priorities
- This provides equity of access to South Wales patients over time.
- The benefit to patients is incalculable.
- The overall burden on the health service is minimised.
- More achievable in a shorter timeframe, meaning more patients would benefit in the shorter term.
- More likely to attract candidates to key roles over a period of time.
- Allows for revision of the longer-term plan as services develop.
- More affordable in-year to get started.
- Allows C&VUHB to develop the interdependent Stroke improvements in service.

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Disadvantages:

- Some eligible patients will not benefit from this in the short-term due to time of presentation, but this would be mitigated by North Bristol's extended service.

Option recommended.

Option Appraisal Outcome and Conclusion

At this time the only feasible option, which delivers any benefit to the patient population is Option 3.

7. The Preferred option

At this time the only feasible option, which delivers any benefit to the patient population is Option 3.

This option provides the greatest chance for a sustainable increase in the numbers of patients receiving thrombectomy in South Wales. The table below demonstrates for completeness all four phases with the operating hours projected case numbers and the resulting target for % of eligible patients.

Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon-Fri	8am-8pm 7 days	24/7
Target %	2.5	3.8	5.3	10.0

The local and regional work undertaken have defined the clinical pathway, referral and imaging processes as well as the intended approach to repatriation. This detailed work ensures that each individual health Board will have considered what changes to local processes are required to ensure an increase in the number of patients that can receive MT.

7.1 Benefits

This section must outline both the quantifiable and non-quantifiable benefits associated with the proposal. The measures by which quantifiable benefits will be tracked should be included.

Quantifiable benefits	*Non-quantifiable benefits*
• Increase in patients receiving Thrombectomy • Reduced LOS resulting from improved patient outcomes. • Reduced follow up from improved patient outcomes. • Reduced readmission rates from improved patient outcomes. • Equity of access to Thrombectomy for patients across South Wales. • Improved patient outcomes. • Cost per case benefit	• Resulting impact of increase in patients receiving Thrombectomy on health economy • Addition of a funded regional Thrombectomy service at Cardiff & Vale will provide resilience for a number of specialist services, reliant on INR interventions. • Patient experience, could be evidenced via patient stories e.g. Improving access to

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	thrombectomy | Stroke Association

7.1.1 Benefits tracker

This section must see the beniefts realisation tracker (below) completed for all quantifiable beneifits. Where cases are approved this will form a key part of future review meetings with BCAG and provide assurance as to how benieifts are being tracked.

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Benefit title	Benefit descriptor including	Expected realisation date	Measure(s) to be used	Baseline position at xxx	Projected position at	Actual position at xxx	Projected position at xxx	Actual position at xxx	Projected position at xxx	Actual position at xxx
Increased used of digital technologies.	*Half of future FU appointments can be undertaken virtually*	*By Q4 24/25*	*% of FU appointments taking place virtually*	*10%*	*20% by Q2 22-23*	*To be populated at Q2 22-23*	*35% by Q1 23-24*	*To be populated at Q1 23-24*	*50% by Q4 24/25*	*To be populated at Q4 24/25*
Increase in patients receiving Thrombectomy	More eligible patients will have access to Thrombectomy.		Number of patients receiving Thrombectomy at UHW – part of the Stroke Dashboard measures	1.2% (Nov 22)	2.5% by Q3 2024/5					
Reduced LOS resulting from improved patient outcomes.	Successful Thrombectomy should result in patients being fit for discharge earlier (other co-morbidities permitting)		Trend analysis of LOS of Thrombectomy patients (admission to MFFD / transfer date). Comparison of CAV Thrombectomy pts to Acute Stroke LOS.	67.4 days Median pathway LOS	Average improvement of at least 5 days by end of year 1					
Equity of access to Thrombectomy for patients across South Wales.	More patients from across South Wales will be able to receive timely treatment.		Number of eligible patients receiving Thrombectomy, by Health Board – part of the Stroke Dashboard measures.	25 pts 2022 from other SW HB	50 pts from other HB in Yr 1					
Improved patient outcomes. Thrombectomy will be a contributor to overall improvement in stroke measures	Improvement in disability		Change in Modified Rankin Score pre and post-Thrombectomy	4	3 by Q4 23/24					
	Thrombectomy will be a contributor in preventing and limiting disability.		Disability-adjusted life years (DALY) score as detailed in the Quality Statement for Stroke	Under development in parallel with implementation						
	Improved quality of life post stroke		Health Days at Home (HDAH) population-based quality measure (QSS)	Under development in parallel with implementation						
	Thrombectomy will contribute to reduction in proportion of deaths from Stroke		As detailed in the Quality Statement for Stroke							
Cost per case benefit	Provision of service in Cardiff at favourable tariff compared to Southmead.		WHSSC funding model	£24,198 exc. CC/Devices & Transport	£21,425 exc. CC/Devices & Transport					

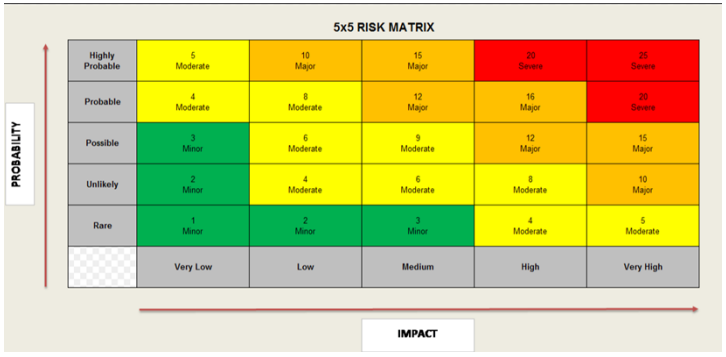
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7.2 Risk

This section must outline the key risks associated with successful implementation (should the case be approved) and plans for mitigating their removel. Where cases are approved this will form a key part of future review meetings with BCAG and provide assurance as to risks are being managed to maximise chnaces of success.

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score (PxI)	Mitigating Action	Owner
Interventional Radiology recruitment	Failure to recruit would prevent progression to further phases of implementation	4	3	12	Consideration for developing skills in-house, cross Interventional / Neurosurgical training.	
Thrombectomy imaging protocols	Eligibility for Thrombectomy relies on prompt identification and diagnostic pathways.	3	3	9	Incorporated into Stroke Improvement Programme. Adoption of Brainomix.	
Repatriation model	Patients must be repatriated to their LHB at the earliest clinically appropriate opportunity in order to avoid creating additional bed pressures and reducing capacity for the next patient.	5	4	20	Adoption of MTC pathway for this patient cohort. Penalties for refusal to accept patient.	
Development of HASU	For later phases, HASU is recommended for most efficient and appropriate model of care, otherwise will place an unnecessary burden on Critical Care	4	4	16	Pursue plans for HASU development within Regional Stroke Network model.	
Equity of post-thrombectomy care	To maximise effectiveness of Thrombectomy on QOL and patient outcomes, patients must be able to access appropriate Therapy support at their LHB	3	4	12	Local Health Boards must commit to adequate therapy provision post-Thrombectomy to ensure equity for patients.	

Key: 5x5 risk matrix



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7.3 Total Cost - Resource Implications and Affordability

It should be acknowledged at the outset that setting up a service in a phased approach will naturally yield some financial inefficiencies due to the need to cover the service daily for the eventuality of receiving approximately 80 patients per year. As the service grows, the service will become more economical. This case has considered how best to utilise resource at those periods where they are not actively treating Thrombectomy patients. In addition, the TIG has run a number of support and challenge meetings with the individual services, therefore assuring that the elements included in this case are purely the uplifts required to take on the additionality of Thrombectomy.

This is a multi-disciplinary service and as such requires resourcing across a number of specialties and organisations. This case sets out the costs for the regional centre at UHW and associated transport costs but does not outline any costs nor savings that may be incurred by referring Health Boards. This, in the first instance describes the Phase 1 requirement, with the intention of refining further requirements after review of the initial phases. However, for completeness, costings have been calculated and detailed for all 4 phases in the attached document entitled Thrombectomy Costing Summary v6.

Thrombectomy Costing Summary v6

Radiology Directorate

The infrastructure required for Radiology to provide this service is not insignificant.

- Interventional Neuroradiologists – there are currently two employed by C&VUHB, with one vacancy. Another 1WTE in addition consultant would be required to supplement this service, as, at least 4 are required to run a resilient service. It is recognised that recruitment of INR consultants is particularly difficult therefore the costings reflect a model where phase 1 of the service is provided through WLI in the first instance. It is likely that commencing a regional service will attract candidates to the area so this money would convert into a 1WTE post in that eventuality.

- Interventional Neuroradiology Nurses – Following an internal revision of the staffing structure, phase 1 of the Thrombectomy service can run with 1 Band 5 and 1 Band 6.

- 2.4WTE Radiographers are required, one CT and one Vascular to carry out the required imaging in a timely manner. With the advent of the MTC and the Vascular hub, the existing service model cannot feasibly attend to multiple emergent patients simultaneously, therefore additional resource is required.

- 0.2WTE Diagnostic Neuroradiologist - The diagnostic neuroradiologist workforce will need to expand in order to report the additional neuroimaging produced by the regional thrombectomy service. It is estimated that around

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30% of patients transferred for thrombectomy will require further imaging. Perfusion software is needed, NICE (2019) recommend that stroke patients presenting between 6-24 hours can benefit from thrombectomy if there is salvageable brain tissue demonstrated by perfusion scanning.

- Support staff are an essential component to this service. Given the need for timeliness of transfer through the hospital, an additional 1.2 WTE porters will be required to facilitate immediate transfer through the various steps of the pathway in a timely way.

- No administrative resource has been factored into Phase 1 although there will be a need for increased provision as the service grows.

- Additional recurrent costs of the Thrombectomy consumables costs should also be funded. Software licences will be covered by C&V UHB.

- The total recurrent cost of Phase 1 for Radiology is £919k.

Peri-Operative Care

- Mortimer et al (2021) recommend that an anaesthetist experienced in neuroradiology should be present during thrombectomy procedures. Emergency cases are booked onto the emergency CEPOD list. This is unsustainable and in order to deliver a regional thrombectomy service additional funding will be needed to cover in hours and out of hours thrombectomy work as the service expands to a 24/7 service. For Phase 1, the requirement for Anaesthetic cover during daytime hours is 1.9WTE. Anaesthetists work 3 session days, due to the work required in the pre-operative and post-operative phase. To provide cover for the theatre, this equates to 15 sessions per week, with an additional 4 sessions of SPA allocation.

- ODP cover is required, which equates to 1.52WTE Band 6.

- The total recurrent cost for the Peri-Operative Directorate for Phase 1 is £351k.

Critical Care Directorate

- It is anticipated that up to 30% of thrombectomy patients may require a bed in Critical Care following a thrombectomy procedure. Critical care in UHW runs at full capacity. The critical care team have strongly recommended that a HASU is commissioned in order to provide specialist care to stroke patients and from a financial perspective a HASU bed will be less costly than a Critical Care bed. However, for Phase 1, the limitations of developing such a unit are recognised. **The requirement for Critical Care is to staff 1 bed for Thrombectomy, at a cost of £304k** per annum for Phase 1 and assumes an average of 5 days LOS.

Therapy / AHP Workforce

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- Rehabilitation of this patient cohort is key to the patients' ongoing recovery. A band 8A Lead Therapist is required as a senior therapy decision maker for the patients' ongoing hospital care. This should be supplemented by a 1 WTE Band

6 Therapist. These roles between them need to fulfil the Physiotherapy and Occupational Therapy provision.

- In addition, 1.2WTE band 3 Therapy technicians will be required. These will be multi-disciplinary and will provide focused attention on the patient and their individual needs.

- A patient's mental well-being is as important to their recovery as their physical needs. For Phase 1, no resource has been factored into the case but in latter Phases, an increase in hours of a Band 8A Psychologist will be required for this purpose.

- An uplift of 0.2WTE to a Band 7 Pharmacist would cater for the medicinal needs of this extra cohort of patients.

- The total recurrent cost for Therapies/AHPs is £168k for Phase 1.

Medicine Clinical Board

Much of the of the investment required for Medicine is included in the Business Case for the Acute Stroke Service. As such, the additional elements required from WHSCC for Thrombectomy are:

- 1 WTE Stroke Clinician - this is to ensure front door cover for presenting strokes and ward cover.

- 5.8WTE Band 6 Nurses for the Stroke ward. This has been calculated based on the additional two beds required for the out of area patients as some of the local patients that undergo Thrombectomy would have otherwise taken up beds in the Stroke ward, regardless of whether they underwent Thrombectomy.

- 0.5WTE Clinical Nurse Specialist - This role will be key for co-ordinating the clinical pathway between Health Boards and providing specialist clinical care to patients.

- 0.2WTE Band 3 SSNAP auditor is required to meet the audit requirements of this extra cohort of patients.

- The total requirement for Medicine Clinical Board is £482k.

WAST

The expected ambulance journeys to and from UHW have been costed and a B7 post added to provide increased resilience to the co-ordination team and manage the logistics of timely transfer.

The total funding requirement for WAST is £113k per annum.

Adult Critical Care Transfer Service (ACCTS)

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Consideration should also be given to the current contract with ACCTS in the event of needing to transfer patients from one critical care unit to another, although for Phase 1, this should be minimal.

Non-Pay Overhead Costs

In addition, there are associated non-pay overheads relating to this service, amounting to **£21k** in Phase 1.

The total cost of Phase 1 is £2,583k.

Comparable Unit Cost

When comparing costs to the current arrangement with Bristol, the comparison is favourable. The tables below show comparisons per phase with and without devices and Critical Care costs.

Comparable Unit Cost	Phase 1	Phase 2	Phase 3	Phase 4	
Bristol Cost 2022/23	24,198	24,198	24,198	24,198	excl. devices, CC / HC and transport
C&V Business Case Cost	21,425	17,808	14,138	11,320	excl. devices, CC / HC and transport

Comparable Unit Cost	Phase 1	Phase 2	Phase 3	Phase 4	
Bristol Cost 2022/23	32,971	32,971	32,971	32,971	all costs sample excl. transport
C&V Business Case Cost	31,638	28,022	24,005	21,186	costs excl. WAST

In summary, Cardiff & Vale UHB will be able to provide a comparably cost-effective service compared to the current provision, which, as the implementation progresses through the phases, will bring further economies of scale, bringing the service in line with NHS England tariffs

This table should be the sum of annex a,b and c which provides the detailed break.

	Year 1 £	Year 2 £	Year 3 £
TOTAL RECURRENT (not formula driven - complete)	**1,291,688**	**2,583,377**	**3,421,266**
TOTAL NON RECURRENT (not formula driven - complete)	**0**	**0**	**0**

Assumed start date	Oct-23
Funding Source Revenue:	WHSSC original ICP value not detialed by WHSSC
Funding Source Capital:	

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Annex a: Workforce implications, Non-pay, support service, infrastructure

	Cumulative Staffing Requirements (WTE)				Cumulative Cost Per Phase (£)			
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 1	Phase 2	Phase 3	Phase 4
Radiology (Excl. Devices)	5.80	10.30	13.73	29.70	425,613	584,196	910,855	1,783,705
Radiology (Devices)					493,746	740,623	1,277,246	2,432,843
Medicine	7.50	7.50	8.00	8.00	482,276	482,276	517,075	517,075
Peri-operative Care	3.42	4.95	5.83	8.20	351,304	508,467	616,425	934,857
Critical Care					303,676	455,516	715,423	1,362,707
Therapies & AHP	3.40	4.20	7.08	7.61	167,571	190,566	358,335	386,480
WAST	1.00	1.00	1.00	1.00	113,205	139,521	175,051	278,626
Staff-related non-pay					21,000	28,000	36,000	55,000
Other costs and overheads					224,985	292,101	416,811	677,764
Total Costs					**2,583,377**	**3,421,266**	**5,023,220**	**8,429,057**
Total Cost Excl. Devices, Critical Care and WAST					1,672,750	2,085,607	2,855,501	4,354,882
Comparable Unit Cost, Excl. Devices, Critical Care and WAST					21,425	17,808	14,138	11,320

Annex b: Capital requirements

this should be identified and detailed and, if known, whether this is agreed as part of the UHB's Capital Programme.

Not applicable

Annex d: BCAG submission deadlines

BCAG meets on the first Wednesday of every month. In order for cases to be considered at a meeting they must be with the secretariat in Strategy and Planning **by close of play two Fridays beforehand.**

For 2022-23 this means:

Date of BCAG	Circulation of agenda and papers	Submission of papers
06 July 2022	01 July	24 June
03 August 2022	29 July	22 July
07 September 2022	02 September	26 August
05 October 2022	30 September	23 September
02 November 2022	28 October	21 October
07 December 2022	02 December	25 November
04 January 2023	30 December	23 December
01 February 2023	27 January	20 January

There is no flexibility without the express permission of the Director Finance

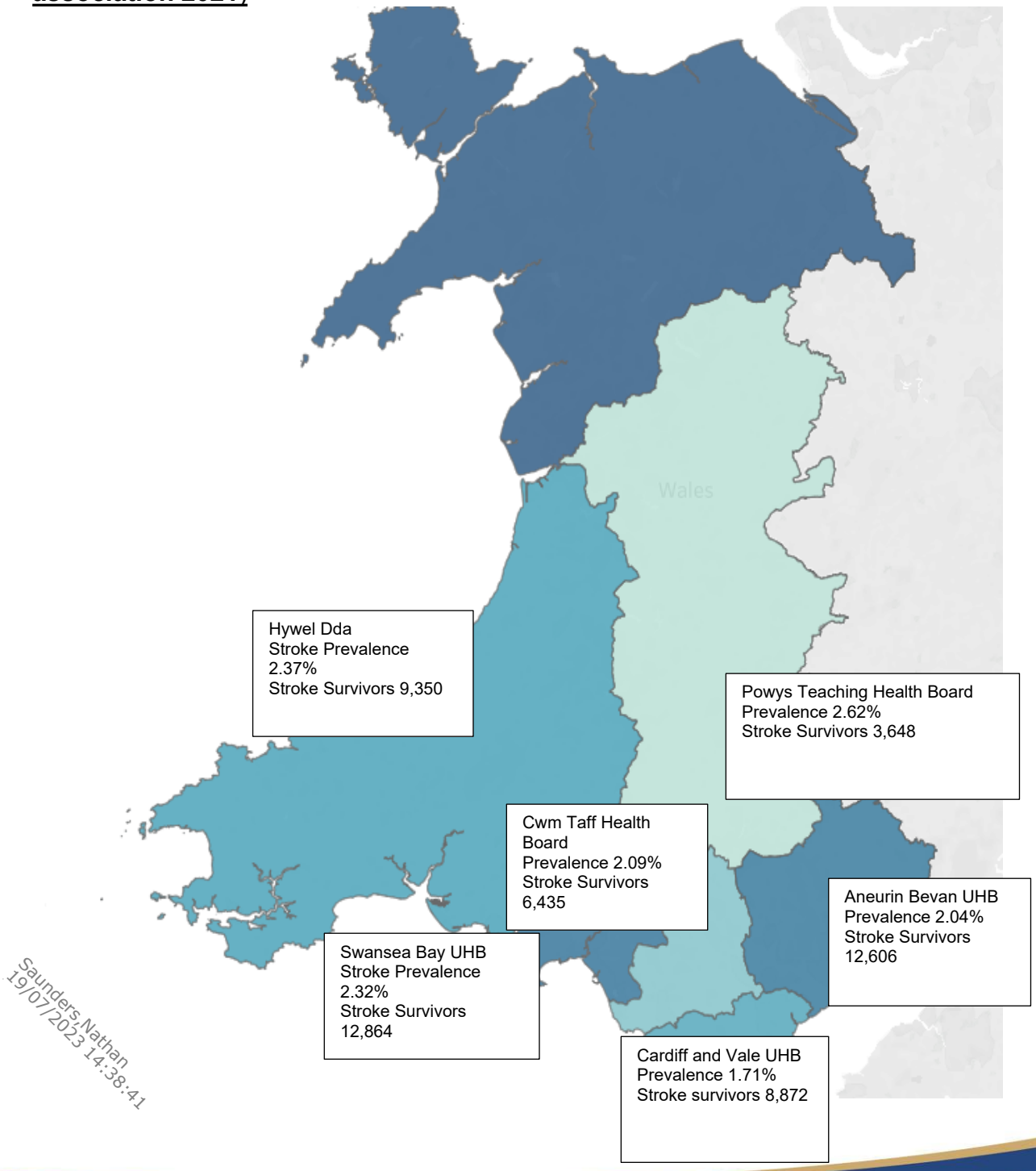
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Appendices

Appendix 1 Stroke Prevalence throughout UK (Stroke Association 2021)

Nation	Hospital admission rate	Stroke Survivors	Prevalence rate
Scotland	9,853	128,050	2.28%
Wales	7,946	68,870	2.12%
Northern Ireland	4,928	39,205	1.95%
England	126,011	1,086,155	1,80%

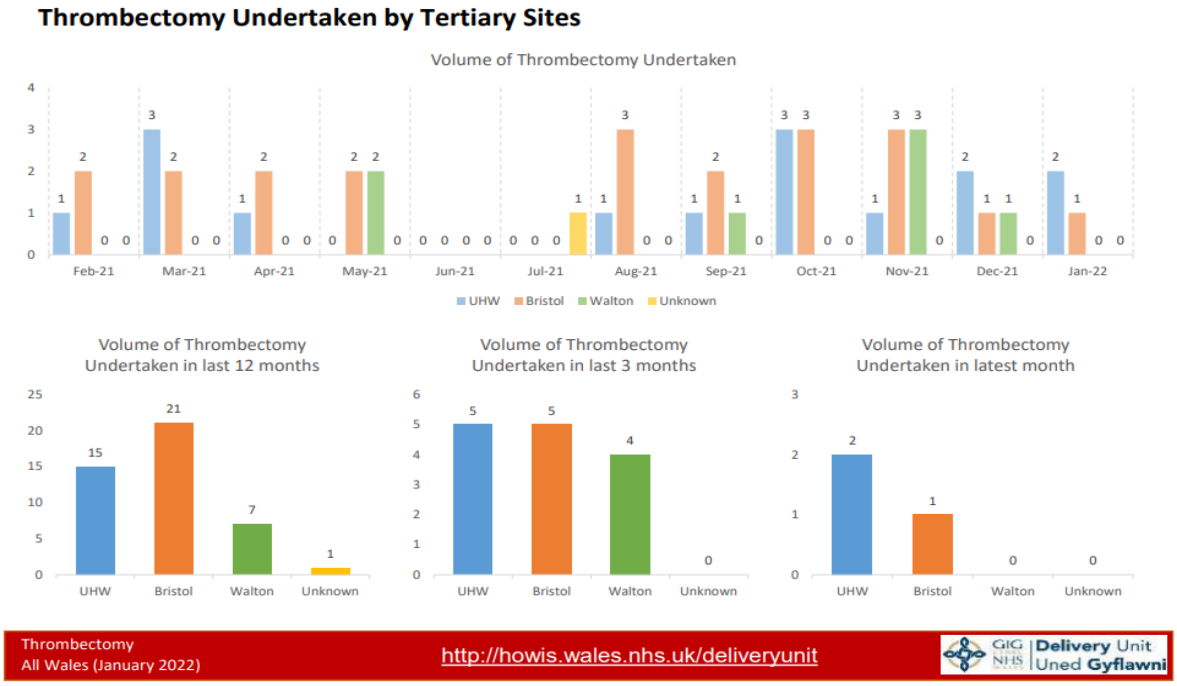
Appendix 2 Stroke Prevalence in Wales showing the number of people who have had a stroke or TIA in South Wales according to their GP record (Stroke association 2021)



Appendix 3 - Population of South Wales

Health Board	Total Population (mid-year 2019)
Aneurin Bevan University Health Board	633,790
Cardiff & Vale University Health Board	460,864
Cwm Tâf Morgannwg University Health Board	488,639
Hywel Dda University Health Board	387,284
Swansea Bay University Health Board	390,308
South Wales Population	**2,320,885**

Appendix 4 - Thrombectomy Activity showing the proportion of thrombectomies carried out by each tertiary site



Appendix 5 – SSNAP Data on Onset to Thrombectomy Times

	01.04.21-31.03.22	01.04.22-31.12.22
CAVUHB patients who had treatment at UHW	7	8
CAVUHB patients who had treatment in Bristol	1	4
OOA patients who had treatment at UHW	5	1
Total Number of thrombectomy patients	**13**	**13**

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Times to Thrombectomy - PLEASE NOTE NUMBER OF PATIENTS ARE SHOWN IN BRACKETS IN RED

Onset to Thrombectomy Times

	01.04.2021-31.03.2022		01.04.2022-31.12.2022	
Onset to Thrombectomy (number of patients)	Median time	Minimum-Maximum	Median time	Minimum-Maximum
Inpatient subset	3h30m (1)	Not Applicable	2h55m (1)	Not Applicable
Arrival via EU (excluding Bristol)	7h29m (11)	4h15m – 14h22m	4h25m (8)	3h00m-15h05m
Bristol subset	17h30m (1)	Not Applicable	11h11m (4)	07h10m-19h53m
Total Cohort	9h29m (13)	03h30m-17h03m	04h57m (13)	02h55m-19h53m

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Door to Thrombectomy Times

	01.04.2021-31.03.2022		01.04.2022-31.12.2022	
Door to Thrombectomy (number of patients)	Median time	Minimum-Maximum	Median time	Minimum-Maximum
Inpatient subset	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Arrival via EU (excluding Bristol)	3h53m (11)	0h51m – 5h48m	2h26m (8)	01h31m-03h34m
Bristol subset	5h22m (1)	Not Applicable	5h22m (4)	04h48m-08h37m
Total Cohort	2h24m (12)	0h42m – 11h37m	3h12m (12)	01h31m-08h37m

Appendix 8 – A patient's perspective

A message from the Stroke Association

Juliet Bouverie OBE, Chief Executive, Stroke Association

Mechanical thrombectomy changes the course of recovery from stroke in an instant. Take Gerald, for example, a 65-year-old retired pub landlord and driver. In October 2020, Gerald was having a cup of tea with his wife, Linda, when she noticed his arm had gone rigid and he was beginning to slur his speech. Despite Gerald insisting he was fine, his wife called an ambulance.

Linda could not accompany Gerald to hospital due to the coronavirus pandemic, adding to an already frightening situation. He was taken to Cardiff's University Hospital of Wales, promptly scanned and then prepared for a mechanical thrombectomy.

Gerald said: *"All I remember of the operation was the machine over the top of my head... Without the thrombectomy I would have been in a much worse state. I could have died. I came through and I'm here now. I'd like to add my appreciation to the surgeon and his team, and the nursing staff who attended to me … Their speed and care were exceptional. I think thrombectomy is fantastic. I think it should be made available everywhere. Get it done quickly and get rid of the clot. It's brilliant technology."*

Gerald told me that he was able to return to the things that he loves, and within six weeks he was back out on the golf course. His story shows that thrombectomy can radically change what is possible after a stroke. Not only is it transformational for patients, but for the NHS it should be the catalyst for better care across the whole stroke pathway.

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Report Title:	All Wales Medical Genomics Service 2023-2024 Investment Business Plan			Agenda Item no.	7.4
Meeting:	Cardiff and Vale UHB Public Board Meeting	Public	X	Meeting Date:	27 July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	Executive Director of Therapies and Health Science				
Report Author (Title):	Managing Director, All Wales Medical Genomics Service / Assistant Director of Therapies and Health Science				

Main Report
Background and current situation:

The All Wales Medical Genomics Service (AWMGS) has submitted its annual business plan to Cardiff and Vale UHB's Senior Leadership Board Investment Group for assurance scrutiny and oversight. The plan is developed to support the UHB's Integrated Medium Term Plan (IMTP).

The AWMGS provides NHS Wales' clinical and laboratory genomic services covering specialist adult and paediatric genetic and genomic services including diagnosis of cancer and rare disease. The AWMGS is hosted by Cardiff and Vale UHB with its hub services including a single national laboratory in Cardiff. The AWMGS provides clinics across Wales with regional clinical spokes in Betsi Cadwaladr University Health Board and Swansea Bay University Health Board.

The AWMGS is primarily Welsh Health Specialised Services Committee (WHSSC) funded and has a 23/24 operating budget of circa £24.2m and employs 314 WTEs. The AWMGS will also receive additional uplifts to existing Welsh Government strategic investment through the Genomics Partnership Wales (GPW) programme during the 23/24 financial year as well as new investments for specific strategic outputs which are detailed in their annual investment plan (appendix 1).

Genomic technology is advancing at a rate not normally seen in healthcare settings. To meet the ever-increasing demand for diagnostic testing, funding for the All Wales Genetics Laboratory (AWGL) for routine operational delivery is agreed with WHSSC in a flexible way. This funding model allows the AWGL to respond rapidly to changes in NHS England's genetic "Test Directory" or to flex when new therapies or drugs become available. Whilst horizon scanning is helpful in providing some indication of expected future demand, plans often need to change very quickly to provide optimised service to patients.

The impact of these upcoming changes has been discussed and reviewed internally with the AWGL's Cancer Sections and Constitutional & Rare Disease Sections. It has been identified that there is a need in 23/24 to deliver approximately 4657 additional genetic tests for patients in Wales and implementation plans have been developed for these required tests.

Additional AWMGS funding beyond the 'Test Directory' uplift for the 23/24 financial year will be received through:

- The liquid biopsy implementation project `QuicDNA` which has been supported by: Welsh Government, Health Care Research Wales Research for Patient and Public Benefit (RfPPB), Moondance (third sector) and gifts from commercial partners Illumina, Amgen, Lilly, Bayer and Astra Zeneca.
- GPW partner 'Single Digital Storage Solution' – the business case is currently with Welsh Government.

Sandra Hanna 19/07/2023 17:18:12

High Level Investment Overview:

- Test Directory Uplift: £4.64m
- Genomics Partnership Wales Programme: 23/24 recurring uplift to budget £2.5m
- QuicDNA 'liquid biopsy' translational research programme: £1.53m (mixed WG, commercial and third sector funding
- GPW Digital Storage (pending WG decision): £2.72m

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

The AWGL will be managing the following capacity constraints whilst delivering these planned service developments during 23/24:

- The service will be deploying a new Genetic Laboratory information Management System (GLIMS) in September / October 2023.

- The AWMGS will relocate to a state-of-the-art genomics facility at the Cardiff Edge Science Park on J32 of the M4. The AWMGS will move in a phased way from November 2023 to take account of other planned projects including a UKAS surveillance accreditation inspection. The AWMGS will co-locate with the Pathogen Genomics Unit (PenGU) and the Wales Gene Park in this facility as part of the GPW Estates Programme.

Recommendation:

The Board are requested to **support** the All Wales Medical Genomics Service 2023-2024 Investment Business Plan, recognising that the fast pace of change in this field which the service requires to respond to may see additional demand from WHSSC with associated funding being allocated during the year.

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	√

Saunders,Natalie 19/01/2023 13:34:41

Impact Assessment:

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

Risk: Yes

Subject to service development implementation risks assessments

Safety: No

Financial: Yes
Managed in conjunction with CAV Finance and WHSSC
Workforce: Yes
Linked to AWMGS workforce plan
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Finance and Performance Committee	19/7/23

Saunders,Nathan
19/07/2023 14:38:41

All Wales Medical Genomics Service

2023-2024 Investment Business Plan

Summary

The All Wales Medical Genomics Service (AWMGS) provides NHS Wales' clinical and laboratory genomic services covering specialist audit and paediatric genetic and genomic services including diagnosis of cancer and rare disease. The AWMGS is hosted by Cardiff and Vale UHB with its hub services in Cardiff but delivers clinics across Wales with regional clinical spokes in BCUHB and SBUHB.

Primarily Welsh Health Specialised Services Committee (WHSSC) funded, the AWMGS has a 23/24 operating budget of circa £24.2m and employs 314 WTEs. The AWMGS will receive additional uplifts to existing strategic investment programmes during the 23/24 financial year as well as new investments for specific strategic outputs which will be details in this plan.

Some of the investments mentioned in this document although verbally agreed through the Genomics partnership Wales (GPW) programme may be awaiting written confirmation by Welsh Government. This practice is standard for Welsh Government strategic funding and has been replicated in previous years and exposes the AWMGS and CAVUHB to little additional financial risk. Normally funding is allocated in June and if there is any doubt about the release of this strategic investment the AWMGS will modify its in-year planning accordingly.

The AWMGS is commissioned via WHSSC and this constitutes its primary budget allocation. In addition to this the AWMGS has received supplementary funding via the GPW programme and the Test Directory (TD) Business case both of which are supported by Welsh Government.

AWMGS activity and performance associated with increased funding for Test Directory delivery is reported to WHSSC, whereas service activity and performance associated GPW funding is also reported to Welsh Government.

The additional funding for the 23/24 financial year will be received through;

- The liquid biopsy implementation project `QuicDNA` which has been supported by: Welsh Government, Health Care Research Wales Research for Patient and Public Benefit (RfPPB), Moondance (third sector) and Illumina, Amgen, Lilly, Bayer, AZ (industry, gifted).
- GPW partner single Digital Storage solution – business case currently with Welsh Government.

Investment Overview

- Test Directory Uplift - £4.64m
- Genomics Partnership Wales Programme – 23/24 recurring uplift to budget £2.5m
- QuicDNA - £1.53M
- GPW Digital Storage (pending) - £2.72m

Saunders,Nathan
19/07/2023 14:38:41

Annual operating budget:

	19/20	20/21	21/22	22/23	23/24
Core service	£8,489,448	£7,852,915	£8,138,125	£9,081,053	£8,119,285
Test Directory	£1,255,570.00	£3,213,523	£5,163,763	£8,447,508	£13,008,814
Lynch	£165,003	£212,877	£204,675	£318,880	£305,259
GPW-Strategy	£1,967,743	£2,414,532	£2,362,808	£2,827,058	£2,827,058
GPW- additional (Cardiff Edge)	£0	£0	£0	£921,100	tbc
	£11,877,764	£13,693,847	£15,869,371	£21,595,599	£24,260,416

New Investment Objectives 23/24

Test Directory presented previously to SLB Investment Group on 18th April 2023

The National Genomic Test Directory for Cancer and Rare Diseases is periodically changed and updated throughout the financial year in response to NICE guidance in order to keep pace with rapidly evolving genomic medicine and advanced therapeutic discoveries. There was a new publication of the 'National Genomic Test Directory for Rare and Inherited Disease' and the 'National Genomic Test Directory for Cancer' in October 2022. A number of new clinical indications have been added, as well as some additional changes/updates to existing clinical indications within the Test Directory.

The impact of these upcoming changes has been discussed and reviewed internally with the All Wales Genomics Laboratory's (AWGL) Cancer Section and Constitutional & Rare Disease Sections. It has been identified that there is a need in 23/24 to deliver ~4657 additional genetic tests for patients in Wales (table 1).

Test Directory Service breakdown 2022/2023	Test volume
NIPT	780
Whole Genome Sequencing (rare disease)	286
Whole Genome Sequencing (cancer)	105
Whole Exome Sequencing	504
Comprehensive Somatic NGS - DNA	5652
Comprehensive Somatic NGS - RNA	1934
ctDNA	360
SNP Array Genotyping/Methylation (haem onc)	416
RNA sequencing - Haematological	0
HRD Signature	0
Germline Cancer NGS	982
Pharmacogenomics Panel Expansion	3047
Whole Transcriptome Sequencing	100
Full total	**14166**

Table 1: test volume for 23/24 related to Test Directory.

Saurabh Sharma
19/07/2023 11:38:21

Genomics Partnership Wales Programme

The forecasted funding being received from the GPW programme is recurring from previous years with the focus being on the reallocation of budget to align to appropriate workforce roles to deliver against service objectives. The AWMGS clinical service will be recruiting to the following:

- 3 sessions for a joint clinical academic consultant as part of a new senior lecturer post at Cardiff University. This post will support the cancer genetics team with the increasing requirement for AWMGS to lead the management and surveillance of patients with familial cancer syndromes, with recruitment of patients to clinical trials and with the increasing demand for inclusion of genetic testing in routine cancer care pathways (mainstreaming).
- Senior lecturer role (Genetic Counsellor). This post will support the development of the genetic counsellor workforce within the service in a number of ways e.g. working towards HCPC registration via equivalence, and raising the profile of the Genetic Counsellors (GC) nationally by supporting them to become more involved in research. This role and the novel academic consultant role will align with the "Genomics Delivery Plan for Wales" (Genomics delivery plan 2022 to 2025 | GOV.WALES) to increase/expand the specialist genomics academic workforce.
- Welsh Clinical Leadership Fellow (WCLF) employed for one year from August 2023. This post will support NHS Wales mainstreaming objectives and the clinical service redesign required to realise the ambitions laid down in the Delivery Plan, as well as supporting the HEIW WCLF programme to develop future NHS leaders.

Across the service job profiling as part of the service strategic workforce planning process has been conducted to overcome recruitment barriers.

QuicDNA presented previously to SLB Investment Group on 18th April 2023.

The project will see the recruitment of patients with lung cancer symptoms. Blood samples will be collected from patients with high suspicion of lung cancer (stage III and IV) based on imaging (CT or PET scan). Standard Of Care (SOC) diagnostic testing via biopsy pathway will continue as normal.

Genomic profiling will then be performed using 'liquid biopsy' technology for circulating tumour DNA (ctDNA) for patients with clinically suspected lung cancer and provide a genomic report for the lung cancer multidisciplinary team meeting (MDT).

The project will assess time from referral to genomic report and to treatment compared with standard tissue pathway.

Patients will be able to receive personalised treatment shortly after MDT without waiting for the genomic report from the tissue biopsy from SOC diagnostic pathway.

Planned activity: 1260 participants across all seven health boards in Wales.

Saunders,Nathan
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Benefits
• An increase in the proportion of patients with advanced lung cancer who receive targeted treatments. • A shorter time from initial referral to first treatment, compared with the current standard of care (SOC) tissue genomic testing for patients with suspected advanced lung cancer. • Patients with identified targets from liquid biopsy testing will receive targeted therapy within seven days from the standard multi-disciplinary team meeting (MDT). • A shorter time to genomic report, using liquid biopsy, compared with tissue biopsy genomic report. • An increasing number of patients receiving the most effective treatment upfront could improve patient outcomes in Wales. • The number of prevented repeat tissue biopsies. • Data collection for a health economic evaluation to assess the impact of value-based healthcare. • Demonstration of feasibility in lung cancer will help inform the design and delivery of a large study across multiple tumour types. • Patients and their families views on the acceptability of liquid biopsy at the high cancer suspicion as NHS healthcare provision.

Digital Storage (Appendix A)

Genomics Partnership Wales (GPW) have submitted a business case to Welsh Government in April 2023 for £2.7m as the first stage of a national investment plan to develop a joint genomic data storage infrastructure for Wales. This will include the AWMGS, the Pathogen Genomics Unity (PenGU) hosted by Public Health Wales and the Wales Gene Park hosted by Cardiff University, which addresses:

• [Phase 1a] Immediate-term archival capabilities and capacity for all GPW partners: establish tape archive solution at Cardiff Edge, mirrored in Cardiff University's Redwood data centre ~ £2m

• [Phase 1b] Networking, security and staffing foundations to realise a shared GPW infrastructure to concurrently deliver the partnership benefits of the archive storage system, preparing GPW for future shared digital systems, and developing a strategic and technical design that can form the basis of future business cases [Phase 2 – costings TBC] to support deployment of a sustainable, joint digital infrastructure that will provide service and research requirements for all GPW partners ~ £0.7m

Saunders,Nathan
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Benefits
Supports implementation of technological infrastructure necessary to enable: • Implement a multi-petabyte archival solution for all GPW partners that addresses AWMGS imminent safeguarding requirements, and • Meets the longer-term archiving needs of all GPW partners based at Cardiff Edge. • Ensure that AWMGS can deliver uninterrupted operations without running out of storage space. • GPW partnership can design, build, and grow a shared storage solution for the long-term that is sustainable and which will help enable data sharing and linkage in future Supports the technical, planning and governance work needed to fully deliver the partnership benefits of the proposed archival system, preparing GPW for future shared digital systems, and developing a strategic and technical design that for the basis of future business cases by: • Providing a technical implementation that delivers an archival system usable by all partners • Delivering a governance programme that supplies the assurance, governance and legal agreements needed for the operation of a shared system • Formulating a technical design that leads GPW to its future joint infrastructure Technical implementation including, • Partner integration • Multi-partner use • Legal and governance agreements for operation of shared systems • Future storage • Future HPC • Future network • Organisation integration • External integration • TRE considerations

Interdisciplinary Doctoral Training Hub in Precision Oncology PhD studentship (non-clinical starting October 2023)

The AWMGS as a key partner of GPW have secured WG funding to work as part of a consortium led by Cardiff University to develop an interdisciplinary Doctoral Training Hub In Precision Oncology (IPOCH). IPOCH as a programme is funded by the UK Engineering and Physical Sciences Research Council (EPSRC) Doctoral Training Programme. GPW/AWMGS have committed to fund 50% of a PhD student for three and half years at a total cost of £50k.

Precision oncology adopts a tailored approach to cancer care by developing treatments hat target an individual's tumour. It utilises a unified approach to image and genomic data analytics, combined with an appreciation of big data and artificial intelligence (AI) approaches. It also takes advantage of new developments in biomedical imaging and 'omics' technologies that will increasingly impact on the more traditional specialities of radiology, oncology and cellular pathology. As these specialities create more sophisticated data sets, it will be essential that they are linked with molecular

Saunders, Natan
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diagnostic data sets for optimal personalised patient care, particularly in genomics. The IPOCJ programme will be underpinned by a robust understanding of data integration including data security and data ethics.

Benefits
• Closer collaboration with Cardiff University • Greater integration of data (integrating image and genomics data analytics) • Embed clinical practice into translational medicine

Previously funded All Wales Medical Genomics Service 23/24 IMTP Delivery Objectives

Cardiff Edge Business Park Relocation, operationally live November 2023

The service is relocating from the University Hospital of Wales site to Cardiff Edge Business Park along with Genomics Partnership Wales service delivery partners, Pathogen Genomics Unit (PenGu) and Wales Gene Park (WGP). It is foreseen that the AWMGS Clinical Service will relocate and be operationally 'live' by November 2023. The AWML relocation is currently in the planning phase and has to accommodate competing demands within service but it is expected that the laboratory move will happen across quarter 4 of FY 23/24. The support structures across AWMGS including IM&T, Quality, Training, Business and Administration teams will relocate across the timeline as required for operations and a flexible approach to their base of work will be required.

SCC Laboratory Information Management System (LIMS), launch September 2023.

The AWMGS Laboratory will be implementing a new LIMS system this year. Build and Development completion date is 7th July 2023. Validation will take place between 10th July 2023 and 18th August 2023, Training and Implementation stage will be between 21st August 2023 and 22nd September 2023, with system 'go live' on 25th September 2023.

UKAS Inspection May 2023

The AWMGS Laboratory will receive a UKAS surveillance inspection 3rd and 4th May 2023. This will be a `light touch` inspection, with an onsite-inspection on 3rd May for the technical and scientific aspects of the AWGL and a virtual inspection on 4th May for the Quality Management System.

North Wales Clinical Estates

The AWMGS Clinical Service based in North Wales will centralise at the Wrexham Maelor Hospital site with outpatient clinics being maintained at Ysbyty Glan Clywyd and Ysbyty Gwynedd during FY 23/24. This will require the transfer of all North Wales patient records to the Wrexham Maelor Hospital site. Investment will be required in additional storage space and possibly remodelling of existing AWMGS estates. AWMGS is currently working with BCUHB to enable these changes.

iGene Developments

The AWMGS Clinical Service launched a new Clinical Information Management System in 22/23, iGene. In 2023 the AWMGS will be launching further updates to support AWMGS clinical service migration to a more digital and streamlined service with the launch of clinical pedigrees (hereditary disease modelling tool).

Saunders,Nathan (1358) 19/07/2023 08:41

Text Messaging Service

The AWMGS Clinical Service will be working with 'Envoy' to launch a SMS service to support patient engagement, this will begin with an initial SMS reminder before developing to include attachments as required. It is anticipated that this will positively impact on Did Not Attend (DNA) rates.

Welsh Clinical Portal

Quarter 1 of FY 23/24 will see patient letters be uploaded to Welsh Clinical Portal, this will improve accessibility to patient records for service users (health professionals). Also reducing risk of delays or loss of information from hard copy processes.

Other commitments

The AWMGS has numerous ongoing service improvement projects, reviews of transferring temporary services such as the Syndrome Without a Name (SWAN) and Psychiatric Genomics services into substantive services, development of a R&D strategy and mainstreaming genomics.

Conclusion

AWMGS will receive an additional potential investment of £8.89m (excluding GPW and Test Directory recurrent budget) for Financial Year 23/24. The £2.72m investment for a joint GPW partner digital storage solution which will be a CAVUHB asset. Any novel business cases or significant changes to the investment portfolio forecast described in the paper will be reported to the SLB Investment Group as appropriate.

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	**Commissioning Intentions 2024-2027 Update**			Agenda Item no.	7.5
Meeting:	**Board**	Public	X	Meeting Date:	27 July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**				
Report Author (Title):	**Deputy Director of Commissioning** **Commissioning Manager – Strategy and Development**				

Main Report
Background and current situation:

This paper presents the proposed Commissioning Intentions 2024-2027 aligned to the development of the Integrated Medium-Term Plan (IMTP) 2024-2027. The summary and detailed Commissioning Intentions are provided to support delivery of the Shaping our Future Wellbeing strategy refresh and the development of the 2024-27 IMTP. They also support the commissioning assurance and governance process as part of the annual commissioning cycle and work programme of the Commissioning Team.

The summary and detailed Commissioning Intentions can be located in the Supporting Documents Folder on AdminControl and the Cardiff and Vale UHB website.

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

The Commissioning Intentions are intended to outline our aspirations for 2024/2027, and inform Cardiff and Vale UHB IMTP 2024-27. The summary Commissioning Intentions are intended to provide a summary of the main commissioning intentions for the coming year, and are underpinned by our ambition to;

'Working together we will improve health, reduce health inequality and aspire to deliver excellence so staff, patients and populations have the best outcomes and experience'.

The Commissioning Intentions remain in alignment with the Shaping our Future Wellbeing strategy, but have taken account of the context of Ministerial priorities and the work required to recover and reset following Covid-19. The detailed Commissioning Intentions are also reflective of the Strategic Programme Portfolio which includes Shaping our Future Hospitals, Shaping our Future Communities (@home), Shaping our Future through Quality Excellence, Shaping our Future Clinical Services and Shaping our Future Population Health.

The refresh of the Shaping our Future Wellbeing strategy is being undertaken and emerging priorities are reflected in this year's Commissioning Intentions. Once finalised, there may need to be some changes as a result of the strategy work to inform the 2024-2027 IMTP.

Commissioning Intentions are formally delegated to the Executive Director of Strategic Planning and Commissioning for approval and they are brought to Board for information and to note the development of the commissioning function within the UHB. The Commissioning Annual Report is also included as supporting information.

Saunders,Nathan
19/07/2023 15:38:41

Recommendation:

The Board is requested to:

a) **Approve** the proposed Commissioning Intentions for 2024/27 as part of the commissioning cycle and to inform the development of the IMTP.

The commissioning Intentions are delegated to the Executive Director of Strategic Planning under the scheme of delegation.

Appendices (located in the Supporting Documents Folder):

- Detailed Commissioning Intentions 2024-2027
- Summary Commissioning Intentions 2024-2027
- Draft Commissioning Team Annual Report 2022-2023

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: No
No new of changed risks as a result of this paper.
Safety: No
However, quality and safety are central tenets of the Commissioning Intentions for the organisation.
Financial: No
There are no specific financial requirements as a result of this paper, but the Commissioning Intentions will inform the development of the IMTP for 2024-25.
Workforce: No
No specific workforce requirements as a result of this paper.
Legal: No
Nothing as a result of this paper
Reputational: No
Nothing as a result of this paper
Socio Economic: Yes
The Health Board's Socio-Economic Duty has been referenced within the Commissioning Intentions 2024-2027 and it is acknowledged that this is a priority.
Equality and Health: No
No EHIA is required as a result of this paper, but improving equity is a central tenet within the document.
Decarbonisation: Yes
Section 2, National Context provides details regarding the Decarbonisation Strategic Delivery Plan and related phasing.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategic Commissioning Group	14/06/2023

Agenda 2023-06-21 Item 8.1

Strategic Leadership Board	13/07/2023
Board	27/07/2023

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	**WHSSC Consultation on BCHIs and Cochlear Implants**			Agenda Item no.	7.8
Meeting:	**Board**	Public	X	Meeting Date:	27 July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**				
Report Author (Title):	**WHSSC Director of Planning**				

Main Report
Background and current situation:

The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.

WHSSC launched an engagement on their proposal for a single South Wales provider for BCHI and Cochlear implants. Previously there was a cochlear implant service run from Princess of Wales Hospital, Bridgend but in 2019 CTM advised that they would no longer be able to provide this due to issues of workforce and sustainability. An urgent temporary service change was enabled that resulted in all patients from South West Wales, South East Wales and South Powys being seen at UHW within CAVUHB.

Public engagement on the permanent service model was delayed due to the COVID pandemic and then this was recently re-commenced in the context of reviewing the commissioning model for these services. WHSSC's papers (attached as appendices) outline the process and outcomes, including:

- A clinical option appraisal,
- An independent assessment of the options by an external assessor (from a comparable service in NHS England); and
- A financial appraisal of the options.

The WHSSC appendices can be located under the supporting documents folder on AdminControl and also the Cardiff and Vale UHB website.

There has subsequently been a period of engagement on a 'a single implantable device hub for both children and adults with an outreach support model'.

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

The engagement process outlined above has tested support or otherwise for the commissioning of a single implantable hub for South East Wales, South West Wales and South Powys. The patient voice appears to give strong support, whilst there is further engagement to be held with the clinical community on the future service model. A number of mitigations have been highlighted in the response to the patient voice.

The clinical view has been consistent throughout the process, and WHSSC has again considered the issues raised by the clinical community. The feedback obtained through the consultation process does not appear to have identified any information (aside of the need to profile available sound proof rooms), which had not previously been considered when the preferred commission model was agreed. Specifically:

- The preferred option will enable the safe and sustainable delivery of services for patients requiring an implantable hearing device which will include:
  - Assessment by a multi-disciplinary team that is able to offer access to all types of (commissioned) hearing implants; and

Sundus Nathan 19/07/2023 14:38:41

- Guidance on standards for BCHI services comes from a consensus statement of experts, which states:

"That BCHI fitting should take place in a specialist auditory implant device centre performing at least 15 implants per year." Clinical Commissioning Policy - https://www.england.nhs.uk/wp-content/uploads/2013/04/d09-p-a.pdf

In addition, the implementation of the Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020) means that WHSSC now risks legal challenge if it derogates from established best practice.

Taking all of the above into account and, in particular, the strong patient support for the single centre, WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear if supported).

To date, no location has been specified for the centre, as such WHSSC will now move forward into a second phase of consultation which includes a preferred location. To do this, a designated provider process will need to be enabled, this means WHSSC will ask providers to submit a proposal outlining if they wish to deliver the centralised service, and if so how they can deliver the service. WHSSC will develop clear criteria against which the service proposals are assessed and will use this information as the basis of consultation on a preferred option.

In the meantime, all Cochlear patients will continue to be seen at CAVUHB. There will be no immediate change to the provision of BCHI.

In line with Welsh Government (WG) guidance for engagement and consultation on changes to health services in Wales, guidance is required from Llais colleagues with regard the process that has been enabled, the outcome of the exercise and proposed next steps. Formal discussions to agree next necessary steps are to take place with Llais shortly. The final report to Joint Committee will include their recommendation.

Recommendation:

Board is requested to:

- **Note** the report.
- **Receive** the outcome of the engagement process.
- **Note** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales.
- **Note** and **consider** the feedback received from patients, staff and stakeholders with respect commissioning intent.
- **Support and approve** the next steps, specifically the undertaking of a designated provider process; followed by a period of formal consultation.
- **Note** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales.
- **Note** that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

Saunders Nicola 19/07/2023 14:46:23

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

1. Reduce health inequalities	√	6. Have a planned care system where demand and capacity are in balance	√
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
No new of changed risks as a result of this paper.
Safety: No
No new safety considerations as a result of this paper
Financial: No
There are no specific financial requirements as a result of this paper, but the final model will be agreed through WHSSC governance processes and any financial implications will form part of the annual commissioning cycle.
Workforce: No
No specific workforce requirements as a result of this paper.
Legal: No
Nothing as a result of this paper
Reputational: No
Nothing as a result of this paper
Socio Economic: No
Nothing as a result of this paper
Equality and Health: No
Nothing as a result of this paper
Decarbonisation: No
Nothing as a result of this paper

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
WHSSC Joint Committee	16/05/2023

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	NHS Long Term Agreements (LTAs) and Financial Approach for 2023/24			Agenda Item no.	7.9
Meeting:	Board	Public	X	Meeting Date:	27.07.2023
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Finance				

Main Report
Background and current situation:

Context

The Health Board holds a number of Long-Term Agreements (LTAs) with other NHS bodies in support of:

- the provision of secondary regional, tertiary and specialised services to commissioning organisations; and

- the commissioning of secondary regional, tertiary and specialised services for the Cardiff and Vale resident population from other provider organisations.

The LTAs are generally agreed through signed documents known as the 'Heads of Agreements' (HoAs) which include sections covering:

- General Terms
- Financial Baselines and Contracting Framework
- Activity Baselines and Performance Framework, linked to WG Measures
- Information Requirements and Governance
- Quality & Patient Safety Considerations
- Escalation and Dispute Framework

One may also see the term HCAs (Healthcare Agreements) referenced, particularly in legislation or some Welsh Government (WG) policy. In line with Health Board SFIs, WG consent limits do not apply to inter-NHS Contracts [Procurement and Contracting for Goods and Services, Section 11.6.4]

By their very nature, the LTAs are considered a 'going concern', in that they are assumed to roll over annually. The HoAs between NHS organisations within Wales are normally signed at the end of March relating to the forthcoming financial year.

For 2020/21, 2021/22 and 2022/23, WG postponed the deadline for agreeing LTAs later into the year, due to the COVID-19 pandemic. In addition, during these years, all-Wales block contracting arrangements based on 2019/20 out-turn have largely been in place on activity-based arrangements. This ensured a degree of financial stability despite the changes in capacity and patient flows.

Sandeep Nathan
19/7/2023 14:38:47

For 2023/24, WG again extended the deadline to 30 June 2023, due to the planned transition away from block contracts back towards local 'cost and volume' arrangements.

Payments on account are made monthly, usually 1/12th LTA baseline value. Monthly contract monitoring returns set out the activity and performance against baseline, including the financial variation and forecast settlement per the LTA framework and terms.

Contract Baselines for 2023/24

Table 1 - Draft LTAs as a Provider (Income)

Organisation	Mechanism	Draft Value (£m)
WHSSC	Signed LTA	299.914
Aneurin Bevan	Signed LTA	36.389
Cwm Taf Morgannwg	Signed LTA	31.686
Hywel Dda	Signed LTA	6.338
Swansea Bay	Signed LTA	3.879
Powys	Signed LTA	1.645
NHS England	Signed LTA	3.727
Herefordshire & Worcestershire ICB	Signed LTA	0.288
TOTAL		**383.866**

The UHB's provider LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows into Cardiff and Vale in line with custom and practice of historic referral pathways;
- WHSSC – specialised regional and national services provided for Wales, commissioned by WHSSC in line with its Joint Committee approved Integrated Commissioning Plan; and
- NHS England – tertiary and specialised services supporting some Herefordshire and South West England flows, as well as emergency care.

Table 2 - Draft LTAs as a Commissioner (Expenditure)

Organisation	Mechanism	Draft Value (£m)
WHSSC	Risk Share	135.567
EASC	Risk Share	32.76
Velindre (VCC)	Signed LTA	23.686
Cwm Taf Morgannwg	Signed LTA	17.185
- CAMHS	SLA	0.13
Swansea Bay	Signed LTA	2.199
- Sub-contracts	Signed LTA / Non-LTA Bills	2.207
Aneurin Bevan	Signed LTA	1.144
Hywel Dda	Signed LTA	0.362
UH Bristol & Weston NHSFT (UHB Only)	Signed LTA	0.231
TOTAL		**215.471**

Saunders.Nathan
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The UHB's commissioner LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows out of Cardiff and Vale in line with custom and practice of historic referral pathways, largely the Western Vale population into Princess of Wales Hospital;

- Velindre – regional and specialised cancer services, including high cost cancer drugs;
- WHSSC – specialised regional and national services in line with the Integrated Commissioning Plan;
- EASC – ambulance, transport and first responder services (now includes non-emergency patient transport services (NEPTS) as well); and
- England – emergency flows and occasional pathways into Bristol.

It should be noted that WHSSC and EASC Commissioning arrangements are not subject to a signed LTA document. An all-Wales Health Board collective 'Risk Share' agreement operates, as agreed through respective Joint Committees. Separate governance arrangements for both committees receive and approve the respective Integrated Commissioning Plan (ICP) / IMTP annually.

Table 3 – Other Draft LTAs

Organisation	Mechanism	Indic' Income (£m)	Indic' Spend (£m)
Public Health Wales - Screening	Signed LTA	2.850	
Public Health Wales - Microbiology	Signed LTA		6.339
Health Board Laboratory Services	SLAs	3.461	
- Aneurin Bevan		0.741	
- Betsi Cadwaladr		0.420	
- Cwm Taf Morgannwg		0.417	
- Hywel Dda		0.439	
- Swansea Bay		0.546	
- Velindre		0.897	
TOTAL		**9.771**	**6.339**

Whilst separate to the main corporate LTAs, the above arrangements for screening, microbiology and laboratory services are also brought to the attention of the Board due to materiality and being subject to signed agreements as well.

It should be noted, there are a number of other Service Level Agreements (SLAs) managed within delegated limits and arrangements across the organisation which are outside the scope of this paper. In addition, other provider-to-provider arrangements, such as outsourcing, are also managed separately with different governance arrangements.

2023/24 LTA Financial Framework

Following discussions through 2021/22 on the approach to LTAs within NHS Wales, the All-Wales Directors of Finance Group sought a review and recommendations from a Financial Flows Workstream, informed by contracting and commissioning leads across organisations.

The agreed principles applied to 2022/23 included:

Saunderson Kathryn 19/07/2023 14:07:41

- a need to move away from COVID fixed block contracts;
- this is a transition year, with recognition of NHS policy to return to at least 2019/20 levels of activity;
- some protections for underperformance, to minimise risk on activity variations and recognise cost of delivery; and
- a model to incentivise recovery and patient treatment.

Health Boards have agreed that the principles in 2022/23 continue to apply in 2023/24, with a renewed commitment to review the commissioning arrangements for 2024/25 onwards. The only change to this, is a move from 10% to 5% tolerance for underperformance.

The agreed framework is summarised as:

- Reference baseline of 2019/20 out-turn + inflation / wage award
- Non-admitted care to remain on block, e.g. outpatients
- Elective admitted patient care and Non-elective care to return to 'cost and volume' with
  - 5% tolerance for underperformance below 2019/20 levels, extant rates beyond this
  - Enhanced rates (70% marginal) for additional activity beyond 2019/20 levels
- 'Pass-through' contracts to remain on extant arrangements, e.g. NICE recharges
- Planned baseline changes enacted – repatriations, investments, service changes etc.

The framework sought to recognise activity issues around changing pathways and new approaches to virtual contacts, whilst facilitating the flow of recovery funding to support provider costs where they are delivering. It also ensured the framework presented no barrier to service change and development across the system.

The agreed framework includes enhanced marginal rates of 70% for additional activity beyond 2019/20 levels. This was to incentivise activity, as a result of recovery funding allocated to Health Boards. Prior to the DOF agreement, additional activity marginal rates varied by contract but many were at 25%.

The framework agreed and implemented this year, is the final year that it will be transacted. The contracting arrangements for 2024/25 are subject to a complete review, due to the need to rebase the LTAs following the pandemic. This will ensure that contracts are appropriate and recognise the cost and efficiency required to deliver services.

The review of the current contracting model and new proposal is underway. This will be reviewed and scrutinised by the Finance and Performance Committee before being presented at Board.

Although DOFs agreed to continue the agreement, the approved WHSSC ICP did not include the DOF agreement. WHSSC have assumed that no provider tolerances are applied to contract underperformance and extant marginal rates for over-performance are re-instated. A paper is being presented to Joint Committee on 18th July 2023 to confirm their position.

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

The Health Board's IMTP provides for both the baseline and core expected financial performance assumptions across the LTAs, as well as the impact of known changes, such as agreed service developments, repatriations and disinvestments.

A number of material baseline adjustments are anticipated during the financial year associated with WG Allocation adjustments. These are expected to be cost neutral and largely associated with WHSSC and EASC commissioning arrangements, and directed funding.

The LTA framework supports and incentivises a return to pre-pandemic levels of activity and recovery beyond, whilst keeping some protections in the system.

Saunders,Nathan 19/07/2023 12:48:46

The primary risks relate to provider underperformance below 95% of pre-pandemic levels, and commissioner recovery expenditure at enhanced rates for activity beyond 2019/20. However, opportunity to secure additional recovery funding from commissioners also exists where the UHB delivers beyond these levels.

LTA performance and risk assessment on this, including recovery, will feature as part of routine reports and discussion through Finance and Performance Committee.

Table 4 - The approach to variation and settlement:

Cost neutral adjustments, including transfers of service, and Allocation changes	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Adjustments within budget, agreed IMTPs / ICPs, or delegated limits	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Year-end performance and variation settlement invoices per LTA terms and the 22/23 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval (no limit)
Exceptional baseline changes outside of budget and IMTP / ICPs	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)
Year-end performance and variation settlement invoices outside of LTA terms and the 22/23 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)

Recommendation:

The Board are requested to:

Note the current Long-Term Agreements and their indicative baseline values for 2023/24.

Approve delegated Board authority for the LTAs to agreed and signed by the Chief Executive.

Approve delegated Board authority for in-year LTA baseline changes and variation / settlement invoices to be agreed as set out in the Executive Director Opinion (Table 4).

Note that LTA financial performance as both provider and commissioner feature as part of reports into Finance Committee monthly.

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

Saunders, Victoria (1408...)
19/02/2023 14:08:47

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
No
Safety: Yes/No
No
Financial: Yes/No
Yes – the Cardiff & Vale UHB LTAs are key contractual and financial arrangements supporting the delivery of healthcare across Wales.
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
Yes
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Finance Committee (Presentation for awareness)	

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Health and Safety Annual Report			Agenda Item no.	7.10
Meeting:	UHB Board	Public	X	Meeting Date:	27/07/2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of Health and Safety				

Main Report
Background and current situation:

Health and Safety Annual Report April 2022 – March 2023

OVERVIEW

A Health and Safety annual report has been produced to provide an overview of the breadth of work undertaken by the health and safety team and overarching performance of many facets of health and safety throughout the Health Board.

Executive Summary

The Executive Director of People and Culture continues as the lead executive for health and safety and after the fairly significant structural changes made within the department and the fire safety team in 2021/22 the health and safety function has continued to build on the benefits that this has brought.

As in the previous reporting period, modest increases in departmental hours have been made in key areas including fire, the team is therefore nearly fully established.
Despite the resourcing challenges within the department, UHB wide Health and Safety performance has largely mirrored previous years. The number of reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) incidents have remained the same as the previous year, as highlighted in graph 8.2. There has been an increase in reported unwanted fire signals particularly at UHW (6.4), the team are working in collaboration with the clinical boards to improve this position and educate staff. Great strides have been made in improving overall health and safety training compliance and this can only help health and safety performance going forward(13.1)

All elements within the health and safety function have continued to closely work with trade union leads and this has led to an improved planned workplace inspection process where actions raised are more easily tracked through a newly introduced electronic system.

The department in collaboration with the Clinical Boards continued to work through the actions of the three year Health and Safety Culture Plan and progress is being made overall towards becoming a more proactive organisation in managing health and safety.

The Health and Safety Team continued to be agile within their roles and working practices in order to best serve the UHB operations.

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ASSESSMENT

The department have adopted a robust and transparent format for the 2022-23 Annual Report, structured around the Health and Safety Management system, it allows the reader to easily navigate to a section of particular interest and also readily identifies any gaps or omissions that might have been made in a given topic.

Contents

IMS-01: Responsibilities & Accountability
IMS-02: Management System
IMS-03: Document & Data Control
IMS-04: Testing & Calibration
IMS-05: Audits
IMS-06: Fire Safety Management
IMS-07: Risk Management
IMS-08: Incident Management
IMS-09: PPE
IMS-10: Health & Hygiene
IMS-11: Case Management
IMS-12: Manual Handling
IMS-13: Training
IMS-14: Contractor Management
IMS-15: Emergency Planning
IMS-16: Communication
IMS-17: Change Management
IMS-18: Safe Systems of Work
IMS-19: Hiring & Placement
IMS-20: Loss Prevention Inspections

IMS-01: Responsibilities and Accountability

The department has continued to support the Clinical/Service boards, supporting functions, relevant stakeholders and interested parties throughout the reporting period.

The Operational Health and Safety Group continued to meet quarterly and provided the platform to cascade relevant information to and from the Health and Safety Sub-Committee and to ensure the necessary assurance that health and safety is being suitably and sufficiently managed. A comprehensive review was conducted of the Terms of Reference which has included the requirement of the clinical/service boards to present an exception report on the main health and safety concerns and highlights in their areas.

Clinical/Service Board Health and Safety Meetings

Health & Safety Group	Agreed Frequency	Meeting per year	Actual
All Wales Medical Genetics	2 monthly	6	2
Capital, Estates & Facilities	3 monthly	4	4
Medicine	3 monthly	4	0
Specialists	3 monthly	4	4
Surgery	3 monthly	4	1
C&W	3 monthly	4	4
PCIC	3 monthly	4	4
CD&T	3 monthly	4	6
Mental Health	3 monthly	4	4

Saunders, Alyna 19/01/2023 11:08:41

Focus has been placed on terms of reference, structured templates and more accountability into the Operational Health and Safety Group throughout the reporting period. This has led to a positive increase in the number of clinical/service board health and safety meetings.

1.1 Health and Safety Culture Plan

The department have continued to work through the 6 themes in collaboration with the clinical / service boards and the specific actions laid out in the Health and Safety Culture Plan. The closure of actions is tracked and an update provided quarterly at the Health and Safety Sub-Committee meeting.

IMS-02: Management System

The department have produced a management system in line with ISO arrangements for wider UHB roll out. It contains 20 elements that adopts a uniform approach to the structure of health and safety. The department have adopted this approach for all document storage mechanisms such as the shared departmental drive, Sharepoint site and this Health and Safety annual report.
Most clinical boards have received a presentation, further information and support and several pilots are being run.

2.1 Policies and Procedures Ratified by the Health and Safety Sub-Committee

The following policies were reviewed and approved by the Health and Safety Sub-Committee:

- Latex Allergy Policy
- Management of Sharps Policy

IMS-03: Document and Data Control

The UHB has a process in place for the control of documents and data which is under the ownership of Corporate governance. There have been no relevant updates during the reporting period.

IMS-04: Testing and Calibration

The department continued to support the wider UHB in terms of environmental monitoring, this included a review of our testing equipment. Third party calibration of test items was conducted as required and several new items of equipment were purchased including Sauter push pull gauge, a friction coefficient device to determine slip likelihood and an additional Portacount machine for the quantitative face fitting of PPE for staff.

The Health and Safety Advisor assigned to environmental monitoring left the department but this work was picked up both internally and by engaging a suitably certified contractor.

IMS-05: Audits

5.1: Internal Audits

A Health and Safety internal audit was conducted by NWSSP Audit and Assurance Services, based on the external Health and Safety review conducted in 2021. The final audit report concluded that substantial assurance had been provided and that the external review findings had been implemented or addressed through a time bound action plan, implemented through the Health and Safety Culture plan.

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5.2: Audit Implementation

Previously audits have been paper-based, however after consideration of various paperless audit tools, including iAuditor, AMaT, Tendable and O365, the department have purchased a number of user licenses for iAuditor software.

A departmental lead has been assigned, in line with the Health and Safety Culture Plan and ad hoc inspections are being undertaken pending the development of a schedule for a full audit suite covering statutory and internal policy, procedures and best practice compliance.

A number of audit question sets have been compiled covering the Workplace Health and Safety Standards, WPIs, PPE and Contractor Monitoring and these are in the process of being aligned with the IMS system.

Audits are currently undertaken following Managing Safely courses and also for subject specific inspections. The department are also supporting the Union Representatives and others to complete WPI's electronically.

IMS-06: Fire Safety Management

Fire Safety Management is a key priority for Cardiff and Vale UHB both in terms of achieving statutory compliance and also ensuring the safety of staff, patients and all other stakeholders. It is widely recognised that fire safety management in healthcare is a complex and challenging discipline with risks being identified, prioritised and mitigated.

6.1 Welsh Assembly Government Annual Fire Safety Audits
The annual fire safety audits carried out by the Senior Fire Safety Officer on behalf of the Welsh Government (WG) were completed and submitted in 2022 for the previous reporting period using the on-line web-based reporting system administered by NHS Wales Shared Services Partnership - Specialist Estates Services who prepare an All Wales UHB report submitted to WG.

6.2 Fire Risk Assessments
The principle fire safety legislation applicable to all Health Board premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) enforced by the Local Fire Authority. Part of this compliance requires a fire risk assessment to be completed for every building, ward or department, currently there are 410 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or they may be amended whenever material alterations or significant changes in use take place in terms or service or staff.

6.3 Enforcing Authority Audits and Notices
Regular fire safety audits are carried out under current legislation by South Wales Fire and Rescue Service (SWFRS). No new fire enforcement notices were issued against the UHB during the reporting period and all open enforcement notices open at the start of the year, with the exception of EN3/21 were satisfactorily closed by SWFRS.

The regulator has taken the decision to prosecute the Health Board in relation to alleged contraventions in failing to control ignition sources in Hafan Y Coed from inspections conducted in 2021. The UHB have taken the decision to defend this case and a trial date has been set in Crown Court for 9th October 2023.

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6.4 Fires and Unwanted Fire Signals

Fire Incidents for the period – 1st April 2022 to 31st March 2023

Fire Incidents ***Table 6.4.1***

No.	Date	Fire Incident Location	Cause	How Extinguished
1	29/07/2022	UHW – Ambulatory care unit - Female WC	Malicious Ignition	Doused with water, smothered with wet towels and blankets
2	05/08/2022	Llanrumney Clinic-External to building	Malicious Ignition	Portable extinguisher and dousing with water
3	20/10/2022	UHL-HYC-Willow Ward-Bedroom	Malicious Ignition on herself	Fire self-extinguished
4	02/12/2022	UHW- Ward A1 South-Toilet	Malicious Ignition	Smothering with a blanket
5	25/01/2023	UHL-Multi story car park level 6	Electrical fault – member of publics van	Fire service extinguished
6	02/02/2023	UHW-A2 Stem corridor	Portable heater – fan type – knocked over	Portable extinguisher
7	17/02/2023	UHW- Ward B1-Cardiology-Reception	Lighting switch fault	Self- extinguished. Isolated by onsite electrician

This mirror's the previous reporting period of 7 fire incidents although there has been an increase in the number of malicious ignitions.

Performance Indicators for Cardiff & Vale UHB for UwFS's between 1st April 2022 to 31st March 2023 (Attended and unattended by SWFRS)

Hospital	False Alarms not attended by SWFRS	UwFS only attended by SWFRS	Total	Actuation devices	Performance
5-11 Park Road	**0**	1	1	**	**
Barry Hospital	0	1	1	562	Level 1
Cardiff Royal Infirmary	2	10	12	2000	Level 1
Dental Hospital	0	4	4	**	**
Hafan Y Coed	11	22	33	1274	Level 2
Llandough Hospital	21	59	80	6500	Level 3
Rookwood Hospital	0	11	11	425	Level 1
Llanrumney Clinic	0	0	0	**	**
St David's Hospital (Cardiff)	0	0	0	600	Level 1
University Hospital of Wales	58	217	275	20000	Level 3
Whitchurch Hospital	0	1	1	2059	Level 1
Total	**92**	**326**	**418**	**32995**	

** not listed on grading report

Saunders Nathan 19/07/2023 14:38:41

There has been an increase in total unwanted fire signals over the previous reporting year from 310 to 418. This is attributable to human reliability and behaviours and spurious annunciations of detector heads from dust ingress to some faulty equipment. It is recognised that false fire alarm activations are extremely challenging to prevent particularly at UHW and UHL due to the size and complexity of the fire alarm and detection system. The presence of large numbers of visitors who are unfamiliar with our premises and many patients and visitors who are mobility-impaired, vulnerable with a wide range of abilities all contribute to this figure.

Whilst there was a reduction at Barry and slight increase at other sites, there was a 66% increase at UHW which has largely attributed to the overall increase. This is an area of focus for the fire safety team and specific work in line with the Health and Safety Culture Plan will be implemented when the team have a greater compliment of personnel.

6.5 Fire Policy, Procedures and Permits
The C&VUHB Fire Safety Policy is under review and draft versions are out for consultation. The policy has undergone a significant rewrite and a new document titled Fire Safety Management Arrangements has been written. The documents are due to go to the Health and Safety Sub-Committee for approval early in the new financial year.

There are a number of safe systems of work in place to reduce the risk of fire including:

- Fire Safety Authorisation to Proceed Permit
- Fire Compartmentation Integrity Assurance Permit
- Hot Works Permit
- Fire Alarm System Isolation and Re-instatement Permit

6.6 Provision of Fire Safety Advice on Capital Projects
During the preceding 12 months the fire safety management team have completed technical reviews and reports for all major capital and minor discretionary capital projects undertaken PAN Estate. These include:

- Ward C5 Refurbishment
- SDEC
- CAVOC and Cystic Fibrosis at UHL
- Unit 4
- Genomics Partnership Wales at Coryton
- Maelfa Wellbeing Centre at Llanedeyrn
- Ongoing refurbishments at Cardiff Royal Infirmary
- Vanguard Eye Theatre.

6.7 Capital Investment in Fire Safety Precautions and Services
The UHB continues to invest in its fire safety infrastructure including the following:

- Fire stopping project PAN Estate
- Surveying, validation and swop out of mechanical fire dampers that are being replaced by electronic fire and smoke dampers PAN Estate
- Fire alarm and detection system upgrade project at UHW, UHL and Barry Community Hospital (BCH), Pentwyn Clinic, ALAS and Riverside Health Centre
- Swap out end of life detectors and carryout a whole site cause and effect review at UHL
- Fire risk assessment actions using the IPR 3.5 MICAD helpdesk system

Saunders Nathan
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IMS-07: Risk Management

The corporate risk register continues to be reviewed and submitted to the Health and Safety Sub-Committee every 6 months. There are no identified risks at 20 or above.

The department have reviewed the Working Safely Course, it has been restructured slightly and renamed Risk Assessment Competent Person course, this reflects the overall content of the course and is easier for staff to identify with what it actually provides. The department also provides a Managing Safely course which also provides detail on risk management.

IMS-08: Incident Management

8.1 Incident reporting and data

Datix Cymru is now embedded in the organisation following the change from eDatix. The health board saw no noticeable decrease in recorded incidents.

Table 8.1 shows the total number of incidents reported over the last 4 years.

Table 8.1

Incidents reported by date reported, excluding rejected	19/20	20/21	21/22	22/23
Patient	19171	18671	18046	19506
Staff	3525	3361	3785	2925
Organisation	2013	1513	2036	1653
Public/Visitor	121	81	68	86
Totals:	**24830**	**23626**	**23935**	**24170**

Table 8.2 indicates staff health and safety incidents reported by incident type. As with previous years violence and aggression are the highest reported staff incidents.

Table 8.2

Staff by type, reported date	Total
Behaviour (including violence and aggression)	1482
Accident, Injury	849
Infrastructure (including staffing, facilities, environment)	321
Communication	62
Equipment, Devices	54
Ill health (work related)	42
Infection Prevention and Control	34
Medication, IV Fluids	22
Assessment, Investigation, Diagnosis	9
Information Governance, Confidentiality	9
Treatment, Procedure	9
Monitoring, Observations	7
Records, Information	6
Information Technology	5
Access, Admission	4
Safeguarding	4
Transfer, Discharge	3
Consent, Mental Capacity Act (including DoLS)	1
Patient/service user death	1
Staff/contractor death	1
Total	2925

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8.2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

During 2022/2023 there were 102 incidents reported to the Health and Safety Executive under RIDDOR. Whilst there has been a slight decrease in the number of accidents/falls there was a marked increase in behaviours including violence and aggression.

Table 8.3

Staff RIDDOR incidents by date of incident, Tier 1	2018/19	2019/20	2020/21	2021/22	2022/23
Accidents/Falls	67	68	60	75	69
Behaviour (Including Violence and Aggression)	30	16	22	26	33
Exposure to Environmental Hazards	2	0	0	1	-
Total	**99**	**84**	**82**	**102**	**102**

Table 8.4 provides further detail of the type of staff incident that was reported.

Table 8.4

Staff RIDDOR by sub type, incident date	Accident, Injury	Behaviour (including violence and aggression)	Total
Physical assault (physical contact)	0	28	28
Slip, trip or fall	28	0	28
Manual Handling - Patient/service user handling	16	0	16
Manual Handling - Non patient/service user handling	10	0	10
Patient clinically challenging behaviour	0	5	5
Struck against or by an object	5	0	5
Contact with object or animal	3	0	3
Contact with needles or medical sharps	2	0	2
Burns or scalds	1	0	1
Entrapment / Drawn in	1	0	1
Total	65	33	99

IMS-09: PPE

9.1 Face Fitting and RPE

The department have continued to fit test staff in the wider UHB and its associated partners both in using RPE and also training them to fit test other staff. This has provided a robust and efficient model to ensure staff have the correct RPE competence on the frontline.

9.2 General PPE

The department have continued to support the wider UHB as required through general requests.

IMS-10: Health and Hygiene

10.1 Control of Substances Hazardous to Health

The Health Board is required to complete risk assessments for all hazardous substances in use. This is to ensure reasonable precautions are taken to prevent ill health. This is currently administered by the Health and Safety Department through a third party organisation, this partnership continues with the award of another three-year contract.

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There are currently 3564 materials with 9885 COSHH assessments on the SYPOL database.

Clinical Board	No. COSHH Co-ordinators	Approx No. Identified Areas	No. of Areas Compliant/ in date	Compliance 18/19	Compliance 19/20	Compliance 20/21	Compliance 21/22	Compliance 22/23	Change since last year
Children and Women	36	36	32	92%	92%	92%	84%	89%	↑
Clinical Diagnostics & Therapies	48	50	44	67%	83%	87%	74%	88%	↑
Medicine	38	43	33	76%	81%	83%	79%	77%	↓
Mental Health	52	52	50	92%	94%	96%	96%	96%	↔
PCIC	8	11	6	88%	91%	82%	60%	55%	↓
Specialist Services	34	35	26	91%	88%	86%	82%	74%	↓
Surgical Services	37	38	31	83%	88%	83%	85%	82%	↓
Other (Exec, CEF)	11	12	6	50%	58%	60%	50%	50%	↔
Total	264	277	228	82%	86%	86%	81%	82%	↑

There are **approximately** 277 work areas identified within the UHB and 264 COSHH coordinators in place. As you can see from the table 82% compliance has been achieved.

Health and Safety Advisors will continue to take this information to the clinical/service board health and safety meetings to monitor compliance levels.

10.2 Environmental Monitoring

The department continues to respond to the needs of the organisation in providing suitable and sufficient monitoring to cover a varied spectrum of environmental and occupational health related risks. These include vibration, thermal comfort, noise and slip assessments. These are completed on both a planned programme and ad-hoc request basis.

IMS-11: Case Management

11.1 Personal Safety/Violence and Aggression/Case Management

The Personal Safety/Case Management Service operates in addition to existing support arrangements within the Health Board. Case Management is not a clinical or counselling service and must not impede the relationships offered by local management or formal support services. The Case Management team adopts a sympathetic approach to the victim, and provides practical advice to both the victim and their manager. Strong emphasis is placed upon the advantages of formal support mechanisms for staff that are experiencing ongoing difficulties.

The Case Management Team have continued to focus on reducing violence and aggression within the Health Board, providing practical support and sign posting to formal support services; with a target of meeting with members of staff within 48 hours of an incident report.

11.2 Incident Reporting

Incidents are reported via the Datix Incident Reporting System. The classifications utilised for incidents involving violence and aggression towards staff are as follows:

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1. **Non-intentional assault upon staff by patient** - managed through internal sanctions and working with senior staff to ensure management plans and risk assessments are up to date.
2. **Suspected intentional assault upon staff by patient** – all cases referred to Police with victim's permission.

3. **Incidents of verbal abuse and threats against staff by patients/service users** – Police to prosecute or issue ASB Referral or UHB Internal Sanction i.e. Warning Letter/Behavioural Contract.
4. **Hate Crime** – reported to Police – information passed to the Health Board Equalities Manager.
5. **Domestic Abuse** – support/advice given – lone worker device issued – Police contacted if required**.**
6. **Civil Cases** – the case management team are actively working with the NWSSP Legal and Risk Services to progress cases that don't necessarily fall into the category of violence or aggression i.e. persistent nuisance to health board services**.**
7. **Violent Warning Markers - t**he Health Board has a comprehensive marker system in place. Violent warning markers are administered by the case management team on patient's electronic' notes to highlight relevant risk information and raise staff awareness of any violent episodes from patients/relatives/public.

11.3 Police Response and Presence
The team continue to work in partnership with South Wales Police. This has contributed to a dedicated police officer to cover all sites within Cardiff and Vale Health Board. This new role was developed through consultation with Senior Police Officers and the Case Management Team.

11.4 Crown Prosecution Service
The team continues its strong working links with the Crown Prosecution Service through open communication and regular dialog on cases. There has been a personnel change with Matthew Thomas, Senior Crown Prosecutor leading and taking over the CPS position on the All Wales Anti Violence Collaborative Group (AVC).

11.5 Communication
The team actively continue to promote the service across the UHB by delivering personal safety awareness sessions, seminars, meeting attendance, promotional stands and posters.
Communication links with Primary Care and Mental Health Services have strengthened during the period. Processes have been developed to enable more effective information sharing.
Information on violent warning markers placed by the Health Board is shared with GP Surgeries, Health Centres and the Out of Hours Service.

11.6 Internal Sanctions – Violent Warning Markers
The team continue to administer the violent warning marker system reviewing alerts, placing and removing violent markers. These markers warn staff of potential violent risk and cover both intentional and unintentional violence, they do not imply criminal responsibility.

11.7 All Wales Anti Violence Collaborative (AVC)
The All Wales AVC group has not met since the outbreak of the COVID pandemic, however the Head of Safety & Learning, NWSSP Legal and Risk Services has now been appointed to Chairperson of the group and a meeting is being scheduled for early in the next financial year.

The team continue to progress the Assault against Emergency Workers Act 2019 with the Crown Prosecution Service to ensure it is applied when staff are physically assaulted. During this reporting period there have been 13 custodial sentences with 6 of these suspended.

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Table 11.1 Internal Sanctions

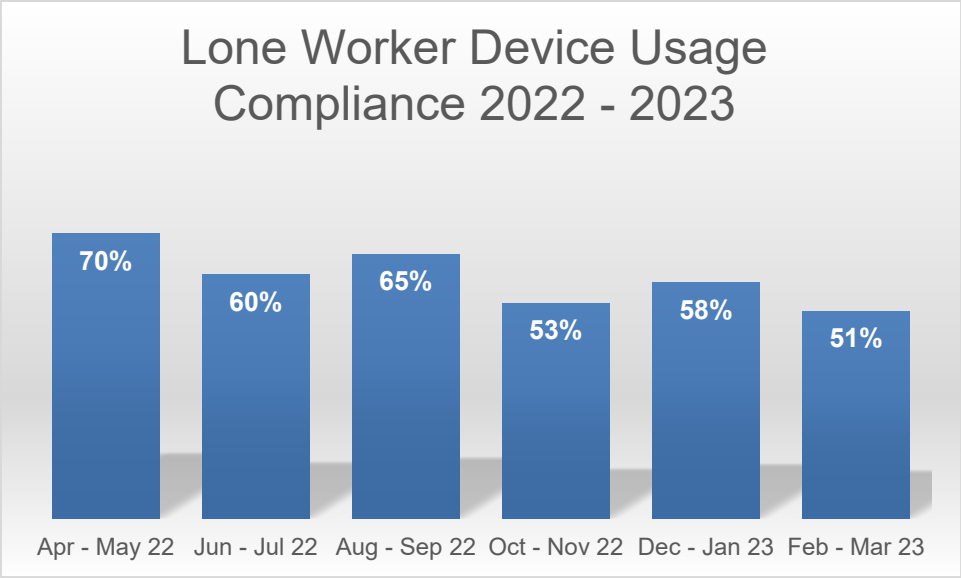
Year	Alerts	No Marker	Violent Marker Placed	Safe Haven Markers	Violent Markers Removed
2018/19	126	74	52	6	84
2019/20	112	88	24	10	77
2020/21	157	91	66	7	115
2021/22	242	141	101	7	77

Table 11.2 External Sanctions

Year	No. referred to Police- verbal warnings or no further action	Number of Convictions	Other Sanction ASBO (Police National Computer)
2018/19	150	81	2
2019/20	183	58	16
2020/21	213	77	65
2021/22	152	47	27
2022/23	58	16	183

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11.8 Lone Worker Devices



Device usage remained fairly consistent over the period averaging at 60% compared to 63% reported in 2021 - 2022, this is measured against device activity and movement.

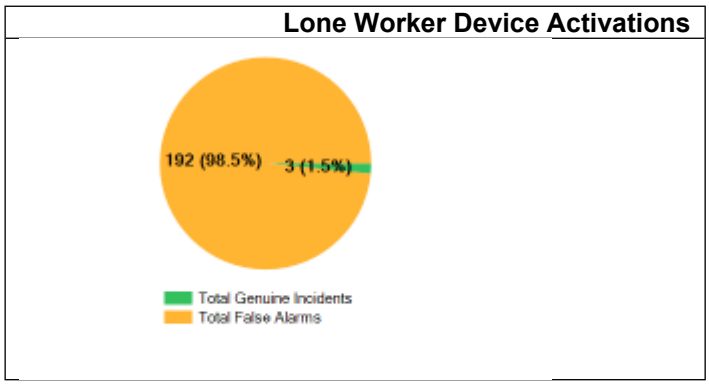
The case management team continue to work alongside managers to promote compliance as an element of the violence and aggression risk management and control process.

The three-year contract for the provision of lone worker devices ended in July 2022 and extensive negotiations with the current provider, Health and Safety and Procurement have taken place to renew the contract with mutually agreeable terms which has resulted in protracted discussions.

As previously reported there are 10 devices allocated to support colleagues suffering from stalking or domestic violence risks.

During the period 3 genuine incidents were raised. The users found comfort in having the device at hand in order to safely manage the incident without the need to summons the emergency services.

11.9 Lone Worker Device Activations:



During the reporting period there were 195 device actuations with 3 of them related to genuine incidents.

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IMS-12: Manual Handling

12.1 Advisors Report

Despite a depleted manual handling team, the department have continued to support all aspects of the wider UHB throughout the reporting period. A strategic plan is in place to strengthen this speciality within the department, which will ensure the UHB is provided with a robust, sustainable manual handling support mechanism for 2023/24 and beyond.

In addition to the specialist support and advice, notable points during the reporting period are;

- Provision of 6 hands on practical sessions in the management of the plus sized patients specifically for therapy staff, the sessions aimed to identify solutions for the rehabilitation of plus sized patients.
- Expansion of bariatric equipment provision for the UHB in conjunction with equipment provider to facilitate rehabilitation of plus sized patients in hospital, this was as a direct result of the hands-on sessions provided.
- Joint working with Local Authority therapy staff to ensure there is seamless transfer of care for plus size patients being admitted or discharged from hospital in relation to access to equipment.
- Trial of proning devices in theatres at both UHW and Llandough sites.
- Identification and funding of a hoisting solution to address complex handling issues at Medical Physics at UHW, this solution will ensure more patients have access to diagnostic scanning and improve the patients experience on attending.
- Successful capital bid to replace damaged flat lifting device at UHW, this included devising and rolling out a training programme for staff.
- Sling audit undertaken in February 2023, this audit aimed to establish the number of reusable slings in use across the UHB, the results then influenced the strategy for the management of reusable slings to comply with the Lifting Operations and Lifting Equipment Regulations.
- Further expansion of the use of patient specific slings for bathing across the UHB via the sling audit, in addition to the expansion of patient specific bathing slings an alternative patient specific amputee sling has been sourced and specialist wards are now using these.
- Continued project work with procurement to look at ease of accessibility for manual handling equipment for ward staff in particular patient specific slings and slide sheets

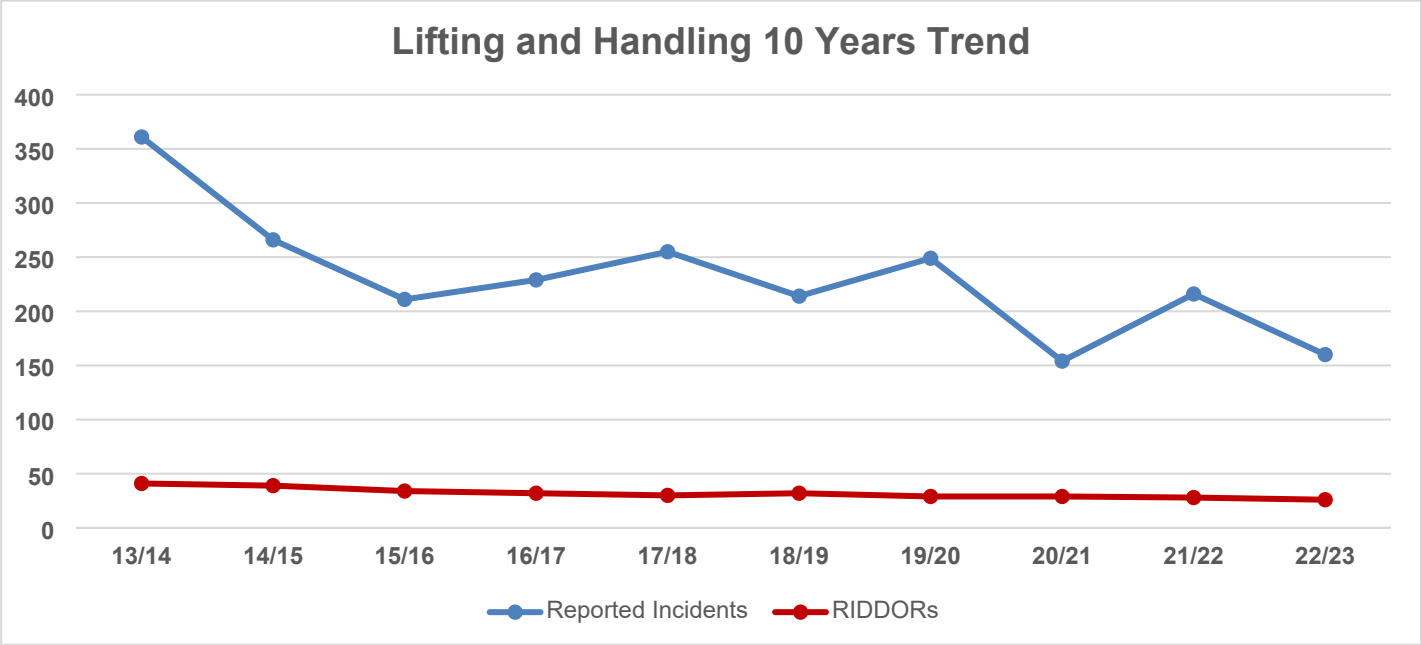
12.2 Manual Handling Incidents

Table 12.1

Staff manual handling, sub type by type, date reported.	Accident, Injury	Equipment, Devices	Total
Manual Handling - Patient/service user handling	96	5	101
Manual Handling - Non-patient/service user handling	58	0	58
Manual Handling - Equipment	0	1	1
Total	154	6	160

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Trend 12.2



The incident data above shows a general reduction in reported lifting and handling incidents. 2022/23 is the lowest recorded outside of COVID. This is correspondingly mirrored in the lowest number of RIDDOR's submitted.

IMS-13: Training

The training team underwent external competency certification during the reporting period to validate their skills in the delivery of both manual handling and violence and aggression. Our internal violence and aggression training course was reviewed and updated as a result of this work.

13.1 Training Compliance

This reporting period

Health and Safety Training Compliance 7th April 2023

Org L4	Manual Handling E Learning	Manual Handling Inanimate	Manual Handling Patient	V&A Module A - E Learning	V&A Module B - E Learning	V&A Module C - Breakaway Techniques	Fire Safety Training
All Wales Genomics Service	96.71%	33.33%		95.39%	88.81%	45.16%	87.17%
Capital, Estates & Facilities	89.75%	64.73%		89.67%	86.17%	26.67%	80.80%
Central & Reserves	90.91%			81.82%			81.82%
Children & Women Clinical Board	85.97%	65.67%	23.61%	87.38%	78.34%	27.08%	73.86%
CD&T Clinical Board	90.04%	35.41%	47.35%	89.12%	78.68%	36.63%	78.05%
Corporate Executives	87.03%	72.92%	42.37%	87.43%	76.84%	29.11%	75.15%
Medicine Clinical Board	83.48%		39.75%	78.52%	67.92%	24.63%	65.66%
Mental Health Clinical Board	84.01%	12.50%	28.86%	90.39%	73.65%	34.52%	65.33%
PCIC Clinical Board	87.08%	60.71%	28.38%	86.64%	75.76%	28.99%	75.66%
Specialist Services Clinical Board	85.18%	29.79%	42.49%	80.90%	71.70%	27.47%	66.46%
Surge Hospitals	100.00%			100.00%			100.00%
Surgical Services Clinical Board	81.91%	36.67%	46.13%	77.58%	68.90%	24.86%	63.90%
Trust	50.00%		33.33%	50.00%	33.33%		50.00%

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Previous Reporting Period

Health and Safety Training Compliance 31st March 2022

Org L4	Manual Handling E learning	Manual Handling Inanimate	Manual handling Patient	V&A Module A - E Learning	V&A Module B - E Learning	V&A Module C - Breakaway techniques	Fire Safety Training
All Wales Genomics Service	94.16%	66.67%		90.38%	88.71%	9.09%	83.51%
Capital, Estates & Facilities	89.06%	19.15%		86.52%	78.48%	20.00%	70.80%
Central & Reserves	100.00%			100.00%			100.00%
Children & Women Clinical Board	89.84%	39.59%	11.33%	87.47%	77.01%	11.79%	66.31%
CD&T Clinical Board	91.11%	19.13%	33.73%	90.46%	77.16%	21.12%	73.66%
Corporate Executives	83.70%	26.09%	29.82%	80.34%	76.01%	16.11%	63.14%
Medicine Clinical Board	80.27%	0.00%	27.89%	74.07%	58.64%	11.24%	52.24%
Mental Health Clinical Board	86.85%	0.00%	16.51%	90.71%	66.54%	20.41%	65.63%
PCIC Clinical Board	86.81%	15.00%	17.91%	81.32%	76.74%	17.16%	69.15%
Specialist Services Clinical Board	84.25%	12.50%	22.15%	78.96%	64.91%	13.43%	60.42%
Surge Hospitals	20.00%			10.00%			40.00%
Surgical Services Clinical Board	76.96%	15.97%	24.77%	71.75%	64.11%	9.44%	57.10%
Trust	83.33%		0.00%	33.33%	33.33%		66.67%

As can be seen by comparing the two tables above, whilst training compliance is still indicating red in some areas there has been significant positive increases in the number of trained personnel.

The department continue to offer the Manual Handling Workplace Competency Assessor (MHWCA) training course which enables staff to complete a manual handling competency assessment in the workplace with their local assessor. During 2022/2023, 35 patient handling workplace assessors were trained with a further 82 patient handling assessors and 1 inanimate object handling assessor trained. During the period 118 workplace competency assessments were successfully undertaken. The programme continues to be positively evaluated.

Tables 13.1 and 13.2 below demonstrate the number of training places that were available on health and safety courses during 2022/2023, the number of staff who attended and the number of unfilled places. We continue in a position where there are a high number of vacant places on the courses offered come the day of delivery. Many of these vacancies are as a result of staff failing to attend without withdrawing their place or staff withdrawing late and their place not being refilled. On occasion, places were not booked at all.

Manual Handling and Violence & Aggression Training

Table 13.1

Training course offered	No. of course places offered	No. of places filled/staff trained	No. of unfilled/unused places
Inanimate Object Handling	1603	1162	441
Patient Handling foundation	2495	1600	895
Patient Handling Update	752	567	185
Manual Handling Workplace Competency Assessors	37	35	2
V&A Module C	2496	1611	885
V&A Care Control Foundation	450	213	237
V&A Care Control Update	90	70	20
V&A Paediatric Care Control Foundation	52	19	33

V&A Paediatric Care Control Update	1	0	1
TOTAL	7976	5277	2699

Other Health and Safety Training

Table 13.2

Training course offered	No. of places offered on courses delivered	No. of places filled/staff trained	No. of unfilled/unused places
Managing Safely	91	53	38
Working Safely/Risk Assessment	53	39	14
First Aid at Work	75	43	32
First Aid at Work Requalification	21	16	5
Fit Tester training	23	19	4
Total	263	170	93

Fire Safety Training

Table 13.3

Training course offered	Internal Delegates	All Delegates
Fire Safety – Cascade trainers	12	12
Classroom Based	4002	4335
Fire Warden	65	72
MH ALBAC Awareness	55	55

Tutor Led Fire Safety Training

Data supplied by Workforce Information for 1st April 2022 to 31st March 2023

Table 13.4

Clinical Board	Assignment Count	Achieved	Compliance %
All Wales Genomics Service Total	**304**	**267**	**87.83%**
Capital, Estates & Facilities Total	**1384**	**1109**	**80.13%**
Children & Women Total	**2347**	**1739**	**74.09%**
Clinical Diagnostics & Therapeutics Total	**2614**	**2039**	**78.00%**
Corporate Executives Total	**1017**	**769**	**75.61%**
Medicine Total	**1921**	**1263**	**65.75%**
Mental Health Total	**1527**	**1000**	**65.49%**
Primary, Community Intermediate Care Total	**1139**	**858**	**75.33%**
Specialist Services Total	**2078**	**1386**	**66.70%**
Surge Hospitals Total	**1**	**1**	**100.00%**
Surgical Services Total	**2446**	**1571**	**64.23%**
Grand Total	**16778**	**12002**	**71.53%**

The compliance figures achieved in table 13.4 relate to the fire safety e-learning package, classroom, locality based and fire safety training; the Health Board target for compliance is 85%. allowance has been made for those staff away from the work place due to long-term sickness, maternity leave, career break, etc. 71.53% of staff were compliant in fire safety at the end of the 2023 reporting period.

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In order to maintain the positive increase in fire safety training over the last two years the UHB continued with Fire Safety Training Week which was held from the 17th to 21st October 2022. Seven courses per day across 5 days were held at UHW and UHL and were open to all staff groups. This initiative was very successful and saw 2105 staff attend during the week.

IMS-14 Contractor Management

Ownership of this policy has now transferred to the health and safety department, it underwent a review during the reporting year with no significant change to the procedure.
Capital, Estates and Facilities continue to manage the process for IM&T, major work, or where they bring contractors onto site and health and safety manage the process for the clinical boards.

IMS-15 Emergency Planning

Regular Health and Safety, Security and Strategic planning catch up meetings were implemented during the reporting period which consists of the heads of department or delegate. It provides an opportunity to discuss any partnership working. The Head of Health and Safety also sits on the Emergency Preparedness, Resilience and Response Group chaired by the Executive Director for Planning.

IMS-16 Communications

16.1 Enforcement Agencies actioned during the period

Date	Description	Type	Status
Health and Safety Executive			
27th Jan 2022	Local Exhaust Ventilation	Request for information from the HSE in relation to the maintenance and testing of local exhaust ventilation systems in JBIOS area in tower block 2, floors 2 and 3 at University Hospital Wales. Facility is operated by a third party but detailed response sent to the HSE in February including voluntary statements from the Head of Health and Safety and Head of Facilities and Estates. As yet the health board have not received a reply to formally close.	Open
21st Mar 2022	Manual handling of theatre trolleys	Request from the HSE to review the manual handling systems in place for pushing and pulling theatre trolleys at UHW. Response sent to the HSE from the head of health and safety which included relevant risk assessments, operating procedures and training documents. Formal closure received in February 2023	Closed
	WSoE Postponement	Formal notice of postponement of statutory inspection under the Pressure Systems Safety Regulations (PSSR) for a Horizontal Multi-Tubular Steam Boiler at UHL submitted to the HSE in December 2022. Inspection was due 3rd January 2023, actual inspection date was 12th January 2023.	Closed
South Wales Fire and Rescue Service			
21st Mar 2021	EN03/21	Enforcement notice issued for failing to adequately control ignition sources in Hafan Y Coed (HYC). This was been raised to the SWFRS compliance team and the enforcing agency have taken the decision to prosecute the UHB. A trial date has been set for October 9th 2023.	Open
8th Oct 2021	EN59/21	Enforcement notice issued against Ward A4 at UHW in relation to physical fire controls such as fire dampers, fire and smoke resisting doors and staff training requirements. All reasonably practicable work in the timeframe provided by SWFRS was completed and agreed. To	Closed

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		complete all required enforcement actions, it was necessary to remove the ward from service. A compliance extension to 31st March 2023 was formally agreed with SWFRS. The ward was removed from operational service in the summer of 2022 and all work completed. Enforcement notice now formally closed.	

16.2 Health and Safety Dashboard

The department have continued to compile and distribute the health and safety dashboard on a monthly basis. It provides, key information and quantitative data to support the Clinical/Service boards in their health and safety performance.

16.3 Meetings

The Operational Health and Safety Group continued to meet quarterly and the Terms of Reference underwent a significant rewrite to include a structured exception report for Clinical/Service boards to submit prior to the meetings. The meeting provides the platform to cascade relevant information to and from the Health and Safety Sub-Committee and to ensure the necessary assurance that health and safety is being suitably and sufficiently managed.

Clinical board meetings continue to be supported by health and safety along with several other specific operational forums for topics such as medical gas, electrical safety and asbestos management. Each departmental lead is also a UHB representative on corresponding All Wales Groups.

IMS-17 Change Management

Various change management processes are utilised across the UHB, largely dependent on risk and magnitude of required change.

IMS-18 Safe System of Work

The health and safety team have worked with both internal teams and external contractors to ensure that existing devised permit to work methodologies remain appropriate and adequately control all relevant work.

Local procedures exist to control other routine tasks and these are reviewed on a regular basis, where there has been significant change or where an incident has occurred. An example of this is the development of a safer delivery method for the large 770 litre clinical waste bins following an incident when one was dropped from the top deck of a contractor delivery lorry.

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IMS-19 Hiring and Placement

Position	WTE	WTE In-post
Head of Health and Safety	1	1
Assistant Head of Health and Safety	2	2
Health & Safety Advisors	2	1
Manual Handling Advisors	1	1
Assistant H&S/Manual Handling Advisor	1	0
Case Management Manager	1	1
Case Management	1.6	1.6
Health & Safety Training	6.6	6.6
Senior Fire Safety Advisor	1	1
Fire Safety Advisor	5	2
Total	22.2	18.2

As the table above indicates there have been challenges in filling certain roles during the reporting period. The Fire Safety Advisor roles are due to be filled in early July 2023 and the department are currently actively seeking an Assistant Head of Fire Safety to lead this agenda. This position is currently filled on an interim basis by a former UHB Senior Fire Safety Advisor.

IMS-20 Loss Prevention Inspections

The department have worked closely with trade union leads in improving the planned workplace inspection process. Electronic tablets purchased prior to COVID from charitable funds are now being utilised and training provided on the software provided. This process is now embedded and more trade union representatives are being allocated with these devices to perform this work.
The health and safety department purchased I-Auditor licenses and actions are being tracked using this system.

20.1 Ligature Assessments in Mental Health

Annual ligature reviews were completed for all mental health inpatient settings during the period. The terminology has been changed from ligature audits to ligature reviews as audits measure current practice against a defined standard and the purpose of these reviews are to identify environmental ligature points and assess the risk of them being used.

The UHB health and safety lead for ligature reviews continues to work with an All Wales task and finish group, being facilitated by the Delivery Unit in Welsh Government, in developing key principles and a consistent approach for ligature risk assessments in line with guidance and best practice.

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

Assurance is provided by:

Health and Safety aspects continue to be monitored and progressed as detailed within the report.

The Head of Health and Safety works closely with the Executive Director of People and Culture in order to successfully implement improvements.

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Recommendation:

Approve the Health and Safety Annual Report.

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

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

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Health and Safety Sub-Committee	18th July 2023

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19/07/2023 14:38:41

Report Title:	Funded Nursing Care: Setting the 2023/24 Interim Rate			Agenda Item no.	7.11
Meeting:	Board	Public	X	Meeting Date:	27 July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of Nursing				
Report Author (Title):	Assistant Director of Finance (PCIC, Medicine, Mental Health)				

Main Report
Background and current situation:

Funded Nursing Care (FNC) refers to the NHS funding of registered nursing care within care homes, where the need for nursing input has been assessed as necessary. Health work together to agree a consistent FNC rate across Wales.

FNC has two components:

- Funding of the Registered Nurse (RN) time; this has been calculated as 9.24 hours of RN time per resident per week[1].
- Funding for continence products.

The FNC rate is calculated via an Inflationary Uplift Mechanism (IUM). This uplifts the RN component annually in line with the Band 5 of the NHS Pay Award, with the continence component uplifted annually in line with the CPI.

Health Boards considered and approved continuation of the IUM as the appropriate mechanism in 2022, to apply for three years then review, unless a full policy revision makes it necessary before this. The approval was based upon its compliance with both the Supreme Court Judgment[2] in 2017 and the Welsh Government FNC Interim Policy Statement issued in November 2022.

As a consequence of its links to the NHS Pay Award, the FNC rate has in previous years not been determined until several months into each financial year. HBs then backdated the agreed uplift.

The new Policy Requirement

The WG FNC Policy Guidance was issued in 2004. Given the policy and legislative changes since then WG has committed to a full policy review; as yet there are no confirmed timescales for this. As a short-term measure, in November 2022, WG issued an Interim FNC Policy Statement.

The Interim Policy Statement includes a requirement that Health Boards set an Interim FNC Rate to apply from 1 April, with the rate recalculated and adjusted as necessary once the NHS Pay Award had been confirmed. The purpose of this was to ensure the annual FNC rate was calculated and shared with providers in a timely manner.

Setting the Interim 2023/24 FNC Rate

Health Boards had been working together to consider the options for an interim uplift to be in place in April 2023. However, the two additional 2022/23 NHS Pay Awards announced by the Minister in February and April 2023 have led to an unexpected impact on the FNC rate. As the IUM is linked to the NHS Pay Award, any uplift requires that the FNC rate be adjusted accordingly, the additional consolidated impact for 2022/23 being 1.5%. The additional non-consolidated payments have led to a need to also consider the implications of these on the FNC rate.

[1] Following a legal challenge that culminated in a Supreme Court Judgment in 2017, 0.385 hours of the FNC rate is now funded by the relevant Local Authority/self-funder to reflect the times when the RN input is incidental. The remaining 8.855 hours of RN time are funded by the NHS.

[2] R (on the application of Forge Care Homes Ltd and others) (Appellants) v Cardiff and Vale University Health Board and others (Respondents) (supremecourt.uk)

There is now an urgent need to progress the 2023/24 uplift given the new policy requirement from WG that an interim rate be set.

Providers are pressing for HBs to urgently identify and issue the 23/24 FNC rate.

The Minister has announced a 5% NHS Pay Award offer for 2023/24. It seems appropriate therefore to provide a 5% interim uplift to the 23/24 FNC rate.

The Proposal

Health Board professional and finance leads have considered the issues and it is proposed that:

- The 2023/24 Interim FNC Rate be uplifted by 5%. This is in line with the Minister's offer of 5% for 2023/24.
- The impacts of the 2022/23 additional non-consolidated NHS Pay Awards on the 2022/23 FNC rate be further considered by Health Board finance and professional leads.

The calculated FNC rate for 2023/24 is set out in the table below.

Financial Year	RN component	Continence component	HB component of FNC rate	Social care related to FNC and so funded by LA (0.385 hours)	Total FNC weekly rate (9.24 hours plus continence component)	Paid Break Adjustment 0.13 of an Hour	Total FNC weekly rate (9.11 hours (net of Paid Breaks) plus continence component)
2014/15	£150.62	£11.00	**£161.62**	£6.55	**£168.17**	**£2.21**	**£165.96**
2015/16	£150.98	£11.00	**£161.98**	£6.56	**£168.54**	**£2.22**	**£166.32**
2016/17	£152.48	£11.00	**£163.48**	£6.63	**£170.11**	**£2.24**	**£167.87**
2017/18	£153.99	£11.29	**£165.28**	£6.70	**£171.98**	**£2.26**	**£169.72**
2018/19	£156.30	£11.57	**£167.87**	£6.80	**£174.67**	**£2.29**	**£172.37**
2019/20	£161.15	£11.82	**£172.96**	£7.01	**£179.97**	**£2.37**	**£177.60**
2020/21	£167.11	£12.02	**£179.13**	£7.27	**£186.40**	**£2.45**	**£183.95**
2021/22	£172.12	£12.20	**£184.32**	£7.48	**£191.80**	**£2.53**	**£189.27**
2022/23	£183.31	£13.15	**£196.46**	£7.97	**£204.43**	**£2.69**	**£201.74**
2023/24	£192.47	£14.48	**£206.95**	£8.37	**£215.32**	**£2.83**	**£212.49**

Note: the 2023/24 rate is shaded as it does not yet reflect and implications arising from the non-consolidated uplifts to the 2023/24 Pay Award

Governance

There is already approval in place to continue with the IUM as an appropriate mechanism to set the rate. Given the unexpected consequences of the additional 22/23 NHS Pay Awards and the new requirement to set an Interim FNC Rate is appropriate to inform the Health Board of these issues and seek approval to proceed with the interim uplift.

In addition to consideration through this route, the lead CEO will provide an update to Health Board CEOs for information.

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

In seeking approval for the Interim 2023/24 FNC uplift, it is important to note that this is a sensitive issue, with Providers raising concerns with the Minister and WG policy officials that the uplift has not

been in place at 1 April as required. There are reputational risks and risks of relationship and legal challenge if the rate is not issued as a matter of urgency.

Recommendation:

The Board is requested to accept the recommendations of the lead finance and professional Health Board leads and **approve**:

- The 2023/24 Interim FNC Rate be uplifted by 5%. The cost is estimated at £0.540m.
- That the uplift be issued urgently in order to provide compliance with the policy expectations.
- The impacts of the 2022/23 two additional non-consolidated announced NHS Pay Awards on the 2022/23 FNC rate be further considered by Health Board finance and professional leads and resolved as soon as possible.

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

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

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

Prevention		Long term	√	Integration	√	Collaboration	√	Involvement	

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

Risk: No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes

The cost of this uplift is contained within the Health Board's Financial Plan

Workforce: No

Legal: Yes

This complies with original legal judgement

Reputational: Yes

Socio Economic: No

Equality and Health: No

Scanned with CamScanner

Decarbonisation: No

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

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Continuing Healthcare Inflationary Uplift - Provider Fee Uplift Required for 2023/24			Agenda Item no.	7.12
Meeting:	Board	Public	X	Meeting Date:	27 July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of Nursing				
Report Author (Title):	Assistant Director of Finance (PCIC, Medicine, Mental Health)				

Main Report
Background and current situation:

Background

The Health Board maintains commissioning responsibility for patients placed in care homes who meet the key Continuing Healthcare criteria that the primary reason for placement in the care home setting is a health need. Each year the Health Board provides an uplift to the weekly fees of ongoing and new placements to recognise the current costs of provision, including pay and non-pay inflation. Generally, this has followed the line of passing on general uplifts received from Welsh Government in the main Allocation Letter.

This uplift must include one of the key pledges in the Welsh Government's Programme for Government to pay social care workers in Wales the Real Living Wage (RLW). The RLW rate for Wales effective from 1 April 2024 is £10.90, an increase of 10.1% The RLW is an important step in not only recognising the vital role of social care workers in Wales, but addressing the increasingly challenging recruitment and retention issues and pressurised working conditions within the care sector. The uplift will apply to registered workers in care homes and domiciliary care in both adult and children's services.

Current Situation

The calculation of the RLW and the impact to providers is complex. There has not been a fully open book approach between the Health Board, Local Authorities (LAs) and care providers to determine rates of pay etc. LAs through their 2023/24 financial settlement have been able to continue their commissioning strategy and support to care providers.

In order to assess the impact for the Health Board, work has been undertaken with both partner Local Authorities to review the percentage uplift they will pay. Information provided shows that Cardiff and Vale LAs have increased rates between 9% and 18.5% reflecting the increase in funding provided to local authorities in Wales to support the care home sector.

Through consultation process in both partner Local Authorities, providers have stated:

- they have additional unavoidable cost pressures as well as the increase in the RLW; and
- a specific feature concern was the impact of increasing utility costs both directly and through the knock on into foodstuffs and supplies.

It is proposed to offer care providers a 10% uplift (which is within the UHB draft financial plan.) The total cost of this is estimated to be £4.411 RLW and £ 2.848m UHB core service, total £7.259m. This is within the funding included within the UHB's financial plan, although the RLW is currently an anticipated allocation from Welsh Government.

Sampled Version
12/07/2023 14:46:41

Where joint care packages are provided between health and social care it will prove challenging to restrict the uplift below that already offered by the Local Authority because providers will not accept differential uplift for both elements of the package and hence the LA rate will be paid.

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

The Health Board is required by WG to make an adequate uplift to care providers.

There is a risk to sustainability of care providers and availability of care packages if fees paid to are not reflective of business costs, with consequent impact on services available to the population of Cardiff and Vale and the ability to maintain flow out of hospital. There is also the risk that providers may not accept the rate.

This additional uplift of **£4.411m** in respect of the RLW is required to be funded by Welsh Government.

Recommendation:

The Board is requested to:

- **APPROVE** the 2023/24 annual uplift that should be offered to care homes, recognising that 10% is within the provision in the current financial plan of **£7.259m.**
- **NOTE** that joint packages of care will increase at a greater rate than this in line with Local Authority increases already offered.
- **NOTE** the risk that providers may not accept the new rate.

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	

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Impact Assessment:

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

Risk: /No

Safety: /No

Financial: Yes

The cost of this uplift is contained within the Health Board's financial plan.
Workforce: /No
Legal: No
Reputational: Yes
The Health Board must ensure uplifts for these commissioned services are provided
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Senior Leadership Board	13 July 2023

Saunders,Nathan
19/07/2023 14:38:41

Report Title	**WHSSC Governance and Accountability Framework**	**Agenda Item**	7.13
Meeting Title	**Health Boards**	**Meeting Date**	14/03/2023
FOI Status	Open		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Committee Secretary & Director of Finance		

Purpose of the Report	The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective HB SO's,
- **Approve** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective HB SO's; and
- **Approve** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

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WHSSC GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1.0 SITUATION

The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework.

2.0 BACKGROUND

2.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

Updated Model Standing Orders and Model Standing Financial Instructions were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out, and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were approved by the Joint Committee on 14 March 2023, and are now being presented to individual HBs for approval for inclusion as schedule 4.1 within their respective LHB SOs.

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3.0 CHANGES TO THE GOVERNANCE & ACCOUNTABILITY FRAMEWORK

3.1 Financial Limits and Reporting

On the 10 January 2022 the Joint Committee approved that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic could be adopted as new permanent limits, and approved the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries.

The Committee Secretary at WHSSC shared the report and discussed the proposed changes with the NHS Wales HB Board Secretaries on 3 February 2023, and requested views on the proposal. Two queries were received as outlined in ***Table 1*** below:

Table 1 – Queries Received on the Proposed Changes

Query	Response
What is the process of Chairs action?	Section3.1 of the WHSSC SO's state: ***3.1 Chair's action on urgent matters*** *3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.* The process is the same as the process adopted by HB's. Also, any chairs action undertaken is always shared with the Joint Committee in writing via a letter being issued to JC members sent via email, and it is also ratified by the Joint Committee under the Chairs report at the next available meeting with a specific recommendation to ratify the decision. This is captured in minutes etc.

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Query	Response
Financial thresholds – appear higher than those in place in other NHS bodies	Advanced Medicinal Therapeutic Products (ATMPs) are commissioned by WHSSC and the Blueteq system is used to procure, prescribe and manage the ever increasing complexities associated with high cost therapies. The scale of the ATMP's has increased with an average minimum of £25k per annum up to £500,000 per annum for high cost drugs and potentially up to £2m for one-off new ATMPS all of which are NICE approved. Therefore, the financial thresholds are set reflect this.

The proposed changes were also discussed with the Head of NHS Board Governance on the 14 February 2023 and with the Board Secretary at CTMUHB on 17 February to provide assurance on the changes being made and an assurance was given that the changes did not deviate from the model SO's and SFI's in place, and any changes were in relation to bespoke changes for WHSSC's scheme of delegation, financial authorisation matrix and MoA with CTMUHB.

3.2 Welsh Renal Clinical Network (WRCN) – Governance Review

Further to the recent governance review undertaken on the Welsh Renal Clinical Network (WRCN) to evaluate and determine the adequacy of the systems and controls in place within WHSSC, the scheme of delegation has been updated in response to the recommendations made concerning:

- Delegated authority for the network board including which matters are reserved to itself to include executive officer responsibilities and financial delegation limits; and
- Delegated financial limits within the Standing Financial Instructions.

3.3 Memorandum of Agreement – Designation of Audit & Finance Lead Independent Member (IM)

On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Section 7.3 of the MoA has been updated to reflect this.

4.0 SUMMARY OF PROPOSED CHANGES

The updated SOs, MoA, Hosting Agreement, and SFIs are presented at ***Appendices 1-3*** for information. Note no changes have been made to the Welsh Government model guidance element of the SO's or the SFI's, and that the proposed changes only relate to the bespoke elements required for WHSSC.

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For assurance, a summary of the updates made is outlined in ***table 2*** below:

Table 2 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

Standing Orders – see Appendix 1	
Page 52 -	**Delegation of Powers to Sub-Committees and Others** Amendment from "Audit Committee", to "Audit and Risk Committee" (ARC) to reflect the correct title of the CTM ARC for hosted bodies. Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Page 54	**Scheme of Delegation to WHSST Directors and Officers** Addition of Welsh Kidney Network (WKN) and Programme Director, Executive Lead to comply with the following recommendations from the WKN governance review: • *The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs; and* • *The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.*
Page 56	**Annexe 3 – Joint Committee Sub-Committee Arrangements** Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Memorandum of Agreement & Hosting Agreement – see appendix 2	
Page 12	**Appointment and Role of Non-Officer Members** **Section 7.3 Audit Lead Independent Member** Section 7.3 states that: *"7.3 One non-officer member will be selected from the Host LHB. This non-officer member will act as the Audit Lead"* On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Therefore section 7.3 will be amended to:

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	"7.3 the audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit & Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"
P16	**13. Accountability & Audit Committee** Amendment from "Audit Committee", to "Audit and Risk Committee" to reflect the correct title of the CTM ARC for hosted bodies.
Pages 22 & 23	**27.Review** Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).
Page 24	**Annex (i) to MoA** **Services delegated from LHBs to WHSSC for planning and funding** The list has been updated to reflect the full list of services for 2023-2024.
Pages 40 & 41	**Annex (ii) to MoA – Hosting Agreement** Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).
Page 66	**Annex (iv) to MoA – Clinical Networks** Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Standing Financial Instructions (SFI's) – Scheme of Delegation – see Appendix 3a	
Page 2	**Budget delegation and virements** **Section A1 Delegation of the management of defined Revenue budgets to budget holders** Updated to reflect the following recommendations from the WKN governance review: • *The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.* • *The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders*

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Page 2	**Budget delegation and virements** **Section A1 Delegation of the management of defined Revenue budgets to budget holders** Updated to reflect budget holder status for Traumatic Stress Wales (TSW).
Page 4	**A1 Long Term Agreements with other NHS bodies** Wording updated to describe "In accordance with delegated authority within the Standing Financial Instructions".
Page 5	**A4 Individual NHS patient treatment charges outside of LTAs and SLAs** Updated to include reference to the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action.
Standing Financial Instructions (SFI's) – Financial Authorisation Matrix – see Appendix 3b	
Column R	Updated to reflect the following recommendations from the WKN governance review: • *The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.* • *The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.*
All	Updated to include the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, approved by the Joint Committee on 10 January 2023.
Column Q	Updated to reflect Traumatic Stress Wales

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5.0 GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the Integrated Governance Committee were informed of proposed changes to the Framework on 14 February 2023, prior to the Joint Committee formally approving them on the 14 March 2023.

In accordance with the WHSSC governance framework once the Joint Committee approve the updated governance and accountability framework they must be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs. Thereafter, a report will be taken to the CTMUHB ARC for hosted bodies for assurance.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the Standing Orders (SOs), and include as schedule 4.1 within their respective HB SOs,
- **Approve** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within their respective HB SOs; and
- **Approve** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

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Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	A strong financial governance framework is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC Informed decisions within the environment of a clear financial governance framework are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	The WHSSC Standing Financial Instructions (SFI's) outline the financial scheme of delegation, non-pay expenditure limits and accountability arrangements.
Population Health	There are no specific population health implications related to the activity outlined in this report.
Legal Implications (including equality & diversity, socio economic duty etc)	The Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). They were reviewed by officials in association with representatives of the NHS Wales Board Secretaries and the NHS Wales Directors of Finance group. The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.

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Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	14 March 2023 – Approved by the WHSSC Joint Committee 14 February 2023 – Integrated Governance Committee – update on progress 10 January 2023 – JC approved the financial limits and financial reporting report.
Appendices	Appendix 1 – Updated Standing Orders (SOs) Appendix 2 – Updated Memorandum of Agreement and Hosting Agreement Appendix 3 - Updated Standing Financial Instructions (SFIs) Appendix 3a – Updated Financial Scheme of Delegation Appendix 3b – Updated Financial Authorisation Matrix

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Schedule 4.1

STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

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Foreword

Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business1. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 20092 and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/.

1 Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.
2 (2009/3097 (W.270)

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Section: A – Introduction

Statutory framework

i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee**.** Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Ambulance Services Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.

ii) The principal place of business of the WHSSC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.

iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.

iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006**[3] which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006**[4] applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.

v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.

vi) However in some cases the relevant function may be contained in other legislation.

vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC Directions provide that the seven LHBs in Wales will work jointly to exercise

3 c.42
4 c.41

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functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009**[5] (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009**[6] (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.

ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.

x) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.

xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

5 (2009/3097 (W.270)
6 (2009/779 W.67)

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xiv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers' Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/..Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

xvii) The specific governance and accountability arrangements established for the Joint Committee are set out within:

- These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
- The WHSSC SFIs;
- A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
- A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.

xviii) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.

xix) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details

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of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

xx) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.

xxi) Full details of any non-compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment; or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

xxiii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.

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xxiv) The terms and provisions contained within these SOs aim to reflect those

covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

xxv) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

xxvi) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

xxvii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committee's operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

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Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions[7]

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

[7] The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

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contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;

- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and

- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committee[8]

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)[9], together with the following:

Non-Officer Members [known as Independent Members] [10]

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

8 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2

9 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)

10 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

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Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services[11]; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

i. Either or both persons may attend and take part in Joint Committee meetings;
ii. If both are present at a meeting they shall cast one vote if they agree;
iii. In the case of disagreement no vote shall be cast; and
iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

11 The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

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- Chair
- Vice-Chair
- Non-Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.

1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.

1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

1.3.4 The Chair is responsible for the effective operation of the Joint Committee:

- Chairing Joint Committee meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.

1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

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The Vice-Chair

1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed[12].

1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

1.4.1 The ***Chair,*** shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term[13].

1.4.2 The ***Vice-Chair*** and two other ***Independent Members*** shall be appointed by the Joint Committee from existing Independent Members of the seven

12 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13
13 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

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Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term[14].

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The ***WHSST Directors*** shall be appointed by the Joint Committee[15], and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office[16].

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS[17]

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

14 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7
15 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)
16 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11
17 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

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accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.

2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.

2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

2.0.5 The LHB Chairs *[through the lead Chair]* shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.

3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

i. Schedule of matters reserved to the Joint Committee;
ii. Scheme of delegation to joint sub-Committees and others; and
iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

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3.1 Chair's action on urgent matters

3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or another WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

3.2.1 The Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.

3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

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and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:

- Quality and Safety
- Audit

4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).

4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.

4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;

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- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

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5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has

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established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure arrangements are in place to liaise with CHC members as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

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6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

6.4 Calling Meetings

6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

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Notifying and equipping Joint Committee members

6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10[18] calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as

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[18] See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

- Through other methods of communication as set out in the Joint Committee's communication strategy.

6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible[19]. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

> *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].*

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of

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[19] Schedule 3, 8 of the LHB(Constitution, Membership and Procedures) Regulations 2009

the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.

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6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion –** Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and

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the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments –** Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion –** When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions –** The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments –** A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution –** The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

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6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

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6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee

members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

6.8.1 All Joint Committee members (including Associate Members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

7.1.1 **Declaration of interests –** It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

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7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 **Register of interests –** The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

7.1.6 **Publication of declared interests in Annual Report –** Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides

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specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting.

ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;

iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;

iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take

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advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests –** Where a Joint Committee member, or any person they are connected with[20] has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 **The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009** define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests –** During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers' interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers' interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee's Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,[21] hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST

[20] In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.
[21] The term gift refers also to any reward or benefit.

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officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

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7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.

7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.

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- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate[22]' hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

[22] Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

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8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

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8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and

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- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

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Annex 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

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SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

i. A sub-Committee of the Joint Committee, e.g., Audit Committee;

ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and

iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

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DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*

- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*

- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*

- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*

- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*

- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*

- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*

- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

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HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

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The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

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SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE[23]

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs
2	FULL	GENERAL	The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are detailed below:
3	FULL	GENERAL	Approve the Joint Committee's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	Vary, amend and recommend for approval to the Boards of the Local Health Boards: ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	FULL	OPERATING	Ratify any urgent decisions taken by the Chair and the Lead Director in accordance

[23] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

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		ARRANGEMENTS	with WHSSC Standing Order requirements
6	NO – Nominated Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Committee Secretary on any non-compliance with WHSSC Standing Orders, making proposals to the Joint Committee on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with WHSSC Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
9	NO - Chair on behalf of Joint Committee, Vice-chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary.
10	FULL	STRATEGY & PLANNING	Determine the long term strategic plan for the development of specialised services and tertiary services in Wales, in conjunction with Welsh Ministers.
11	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: ▪ Population Health Needs Assessment and Commissioning Plan

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			▪ The development and delivery of patient and population centred specialised and tertiary services for the population of Wales ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
12	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
13	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
14	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework and strategy for performance management.
15	FULL	STRATEGY AND PLANNING	Approve the LHBs framework and strategy for risk and assurance
16	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Putting Things Right and health and safety requirements.
17	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute of Health and Care Excellence (NICE)
18	FULL	STRATEGY & PLANNING	Approve the Joint Committee's patient, public, staff, partnership and stakeholder engagement and co-production.
19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines

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			it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
20	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment, appraisal, discipline and dismissal of the officer members of the Joint Committee (Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.
21	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary.
22	FULL	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee
25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee
26	FULL	ORGANISATION STRUCTURE &	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups

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		STAFFING	
27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee
28	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
29	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers
30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
31	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs
32	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements

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33	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
36	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
37	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans
38	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the Joint Committee's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
39	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required.
40	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE-CHAIR AND INDEPENDENT MEMBERS			
	Chair		Chair of the Integrated Governance Committee
	Independent Member or Vice-Chair		Audit Lead
	Independent Member or Vice-Chair		Chair of the Quality and Patient Safety Committee

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DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS[24]

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit & Risk Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Kidney Network (WKN)
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

[24] As defined in Standing Orders.

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SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Agreeing and signing Health Care Agreements and Contracts with service providers for health care services	Lead Director Director of Finance (Deputy)
Approval to commission Specialist healthcare services	Lead Director
Information Governance arrangements	Committee Secretary (in conjunction with the host LHB)
Management of Concerns	Director of Nursing & Quality Assurance
Health and Safety arrangements	Lead Director/ Committee Secretary (in conjunction with the host LHB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.	Chair/ Lead Director Director of Finance (Deputy)
Issuing tenders and post tender negotiations.	Lead Director Director of Finance (Deputy)
Legal advice	Committee Secretary

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Action on litigation	Lead Director/ Committee Secretary
Operation of detailed financial matters, including bank accounts and banking procedures	Director of Finance (in conjunction with the host LHB Director of Finance)
Workforce	Committee Secretary
Public consultation	Lead Director
Manage central reserves and contingencies	Director of Finance
Management and control of stocks other than pharmacy stocks	Lead Director
Management and control of computer systems and facilities	Committee Secretary
Monitor and achievement of management cost targets	Lead Director
Recording of payments under the losses and compensation regulations	Director of Finance
Individual Patient Funding Requests	Director of Nursing & Quality Assurance
Approve and ensure the publication of non-statutory Annual Report	Lead Director
Welsh Kidney Network (WKN)	Programme Director

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***WHSSC SFIs***
- ***Values and Standards of Behaviour Framework (link to document)***
- ***Risk Management Strategy (link to document)***
- ***Key policy documents***

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/.Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

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Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Management Group

Quality & Patient Safety Committee

Integrated Governance Committee

Welsh Kidney Network (WKN)

Individual Patient Funding Request Panel

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Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

N/A

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MEMORANDUM OF AGREEMENT

RELATING TO

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

(WALES) DIRECTIONS 2009

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MEMORANDUM OF AGREEMENT

THIS MEMORANDUM OF AGREEMENT is made the ***13 July 2021***
BETWEEN

(1) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ

(2) BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

(3) CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes-y-coed Road, Cardiff CF14 4HH,

(4) CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN.

(5) HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park Carmarthen, SA31 3BB.

(6) POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS

(7) SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

WHEREAS:

A. In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services from 1 April 2010.

B. The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) make provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

C. Cwm Taf Morgannwg University Local Health Board (CTMUHB) has been identified as Host LHB to provide administrative support for the running of the Joint Committee and to establish the Welsh Health Specialised Services Team as per Direction 3(4) and Regulation 3(1)(d) and the interpretation

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sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

D. The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services (Relevant Services) and in accordance with their defined Delegated Functions. The Joint Committee therefore comprises, and is established by, all the LHBs.

E. The LHBs have been given the financial responsibility for all of the specialised and tertiary health needs for their respective populations. Refer to Standing Order 1.1.

F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. Refer to Standing Orders: Statutory Framework, NHS Framework and Joint Committee Framework (for governance arrangements); and to Standing Orders 1.2 and 1.3 (for membership, responsibilities and accountability).

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1. INTERPRETATIONS

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Associate Members'	the Chief Executives of Public Health Wales NHS Trust, Velindre University NHS Trust, Welsh Ambulance Services NHS Trust. Refer to Regulation 3(3) and Standing Order 1.2.6
'the Directions'	the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)
'Chair'	the person appointed by the Minister to lead the Welsh Health Specialised Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.
'Chief Executives'	the Chief Executives of the constituent LHBs
'Committee Secretary'	the person appointed by the Welsh Health Specialised Services Committee as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.
'Role of the Joint Committee	the role ascribed to the Joint Committee ascribed to the Joint Committee in section 4 of this Agreement. Refer to Standing Order 1.1.
'Dispute Process'	the arbitration process agreed with WG.
'WHSST Directors'	the Officer Members of the Joint Committee as defined in Regulation 3(2) of the Regulations.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board
'Joint Committee'	the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'Management Group'	the purpose of the Management Group is to be the Specialised Services Commissioning operational body

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	responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation.
'Management Team'	the team appointed in accordance with paragraph 10.2 of the Agreement, comprising of the Lead Director, Medical Director, Finance Director and Nurse Director of Specialised and Tertiary Services. Refer to Regulations 3(2) and Standing Order 1.2.4.
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42)
'Provider LHB'	a LHB which provides specialised and tertiary services to the Joint Committee
'the Regulations'	the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))
'Relevant Services'	the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Welsh Health Specialised Services Committee (Wales) Directors 2009, and incorporated as Annex (i) in this this Agreement, subject to any variations to those functions agreed from time to time by the Joint Committee.
'WG'	Welsh Government as announced by the First Minister of Wales on 12 May 2011
'WHSST'	the Welsh Health Specialised Services Team consisting of staff employed by the Host LB to provide the Relevant Services, including WHSST Directors.

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2. CORPORATE IDENTITY

2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs. The Joint Committee will be referred to as the 'Welsh Health Specialised Services Committee' on stationery and signage.

3. PRINCIPLES

3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act. The LHBs are required to jointly exercise the Relevant Services. Refer to Standing Orders: Statutory Framework

3.2 The principle of subsidiarity will apply so that the Joint Committee will agree annually a List of Specialist Services which has approved by the Joint Committee as part of the Annual Planning process. The Joint Committee will be only responsible for the provision of those services which are identified in the List of Specialist Services. Any other service not identified in the List of Specialist Services will be the responsibility of each LHB to provide locally. Nothing in this paragraph shall prevent any LHB from exercising its discretion as to how to provide these services, either individually, or in conjunction with other LHBs or other bodies. Refer to Standing Order 1.1.2

3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. The Joint Committee is established on this basis of a shared, national approach to the joint planning of specialised and tertiary services on behalf of each LHB, ultimately accountability to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area remains with individual LHBs. Refer to Standing Order 1.1.2.

3.4 In performing its role, the Joint Committee and each individual Chief Executive shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:

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3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit;

3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need;

3.4.3 Collaboration must not diminish clinical engagement;

3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population;

3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap;

3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification;

3.4.7 Collaboration should promote equity in service delivery.

Refer to Standing Orders 1.1 and 1.4

3.5 Each LHB acknowledges the following principles:

3.5.1 the Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.

3.5.2 that any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 1.1.5

3.5.3 that each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role. Refer to Standing Order 1.1.2.

3.5.4 that their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to

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act transparently in the performance of their functions. Refer to Standing Orders 1.1.2 and 1.1.4.

3.5.5 that each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.

3.5.6 that when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 6.6.10 and 6.6.11

3.6 Each Chief Executive will agree to advise the Chair of any circumstances where it is considered that there may be a conflict of interest between the performance of the national planning functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 7: Values and Standards of Behaviour

3.6.1 where the Chair considers that the conflict is not clear he will consult with the remainder of the Committee and reach a collective view.

3.6.2 where the Chair decides that there is a clear conflict of interest the Chief Executive will be required to abstain from the discussion.

3.7 The Joint Committee will strive to make decisions by consensus, failing which it will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

4. ROLE OF THE JOINT COMMITTEE

4.1 The role of the Joint Committee as determined by the Welsh Ministers are (refer to Standing Order 1.1.4):

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- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the

Welsh Ministers;

- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;

- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;

- Agree annually those services that should be planned on a national basis and those that should be planned locally;

- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;

- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;

- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and

- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

5. ANNUAL WORK PROGRAMME AND PLANNING

5.1 The Joint Committee and its Management Team will adhere to the standards of good governance set for the NHS in Wales and which are based on Welsh Government's Citizen Centred Governance Principles. Refer to Standing Order: NHS Framework.

5.2 The Joint Committee will:

5.2.1 report to the individual LHBs on its activities. It is formally accountable to the individual LHBs in respect of its role carried

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out on their behalf. Refer to Standing Order 9: Demonstrating Accountability.

5.2.2 lead and scrutinise the operations, functions and decision making of the Management Team. It will require the Management Team to report to it on its activities and it will hold the Management Team to account on behalf of the seven LHBs. Refer to Standing Order 1.1.6.

5.3 The Joint Committee will therefore require:

5.3.1 the Management Team to co-operate with them as members of the Joint Committee in securing agreed processes so that patients in Wales may have the equal opportunity to access new advances in treatment but in a way which ensures that services which no longer require collaborative planning are stepped down at the appropriate time to the individual LHBs as local providers.

5.3.2 the Management Team to prepare for their approval a Plan of Business for the year. They will also require the Management Team to agree with the Joint Committee an appropriate way of working. This will include submitting to the Joint Committee for discussion and agreement (following an appropriate internal and external consultation process) a Priorities Programme, an annual List of Specialised Services to be planned nationally and identifying the services to be stepped down for local provision, national Planning Policies and a Schedule of other appropriate policies for development and review on an annual basis.

5.3.3 in developing any new or amended policy the Management Team will prepare a suggested process which will be subject to an approved corporate standard for agreement by the Joint Committee.

5.3.4 the Management Team will undertake on an annual basis a mapping exercise of the Healthcare Standards which apply to the Joint Committee. An annual return will be submitted to the LHBs for inclusion in their annual return to Welsh Government.

5.3.5 a Quality and Patient Safety Sub Committee will be established to provide evidence based and timely advice to the Joint Committee to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. The Quality and Patient Safety Sub Committee will also provide assurance to the Joint Committee in relation to the

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arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee. The Quality and Patient Safety Sub-Committee will operate in accordance with the Terms of Reference annexed to the Standing Orders. Refer to Standing Order 4.0.3

5.3.6 the production of an Annual Report (to be prepared by the Committee Secretary) each year. Refer to Standing Order 9.0.2.

5.3.8 the Director of Finance for the Joint Committee to agree with the relevant Provider LHBs information requirements and reporting timescales to enable the Joint Committee to discharge its duties on behalf of each LHBs

5.3.9 the Management Team to act in accordance with the Welsh Language Scheme of the Host LHB in preparing papers on behalf of the Joint Committee. Refer to Standing Order 6.1.1.

5.3.10 the Lead Director to lead the consultation process on behalf of each LHB where the Joint Committee supports proposals which result in a major change in service provision.

6. ROLE OF CHAIR

6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Minister for Health and Social Services as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Minister for Health and Social Services and is required by the Minister to act in accordance with the terms of his/her Accountability Agreement. Refer to Standing Orders 1.2.1 and 1.3.6.

6.2 The Chair will:

6.2.1 be accountable to the individual LHBs in relation to the delivery of the role of the Joint Committee exercised by the Committee on their behalf.

6.2.2 be required to secure consensus where possible in the making of collective decisions in the wider interests of NHS Wales and in accordance with the individual obligations of the Chief Executives and the non-officer members.

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6.2.3 the Chair will work in close collaboration with the Chairs of LHBs to ensure that the strategic development of Specialised and Tertiary Services meets the needs of NHS Wales.

6.2.4 the Chair will attend the All Wales Chairs Meeting at least twice a year.

7. APPOINTMENT AND ROLE OF NON-OFFICER MEMBERS

7.1 Each non-officer member (including the Vice-Chair) appointed to the Committee in accordance with the Regulations is individually accountable to the Chair. Refer to Standing Orders 1.3.8 and 1.3.9.

7.2 The Chair will seek nominations from the Chair of each individual LHB for the appointment of a non-officer member. The Chair will determine and agree with the Chairs of the LHBs the appropriate process for the selection of the non-officer member but in so doing must take account of the following requirements: Refer to Standing Orders 1.4. 2 and 1.4.3

7.2.1 A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served which will include consideration as to whether the constituent LHB is regarded as a major provider of services to the Joint Committee;

7.2.2 wherever possible, the overall membership of the Joint Committee reflects the diversity of the population.

7.3 The audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit 7 Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"

Each non-officer member will be required to acknowledge their individual responsibility to contribute to the performance of the Delegated Functions of the Joint Committee and to share in the decision making in the interests of the wider NHS Wales.

~~7.3~~7.4 The Chair and non-officer members will participate fully in the Performance Review Process as set down by the Welsh Government. Refer to the appropriate Accountability Agreements.

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8. STATUS AND ROLE OF ASSOCIATE MEMBERS

8.1 The LHBs acknowledge that the Associate Members will attend the Joint Committee meetings on an ex-officio basis but in accordance with the directions will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 1.2.6.

8.2 Associate Members will be entitled to engage and participate in the discussions. It will be the responsibility of the Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.

9. ROLE OF MANAGING DIRECTOR OF SPECIALISED AND TERTIARY SERVICES COMMISSIONING (LEAD DIRECTOR)

9.1 The Lead Director will:

9.1.1 be the head of the Management Team and will report to the Chair. In so doing the Director will be accountable to the Joint Committee in relation to its role delegated to the Management Team by the Joint Committee. Refer to Standing Order 1.3.10

9.1.2 be accountable to the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the team. Refer to Standing Order 1.3.10

9.2 The Lead Director is responsible for ensuring that the Joint Committee enters into suitable Health Care Agreements and Contracts with service providers for health care services. The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

10. MANAGEMENT ARRANGEMENTS

10.1 In accordance with the Standing Orders, the Joint Committee may delegate certain functions to the WHSST Directors. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

10.2 The Joint Committee will determine the nature and extent of any functions which it is appropriate to delegate to a Sub Committee and to the WHSST Directors.

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10.3 The Joint Committee's approach to delegation will be set out in the Standing Orders, Standing Financial Instructions and Scheme of Reservations and Delegation.

10.4 The delegation of any function will be subject to regular review by the Joint Committee to ensure that the distribution of functions is accurately and appropriately described and continues to remain appropriate to respond to the requirements of the Joint Committee.

10.5 The LHBs acknowledge that the WHSST Directors will constitute the Management Team.

10.6 Any Chief Executive or other member of the Joint Committee who wishes to attend a Management Team meeting will agree their attendance with the Lead Director in advance.

10.7 The individual WHSST Directors are employed by the Host LHB but in exercising the performance of their functions they are individually accountable to the Joint Committee. Refer to Standing Orders 1.3.10 and 1.3.11.

10.8 The Management Group reports directly to the Joint Committee and membership includes the WHSST Directors and representation from the LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

11. ROLE OF COMMITTEE SECRETARY

11.1 The LHBs acknowledge that the role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee by: Refer to Standing Orders: The role of the Committee Secretary

11.1.1 providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;

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11.1.2 facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its sub-committees and Advisory Groups and producing an Annual Plan of Committee Business;

11.1.3 ensuring that Joint Committee members have the right

information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these Standing Orders;

11.1.4 ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;

11.1.5 contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and

11.1.6 monitoring the Joint Committee's compliance with the law, Joint Committee Standing Orders and the framework set by the LHB and Welsh Government.

11.2 It is agreed that the Committee Secretary is directly accountable for the conduct of his/her role to the Chair of the Joint Committee. The Committee Secretary will also be accountable to the Board Secretaries of the LHBs to ensure that robust governance arrangements are in place for the Joint Committee.

12. RELATIONSHIP WITH HOST

12.1 The responsibilities of the Host LHB are:

12.1.1 to appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the making of payments to providers of the Relevant Services;

12.1.2 to provide advice to the Joint Committee on compliance with CTMUHB's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;

12.1.3 to be the legal entity which enters into agreed tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee, and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in this Agreement to be the role of the Joint Committee;

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12.1.4 to hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;

12.1.5 to be authorised to appoint lawyers and other professional advisors (in consultation with the Host LHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.

12.1.6 All banking arrangements are the responsibility of the host LHB.

12.2 The Host LHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the area of the Host LHB. Refer to Standing Order 2.0.2

12.3 The Joint Committee will require the Host LHB to enter into a separate Hosting Agreement, annexed to this Agreement as Annex (ii) to record the agreed accounting arrangements and resulting responsibilities. Refer to Standing Orders: Joint Committee Framework.

13. ACCOUNTABILITY AND AUDIT & RISK COMMITTEE

13.1 Audit & Risk Committee arrangements will be the responsibility of the Host LHB.

13.2 The WHSSC Director of Finance and the WHSSC Committee Secretary will attend all Audit & Risk Committee meetings held by the Host LHB.

13.3 The Audit Lead will provide reports to the Joint Committee following the Host LHB Audit & Risk Committee meetings.

14. PROCUREMENT

14.1 Each LHB will ensure that appropriate internal arrangements are made to delegate their respective functions to the Joint Committee for the procurement of the Relevant Services. The Joint Committee (acting through the Host LHB) will establish collaborative commissioning and managerial arrangements to negotiate, agree and manage all aspects of service level agreements/contracts for the Relevant Services on such terms and for such purposes as may be agreed by the Joint Committee.

14.2 Agreed tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by the Host LHB on behalf of the Joint Committee in accordance with the Host LHB's procurement policy and Standing Financial Instructions.

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15. FINANCIAL PRINCIPLES

15.1 The following represent the key financial principles to be adhered to by the LHBs:

15.1.1 to achieve financial neutrality and stability, where possible, for LHBs;

15.1.2 to adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee;

15.1.3 to ensure that funds are to be blocked back to the Joint Committee;

15.1.4 to ensure that the status quo with England is maintained until further review;

15.1.6 to ensure that a risk sharing methodology will be reviewed and agreed annually.

16. BUDGET AND FUNDING

16.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 1.1.4

16.2 Each year the Joint Committee will prepare an annual plan which shall outline the funding requirements in relation to the Relevant Services and be analysed by each constituent LHB as providers and purchasers. Refer to Standing Order 1.1.4

16.3 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the annual plan and calculated in accordance with paragraph 16.1. The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.

16.4 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB commissioner level.

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16.4.1 in cases where the performance report highlights an adverse variance to the annual plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.

16.4.2 in cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.

16.5 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint Committee is responsible for ensuring that a financial monitoring return is submitted to WG in the prescribed format and to the required deadlines.

16.6 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be referred to the Welsh Government for resolution by the Welsh Minsters.

17. GIFTS AND HOSPITALITY

17.1 Each member of the Joint Committee is required to declare any gifts and hospitality in accordance with the Joint Committee Standing Orders to the Committee Secretary in relationship to their membership of the Joint Committee. The Committee Secretary will maintain a register of such declarations. Refer to Standing Orders: Values and Standards of Behaviour.

18. DISPUTES AND ARBITRATION

18.1 In accordance with the principles set out at paragraph 3 of this Agreement, the LHBs will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the Management Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the Chair will be requested to invoke the Dispute Process which is set out in the Business Framework (Annex (iii)).

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19. CONCERNS

19.1 **Concerns about treatment funded through the Joint Committee arrangements**

Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.

19.2 **About individual patient funding decisions**

These concerns will be handled by the LHB in which the patient lives, in accordance with the All Wales Individual Patient Funding Request Policy agreed by the Welsh Government.

19.3 **About any function of the Joint Committee, its staff or its performance**

Concerns notified about the function of the WHSS Team (for these purposes including Joint Committee members and WHSS staff), if not resolved internally, will be dealt with by the Host LHB on behalf of all LHBs in Wales.

19.4 An Operational Agreement will be developed between the LHBs which sets out clearly operationally how concerns will be dealt with.

19.5 **Financial or other Redress**

When qualifying liability in tort has been determined, following an investigation of a concern, each constituent LHB is responsible for managing and funding the redress payment arising from their resident populations.

20. INDEPENDENT PATIENT REVIEWS

20.1 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

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21. COMMUNICATION

21.1 The Committee Secretary and the Board Secretaries of the respective LHBs will develop a Communication Strategy to ensure robust communication methods are in place to support the operation of the Joint Committee.

21.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation on the planning of the Relevant Services.

21.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, for example, as to the planning of a service, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the Board Secretaries for the respective LHBs.

21.4 Each Member of the Management Team is required to work in collaboration with their colleagues in the LHBs to ensure the planning of the Relevant Services.

21.5 Where a request under the Freedom of Information Act is received by the Joint Committee, the request will be dealt with in accordance with the Host LHB's Freedom of Information Act procedure. Where the request is considered to be an issue relating to a specific LHB and it relates to recorded information which is held by that LHB, then the request will be forwarded to the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

22. INTERFACE WITH CLINICAL NETWORKS

22.1 The arrangements with the Clinical Networks are set out at Annex (iv).

23. MENTAL HEALTH RESPONSIBILITIES

23.1 It will be the responsibility of the Lead Director to prepare a report for each meeting of the Joint Committee (where appropriate) on the conduct by the Management Team of the Committee's responsibilities to mental health patients who are detained under the Mental Health Legislation including any requirement by the Crown Court or the Mental Health Tribunal to give evidence as to appropriate placement of a patient detained under the Mental Health Legislation.

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24. CROSS BORDER SLA ARRANGEMENTS

24.1 The Director of Finance of the Joint Committee will agree appropriate contracts with a defined list of English NHS Trusts and Foundation Trusts for the purposes of delivering specialised services for the Welsh population.

24.2 The Director of Finance for the Joint Committee will be responsible for securing that the contracts are cost effective and achieve the delivery of services of appropriate quality.

24.3 In the interests of simplified patient care pathways and reducing administrative complexity these contracts may include non-specialised activity.

24.4 The Director of Finance of the Joint Committee will prepare performance reports on these contracts for each Joint Committee meeting.

24.5 The Lead Director will ensure that NHS Wales continues to maintain and develop appropriate relationships with the counterpart specialised planning arrangements in England and Scotland. The Lead Director will represent the LHBs in this regard and will be given the appropriate delegated authority to do so. These arrangements currently include English Specialist Commissioning Groups, the Scottish National Services Division of Scotland, the National Specialist Commissioning Groups and the National Commissioning Advisory Group or National Commissioning Group for highly specialised services.

25. ROLE OF PUBLIC HEALTH

25.1 A Service Level Agreement will be entered into between the Host LHB and Public Health Wales describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

26. EQUALITY AND DISCRIMINATION

26.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

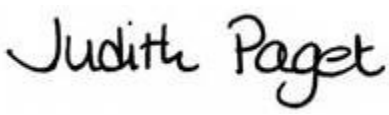
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27. REVIEW

27.1 This Agreement will be reviewed on a bi-annual basis.

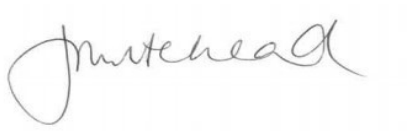
SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED
by **Aneurin Bevan University Local Health Board**
acting by



~~Judith Paget~~ Nicola Prygodzicz
Chief Executive

SIGNED and DELIVERED
by **Betsi Cadwaladr University Local Health Board**
acting by



~~Jo Whitehead~~ Gill Harris
Chief Executive

SIGNED and DELIVERED
by **Cardiff and Vale University Local Health Board**
acting by



~~Len Richards~~
Suzanne Rankin
Chief Executive

Suzanne Nathan
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SIGNED and DELIVERED
by **Cwm Taf Morgannwg University Local Health Board**
acting by



Paul Mears
Chief Executive

SIGNED and DELIVERED
by **Hywel Dda University Local Health Board**
acting by



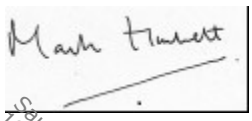
Steve Moore
Chief Executive

SIGNED and DELIVERED
by **Powys Teaching Local Health Board**
acting by



Carol Shillabeer
Chief Executive

SIGNED and DELIVERED
by **Swansea Bay University Local Health Board**
acting by



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Mark Hackett
Chief Executive

Annex (i) to Memorandum of Agreement

Services delegated from LHBs to WHSSC for planning and funding in ~~2020-21~~2023-2024

Range of Services Commissioned by WHSSC

Assistant Director of Planning Lead
Intestinal Failure
Home Parental Nutrition
Hyperbaric Oxygen Therapy

Mental Health & Vulnerable Groups
High Secure Psychiatric Services
Medium Secure Psychiatric Services
All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales)
Gender Identity Services for Adults
Gender Identity Development Service for Children and Young People
Specialised Eating Disorder Services (Tier 4)
Mental Health Services for Deaf People (Tier 4)
Specialised Perinatal Services
CAMHS (Child and Adolescent Mental Health Services) Tier 4
Forensic Adolescent Consultation and Treatment Service (FACTS)
Neuropsychiatry

Cancer & Blood
PET scanning
All Wales Lymphoma Panel
Specialist services for Sarcoma
Haematopoietic Stem Cell Transplantation (BMT)
Extra corporeal photopheresis for graft versus host disease
CAR-T therapy for lymphoma and acute lymphoblastic leukaemia
Thoracic surgery
Hepatobiliary cancer surgery
Microwave ablation for liver cancer
Brachytherapy (prostate and gynaecological cancers)
Proton Beam Therapy
Radiofrequency Ablation for Barrett's Oesophagus
Stereotactic Ablative Body Radiotherapy
Specialist service for Neuroendocrine Tumours
Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei

All Wales Medical Genomics Service

Burns and Plastics
Specialist service for Paroxysmal Nocturnal Haemoglobinuria
Inherited Bleeding Disorders
Welsh Blood Service
Hereditary Anaemias specialist service
ECMO
Long Term Ventilation
Immunology
Hepatobiliary Surgery Cardiff
Pancreatic Surgery Morriston
Hepato Celluar Carcinoma (HCC) MDT
Syndrome Without a Name (SWAN) Clinic
Molecular Radio Therapy

Cardiac Services
Cardiac Surgery
Heart Transplantation including VAD's
Electrophysiology, ablation and complex ablation
Complex Cardiac devices
Interventional Cardiology, (PPCI, PCI, PFO closures, TAVI, PMVLR)
Inherited Cardiac Conditions
Adult Congenital Heart Disease
Pulmonary Hypertension
Cystic Fibrosis
Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network)
Bariatric Surgery

Neurosciences & Long Term Conditions
Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery and Deep Brain Stimulation)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation
Spinal rehabilitation
Artificial Limbs and Appliances Service including: ○ Wheelchair and special seating ○ Prosthetics ○ Orbital prosthetics
Electronic assistive technology
Alternative Augmentative Communication (AAC)
Immunology for Primary Immuno Deficiency
Cochlear and BAHA
Rare Diseases – RDIG

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Spinal
Inherited White Matter Disorders

Women and Children
Fetal Cardiology
Fetal Medicine
Neonatal
Neonatal Transport
Paediatric Cardiology

Paediatric Cystic Fibrosis
Paediatric Endocrinology
Paediatric ENT
Paediatric Gastroenterology
Paediatric Intensive Care
Paediatric Immunology
Paediatric Inherited Metabolic Disease
Paediatric Nephrology
Paediatric Neurology
Paediatric Neuro-rehab
Paediatric Oncology
Paediatric Radiology
Paediatric Radiotherapy
Paediatric Rheumatology
Paediatric Surgery
Paediatric Orthopaedic Surgery
Paediatric Infectious Diseases

North Wales
IVF

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Annex (ii) to Memorandum of Agreement

HOSTING AGREEMENT

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THIS HOSTING AGREEMENT is made the ~~13 July 2021~~14 March 2023

BETWEEN

(1) CWM TAF MORGANNW~~Y~~G UNIVERSITY LOCAL HEALTH BOARD ("Cwm Taf Morgannwg UHB")

and

(2) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ,

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW,

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes-y-coed Road, Cardiff CF14 4HH,

CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN,

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park, Carmarthen, Sa31 3BB.

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS,

SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR,

Collectively established as the Joint Committee of WELSH HEALTH SPECIALISED SERVICES COMMITTEE ("Joint Committee").

WHEREAS:

(1) In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the seven Local Health Boards are required to establish the WHSSC for the purpose of jointly exercising its Delegated Functions and providing the services from 1 April 2010.

(2) The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) makes provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

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(3) Cwm Taf Morgannwg University Local Health Board has been identified as the Host LHB to provide administrative and management support as further described in section 2 for the running of the WHSSC and to establish the Welsh Health Specialised Services Team (WHSST).

(4) This Agreement should be read in conjunction with the Memorandum of Agreement made between the 7 Local Health Board themselves which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee.

(5) The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities will mean, both for Cwm Taf Morgannwg UHB and for the Joint Committee.

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AGREEMENT

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006
'Delegated Functions'	those functions ascribed to the Joint Committee in section 4 of the Memorandum of Agreement and reproduced at Annex (i) 1.
'the Directions'	the Welsh Health Specialised Services Committee (Wales) Directions 2009
'Director'	the Director of Specialised and Tertiary Services appointed in accordance with regulation 3 (2) of the Regulations
'Joint Committee'	the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'Management Team'	the team appointed in accordance with paragraph 10.2 of the Memorandum of Agreement. Refer to Standing Order 1.2.4.
'Memorandum of Agreement'	the agreement dated 1 April 2010 between the 7 LHBs and described at paragraph (4) of the recital
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006
'the Regulations'	the Welsh Health Specialised Services Committee (Wales) Regulations 2009
'Relevant Services'	the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Memorandum of Agreement, subject to any variations to those functions and services agreed from time to time by the Joint Committee.

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'WG' Welsh Government as announced by the First Minister of Wales on 12th May 2011.

'WHSST' the Welsh Health Specialised Services Team consisting of staff employed by the Host Board to provide the Relevant Services

2. ROLE OF CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD

The responsibilities of Cwm Taf Morgannwg UHB are:

2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such officers being members of the WHSST;

2.2 To provide advice to the Joint Committee on compliance with Cwm Taf Morgannwg UHB's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;

2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in Annex (i) to be the role of the Joint Committee;

2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of Cwm Taf Morgannwg UHB to enable the Joint Committee's role to be carried out;

2.5 To hold the management budget for the Joint Committee / Relevant Services and make payments and receive income as necessary;

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2.6 To be authorised to appoint lawyers and other professional advisors (in consultation with Cwm Taf Morgannwg UHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.

2.7 Cwm Taf Morgannwg UHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the geographical area of responsibility of Cwm Taf Morganng UHB. Refer to Standing Order 2.0.2

2.8 In fulfilling its obligations and responsibilities under this Agreement, Cwm Taf Morgannwg UHB shall not be required to do or not do and shall not do or omit to do anything which does not comply with Cwm Taf Morgannwg UHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3. EMPLOYMENT OF STAFF

3.1 New Officers who are appointed to work with the Joint Committee from the 1 April 2010 will be employed by Cwm Taf Morgannwg UHB.

3.2 The Officers working with the Joint Committee, and comprising the Management Team and WHSST, will therefore be employees of Cwm Taf Morgannwg. They will be required to abide by Cwm Taf Morgannwg UHB's Policies, Procedures and Guidance and will be entitled to be treated as any other employee of Cwm Taf Morgannwg UHB and have the benefit of all applicable policies and procedures.

3.3 The Officers will also be accountable for their performance to the Joint Committee.

3.4 The human resource services which will be provided are identified at **Appendix B**.

4. PROCEDURES FOR TENDERS & PROCUREMENT

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4.1 Cwm Taf Morgannwg UHB will provide all the support services to the Joint Committee as described at **Appendix C**.

4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by Cwm Taf Morgannwg on behalf of the Joint Committee in accordance with Cwm Taf Morgannwg UHB's procurement policy and Standing Financial Instructions.

4.3 Cwm Taf Morgannwg UHB shall not execute or, through performance create, any third party contract in respect of the Joint Committee unless authorised to do so by the Director.

4.4 The Joint Committee will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf Morgannwg UHB in pursuance of paragraph 4.3.

4.5 Cwm Taf Morgannwg UHB shall provide the Lead Director with drafts of all third party contracts and the Lead Director and/or the Joint Committee shall be entitled to require Cwm Taf Morgannwg UHB to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Lead Director and/or the Joint Committee reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

5.1 The Joint Committee will utilise Cwm Taf Morgannwg UHB's Committee arrangements to assist it in discharging its governance responsibilities.

5.2 Where the Joint Committee utilises Cwm Taf Morgannwg UHB's sub-committee arrangements such as the Quality, Safety and Risk Committee, Cwm Taf Morgannwg UHB will ensure that the appropriate responsibilities are afforded to the Joint Committee and the agenda is constructed to ensure relevant issues are to be properly managed to allow the Joint Committee to satisfy itself from a risk management and controls assurance perspective.

5.3 The Joint Committee will adopt the risk assessing mechanisms of the host subject to appropriate adaptation to take into account the specific functions WHSSC.

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5.5 The Lead Director will provide reports from the Joint Committee to Cwm Taf Morgannwg UHB's Board in line with Cwm Taf Morgannwg UHB's scheme of delegation to enable Cwm Taf

Morgannwg UHB to assure itself that appropriate control measures are in place in accordance with the requirements of the Statement of Internal Control.

6. BUDGET AND FUNDING

6.1 The Joint Committee will transfer funds to Cwm Taf Morgannwg UHB on a quarterly basis in advance to allow Cwm Taf Morgannwg UHB to perform its functions on behalf of the Joint Committee, provided that the Joint Committee may attach conditions to the expenditure of such funds.

6.2 The Joint Committee will meet Cwm Taf Morgannwg UHB's overhead costs reasonably incurred in the support of the Joint Committee as may be agreed by the Joint Committee acting reasonably at all times.

6.3 The Director of Finance for the Joint Committee will authorise the transfer of funds to Cwm Taf Morgannwg UHB in line with agreed funding levels, which funds shall be accounted for by Cwm Taf Morgannwg UHB as income to the Joint Committee.

6.4 Cwm Taf Morgannwg UHB will set up and manage an Income and Expenditure Account for the Joint Committee, namely a Joint Committee Account. This includes all the income for the Joint Committee received from the LHBs and all other Joint Committee expenditure. This account shall be separate from all other Cwm Taf Morgannwg UHB funds. The Director of Finance for the Joint Committee shall make decisions relating to expenditure from this account provided that Cwm Taf Morgannwg UHB shall not at any time be obligated to operate the Joint Committee Account in deficit.

6.5 The Director of Finance for the Joint Committee is responsible for ensuring that all relevant reports, financial information and commentary are provided to the Host LHB so that the appropriate monitoring return can be prepared.

7. OWNERSHIP OF ASSETS

7.1 All assets (including intellectual property rights) acquired by Cwm Taf Morgannwg UHB in connection with the Joint Committee shall belong to Cwm Taf Morgannwg UHB but be held upon trust for the Joint Committee.

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7.2 Cwm Taf Morgannwg UHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the Joint Committee shall require and within such timescales as are reasonably required.

7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the Joint Committee income and accounted for accordingly.

8. ACCOUNTABILITY ARRANGEMENTS

8.1 The accountability arrangements of the Management Team and their relationship with Cwm Taf Morgannwg UHB are set out in Appendix D

8.2 The constituent LHBs will delegate to the Chief Executive of Cwm Taf Morgannwg UHB and the Chair of the Joint Committee their responsibility for performance appraisal and all employment related issues of the Lead Director In exercising those responsibilities, the Chief Executive of Cwm Taf Morgannwg UHB is required to liaise with the Chief Executives of the constituent LHBs as members the Joint Committee and the Chair of the Joint Committee.

8.3 The constituent LHBs will delegate to the Lead Director the performance appraisal of the individual members of the Management Team. In exercising those responsibilities, the Director is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.

9. DUTY OF CARE

9.1 Cwm Taf Morgannwg UHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under this Agreement properly and efficiently in accordance with this Agreement and the Memorandum of Agreement and its overall responsibilities under the Act and all other appropriate legislation. Cwm Taf Morgannwg UHBshall keep the Joint Committee informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this Agreement as the Host LHB.

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10. CWM TAF MORGANNWG UHB ORGANISATION

10.1 Cwm Taf Morgannwg UHB shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement

10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

11. LEGISLATION

11.1 Cwm Taf Morgannwg UHB shall ensure that it, and its employees and agents, shall in the course of this agreement comply with all relevant legislation, Welsh Government Directions and Guidance and procedures.

12. AUDIT

12.1 Cwm Taf Morgannwg UHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government. Refer to Standing Order 8.1.1

12.2 Cwm Taf Morgannwg UHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the Joint Committee. Refer to Standing Order 8.3. External Assurance

13. MANAGEMENT OF CONCERNS (INCLUDING INCIDENTS, COMPLAINTS & CLAIMS)

13.1 Paragraph 19 of the Memorandum of Agreement sets out the procedures to be followed for the management of concerns relating to the Joint Committee.

13.2 Where a matter is regarded as an individual concern, Cwm Taf Morgannwg UHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of

Saunders,Nathan
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Cwm Taf Morgannwg UHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

13.3 Individual concerns relating to patients resident outside Cwm Taf Morgannwg UHB's geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.

13.4 Where a matter is regarded as a concerns and where qualifying liability in Tort has been established, Cwm Taf Morgannwg will only be responsible for managing the arrangements for redress arising from its own resident population.

13.5 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

14. MANAGEMENT OF FOIA / DPA REQUESTS

14.1 Where a request under the Freedom of Information Act or Data Protection Act is received by the Joint Committee, the request will be dealt with in accordance with Cwm Taf Morgannwg UHB's procedures. Where the request is considered to be an issue relating to a specific LHB, other than Cwm Taf Morgannwg UHB, and it relates to recorded information which is held by that other LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

15. NOTICES

15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive of Cwm Taf Morgannwg on behalf of Cwm Taf Morgannwg UHB and the Lead Director on behalf of the Joint Committee.

16. DISPUTE

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16.1 In the event of any dispute between Cwm Taf Morgannwg UHB and those involved in the Joint Committee, such dispute shall be escalated in line the Business Framework.

16.2 If such dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg UHB.

16.3 If such a dispute cannot be resolved in accordance with the provisions of paragraph 16.2, it shall be referred to Welsh Government's Minister for Health and Social Services for resolution.

17. GENERAL

17.1 This agreement shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.

17.2 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this Agreement.

17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 16, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.

17.4 In the event of Cwm Taf Morgannwg UHB's Board determining (acting reasonably) that the performance by Cwm Taf Morgannwg UHB of its obligations under this Agreement is having a detrimental or prejudicial effect on the Cwm Taf Morgannwg UHB's ability to fulfil its core functions, Cwm Taf Morgannwg UHB's Board may instruct the Lead Director and Cwm Taf Morgannwg UHB's Chief Executive to review the operation of this Agreement further to clause 16.

17.5 In carrying out a review of this Agreement further to clause 17.4, the Lead Director and Cwm Taf Morgannwg UHB's Chief Executive shall consider the source and manner of any detriment identified by Cwm Taf Morgannwg UHB's Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the Joint Committee and Cwm Taf Morgannwg as they may consider appropriate.

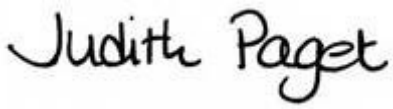
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17.6 Cwm Taf Morgannwg's UHB Board shall consider the recommendations made further to clause 16.5 and may recommend to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg UHB that this Agreement and the

associated governance arrangements are amended accordingly.

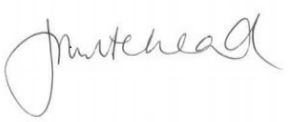
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Suzanne Rankin

~~-~~Chief Executive

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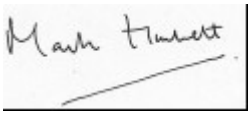
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Chief Executive

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by Swansea Bay University Local Health Board
acting by



Mark Hackett
Chief Executive

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APPENDIX A

Role of the Joint Committee

The Joint Committees role is: (refer to Standing Order 1.1.):

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;

- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;

- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;

- Agree annually those services that should be planned on a national basis and those that should be planned locally;

- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;

- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;

- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and

- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

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APPENDIX B

EMPLOYMENT OF STAFF
Identified human resources services

Service	Description
Recruitment and Selection	• To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government.
Employee Relations	• To provide support to the Welsh Health Specialised Services Team in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc.
Policy Development	• To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and • To provide training to WHSST Managers in the interpretation and use of policies and procedures.
Remuneration and Payroll	• To provide advice on pay (including assimilation to new A4C bands) and associated terms and conditions of employment; • To provide a comprehensive payroll service; and • To undertake the matching and evaluation of all new and revised roles.
Training and Development	• To provide appropriate training and development to WHSST.
HR administration	• To maintain securely employment records for WHSST and provide accurate workforce data and information as required.
Occupational health	• To provide a comprehensive Occupational health service to employees of WHSSC

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APPENDIX C

3.1 Procedures for Tenders & Procurement

Service	Description
Procurement (Tendering and ordering goods and services)	• Tendering for goods & services in accordance with SOs and SFIs • Entering into procurement contracts and agreements • Raise orders for properly approved requisitions
Creditor Payments (Payment of suppliers, contractors and service providers)	• Pay all duly authorised invoices • Deal with supplier queries etc • Provide management information on payment performance in accordance with WAG requirements
Systems maintenance and administration (ORACLE)	• Process feeders into WHSSC ledger and maintain financial management system • Maintain passwords and hierarchies (cost centre and approval) • Oracle training as and when required including external training if required • Access to help desk facility • Undertake testing of upgrades • Liaise with Oracle Central Team and All Wales groups
Accounting Services (bank accounts, annual accounts consolidation, VAT)	• Provision of bank accounts and petty cash facilities • Consolidation of Annual Accounts and other returns as required by WG • Provide VAT advice and consolidate VAT returns, including access to contracted out VAT advisory services • Payment of Tax, National Insurance and Superannuation to appropriate authorities

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Financial Governance (internal and external audit, counter fraud, audit committee)	• Responsible for the securing of internal audit service via external contract • Access to Local Counter Fraud Specialist • Advice on financial procedures and other issues of governance • Ensure appropriate external audit provision in place

3.2 **Estates, Facilities and IT Support**

Service	**Description**
Estates Maintenance	• To provide an efficient service in response to all aspects of estates maintenance in the running of the WHSSC offices.
Fire Safety	• To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and • To provide appropriate training to WHSST.
Health and Safety	• To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times; • To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989; • To provide advice and support on the operational delivery of health and safety arrangements in WHSST in accordance with Cwm Taf Morgannwg UHB policies and procedures; and • To provide appropriate training to WHSST.

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IT Support	• To provide a comprehensive IT support service including :
	  ○ User registration;
	  ○ Resolution of faults reporting via the Helpdesk;
	  ○ Purchase and set up new IT equipment;
	  ○ Supply of printing consumables
	• To provide support in relation to the management of files and databases;
	• To ensure the secure storage of data, back up, restore and recovery

3.3 **Others**

Service	**Description**
Corporate Support	• To provide access to the Board Secretary for advice and support on Corporate Governance matters as required.
Welsh Language	• Offer advice and information about the Welsh Language • Promote and encourage the use of Welsh within the workplace • Encourage the use of bilingual aids within the workplace such as signage, stationery etc • Provide Welsh Language taster lessons for staff • Give bilingual front-line telephone training • Translate small in-house, day-to-day, translations • Help co-ordinate the translation of larger documents • Attend public meetings to provide a Welsh Language service for Welsh speakers.

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Equality and Diversity	• To provide advice and information to the Welsh Health Specialised Services Committee; • To ensure the business of WHSSC is included within plans and policies of the Host LHB; • To develop a work plan and meet quarterly to review progress against the plan; • To ensure that relevant training is provided to the WHSST in relation to awareness raising and impact assessment; • To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda
Risk Management	• To provide advice and information on all areas of Risk Management to the Welsh Health Specialised Services Committee; • To support the development of a Risk Assurance Framework for WHSSC • To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within WHSSC • To develop a work plan and meet quarterly to review progress against the plan
Concerns	• To provide training and awareness for all staff in relation to the management of concerns; • To provide advice and support in relation to the concerns process; • To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within WHSSC To be responsible for all claims relating to staff and services commissioned which relate to Cwm Taf Morgannwg UHB Residents
Information Governance	• To provide timely advice to all information governance related enquires; • To support the WHSSC Information Governance Group providing relevant advice as required; • To provide training and awareness for all staff in all areas of Information Governance

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APPENDIX D

Accountability Arrangements

1. The Directions state that the LHBs will jointly exercise the Delegated Functions from 1 April 2010.

2. This means that the Delegated Functions are those of the individual constituent LHBs and not Cwm Taf Morgannwg UHB.

3. The Directions state that Cwm Taf Morgannwg UHB will exercise its functions so as to provide administrative support for the running of the Joint Committee and establish the WHSST.

4. The membership of the Joint Committee consists of the Chief Executives and the Chair, who is appointed by the Minister.

5. The Chair is directly accountable to the Minister.

6. The Director of Specialised and Tertiary Services is appointed as an Officer member of the Joint Committee to have such responsibilities as may be prescribed by the Joint Committee.

7. For the performance of the Delegated Functions on behalf of the Joint Committee and each constituent LHB, the Director can only be accountable to the Chief Executives of the constituent LHBs.

8. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.

9. The Chief Executive of Cwm Taf Morgannwg UHB is only accountable to the Director General and Chief Executive of the NHS in Wales insofar as his/her functions relate to administrative support.

10. The Director of Specialised and Tertiary Services is jointly accountable to the Joint Committee and Chief Executive of Cwm Taf Morgannwg UHB.

11. The Finance Director of Cwm Taf Morgannwg UHB is only accountable to the Director of Finance for the NHS in Wales insofar as his functions relate to administrative support.

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12. The Finance Director of the Joint Committee has a dual responsibility to the Joint Committee and to the Finance Director of Cwm Taf Morgannwg UHB.

13. The Audit Committee of the host LHB is the central means by which the Joint Committee ensures effective internal control arrangements are in place.

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Annex (iii) to Memorandum of Agreement

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

JOINT COMMITTEE BUSINESS FRAMEWORK

~~July~~ March 2023~~1~~

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1. INTRODUCTION

1.1 WHSSC in the exercise of its statutory duties is expected to maintain public confidence in a process which is free of actual conflict.

1.2 LHBs, who are constituent members of WHSSC, have differing or conflicting local priorities and objectives which may impede collaboration. Different priorities may arise from the immediate need to support local health services. Yet WHSSC is required to commission specialist services to the benefit of NHS Wales as a whole and acting in accordance with its statutory obligations.

1.3 WHSSC through each constituent member remains accountable for the commissioning decisions it makes and for ensuring that conflicts between the exercise of the commissioning and provider functions are managed appropriately.

1.4 The Chief Executive of each constituent LHB is personally accountable to NHS Wales for the good governance and accountability of WHSSC. This includes ensuring that WHSSC manages transparently any potential conflict of interest.

1.5 The purpose of this document is to set out a framework so that Members of the Joint Committee and sub-committees/sub groups have a clear understanding of the decision making processes.

2. KEY PRINCIPLES

The Joint Committee will:

2.1 Support Members in striving to reduce the inequalities in access to and delivery of services for the populations the Members serve;

2.2 Support the cost effective utilisation of the funds made available by Members to commission specialised services;

2.3 In commissioning and procuring services, comply with all applicable statutory duties;

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2.4 Establish Management Group which will ensure provider issues are dealt with at a local level.

2.5 At all times demonstrate value for money and an effective and efficient commissioning programme;

2.6 Ensure that the financial risks to individual Members of unforeseen/unplanned activity are minimised, and that inequalities in access to and delivery of services are reduced;

2.7 Review, plan, develop and monitor the Services in partnership with clinicians, providers and service users; and

2.8 Use, where practically possible, other mechanisms to keep Members updated in terms of progress rather than the formal Joint Committee meetings.

The following additional key principles will also apply:

2.9 Commitments made by the Joint Committee in accordance with the delegated powers will be binding on all Members until the Joint Committee agrees otherwise;

2.10 Whilst agreement on the proposed way forward can be discussed and agreed at other forums (e.g. CEO Peer Group) all decisions will be taken at Joint Committee meetings unless otherwise delegated; and

2.11 A standard facilitation/arbitration procedure will apply.

3. BUSINESS PROCESSES

3.1. The Joint Committee's key business processes and products will be delivered through a clear and consistent annual business cycle. Each product that will be developed and implemented through appropriate structures that already exist and include:

3.1.1 Chief Executive Peer Group

3.1.2 Executive Directors Peer Groups

3.1.3 Programme Teams

3.1.4 Existing Governance structures

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4. MEETINGS OF THE JOINT COMMITTEE

4.1 General Principles

4.1.1 The dates of Joint Committee meetings will be agreed in advance with the membership for a rolling period of one year.

4.1.2 It is expected that the Joint Committee will meet up to five times each year.

4.1.3 All reports will be concise and clear. The body (introduction to conclusion) of the report will be a maximum of six A4 pages in length, where reasonably practical.

4.1.4 The Annual Plan for Specialised Services will be agreed annually. Any requests for additional funding outside of the agreed annual planning business cycle will need to demonstrate exceptionality. *(Refer to the All Wales Policy on Dealing with Individual Funding Requests for guidance).*

4.1.5 All reports prepared for meetings of the Joint Committee will include a summary which will be no longer than one A4 page in length. This summary should include the title of the report, its purpose and the name of the responsible Executive Director. It should also clearly state what is required from the Joint Committee and outline the potential and/or likely implications of the decision.

4.1.6 All reports will be agreed by the Management Group before consideration by the Joint Committee.

4.1.7 The Joint Committee will not normally consider reports for information during the meetings. These will be circulated outside of the meetings. This will ensure that time is maximised during Joint Committee Meetings. Where further discussion and agreement is required on specific items this will be undertaken through the Management Group and the decision will be taken at the Joint Committee in accordance with the Governance and Accountability Framework.

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4.1.8 All papers will be sent electronically to Joint Committee Members, Directors of Finance and

Directors of Planning (see *WHSSC Standing Orders* reference 6.5.3). Copies of the agenda and papers will also be available on the WHSSC website http://www.whssc.wales.nhs.uk/

4.1.9 On the occasions when the Chief Executive of the LHB is unable to attend the meeting, an Executive Director must be nominated to attend the Joint Committee meetings. The nomination must be approved by the Chair of the Joint Committee before the meeting (please refer to *WHSSC Standing Orders* reference 6.6.11). The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

4.1.10 On the occasions where the Joint Committee meeting is not quorate (please refer to *WHSSC Standing Orders* reference 6.6.10), the Chair may seek the views of those Members present and request that the Committee Secretary writes to each Member of the Joint Committee to support the decisions.

4.1.11 In dealing with such issues requiring an urgent decision, and if timescales allow, the Chair may call a meeting of the Joint Committee using video or telephone conferencing facilities. Emails may also be used to gather views and/or reach a consensus. All such decisions will be ratified by the Joint Committee at its next formal meeting.

4.2 Confidential Agenda

The Joint Committee will discuss items in confidence that would be exempt under the Freedom of Information Act 2000. Such items would generally be considered to be personal and confidential in nature or their disclosure would be otherwise prejudicial to the public interest.

4.3 Declaration of Interests

Please refer to *WHSSC Standing Orders* reference 7.1.

4.4 Managing Conflict

4.4.1 The Joint Committee must exercise its functions in a way which ensures that any conflicts of interest and local and prejudicial interests are dealt with as a preliminary to the decision making.

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4.4.2 At each meeting any specific conflicts pertinent to an issue on the agenda must be declared at the start and then recorded in the Minutes. In each meeting the Chair will ask Members to agree as preliminary whether the conflicted LHB should remain in the meeting and/or be able to participate in the discussion and to what degree.

4.5 Decision Making

4.5.1 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

4.5.2 On reaching a Joint Committee decision, all members will support that decision and its consequences in every respect.

4.6 Additional Items of Business

The Chair will be notified in advance of any items of other business to be raised for discussion at a meeting of the Joint Committee (see *WHSSC Standing Orders* reference 6.5.2). Where this is not possible or in exceptional circumstances, items of other business may be raised by a member at the appropriate point on the agenda. Acceptance of items of other business is at the discretion of the Chair.

4.7 Chair's Ruling

The decision of the Chair of the Joint Committee on questions of order, relevancy and regularity and the Chair's interpretation of the Business Framework and the Governance and Accountability Framework shall be final. In this interpretation the Chair shall be advised by the Director of Specialised and Tertiary Services and the Committee Secretary.

5. MINUTES AND ACTIONS

5.1 Minutes

5.1.1 The proceedings of each meeting of the Joint Committee will be formally recorded. The Committee Secretary will be responsible for the production of these minutes.

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5.1.2 The Chair will be responsible for summarising action points and decisions after each item of business during the meeting.

5.1.3 The Director of Specialised and Tertiary Services will write out to all Joint Committee Members with a summary of the discussions and actions following the meetings.

5.1.4 Following a meeting of the Joint Committee, the Director of Specialised and Tertiary Services will review the accuracy of the unconfirmed minutes with the Committee Secretary, prior to submission to the Chair for approval.

5.1.5 Once reviewed and approved by the Chair, the unconfirmed minutes will be circulated to Joint Committee Members and the Board Secretary of each LHB.

5.1.6 At the next meeting of the Joint Committee, all members will review the minutes and confirm that they are an accurate record. If any changes are required, the amendments will be discussed and agreed at the meeting.

5.1.7 The Chair will sign a copy of the minutes when agreed as an accurate record. This creates an official record of the meeting.

5.2 Actions

5.2.1 Actions resulting from the Joint Committee meetings will be summarised in tabular form which clearly indicates who is responsible and the agreed timescales.

5.2.2 The summary of actions should be circulated with the papers of the next Joint Committee meeting.

5.3. Briefing

5.3.1 A Joint Committee Briefing summarising the key discussion and decisions at Joint Committee meetings will be distributed within 7 days of each Joint Committee meeting.

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6. DISPUTE RESOLUTION

6.1 In accordance with the Governance and Accountability Framework the Health Boards will seek to work cooperatively with each other as constituent Members of the Joint Committee. Where there is an impasse which cannot be reached by means of conciliation between appropriate individuals, then the dispute process set out in Annex (iii) of the Governance and Accountability Framework will be followed.

6.2 Disputes relating to the Hosting Agreement between Cwm Taf Health Board and the Health Boards will be dealt with in accordance with Section 16 of the Hosting Agreement.

6.3 Most disputes arising between the Commissioners and Providers should be managed and resolved locally. Where there is need for escalation, the objectives of the Welsh Health Specialised Services Committee (WHSSC) ("Joint Committee") Dispute Resolution Process are:

6.3.1 To resolve disputes promptly, transparently, fairly and consistently;

6.3.2 To provide confidence to parties that the process is fair and transparent;

6.3.3 To mitigate risks and protect the reputation of the NHS in Wales;

6.3.4 To prevent where possible legal challenge or other external referral processes.

6.4 Facilitation and/or arbitration (Stage 1 and Stage 2) of disputes may be required in the following circumstances:

6.4.1 The Chair or any Member of the Joint Committee requests facilitation because an impasse has been reached between Members of the Committee.

6.5 Formal dispute resolution may be required in the following circumstances but shall not be limited to:

6.5.1 Any Provider dispute concerning the contractual agreement between WHSSC and the Provider which has not been able to be resolved with Officers of WHSSC;

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6.5.2 Any dispute concerning the contractual agreement between the Provider and WHSSC which has not

been able to be resolved with Officers of the Provider organisation;

6.6 This document should be read in conjunction with the Governance and Accountability Framework *Disputed Debts within the NHS in Wales Arbitration Process* (see Appendix A).

6.6.1 There is no formal arbitration process between England and Wales, however in the past disputes have been resolved through intervention by Welsh Government and DoH representatives.

6.6.2 The final decision made by the route followed is final and on completion the dispute cannot be taken through the alternative route.

6.7 Definitions

6.7.1 *Locally*, within this section, means amongst the individuals raising the dispute.

6.7.2 *NHS Wales* refers to all Local Health Boards and NHS Trusts

6.7.3 *Member*, within this section, refers to both Voting Members, Officer Members and Associate Members of the Joint Committee.

6.8. Raising a Dispute

6.8.1 In the case of any dispute arising out of or in connection with the Commissioning of Specialised Services for NHS Wales, the parties involved will make every reasonable effort to communicate and co-operate with each other with a view to resolving the dispute, before formally referring the dispute for local resolution.

6.8.2 In the event of a dispute arising between two or more parties which cannot be resolved between "WHSSC" the Commissioner and the Provider, the parties should refer to section 6.6.6.

6.8.3 Disputes may arise over any aspect of a Heads of Agreement, or Service Level Agreement including that is deemed to be fair and reasonable, the management of performance variations and the imposition of penalties.

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6.8.4 Where any conflicts are identified between the requirements of the Heads of Agreement and any national directives and circulars, the requirements of the latter shall take precedence.

6.8.5 All parties recognise that it is in the best interests of patients, the organisations themselves, and the services they provider, for any disputes to be resolved locally.

Local Dispute Resolution

6.8.6 The first level of resolution should be:

For WHSSC: Mr. Stuart Davies, Director of Finance or nominated Officer.

For Provider: Director of Finance or nominated Officer.

6.8.7 The second resolution shall be:

For WHSSC: The Director of Specialised & Tertiary Services

For the Provider: The Chief Executive

Formal Dispute Resolution

6.8.8 In the event that the dispute is not resolved at the local resolution stage one or more parties may submit a formal request for dispute resolution.

The request for formal dispute should be addressed to:

Committee Secretary
Welsh Health Specialised Services Committee
Unit G1
The Willowford
Treforest Industrial Estate
Pontypridd
CF37 5YL

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6.8.8.1 The names of the parties to the dispute;

6.8.8.2 A brief statement describing the nature of the circumstances of the dispute and

outlining the reasons why the commissioner/providers are in disagreement; and

6.8.8.3 What has been done to try and resolve matters.

6.8.9 On receipt of formal referral for review of case, the request will be acknowledged within five working days.

6.8.10 The decision shall be so referred immediately upon receipt of such notice and the effect of that decision shall be suspended until the conclusion of dispute resolution.

6.8.11 A decision not required to be referred to dispute resolution within the time specified shall be binding on all Members.

6.8.12 A record of all disputes (formal and informal) will be maintained and will be made available to Members and the Chief Executive of NHS Wales (and their Executive team) on request.

6.9 Process for Dispute Resolution

6.9.1 Stage 1 – Facilitation

6.9.1.1 All parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and try to resolve the issues. All reasonable efforts must have been made (local resolution level 1 and 2).

6.9.1.2 A meeting is held which includes the following:

- a representative of the Chief Executive Officer for the LHB area of the Member(s) in dispute;
- an appropriate Director from the NHS organisation(s) in dispute; and
- a representative of WHSSC

6.9.1.3 The meeting will be chaired by the Chair of WHSSC or Vice-Chair and involve expert advice (clinical/commissioning/financial) where appropriate.

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6.9.1.4 If resolution is reached, the process will conclude at this stage.

6.9.2 Stage 2 – Arbitration

6.9.2.1 Both the party raising the dispute and the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) will produce a joint statement of facts as well as a separate report setting out their positions and submit them to the Chair of the Dispute Resolution Panel.

6.9.2.2 The Chair of the Dispute Resolution Panel may invite the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) and the Member bringing their dispute to present their positions or they may choose to decide on the basis of the information submitted.

6.9.2.3 Each Member of the Panel hereby recognises and agrees the role and responsibility of the Dispute Resolution Panel in relation to dispute resolution both as part of any initial Facilitation process and, further, as part of any Arbitration process. In resolving any such dispute the Panel shall have regard to ensuring each Member is fulfilling its statutory responsibilities and ensuring the highest clinical standards and patient safety issues are upheld.

6.9.2.4 The decision of the arbitration process will be binding.

6.10 Dispute Resolution Panel

6.10.1 Each formal dispute will be conducted by a panel appointed by the Chair of the Joint Committee. The panel will have a minimum of three members, including one member with commissioner and one member with provider experience. The panel may call on expert advice at its discretion. None of the

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panel will have strong prior relationships with the key staff involved in the adjudication.

6.10.2 The exact make up of the panel and advice to be taken by it will be decided by the Chair and one Independent Member once Stage 1 (level 1 and 2) of the process has been completed and there has not been any resolution.

6.10.3 Disputes will be heard by the panel (where possible given the criteria outlined in 6.9) within 8 weeks of the dispute being raised formally.

6.10.4 The panel will make decisions based on a simple majority vote.

6.11 Dispute Resolution Panel Acceptance Criteria

The panel will only accept disputes that meet the following criteria:

6.11.1 Stage 1 of the process has been completed but there is no resolution;

6.11.2 There must have been a full and frank disclosure of all relevant and applicable information. (This does not preclude the panel from asking for further information as it requires);

6.11.3 Individuals connected to the dispute should be able to make themselves available to provide further evidence as required;

6.11.4 There must be evidence that the party bringing the dispute has made reasonable effort to have this resolved at NHS Wales level, or can demonstrate that this was inappropriate, and that all other attempts at resolution have been completed;

6.11.5 All disputes must be formally lodged with the Dispute Resolution Panel within 3 weeks of the date the issue arose, otherwise the dispute will be invalid;

6.11.6 The dispute must not be not trivial, vexatious or an abuse of the Joint Committee Governance and Accountability Framework;

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6.11.7 There must be adequate time to hear the dispute.

6.12 Timescales for Dispute Resolution

The maximum timescales for action in relation to resolution of disputes is outlined below:

Age of Dispute (weeks)	Action
0 – 3	Referral of a dispute to resolution Local agreement sought
3 - 5	Escalation of dispute to formal stage of dispute resolution
5	Preparation for Panel (Stage 2)
6	Case Submission
7	Final Submission Deadline
8	Panel held and decision made

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Appendix A

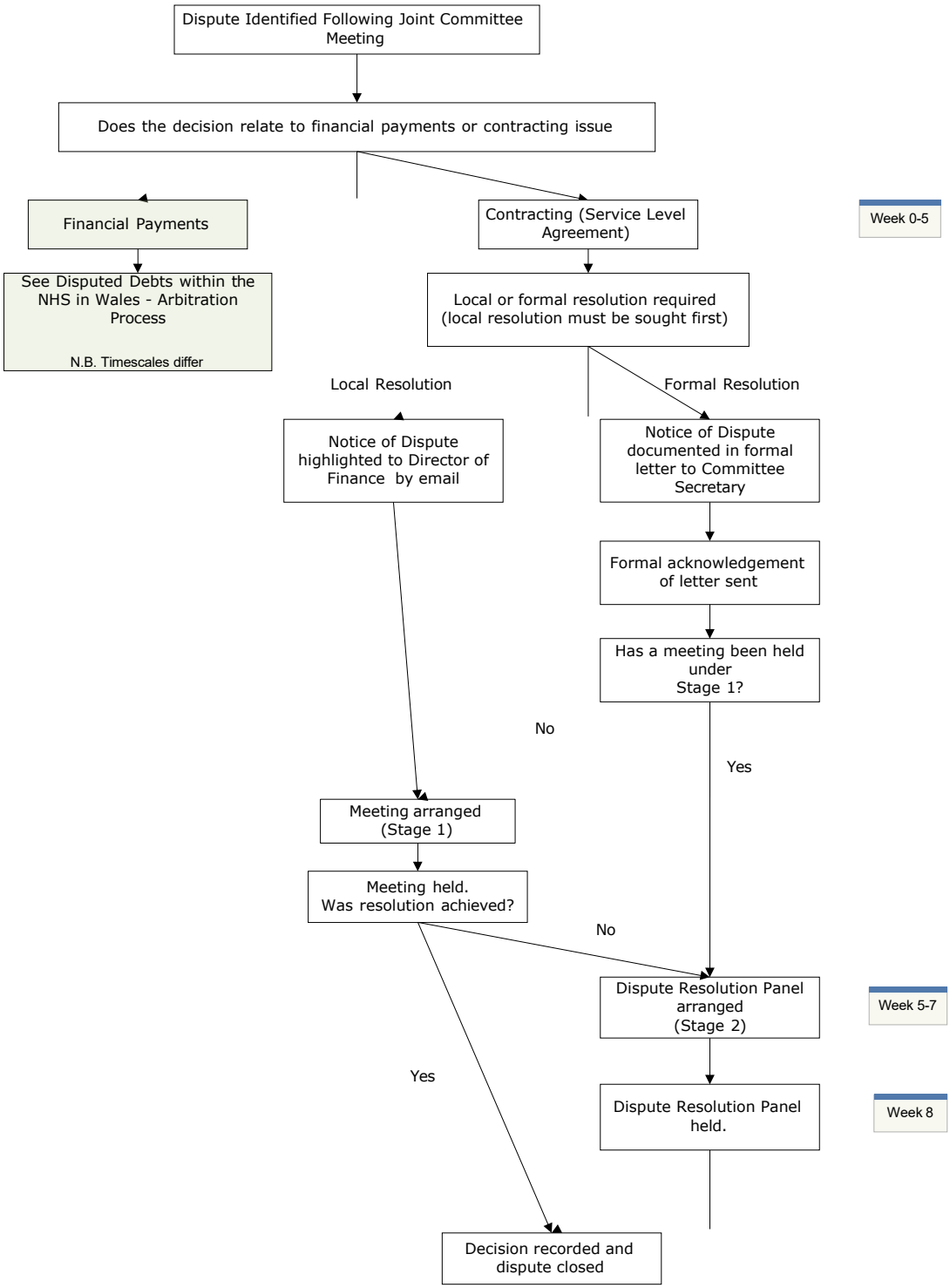
Disputed Debts within the NHS in Wales - Arbitration Process

Disputed debts between Welsh NHS organisations will be dealt with in accordance with the 'Disputed Debts within the NHS in Wales - Arbitration Process 2010/11' or such subsequent relevant arbitration process as is issued by or on behalf of Welsh Government from time to time.

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Appendix B

Flow Chart for Dispute Resolution



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Annex (iv) to Memorandum of Agreement

CLINICAL NETWORKS

Welsh ~~Clinical Renal Network~~ Kidney Network (WKN)

The Welsh ~~Clinical Renal~~ Kidney Network (WKN) is established as a Sub-Committee of the Welsh Health Specialised Services Committee. This arrangement will be reviewed on a regular basis as part of the Governance and Accountability Framework for the Joint Committee.

The Chair of the Welsh ~~Clinical Renal~~Kidney Network will be accountable to the Chair and will be an Associate Member of the Joint Committee.

The Welsh ~~Clinical Renal~~Kidney Network will provide a national focus for planning and performance management of all renal services, work closely with each LHB to support service improvement, local planning, and resource management. It will be the focal point to inform the LHBs and WG on the effectiveness and efficiency of adult renal services in Wales as well as the strategic implementation of the Renal National Service Framework and performance against the Annual Operating Framework and the associated Local Delivery Plans.

The Welsh ~~Clinical Renal~~ Kidney Network Chair / Lead Clinical Advisor will be directly accountable to the Chair of the Joint Committee but will also provide advice to WG through the Director of Strategy and Planning and the NHS Medical Director and Chief Medical Officer on an agreed sessional basis.

The Renal Network Manager will be managerially responsible to the Director of Finance and accountable to the Network Chair / Lead Clinical Advisor for the development and delivery of the Network objectives and work plan as appropriate to this role.

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Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders and the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

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Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. These WHSSC Standing Financial instructions (WHSSC SFIs) are an annex to the WHSSC Standing Orders (WHSSC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and WHSSC Standing Orders, they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg LHB (the host LHB), form the basis upon which the WHSSC's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these WHSSC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The WHSSC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the WHSSC SFIs or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/

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Welsh Health Specialised Services Committee

1. INTRODUCTION

1.1 General

1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.

1.1.2 **These SFIs shall have effect as if incorporated in the WHSSC Standing Orders (SOs) (incorporated as Schedule 2.1of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs**.

1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by WHSSC. They are designed to ensure that the WHSSC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of delegation adopted by the WHSSC.

1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.

1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

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1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit Committee that deals with WHSSC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and WHSST staff have a duty to report any non compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSS. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee via WHSST exercises financial supervision and control by:

a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);

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b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;

c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and

d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.

2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the WHSSC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of WHSSC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the WHSSC SOs.

2.2 The Managing Director and Director of Finance

2.2.1 The Managing Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Managing Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Managing Director has overall executive responsibility for WHSST's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST's system of internal control.

2.2.3 It is a duty of the Managing Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

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2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;

b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and

d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:

(i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
(ii) The design, implementation and supervision of systems of internal financial control; and
(iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform WHSST functions), severally and collectively, are responsible for:

a) The security of the property of the Joint Committee and host LHB;

b) Avoiding loss;

c) Exercising economy and efficiency and sustainability in the use of

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resources; and

d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Managing Director to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit Committee that deals with WHSSC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit Committee that deals with WHSSC matters are set out in Annex 3 to the WHSSC SOs. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook**.**

http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf

3.2 Chief Executive

3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:

a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

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b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:

- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
- Major internal financial control weaknesses discovered;
- Progress on the implementation of Internal Audit recommendations;
- Progress against plan over the previous year;
- A strategic audit plan covering the coming three years; and
- A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

b) Access at all reasonable times to any land or property owned or leased by the host LHB;

c) Access at all reasonable times to Joint Committee members and employees of the host LHB and WHSST;

d) The production of any cash, stores or other property of the host LHB under a Joint Committee member or WHSSC official's control; and

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e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the WHSSC SOs, and the Audit Committee Handbook.

3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

3.4 External Audit

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the Managing Director and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The Managing Director and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.

3.5.3 More detailed information about counter fraud can be found in section 3.5 of the

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host LHB's SFIs.

3.6 Security Management

3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the Managing Director will ensure that adequate processes are in place to comply with the requirements.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers

4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular "WHC/2015/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf

4.2 First Financial Duty – The Breakeven Duty

4.2.1 WHSSC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.

4.2.2 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.

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4.2.3 WHSST must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.

4.2.4 The Director of Finance will:

a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;

b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;

c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;

d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and

e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.

4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC – this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

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4.3. **Second Financial Duty – The Planning Duty**

4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan(IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf

4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:

- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
- demonstrate how the Joint Committee are:
  - delivering their well-being objectives, including how the five ways of working have been applied,
  - contributing to the seven Well-being Goals,
  - establishing preventative approaches across all care and services,
- demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
- demonstrate how the three-year rolling financial breakeven duty is to be achieved.

4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost

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pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.

4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the

- NHS Planning Framework,
- Quality, governance and risk frameworks and plans, and
- Outcomes Framework

4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;

4.3.7 The Joint Committee will:

a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;

b) Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and

c) Agree annually those services that should be planned on a national basis and those that should be planned locally.

4.3.8 The Managing Director has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the Integrated Planning Framework.

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4.3.9 The Joint Committee will:

a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Managing Director, prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:

a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;

b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;

c) Take account of approved business cases and associated revenue costs and funding;

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d) Be produced following discussion with appropriate Directors and budget holders;

e) Be prepared within the limits of available funds;

f) Take account of ring-fenced, specified and non-recurring allocations and funding;

g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);

h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and

i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Managing Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

a) The amount of the budget;
b) The purpose(s) of each budget heading;
c) Individual or committee responsibilities;
d) Arrangements during periods of absence;
e) Authority to exercise virement;
f) Achievement of planned levels of service; and
g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Managing Director, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Managing Director, subject to any authorised use of virement.

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5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.

5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.

5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:

a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
- Understand the current and forecast financial position
- Evaluate risks and opportunities
- Use insight to make informed decisions
- Be consistent with other Board reports, and as a minimum the reports will cover:
  - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
  - Actual income and expenditure to date compared to budget and showing trends and run rates;
  - Forecast year end positions;
  - A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
  - Explanations of material variances from plan;

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- Capital expenditure and projected outturn against plan;
- Investigations and reporting of variances from financial, activity and workforce budgets;
- Details of any corrective action being taken as advised by the relevant budget holder and the Managing Director's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
- Statement of performance against savings targets;
- Key workforce and other cost drivers;
- Income and expenditure run rates, historic trends, extrapolation and explanations; and
- Clear assessment of risks and opportunities;

- Provide a rounded and holistic view of financial and wider organisational performance.

b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;

c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;

d) Investigation and reporting of variances from financial, activity and workforce budgets;

e) Monitoring of management action to correct variances;

f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Managing Director subject to the Joint Committee's scheme of delegation;

b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of

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virement; and

c) No permanent employees are appointed without the approval of the Managing Director other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Managing Director is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Managing Director is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Managing Director. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the

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Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

6.3 The Managing Director and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7of the host LHB's SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.

8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.

8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.

9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of

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the host LHB's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Managing Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Managing Director will set out in the operational scheme of delegation and authorisation:

a) The list of managers who are authorised to place requisitions for the supply of goods and services; and

b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;

b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;

c) Ensure systems are in place for the authorisation of all accounts and claims;

d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;

e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;

f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed;

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g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and

h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;

b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;

c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;

d) goods have been duly received, examined and are in accordance with specification and order;

e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:

(i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) Conventional hospitality, such as lunches in the course of working visits;

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This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.

g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Managing Director;

h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;

i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) Goods are not taken on trial or loan in circumstances that could commit WHSSC to a future uncompetitive purchase;

k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Managing Director and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. WHSSC must consult with NWSSP Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of WHSSC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

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- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- It is in line with requirements of Managing Welsh Public Money;
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

a) The appropriate WHSST Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Managing Director if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

11.2 Requisitioning

11.2.1 The budget manager in choosing the item to be supplied (or the service to be

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performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.

11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.3 No Purchase Order, No Pay

11.3.1 WHSSC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.4 Official orders

11.4.1 Official Orders must:

a) Be consecutively numbered; and

b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of WHSSC by NWSSP Procurement Services.

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12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Managing Director is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Managing Director should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to WHSSC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As WHSSC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 makes provision in relation to services which can be provided

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to Health Boards by local authorities;

- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Managing Director will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

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13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 13 of the host LHB's SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs and the Welsh Health Specialised Services Committee (Wales) Regulations 2009.

14.1.2 All other appointments or recruitments to WHSST and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 14 of the host LHB's SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

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16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Managing Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Managing Director.

16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

16.1.5 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

a) The Audit Committee on behalf of the Joint Committee, and

b) An Auditor General's representative.

16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.

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16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

16.1.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in in Annex 3 of the WHSSC SOs.

16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.

16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.

16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

16.1.14 WHSSC must obtain the Health and Social Services Group Director General's approval for special severance payments.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

17.1.1 The Joint Committee and WHSST shall operate within the guidance set out in section 18 of the host LHB's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

18.1.1 The Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic

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law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Managing Director. Details shall be maintained of records so destroyed.

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

Contents

1. Budget delegation and virements
2. Banking arrangements
3. Income, fees and charges
4. Procurement and contracts for good and services
5. Contracts for Health Care Services
6. Pay expenditure
7. Non Pay expenditure
8. Losses and special payments
9. IM&T
10. Retention of Records

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

1. Budget delegation and virements

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	Delegation of the management of a budget to permit the performance of a defined range of activities	6.2.1	Lead Director	Director of Finance
B	All budget holders are required to sign up to their allocated budgets at the start of the financial year.	6.1.4	Budget holders	All budget holders
C	Delegation to include the authority to exercise virement and budget transfers	6.2.1	Lead Director	See C1below

		Delegated to:	Signed off by:
A1	Delegation of the management of defined Revenue budgets to budget holders: i. Direct Running Costs WHSSC ii. Direct Running Costs WKN iii. Direct Running Costs TSW	i. Committee Secretary ii. WKN Manager iii. TSW Manager	i. Committee Secretary to £20,000 ii. WKN Manager to £10,000 iii. TSW Manager to £10,000 Thereafter Director of Finance to £50,000

C1-Approval of variation of budgets, including authority to vire

Delegated Authority	Between budget lines	Capital to revenue & *vice versa*
Between directorates	Director of Finance	Not allowed
Budget transfers between Reserves and Delegated budgets	Director of Finance	

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

2. Banking arrangements

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
A	The Director of Finance of the Host LHB will prepare detailed instructions on the operation of bank accounts which must include: i. The conditions under which bank accounts is to be operated ii. Those authorised to sign cheques or other orders drawn on the LHB accounts	9.1.1	Director of Finance of the Host LHB	As per Host LHB SFI's

3. Income, fees and charges.

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority Delegated to
A	**Fees and Charges**- The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges , other than those determined by the Welsh ministers or by statute	10.1.2	Director of Finance	Financial Accountant
B	**Debt recovery-** The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.	10.1.4	Director of Finance	Financial Accountant

	Fees and Charges:	**Authority Delegated to**
A1	**Risk Sharing Funding** i. Approval and Signing of the Risk Sharing Agreements and Annual Financial Plan	i. Joint Committee ii. WHSSC Management Group

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

4. Procurement and contracts for good and services

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	Maintaining detailed policies and procedures for procurement, tendering and contracting	11.1.4	Host LHB	As per Host LHB SFI's

5. Contracts for Health Care Services

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority Delegated to
A	The Lead Director is responsible for ensuring the LHB enters into suitable Health Care Agreements or individual patient commissioning agreements where appropriate.	12.1.1	Lead Director on behalf of the Joint Committee	Director of Finance
B	The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements	12.3.1	Lead Director	Director of Finance

	Agreements for the purchase of services	Authority delegated to
A1	**Long Term Agreements with other NHS bodies** i. Approval and Signing of the Long Term Agreement ii. Variations to the Agreement	Level 1 – Lead Director – In accordance with delegated authority within the Standing Financial Instructions Level 2 – Director of Finance – In accordance with delegated authority within the Standing Financial Instructions

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

A4	**Individual NHS patient treatment charges outside of LTAs and SLAs** Agreement to fund treatment: i. Individual Patient Packages ii. Lifetime Costs	>£1,000,000 – Included in ARC & JC assurance report >£1,000,000 Level 1 – Lead Director <£1,000,000 Level 2 – Director of Finance <£500,000 Level 3 Directors >£1,000,000 – Included in ARC & JC assurance report >£1,000,000 Level 1 – Lead Director <£1,000,000 Level 2 – Director of Finance <£500,000 Level 3 Directors Below these limits individual directors can delegate their authority to officers as detailed in the Standing Financial Instructions

6. Pay expenditure

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	All appointments or recruitments	13.1.2	Host LHB	Committee Secretary

7. Non Pay expenditure

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	The Lead Director will approve the level of non pay expenditure and operational scheme of delegation and authorisation to budget holders the scheme of delegation	SFI 14.1.0	Lead Director	Director of Finance

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B	The Director of Finance will advise the board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders should be sought.	14.3.1	Director of Finance	Financial Accountant

8. Losses and special payments

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
B	**Losses and Special payments** • Ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses and special payments cases are properly managed in accordance with the guidance set out in the Assembly Government's Manual for Accounts. • Ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write off' action is recorded on the system. • The Audit Committee shall approve the writing off of losses or the making of special payments within delegated limits determined by Welsh Ministers and as set out in Schedule 3 of the SOs. • Ensure that all losses and special payments are reported to the Audit Committee at every meeting	**16.1.2** **16.1.6** **16.1.7** **16.1.11**	Director of Finance Director of Finance Audit committee Director of Finance	Financial Accountant Financial Accountant See Below Financial Accountant

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

B1	**Approve losses, write-offs and compensation payments due to:** i. losses of cash (theft, fraud, etc) ii. damage to buildings, fittings, furniture and equipment and property in stores and in use due to culpable cause (theft, fraud, arson) iii. extra contractual payments to contractors; iv. ex-gratia payments to patients and staff for loss of personal effects v. fruitless payments including abandoned capital schemes vi. ex-gratia payments - voluntary release payments to staff vii. bad debts and claims abandoned - <£10,000 - £10,000 to £50,000 - No delegated approval over £50,000 – WG approval required	i to iv Lead Director (within delegated limits issued by Welsh Government - £50,000) v. Lead Director (delegated limits - £250,000) vi. Remuneration Committee (within delegated limits issued by Welsh Government - £50,000) vii. Director of Finance (to £10,000) and Lead Director (£10,000 to £50,000).
B2	**Approve compensation payments made under legal obligation:** • Personal injury claims i. up to £20,000 ii. £20,000 to £50,000 iii. Over £50,000 • Employment matters	• Personal injury- On receipt of legal advice to pay i. Committee Secretary ii. Director of Finance iii. Lead Director (within delegated limits issued by Welsh Government - £1million • Employment matters Lead Director (with advice from Committee Secretary)

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B3	**Approve compensation payments made without legal obligation**	• Lead Director (within delegated limits issued by Welsh Government - £50,000)

9. IM&T

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
A	The Director of IM&T has specific responsibilities within this Section which need to be reviewed to determine if any formal delegation is required.	17.1.1	Host LHB	As per Host LHB SFI

10. Retention of Records

Ref	SFI requirement	SFI Ref	SFI responsibility	Authority delegated to
A	The Lead Director shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers guidance.	18.1.1	Lead Director	• Committee Secretary

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WHSSC Delegated Authorisation Matrix **19 July 2023**

| Corporate Directors Direct Authority Through Financial Limits Policy | | | | | | | | | Delegated Authority | | | | | | | | |

Finance and Performance Committee

Terms of Reference

DRAFT

Reviewed by Finance and Performance Committee: 19th April 2023

Approved by Board: 27th July 2023

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1. Introduction

The Board has resolved to establish a Committee to be known as the Finance and Performance Committee. The detailed Terms of Reference and operating arrangements in respect of this Committee are set out below.

2. Purpose

The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and operational performance and delivery.

The establishment of the Committee will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of:

- financial plans, including delivery of savings, investment and efficiency programmes;
- monthly and forecast annual financial performance;
- business cases over £500k;
- overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation; and
- detailed focus on specific issues where performance is showing deterioration or where there are issues of concern.

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial and operational performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

3. Delegated Powers and Authority

The Committee may investigate or have investigated any activity within its Terms of Reference. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any legitimate request made by the Committee); or
- other committee, sub-committee or group set up by the Board to assist in the delivery of its functions.

The Committee may obtain outside legal or other independent professional advice and to secure the attendance of advisors with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

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The Committee may consider and, where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.

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Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

4. Scope and Duties

The Committee, in respect of its provision of advice and assurance to the Board will:

Finance

- scrutinise the Health Board's position regarding the achievement of statutory duties and financial targets;
- seek assurance on the financial planning process and consider Financial Plan proposals;
- monitor, review and scrutinise the robustness of Cost Reduction Programmes and Financial Tracker Systems for Corporate Departments and Clinical Boards;
- scrutinise the delegated budgets within the budget plan;
- review and monitor the IMTP/annual financial plan;
- review the monthly Financial Report prior to submission to the Board and scrutinise financial performance and cash management against revenue budgets;
- receive assurances with regard to the progress and impact/pace of implementation of Cost Reduction Programmes/Savings Plans;
- monitor and review of agreed dis-investments;
- review the Board's Scheme of Financial Delegation as and when necessary;
- receive reports arising from financial reviews, including performance and accountability reviews of Corporate Departments and Clinical Boards;

Performance

- seek assurances on the development and implementation of a comprehensive approach to performance delivery, to incorporate all performance requirements set by the Board, WG, regulators and inspectors;
- scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations considering associated governance arrangements;
- review the monthly Integrated Performance Report where available prior to submission to the Board;
- undertake scrutiny ("deep dives") on areas of concern where the Committee considers it appropriate;
- the monitoring of performance information against the Board's Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks and the Ministerial Priorities for the NHS in Wales;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and NHS Wales Shared Services Partnership; and
- the monitoring of the Regional Partnership Board annual plan.

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Business Cases and Capital Investment

- review business cases over £500K and recommend approval to the Board;
- scrutinise submissions to be made for revenue or capital funding and the service implications of such changes, including benefits realisation;
- monitor the Capital Programme;
- provide assurance to the Board that all Health Board plans consider decarbonisation impact;
- provide assurance to the Board that major capital investments are aligned with the Shaping Our Future Wellbeing Strategy and to provide oversight to the prioritisation of investments. The Committee will, where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation;
- consider, and provide assurance to the Board, when engagement and or consultation is appropriate on various capital build schemes or changes to services provided by the Health Board;

Risk Management and Assurance

- provide assurance to the Board that all Health Board plans are informed by
- scrutinise risks on the Corporate Risk Register and Board Assurance Framework that fall within the remit of the Committee; and
- approve relevant corporate policies and plans within the scope of the Committee.

5. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

6. Membership

Members

Chair: Independent Member of the Board

Members: In addition to the Chair of the Committee a minimum of two (2) other Independent Members of the Board.

In attendance

Executive Director of Finance
Chief Executive
Chief Operating Officer
Executive Director of Strategic Planning
Director of Corporate Governance
Deputy Director of Finance

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Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Member Appointments

The membership of the Committee shall be determined by the Board, based upon the recommendation of the UHB Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Committee will be chaired by an Independent Member and supported by a Vice Chair who shall also be an Independent Member.

Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

Secretariat

Committee Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme.

7. Committee Meetings

Quorum

At least two (2) Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

Frequency of Meetings

Meetings shall be routinely held on a monthly basis. This will be reviewed on a regular basis.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion or particular matters.

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8. Relationship and Accountabilities with the Board and Its Committees/Groups

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains the overall responsibility and accountability for ensuring good financial and performance management for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the planning and co-ordination of Board and Committee business and sharing of information.

In doing so, the Committee will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- report to each Board meeting on the Committee's key activities via the Chair's report;
- ensure the public minutes of each meeting of the Committee are presented to each Board meeting; and
- ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference);
- notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law); and

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- notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

11. Review

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

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Finance & Performance Committee Workplan 2023-24

Finance and Performance Committee Work Plan 2023 - 2024													
Ass. - Assurance App. - Approval Inf. - Information	Exec Lead	19-Apr	17-May	21-Jun	19-Jul	23-Aug	20-Sep	18-Oct	22-Nov	13-Dec	17-Jan	21-Feb	20-Mar
Agenda Items													
Items for Assurance													
Financial Report review	CP	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Cost Reduction Programme	CP		Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Financial Tracker System Corporate/Clinical Boards	CP		Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Escalation of Corporate and Clinical Boards	CP		Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Monitoring of Capital Programme	CP/AH		Ass.		Ass.		Ass.		Ass.		Ass.		Ass.
Review of monthly Performance Report	PB	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Quarterly report on progress against Annual Plan	AH				Ass.			Ass.			Ass.		
Report on Regional Partnership Board Annual Plan	AH							Ass.					Ass.
Finance Risk on Board Assurance Framework	JQ			Ass.		Ass.		Ass.		Ass.		Ass.	
Items for approval/ratification (as required)													
IMTP/Annual Plan including Financial Plan	AH/CP											App.	
Business cases > £500k and < £750k for approval	CP/AH	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Business cases > £750k review prior to Board	CP/AH	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Review of SFIs and Scheme of Financial Delegation	CP											App.	
Items for noting													
Review of Finance & Performance Risk Register	JQ		Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.
Items for development/deep dive													
TBC	TBC		Ass.		Ass.		Ass.		Ass.		Ass.		Ass.
Finance and Performance Committee Governance													
Chair's Action (as and when required)	MI												
Annual Work Plan	JQ	App.											App.
Self Assessment of Effectiveness	JQ	Ass.											
Review Terms of Reference	JQ												App.
Produce Committee Annual Report	JQ												App.
Minutes of Finance & Performance Committee	JQ	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Action Log of Finance & Performance Committee	JQ	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

TERMS OF REFERENCE FOR THE PEOPLE AND CULTURE COMMITTEE

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

2023/24

Reviewed by People and Culture Committee: 11th July 2023

Approved by the Board: 27th July 2023

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PEOPLE AND CULTURE COMMITTEE TERMS OF REFERENCE

1. INTRODUCTION

1.1 The University Health Board (UHB) Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders 3.4.1 and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. PURPOSE

2.1 The role and purpose of the People and Culture Committee is to:

- Advise and assure the Board on:

  - development, monitoring and delivery of the organisation's People and Culture Plan in the context of the national strategic workforce plan;
  - the Health Board's values and behaviours are fully applied and adopted;
  - whether there is effective leadership development at all levels;
  - staff wellbeing; and
  - the delivery of the desired culture throughout the Health Board to deliver safe and continuously improving healthcare.

- Provide assurance to the Board in relation to the direction and delivery of the milestones and key performance indicators identified within the People and Culture Plan.

- Perform certain, specific functions delegated to the Committee on behalf of the Board in line with the Health Boards Standing Orders, Standing Financial Instructions and its Scheme of Delegation.

3. DELEGATED POWERS AND AUTHORITY

3.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

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3.2 **Authority**

The Committee is authorised by the Board to investigate or have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. Specifically:

- it may seek relevant information from any employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and any other Committee, or group set up by the Board to assist in the delivery of its functions;
- it may obtain external legal or other independent professional advice and to secure the attendance of external advisors with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements; and
- it may approve policies relevant to the business of the Committee as delegated by the Board.

3.3 **Sub Committees**

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out specific aspects of Committee business on its behalf.

4. SCOPE AND DUTIES

The Committee will, in respect of its provision of advice and assurance to the Board:

4.1 **Culture and Values:**

- Seek assurance that the Health Board has a credible process for assessing, measuring and reporting on the culture of the organisation on a consistent basis over time.
- Scrutinise the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Seek assurance on the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity within the Health Board, including shaping and setting direction, monitoring progress and promoting understanding inside and outside of the Health Board and compliance with legislative requirements applicable to equality and diversity and with the relevant aspects of the Health Board's Equity, Equality, Experience and Patient Safety Framework.
- Seek assurance regarding the Health Board's approach to promoting staff engagement and partnership working and that staff engagement and communication plans are in place and are being delivered effectively.
- Seek assurance that the organisation has a working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed. Seek assurance

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that any organisational learning from trends in concerns or incidents are acted upon.

- Seek assurance that collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators are effective and contribute to the delivering the Health Board's strategy.

4.2 **Organisational Development and Capacity**

- Ensure the workforce systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
    - strategic approach to growing the capacity of the workforce;
    - analysis and use of sound workforce, employment and demographic intelligence;
    - the planning of current and future workforce capacity;
    - effective recruitment and retention;
    - new models of care and roles;
    - agile working;
    - continuous development of personal and professional skills; and
    - talent management.
- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning.
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

4.3 **Performance and Assurance**

- Scrutinise workforce and organisational development performance issues and key performance indicators linked to:
    - the NHS Planning Framework;
    - Ministerial Priorities; and
    - the IMTP/Annual Plan.
- Seek assurances that workforce governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legally compliant and safe workforce practices, processes and procedures.
- Scrutinise risks on the Corporate Risk Register and Board Assurance Framework that fall within the remit of the Committee, including Health and Safety and working environment risks and provide assurance to the Board that controls and assurances are operating effectively.
- Monitor and scrutinise relevant internal and external audit reports and management responses to recommendations.
- Consider and ratify relevant Workforce and Organisational Development policies, procedures and initiatives prior to implementation across the Health Board with the support of the Employment Policy Sub-Group and Local Partnership Forum including the adoption of all-Wales policies.
- Refer people and culture matters which impact on other Board sub-committees to them. Specifically, referring quality and safety concerns to the Quality, Safety & Experience Committee, and vice versa including people and culture related findings and actions from inspections, audits and other forms of scrutiny.

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4.4 **Statutory Compliance**

Ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Health and Safety Legislation (via the Health and Safety sub-committee);
- Equality and Diversity Legislation;
- Welsh Language Standards;
- Wellbeing of Future Generations Act (where relevant to the Committee);
- Socio-economic Duty;
- Consultation on Organisational Change; and
- Mandatory and statutory training.

5. MEMBERSHIP

5.1 Members

A minimum of five members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	A minimum of three other independent members of the Board, one of which should, if possible, be the Independent Member - Trade Union The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2 Attendees

In attendance:

The following Executive Directors of the Board will be regular attendees:

- Executive Director of People and Culture (Lead Executive)
- Chief Executive
- Executive Director of Nursing
- Medical Director
- Executive Director of Public Health
- Executive Director of Therapies and Health Science
- Chief Operating Officer
- Executive Director of Finance
- Director of Corporate Governance
- Director of Digital and Health Intelligence
- Director of Communications, Arts, Health Charity and Engagement
- Deputy Director of People and Culture
- Assistant Director of OD, Wellbeing and Culture
- Head of Equality and Inclusion
- Head of Health and Safety

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By Invitation:

The Committee Chair may extend invitations to attend committee meetings as required.

5.3 Secretariat

Secretariat: As determined by the Director of Corporate Governance

5.4 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

6. COMMITTEE MEETINGS

6.1 Quorum

Two members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

6.2 Frequency of Meetings

Meetings shall be held no less than quarterly. The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the Health Board's annual plan of Board business.

6.3 Withdrawal of Individuals in Attendance

The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

7. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the joint planning and co-ordination of Board and Committee business and sharing of appropriate information. In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

7.3 The Board and the Committee may establish sub-committees or working/task and finish groups to carry out specific aspects of Committee business on its behalf. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf.

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The Sub-Committee established by the Board reporting to this Committee is the Health and Safety Sub-Committee.

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The management group feeding into this Committee is the Strategic Equality and Welsh Language Standards Group.

The Employment Policy Sub-Group reports to the Local Partnership Forum with delegated authority to review policies and approve procedures and guidelines.

7.4 The Committee shall embed the Health Board values, corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Committee Chair shall:

- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;
- bring to the Board's specific attention any significant matter under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Board, UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

8.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Committee's assurance role relates to a joint or shared responsibility.

8.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

9.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference);
- notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law); and
- notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

10. REVIEW

10.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

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People and Culture Committee Work Plan 2023-24

People & Culture Committee Work Plan 2023-24							
App. - Approval Ass.- Assurance Inf. Information and noting	Exec Lead	16-May	11-Jul	12-Sep	14-Nov	23-Jan	12-Mar
Agenda Item							
Standing Items							
Staff/People Story			Inf.	Inf.	Inf.	Inf.	Inf.
Corporate and Employment Policies (as required)	RG	App.	App.	App.	App.	App.	App.
Internal Audit Reviews	JQ/RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
WAO Reviews	JQ/RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Other external reviews	JQ/RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Corporate Risk Register	JQ	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Key Workforce Performance Indicators (Clinical Board focus)	RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Committee Learning and Development							
Workforce Context Report	RG	Inf.					
Focus on Census 2021 for Workforce Planning	RG		Inf.				
Cost of Living Impact	PB		Inf.				
Overview of Legislation and Statutory Requirements applicable to the Committee	RG			Inf.			
Workforce & Culture - Refreshed Health Board Strategy	RG			Inf.			
Items for Assurance							
People & Culture Plan	RG			Ass.			
Staff Engagement Plan	RG			App.			
People Aspects of the Equity, Equality, Experience & Patient Safety Framework	FK/RG						Ass.
Communication and Engagement Plan	JB				App.		
Overarching Culture Report (tbc)	RG						
Taking Care of the Carers Update Report	RG			Ass.			
Value Based Appraisal Update Report	RG		Ass.				
Mandatory Training Performance	RG				Ass.		
NHS Wales Staff Survey - Results and Action Plan (every 3 years)	RG			Ass.		Ass.	
Statutory and Mandatory Requirements							
Clinical Consultation Plan - Welsh Language	RG	App.					
Welsh Language Progress Report	RG					Ass.	
Welsh Language Annual Report	RG			App.			
Anti-racist Wales Action Plan	RG	Ass.					
Assurance on Compliance with the Equality Act 2010	RG						
Strategic Equality Plan Annual Report	RG			App.		Ass.	
Workforce Annual Equality Report & Gender, Ethnicity, Diversity and Disability Pay Gap Reports	RG				App.		
Socio-economic Duty Assurance Report	FK						Ass.
Job Planning Assurance Report	MJ			Ass.			
Nurse Revalidation Assurance Report	JR					Ass.	
Medical Revalidation Assuance Report	MJ					Ass.	
Sub-committee Reporting							
Approach to Health and Safety Assurance	RG/JQ			Ass.			
Health and Safety Committee Chairs Report	RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Health and Safety Update Report	RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Annual Report of the Health and Safety Committee	RG						App.
People & Culture Committee Governance							
Annual Work Plan	JQ	App.					App.
Self assessment of effectiveness	JQ						Ass.
Approve Terms of Reference	JQ	App.	App.				
Review Terms of Reference	JQ						App.
People and Culture Committee Annual Report	JQ						App.
Minutes of People & Culture Committee Meeting	JQ	App.	App.	App.	App.	App.	App.
Action log of People & Culture Committee Meeting	JQ	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.

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QUALITY, SAFETY AND EXPERIENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS UPDATED JULY 2023

1. INTRODUCTION

1.1 The University Health Board (UHB) Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees*".

1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate a Committee to be known as the **Quality, Safety and Experience Committee**. This Committee's focus is on ensuring population, patient and citizen quality, equity and safety including but not limited to activities traditionally referred to as 'clinical governance'. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Quality, Safety and Experience Committee "the Committee" is to provide:

- evidence based and timely ***advice*** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to quality, safety and experience of health services;

- ***assurance*** to the Board on the setting of local organisational Quality and Safety standards and supporting an organisational safety culture.

- evidence based and timely ***advice*** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality, safety and experience of public health, including health improvement, healthcare public health and health protection activities;

- ***assurance*** to the Board in relation to the UHB arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales;

- ***assurance*** to the Board in relation to improving the experience of patients, carers citizens and all those that come into contact with our services including those provided by other organisations or in a partnership arrangement

3. DELEGATED POWERS AND AUTHORITY

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3.1 The Committee will, in respect of its ***provision of advice*** to the Board:

- oversee the initial development of the UHB plans for the development and delivery of high quality, equitable and safe healthcare and health improvement

services consistent with the Board's overall Strategy and any requirements and standards set for NHS bodies in Wales;

- consider the implications for quality, safety and experience arising from the development of the UHB Strategy, Integrated Medium Term Plan or plans of its stakeholders and partners, including those arising from any Joint Committees of the Board;
- consider the implications for population, patient and citizen experience arising from internal and external review/investigation reports and actions arising from the work of external regulators;
- consider the outcomes for patient feedback methodologies in line with the National Clinical Services Framework: A Learning Health and Care System.
- review achievement against the Health and Care Standards in Wales to inform the Annual Quality and Annual Governance Statements;
- consider and approve policies as determined by the Board.
- Review and monitor the implementation of the Health Board's Quality, Safety and Experience Framework and oversee the necessary developments to deliver the eight key areas:
  - Organisational Safety Culture
  - Leadership and the prioritisation of quality, safety and experience
  - Patient experience and involvement in quality, safety and experience
  - Patient safety learning and communication
  - Staff engagement and involvement in safety, quality and experience
  - Patient safety, quality and experience data and insight
  - Professionalism of patient safety, quality and experience
  - Quality governance arrangements
- Ensure that the Health Boards Framework aligns to the Welsh Government Quality and Safety Framework 2021: Learning and Improving and that the organisation functions as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient centred, timely, efficient and equitable.
- Review and monitor the implementation of an Equity, Equality, Experience and Patient Safety Framework throughout the Health Board.

3.2 The Committee will, in respect of its ***assurance role***, seek assurances that quality governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and improvement services across the whole of the UHB activities and responsibilities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality, safety and patient and citizen experience:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels has a citizen centred approach, putting citizens, patients and carers, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organisation's functions is consistently applied, based on public health principles, sound evidence, clinical effectiveness and meets agreed standards;
- the organisation, at all levels has the right systems and processes in place to deliver, from a patient, carer and citizen perspective - efficient, effective, timely and safe services;

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- the organisation has effective systems and processes to meet the Health and Care Standards;
- the workforce is appropriately selected, trained, supported and responsive to ensure safe, quality and patient centred services ensuring that regulatory arrangements, professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- risks are actively identified and robustly managed at all levels of the organisation;
- decisions are based upon valid, accurate, complete and timely data and information including accurate and timely clinical coding;
- there is continuous improvement in the standard of quality, equity and safety across the whole organisation – continuously monitored through the Health and Care Standards in Wales;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, equity and safety of care provided, and in particular that:

  - sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
  - recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
  - appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims, known collectively as 'concerns;' and
  - data quality around the Equality Act and Socio-economic Duty is improved and used routinely in the organisation to drive improvement.

3.4 The Committee will advise the Board on the adoption of a set of key indicators of safety, quality and patient and citizen experience against which the UHB performance will be regularly assessed and reported on through the Annual Quality Statement (if required).

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other Committee, Sub Committee or group set up by the Board to assist it in the delivery of its functions.

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3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees and Groups

3.8 Within the Quality, Safety and Experience Framework the Board has approved the following Sub-Committees shall report into the Quality, Safety and Experience Committee:

- 7 Clinical Board Quality and Safety Sub-Committees
- Clinical Effectiveness Committee
- Clinical Safety Group
- Learning Committee
- Concerns Group
- Operational Groups (by exception)

These Committees will report in the Quality, Safety and Experience Committee on a rolling programme as set out in the Annual Work Plan of the Committee and after each of their respective meetings.

3.9 Other Quality, Safety and Experience Committee related Groups will also report into the Committee, once established, and as and when required.

3.10 The Committee has authority to establish short life task and finish groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

4. MEMBERSHIP

Members

4.1 A minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Members	3 other Independent Members of the Board, to include a Member of the UHB Audit Committee. The Committee may also co-opt additional independent 'external' members from outside the organization to provide specialist skills, knowledge and expertise.

Attendees

4.2. The following officers **are required to be in attendance**:

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- Executive Nurse Director (Joint Lead)
- Executive Medical Director (Joint Lead)
- Executive Director of Therapies and Health Sciences
- Chief Operating Officer

- Executive Director of Public Health
- Director of Corporate Governance
- Associate Medical Director for Safety and Governance
- Assistant Director of Patient Safety, Quality and Improvement
- Assistant Director of Patient Experience

Key Directors should be represented if they are unable to attend a meeting.

Other Executive Directors or deputies should attend from time to time as determined by the Committee Chair.

4.3. By invitation:

The Committee Chair may extend invitations to attend Committee meetings as required from within or outside the organization to whom the Committee considers should attend, taking account of the matters under consideration at each meeting. This may include:

- 2 x Staff Representatives and
- the Cardiff and Vale of Glamorgan Community Health Council.

Secretariat

4.4 Secretary of the Committee: as determined by the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair and, where appropriate on the basis of advice from the UHB Remuneration and Terms of Service Committee.

Support to Committee Members

4.7 The Director of Corporate Governance on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for Committee members in conjunction with the Director of Workforce and Organizational Development.

5. COMMITTEE MEETINGS

Quorum

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5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than bi-monthly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB Annual Plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

In doing so, contributing to the integration of good governance across the organization, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example, public health, equality, diversity and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of the Annual Quality Statement.
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

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7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

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Report Title:	Corporate Risk Register			Agenda Item no.	8.1
Meeting:	Board Meeting	Public	x	Meeting Date:	27.07.2023
		Private			
Status *(please tick one only):*	Assurance		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 ("the Register") has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The 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 Register.

The Register Summary is attached at Appendix A. The Board are asked to note that the Register Summary lists risks in order of highest to lowest risk scores, whilst retaining reference numbers from the detailed 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 Management procedures have been reviewed by Internal Audit and received a reasonable assurance rating at the May Committee meeting of the Audit and Assurance Committee.

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. The Board should note that Clinical Board risks are also monitored and scrutinised at Bi-Monthly Clinical Board Review Meetings.

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 Register. The team have maintained the assurance of this process by adopting a 'whole team' peer review approach prior to providing feedback to risk leads.

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July 2023 Update

Assurance Strategy Update:

Following the May 2023 Board Meeting the Team have continued to work with Clinical Board Triumvirates and Corporate Directorates to refine the Corporate Risk Register Assurance Map so that is able to accurately reflect what Assurance can be taken in relation to those risks included within the Register. The Assurance Map can also be used as a tool to identify where there may be gaps in assurance that should be further investigated internally and also by Audit colleagues. A copy of the Assurance Map is attached as Appendix B.

Please note that the yellow markers within the First and Second lines of Defence indicate that evidence of assurance has been provided in the listed areas. At this stage, we are not in a position to validate the robustness of the assurance provided but this is something that will be worked towards. Within the Third line of Defence assurance provided is rated Red, Amber or Green (as per the key provided) as our internal and external Auditors provide external ratings within their reports. The overall Assurance rating within the key is arrived at on the basis of the following criteria from the Health Board Assurance Strategy:

Assurance Key	
Assurance on one line of defence, limited or no third line of defence, assurance over 3 years old.	Low
Assurance across two lines of defence, positive assurance on third line of defence, assurance within last three years.	Medium
Assurance across all three lines of defence, positive assurance on the third line of defence, assurance within last three years.	High

The Internal Audit Plan for the Health Board is linked to and informed by the Corporate Risk Register and Board Assurance Framework. Whilst the Internal Audit Plan for 2023/24 has been finalised it is hoped that the Assurance Map will act as a more precise tool to inform the development of the 2024/25 Audit Plan and ad hoc internal reviews of our services.

The attached Assurance Map highlights that there are 12 risks rated amber where we are able to report that that there is reasonable assurance that risks are being adequately mitigated and 24 risks (rated red) where there is limited assurance. Where a limited assurance finding has been arrived at this can be due to a number of factors which include:

1) The absence of external review of our services within the Third Line of Defence (see risks CRR9, 11, 13, 14, 15, 16, 17, 18, 19, 20, 29, 33, 34, 35);
2) Where limited assurance external reviews have been shared (CRR 8, 9, 12, 21, 25, 26, 27, 28, 30, 31, and 32); and
3) Where there is no evidence of assurance within the first and second lines of defence.

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Where there are references to external review within the third line of defence, assurance can be taken, even where such reviews have led to a limited finding, due to the ongoing scrutiny in such areas by the Health Board Audit and Assurance and Quality, Safety and Experience Committees which receive regular updates on the Health Board's compliance with Audit recommendations.

Whilst there are a high number of areas where limited assurance is listed it should be noted that there is evidence of significant assurances that risks are being mitigated at an operational level and within

the second line of defence, however the Assurance Map does provide an indication that further oversight can and should be undertaken in relation to a number of the risks listed, including those referenced above, where there is no external review in place.

Corporate Risk Register Update:

There are currently 36 Extreme Risks recorded on the Register. 29 risks were carried forward from the May Board meeting, with Risks CRR 6, 7, 27, 33, 34, 35 and 36 added for the current meeting. All 29 risks carried forward remain unchanged following the May 2023 Board Meeting and all 36 Risks will continue to be recorded on the Register beyond the July 2023 Board meeting.

The Board are asked to note that some of the risks within the Corporate Risk Register are amalgamations of separate risks:

- Risks CRR1, CRR4, CRR5 and CRR7 on the Corporate Risk Register are amalgamations of risks within the Capital Estates and Facilities Risk Register; and
- Risk CRR27 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, Digital Health and Facilities, Strategic Planning and Finance Corporate Directorates and the Medicine, Children and Women, CD&T, PCIC, Specialist Services, Surgery and Mental Health Clinical Boards. The Health and Safety Corporate Directorate reported no Extreme Risks.

The present position is therefore as follows:

May 2023	May 2023
• 29 Risks rated 20 (Extreme Risk), 2 of which are new entries.	• 36 Risks rated 20 (Extreme Risk). 7 of which are new entries.

Trend Analysis.

Staff shortages, particularly within the Nursing Workforce, 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.

It is hoped that Capital and Estates facilities risks will be mitigated as Capital Projects are undertaken and completed throughout the year, however it should be noted that there are significant operational and financial pressures that mean that the Health Board's ability to address estates issues is restricted.

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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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, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 33, 35, 36
Capital Assets	1, 2, 3, 4, 6, 7, 12, 15, 27, 28, 29 and 32
Workforce	4, 8, 11, 14, 19, 20, 21, 25, 34

Financial Sustainability	5, 30, 31
Staff Wellbeing	4, 8, 11, 25
Critical Care	25, 26, 27
Planned Care	13, 14
Cancer	13, 14
Maternity	15, 19, 21
Urgent and Emergency Care	8, 9, 10
Digital Strategy and Road Map	6, 32
Delivery of IMTP 22-25	30, 31

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The Risk and Regulation Team's 'check and challenge' of Clinical Board/Corporate Directorate candidate risks.
- The programme of education and training that is being implemented by the Risk and Regulation team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.
- The Reasonable Assurance rating provided by Internal Audit for the Health Board's Risk Management processes.

Recommendation:

The Board are requested to:

Note the Corporate Risk Register and the work in this area which is now progressing.

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

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

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

Public Document Pack
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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 Experience Committee	06.06.2023
Finance and Performance Committee	21.06.2023

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CORPORATE RISK REGISTER SUMMARY July 2023

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score March 23	Risk Score May 23	Risk Score July 23	Target Risk Score
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
CRR6	Risk of Service Interuption and patient harm due to an inability to remotely connect into the Building Management System	Estates	Patient Safety Digital Strategy and Road Map	4x5=20			4x5=20	4x1=4
CRR7	Risk of patient harm, reputational damage, regulatory penalty and service interruption due to limited asset identification and inspection or maintenance of Health Board Ventillation, Smoke/Fire Dampners and Fire Doors	Estates	Capital Assets Patient Safety	5x4=20			5x4=20	5x3=15
CRR8	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	5x4=20	5x4=20	5x4=20	5x3=15
CRR9	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
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 patient harm due to the progression of conditions from benign to malignant disease due to increased waiting times for surveilance and planned recall endoscopy procedures.	Medicine	Patient Safety Cancer Planed Care	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR14	Risk of patient harm due to workforce and capacity constraints across Gastroenterology & Endoscopy	Medicine	Patient Safety Cancer Planed Care Workforce	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR15	Risk of harm to mothers and babies due to delayed lift replacement works and inadequate repairs within the Maternity Services lifts	Children and Women	Patient Safety Maternity Capital Assets	5x5=25	5x4=20	5x4=20	5x4=20	5x1=5
CRR16	There is a risk of harm and poor patient experience as a result of lack of available provision for emergency gynaecology care.	Children and Women	Patient Safety	4x5=20	4x5=20	4x5=20	4x5=20	4x2=8

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CRR17	Risk of harm to Children and young people due to increased demand for CAHMS services	Children and Women	Patient Safety	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR18	Risk of patient harm and experience and reputational damage due to non-compliance against Ockenden Report recommendations	Children and Women	Patient Saferty Maternity	4x5=20	4x5=20	4x5=20	4x5=20	4x2=8
CRR19	Risk of patient harm within Child and Adolescent Learning Disability Services due to staff vacancies.	Children and Women	Patient Safety Workforce	4x5=20	4x5=20	4x5=20	4x5=20	4x2=8
CRR20	Risk of failure to comply with regulatory requirements and patient harm due to delays in assessment within Children Looked After Services.	Children and Women	Patient Safety Workforce	4x4=16	4x5=20	4x5=20	4x5=20	4x2=8
CRR21	Risk of patient harm and poor patient experience due to staffing difficulties and shortages within maternity services.	Children and Women	Patient Safety Maternity Workforce	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR22	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
CRR23	There is a risk to the delivery of modern, safe and sustainable healthcare due ageing equipment across the clinical board	CD&T	Patient Safety Capital Assets	5x5=25		5x4=20	5x4=20	5x2=10
CRR24	Risk of regulatory penalty and repuattional damage due to potential non-compliance with regulatory accreditation requirements	CD&T	Patient Safety	5x5=25			5x4=20	5x2=10
CRR25	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
CRR26	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
CRR27	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
CRR28	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
CRR29	Risk of patient harm due to reduced access to Epilepsy Telemetry Services	Specialist Services	Patient Safety Capital Assets	5x5=25		5x4=20	5x4=20	5x1=5
CRR30	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
CRR31	Risk of failure to achieve an approved Three Year IMTP due to a planned defecit of £88.4 million	Finance	Financial Sustainability Delivery of IMTP 22-25	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
CRR32	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
CRR33	Risk of patient harm due to a potential inability to support patients with Monitored Dosage Systems in their own homes	PCIC	Patient Safety	4x5=20			4x5=20	4x2=8
CRR34	Risk of Service Interuption due uncomprehensive and inconsistent Business Continuity procedures and processes across the Health Board	Strategic Service Planning	Workforce	5x5=25			5x4=20	5x3=15
CRR35	Risk of patient and public harm due to an inability to discharge patients from Mental Health Services.	Menthal Health	Patient Safety	5x4=20			5x4=20	5x2=10
CRR36	Risk of patient harm due to cancellation of Paediatric Scoliosis lists caused by staffing and operational pressures	Surgery	Patient Safety	4x5=20			4x5=20	4x2=8

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		Corporate Risks as at 12.07.2023		First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.			Reviewed Assurance Level
	CRR Reference as at 12.07.23		Current Risk Score as of 07.07.23	Operational Processes and Management Reviews	Management information and data	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit/NWSSP Estates	External Audit (Audit Wales)	
CEF	CRR1	Risk of patient harm do to obsolete Medical Gas and air delivery equipment and plant.	5x4=20	x	x		x	x	x	x	x		
CEF	CRR2	Risk of patient harm due to corrosion of Main 02 pipeline in UHW which may impact equipment failure leading to loss of service and interruption of oxygen supply.	5x4=20	x	x	x	x	x	x	x	x		
CEF	CRR3	Risk of loss of heating throughout UHL due to main boiler F&E tanks which are badly corroded.	5x4=20	x	x	x	x	x	x		x		
CEF	CRR4	Risk of safety to staff due to ventilation verification of critical systems identified across UHW site which does not comply with HTMs for ventilation.	4x5=20	x	x	x	x	x	x	x			
CEF	CRR5	Risk of overspend in financial plans due to unstable energy markets resulting in significant tariff increases.	4x5=20	x	x		x	x	x		x		
CEF	CRR6	Risk of Service Interuption and patient harm due to an inability to remotely connect into the Building Management System	5x4=20	x	x		x	x	x		x		
CEF	CRR7	Risk of patient harm, reputational damage, regulatory penalty and service interruption due to limited asset identification and inspection or maintenance of Health Board Ventillation, Smoke/Fire Dampners and Fire Doors	5x4=20	x	x	x	x	x	x		x		
Med	CRR8	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacanies across the Clinical Board.	5x4=20	x	x	x	x	x	x	x	x		
Med	CRR9	There is a risk of patient harm due to delays in patient treatment and flow following a speciality referral from the Emergency Unit.	5x4=20	x	x	x	x		x	x			
Med	CRR10	There is a risk to patients which may cause potential harm by not meeting Welsh Government targets, due to delays admitting patients from WAST resulting in delays for patient assessment and treatment.	5x4=20	x	x	x	x		x	x			
Med	CRR11	There is a risk of patient and staff harm due to an inability to safely provide medical cover across the Medicine Clinical Board, resulting in the delay of assessment for patients.	5x4=20	x	x		x		x				
Med	CRR12	There is a risk of patient harm due to overcrowding within the Emergency and Acute Medicine footprint resulting in the inability to provide and maintain key quality standards, impacting on patient experience, quality of care and discharge.	5x4=20	x	x	x	x	x	x	x			
Med	CRR13	There is a risk of patient harm due to the progression of conditions from benign to malignant disease due to increased waiting times for surveilance and planned recall endoscopy procedures.	5x4=20	x	x	x	x		x				
Med	CRR14	Risk of patient harm due to workforce and capacity constraints across Gastroenterology & Endoscopy.	5x4=20	x	x		x	x	x				
C&W	CRR15	Risk of harm to mothers and babies due to delayed lift replacement works and inadequate repairs within the Maternity Services lifts.	5x4=20	x	x		x	x	x	x	x		
C&W	CRR16	There is a risk of harm and poor patient experience as a result of lack of available provision for emergency gynaecology care resulting in delays.	4x5=20	x	x	x	x	x	x				
C&W	CRR17	There is a risk of harm to children & young people due to a lack of appropriate clinical settings because of increased demand for services.	5x4=20	x	x	x	x	x	x				
C&W	CRR18	There are risks clinically, experientially and reputationally associated as a result of the current non-compliance against the Ockenden Report recommendations across Maternity and Neonatal Services	4x5=20	x	x		x		x				
C&W	CRR19	Due to vacancies within Child and Adolescent Learning Disability Services there is a risk of physical harm to child and staff.	4x5=20	x	x	x	x		x				

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C&W	CRR20	Due to staffing levels and service capacity within Children Looked After Services. There is a risk of harm due to failure to comply with regulatory requirements.	4x5=20	x		x	x		x				
C&W	CRR21	There is the risk of poor patient experience / outcomes in maternity due to staffing levels within Maternity services	5x4=20	x	x	x	x		x	x			
CD&T	CRR22	There is a risk to the delivery of modern, safe and sustainable healthcare due to suboptimal estate across the CD&T Clinical Board.	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR23	There is a risk to the delivery of modern, safe and sustainable healthcare due ageing equipment across CD&T Clinical Board.	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR24	Risk of regulatory penalty and repuattional damage due to potential non-compliance with regulatory accreditation requirements	5x4=20	x	x	x	x	x	x	x			
Spec Serv	CRR25	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.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR26	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.	4x5=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR27	Risk that patients will not receive care in a suitable environment due to a number of shortcomings in Critical Care facilities.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR28	Risks to harm to haematology patients (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR29	Risk of patient harm due to reduced access to Epilepsy Telemetry Services	5x4=20	x	x	x	x		x				
Fin	CRR30	Risk failure to achieve revenue statutory duty breakeven duty and achieve an approved three year IMTP	5x4=20	x	x	x	x		x		x	x	
Fin	CRR31	Risk of failure to achieve an approved Three Year IMTP due to a planned defecit of £88.4 million	5x4=20	x	x	x	x		x		x	x	
Dig H	CRR32	Due to national and international Cyber Security threatre, there is a risk that the Health Board's IT infrastructure could be compromised.	5x4=20	x	x	x	x		x	x	x		
PCIC	CRR33	Risk of patient harm due to a potential inability to support patients with Monitored Dosage Systems in their own homes	4x5=20	x	x		x		x				
Strategic SP	CRR34	Risk of Service Interuption due uncomprehensive and inconsistent Business Continuity procedures and processes across the Health Board	4x5=20	x	x		x		x				
Mental Health	CRR35	Risk of patient and public harm due to an inability to discharge patients from Mental Health Services.	5x4=20	x	x		x		x				
Surgery	CRR36	Risk of patient harm due to cancellation of Paediatric Scoliosis lists caused by staffing and operational pressures	5x4=20	x	x		x		x		x		

Assurance Key	
Assurance on one line of defence, limited or no third line of defence, assurance over 3 years old.	Low
Assurance across two lines of defence, positive assurance on third line of defence, assurance within last three years.	Medium
Assurance across all three lines of defence, positive assurance on the third line of defence, assurance within last three years.	High

Third Line of Defence - External Audit Rating Key	
Limited	Low
Reasonable	Medium
Substantial	High

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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	16 May 2023

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/may-2023/

The following were warmly welcomed to the meeting

- Nerissa Vaughan, Interim Director of Strategy for Swansea Bay UHB (for the first time)
- Carol Shillabeer in her new role as Acting CEO for Betsi Cadwaladr UHB
- Hayley Thomas in her new role as Interim CEO at Powys Teaching HB
- Fflur Jones, from Audit Wales observing the meeting and
- Steve Ham, returning from a period of absence.

The minutes of the EASC meeting held on 14 March 2023 were approved.

PERFORMANCE REPORT

A new Performance Report and supporting dashboard was received which included the Ambulance Service Indicators and the EASC Action Plan.

Noted that:

- Ambulance Service Indicators were published monthly and information was available back to 2016 https://easc.nhs.wales/asi/
- The return of 111 calls back to the 999 service had increased to 19% during January to March
- There had been a 12% increase in incidents
- The overall red performance had deteriorated and this had also been seen in the longest waits in the amber category
- Ambulance Handover delays in 2022, were 178% higher than 2019.
- Handover over 4 hours had deteriorated significantly from Feb 23 to Mar 23.
- Progress was being made in relation to reducing handover delays of over 4 hours, particularly in Cardiff and Vale UHB and more recently improvements had been made in the Cwm Taf Morgannwg UHB area
- The Integrated Commissioning Action Plan (ICAP) meetings were providing an important opportunity for health boards and WAST teams to work together to improve overall performance. Future local ICAPs would capture trajectories on handover improvements

Papur er yn Saesneg yn unig / Paper is in English only

- There was an aim by the end of the current Welsh Senedd (Parliament) term to have no delays of over one hour.

Discussion took place and Members welcomed the new dashboard which allowed more local analysis of the data available and felt it was a big improvement on previous iterations.

Members noted that:

- There continued to be significant variation on a month by month basis
- The EASC IMTP referred to total hours lost, as opposed to the trajectory to meet the aim of no delays of over one hour (Ministerial target), and the need to consider the narrative of actual numbers versus percentages – this would be clarified in the next version of the report
- The EASC Team would be developing a specific dashboard to report on the commitments made in the IMTP in order to closely monitor any progress being made.
- March had been a very difficult month for performance but it was expected that improvements would be seen in April and May
- WAST had increased the UHP (units of hours produced); had completed the roster reviews; reduced sickness absence levels and combined with the impact of the additional 100WTE on performance would be closely monitored and reported to the Committee.

Stephen Harrhy gave an overview of the current ongoing actions across all health boards in Wales highlighting the importance of maintaining the trajectories already committed to and mindful of the work needed to improve and prepare for the seasonal variations, especially over the winter months.

QUALITY AND SAFETY REPORT

The revised quality report in light of the requirements of the Duty of Candour and Duty of Quality was received.

Noted that:

- The timescales to respond to complainants within 28 days was challenging across Wales
- The themes of complaints received referred predominantly to delayed responses and were also linked to performance
- A review of responses to red incidents had been completed and discussions taking place in relation to delivering improvements
- The Commissioning Intentions had for a number of years referred to 'call to door times' and it was hoped that data would soon be available for members on this matter
- The mode of arrival at the emergency department (ED) (patients making their own way when no ambulance was available) was also being reported.

Members responded by:

- Welcoming the new Quality Dashboard and the information presented
- Raising concerns about the potential inequity (for patients) in relation to the mode of arrival at EDs and the impact of being able to access the right pathways quickly
- Agreeing to further develop the report by offering lines of enquiry to be added to the dashboard.

Item 2.1 Appendix 1 - 16.05.23 - 3.38 pm

Future reporting would include an atlas of variation for ambulance demand, however the report identified opportunities across the system to support improvement.

FOCUS ON – COMMITTEE EFFECTIVENESS

The Chair introduced the Focus on Committee Effectiveness, the annual opportunity to discuss the processes and work of the Joint Committee itself. A presentation was shared which showed the information from the survey circulated with the reports under the key headings:

- Composition and Establishment
- Effective functioning of the Joint Committee
- Compliance with the law and regulations governing the NHS
- Assurance
- Other issues
- Administrative arrangements
- Questions for consideration and discussion
- Effective functioning – individual members.

Noted that:

- The EASC is a decision-making committee (2/3 majority required) and health boards are bound by the decision of the Committee; if unable to agree on any matter it would be escalated to the Welsh Government and ultimately to the Ministers
- To be quorate, four health boards need to be present and in all meetings during 2022-23 this requirement was met
- Members were asked if they felt that there was effective challenge at meetings and were again invited to contact the Chair at any time if they had concerns
- In terms of monitoring performance across the system, the ongoing changes, supported by the weekly / monthly dashboard sent to all members and HB teams, provided a better balance of approach during the year which aligned with information from WAST on performance, units of hours produced, sickness absence, post production lost hours etc
- there were limitations on the performance information that could be shared at the Committee (due to StatsWales and legal rules) this meant that the latest information was not shared in public and this may mean more "in committee" sessions would need to be arranged although the Chair had some reservations about this approach; more discussions were planned with StatsWales with an aim to resolve the issue
- all health boards presented the confirmed minutes to Board meetings and the work of the committee was discussed across NHS Wales and was also linked to the work in relation to the Six Goals for Urgent and Emergency Care Programme
- one member of the committee had not attended any meetings in the last year and one associate member had not attended a meeting for at least 4 years.

During the session it was agreed to:

- Develop a short presentation with key information for new members
- Meet twice a year in person and work with WHSSC to try and get the best dates / times of year for this
- Continue to provide the Chair's Summary as soon as possible after meetings
- Receive feedback on the formal engagement process related to the EMRTS Service Review (Air Ambulance) and the response from the public, which included wider views on other services, at a future meeting

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- Look at wider benchmarking for ambulance services
- Consider using patient and or staff stories from provider organisations
- Continue to use Teams Live until the decision is made about the EMRTS Service Review and then record a Teams meeting and make the recording public as the Members felt this allows for better discussion
- Continue with the agenda and reports being sent out 7 days prior to meetings (as opposed to the 10 days within the Standing Orders) and report to Audit and Risk Committee
- Continue with the EASC Team chairing the sub group meetings (which is not in line with the Standing Orders but there is only one independent member – the Chair of EASC) and report to Audit and Risk Committee
- Continue providing similar reports as now, Members felt these were about right, not too long or too short but would keep under constant review
- Review the Committee's risk appetite during the summer
- Send out the Declaration of Interest form for all members and members of the EASC sub groups
- Continue to develop the Forward Look and Annual Business Plan to effectively capture all of the business required.

Members felt it was a useful session to consider the effectiveness and a helpful discussion was held. **The view of the Committee was that it was working well and that their overall assessment was positive.** In summarising the discussion, the Chair thanked Members for their ideas, comments and suggestions and reiterated that he would welcome any further comments or suggestions to improve the work of the Committee at any time.

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received.

Noted that:
- Support from health boards had been provided for some sessions
- The approach taken had aimed to build trust and confidence in the process and in the independence of the Chief Ambulance Services Commissioner, which had been mostly achieved
- Cooperation with key local stakeholders had been achieved
- Continued to hear concerns related to the original Service Development Proposal and the impact on the air bases in mid and north Wales
- The last face to face engagement session would take place in Newtown on **5 June 2023.**

Members thanked the team for the ongoing work and highlighted
- the importance of the next phase of the work
- the new approach being taken by Llais and the 'Guidance on changes to health services' released by the Welsh Government on 5 May 2023.

Ymchwiliadau Nathaniel
19/07/2023 14:38:21

Members noted:
- the next phase of the work would involve detailed analysis of data and would develop options for consideration

- meetings would continue until 5 June, including with senior staff at Llais
- A comprehensive update would be provided at the next meeting, including key themes heard from meeting with the public across Wales.

It was noted that the public had commented many times that they were very grateful to be heard.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received.

Members noted

- The ongoing roll out of the Cymru High Acuity Response Units (CHARU), where good progress was being made and training planned, a further 100 staff had been identified as required and some recruitment would be needed to balance the overall establishment
- The improvement to the sickness absence trajectory
- The achievement of the 'consult and close' where the rate had improved from 15% to 17%
- Ongoing work related to the exposure to diesel fumes whilst queueing outside EDs, in winter for heating and summer for air conditioning. This had been monitored by an external organisation and was found to be within the safe legal limit but remained unpleasant for staff and patients (and impacted some EDs as well)
- The use of 'Penthrox' for pain relief which could also now be used by the Community First Responders (CFRs); this was judged to be an important issue to improve the patient experience (Penthrox was a recently licensed drug for wider use).

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received.
Noted that:

- important to get the balance right between red and amber performance and not attaining one at the expense of the other
- important to have the right balance of rapid response (CHARU) with the ability to be flexible for deployment
- single and double person responses would be tracked in relation to meeting improved performance
- remote clinical support, if correctly applied, would lead to reduced conveyance to hospital and linked to the clinical assessment of 999 calls and to support this a baseline review by the EASC Team working in collaboration with WAST will be undertaken and the Terms of Reference were received
- In relation to the EASC IMTP constructive discussion had taken place with Welsh Government officials. Central funding had been found for the 100wte this year and potential to taper as efficiencies and improvements take effect
- WAST suggested the potential to discuss further with Members in relation to the 100WTE and the funding arrangements including whether different roles could be considered or utilised and moving from conveyance to safely treating in communities

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EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received.
This included:

- Commissioning Framework
- Integrated Commissioning Action Plans (ICAP)
- Integrated Medium Term Plan
- Commissioning Intentions 2022-23

Noted that:

- Work had commenced on the Non-Emergency Patient Transport Service (NEPTS) Quality and Delivery Framework which had been planned for Q1 and Q2, anticipated to have the final version ready by Q3
- Significant progress had been made by NEPTS on the expectations of the original business case and there was now an opportunity to consider the strategic future
- The refresh for the Emergency Medical Retrieval and Transfer Service (EMRTS) was planned to take place in Q4 and launch in the new financial year of 2024
- The ICAP meetings were working well; a new approach had been adopted (meeting less frequently, now monthly) bringing teams together to improve service delivery. Update ICAPs would be developed by the end of May
- An Internal Audit Report (on the ICAP process) Ambulance Handover Improvement Plan Arrangements had been undertaken and had received a "**substantial assurance**" rating. One recommendation had been made to capture risks and the meeting template had already been amended to do this
- The EASC IMTP had been submitted (with the requested changes) at the end of March and had been subject to some challenge in the collective review process

One issue was raised in relation to the NEPT service and its eligibility criteria which would need to be resolved in order to improve the service and meet local requirements of service, this would be discussed again at the NEPTS Delivery Assurance Group.

The Chair congratulated all involved for the excellent Internal Audit Report on the ICAP process which appeared to be working well to the benefit of all parties.

EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23

The EASC Financial Performance Report at month 12 in 2022/23 was received.

Noted that:

- There was an underspend at year end of £341k.
- The dispute in relation to £186,000 non-recurrent funding not paid by one health board had been resolved
- The National Collaborative Commissioning Unit position, with the Sexual Assault Referral Unit and the Six Goals for Urgent and Emergency Care Programme had a £821k surplus; Members noted that WHSSC meeting had confirmed a £1.1m surplus. Work was underway to finalise funding for the 100wte with the EASC Team, WAST and Welsh Government.

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EASC SUB-GROUPS CONFIRMED MINUTES

Approved: EASC Management Group – 15 February 2023

EASC GOVERNANCE

The report on EASC Governance was received.

Highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework
- EASC Draft Annual Governance Statement
- EASC Draft Annual Report 2022 – 2023
- EASC Draft Audit Enquiries Letter 2022-23
- EASC Management Group Annual Report 2022 -2023
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice

Noted that:

- The **Risk Register** had five red risks in total, three scoring the highest level at 25. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm. It had been agreed to discuss the Members Risk Appetite at a future meeting.
- The **EASC Assurance Framework** had been updated in line with the changes above to the risk register
- The **EASC Draft Annual Governance Statement** was presented although the Committee was not required to have one, it was good governance. The AGS would also be presented to the Audit and Risk Committee at CTM for inclusion with the host body approach
- The **EASC Draft Annual Report 2022 – 2023** provided an overview of the work of the work of the Committee over the last year. The attendance of members and their nominated deputies had been good at Committee meetings with all meetings being quorate (at least 4 health boards present).
  One EASC Member had not attended any meetings of the Committee and one Associate Member had not attended any meetings over the last three years.
- The **EASC Draft Audit Enquiries Letter 2022-23** required by Audit Wales was presented which reflected similar information from WHSSC. There were no concerns identified to report and none were raised.
- The **EASC Management Group Annual Report 2022 -2023** captured the work of the EASC Management Group over the last year. Generally, attendance was volatile and poor, which was a worse position than for the previous year. Members were asked to review their representatives for the Group
- The latest **EASC Key Organisational Contacts** report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The **Welsh Language Commissioner** – **Final Report and Decision Notice.** The Commissioner found that EASC had failed to comply with Standard 39 and therefore had failed to ensure that every Welsh Language page on the website was fully functional and therefore treated the Welsh Language less favourably than the English language on the website. Also, a failure to comply with Standard 60 and failed to promote the use of the Welsh version of the EASC Website by providing service of inferior quality to the service on the English version of the website

  The EASC Team would now take steps to ensure that content cannot be published on one site without the other and provide written evidence that enforcement action has been completed. In apologizing to the Committee, Gwenan Roberts reported that the following actions had been taken.

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More robust training had been provided to members of the EASC Team to ensure the ability to add to the websites at any time. Work was also underway with the CTM Welsh Language team and a meeting had already taken place with staff from Digital Health and Care Wales to seek a software solution to this matter.

There were now three months to comply and ensure that this would not recur.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

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
- The ongoing formal engagement process for the EMRTS Service Review, face to face meetings will end on 5 June.

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	**18 July 2023**			

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 May 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising – Duty of Quality

Following a formal presentation to the Committee in March, a verbal update was provided demonstrating good progress in identifying the quality measures in each division and mapping the Quality Management Systems already in place within NWSSP. Staff have been briefed on the requirements and implications and discussions have taken place with Welsh Government and Delivery Unit colleagues on how the self-assessment, which is primarily clinically focused, can best be adapted to accurately portray the activities undertaken within NWSSP. A further formal update will be provided in September.

The Committee **NOTED** the update.

Deep Dive – Welsh Risk Pool

The Committee were provided an overview of the many and various activities undertaken by the Risk Pool.

One of the key aims of the Risk Pool is to ensure that NHS Wales organisations learn and share lessons from claims that are received. Learning from Events reports were introduced in 2018 and scrutiny is undertaken by a Learning Advisory Panel. A number of Safety and Learning networks help to share good practice and support is provided to Health Bodies to conduct complex investigations where specialisms and/or independence will add value. Investigations are supported not only by specialists from within NHS Wales, but from across the UK to ensure that advice being provided is of the highest calibre.

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The Committee **NOTED** the update.

Chair's Report

The Chair updated the Committee on her attendance at recent meetings, both within NWSSP and externally.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The very positive outcome of the five-yearly External Quality Assessment of the Audit and Assurance Service.
- The recent visit of the NWSSP Senior Leadership Group to North Wales where they visited a number of sites including the Laundry and Stores and presented awards to staff who had been successful in the Staff Awards process that concluded in January of this year.
- The recent visit to India by NWSSP members including the Medical Director and colleagues from Health Boards and Welsh Government which has led to the potential recruitment of 58 nurses and on-going conversations with a further 20 Doctors.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Citizen Voice Body SLA - LLAIS

The Committee were presented with the draft SLA to govern the services provided to LLAIS by NWSSP. Further work is required on the SLA and the accompanying Memorandum of Understanding (MOU) and so while there was **AGREEMENT IN PRINCIPLE** on the documentation provided, the final SLA and MOU will need to be brought back to the Committee for formal approval.

Service Level Agreements

The overarching Service Level Agreement and the supporting schedules for 2023/24, which cover the core services provided to all NHS Wales bodies by NWSSP, were **APPROVED** by the Committee.

Primary Care Workforce Intelligence System

A summary of the Business Case for the Workforce Intelligence System for Primary Care was presented. This pulls together a number of separate systems into one system covering the following:

- Compliant registration of practicing clinicians to meet the NHS regulations via the Performers List & Pharmacy Database;
- The capture and reporting of the primary and community service workforce data and information respectively including the compliance registration for the Scheme of General Medical Practice Indemnity (GMPI) of substantive

Saunders Norman
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and Locum workforce; and
- Capture and publication of declarations of interest enabling open and transparent assessment of conflict of interest.

The proposal requires capital funding in Year One but thereafter will deliver savings against current costs.

The Committee **APPROVED** the paper subject to confirmation of Welsh Government funding and sight of the Full Business Case.

Items for Noting

Internal Audit – External Quality Assessment

The 5-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy over recent months and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.

The Committee **NOTED** the paper.

Laundry Services Update

The business case to build two new laundries and to significantly refurbish a third laundry has been put on hold due to a lack of available capital funding. Alternative plans are therefore being developed to ensure that the laundry service meet the appropriate environmental and legal regulations, but within a much-reduced financial envelope. These have been produced but at present Welsh Government are still unable to confirm any capital funding for the laundry service.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The final (unaudited) position for 2022/23 was a surplus of £12k with £2m re-distributed to Health bodies and Welsh Government. The Welsh Risk Pool position was as forecast in the IMTP, and all allocated capital funding was spent. The value of stock amounted to £24m and reflected several valuation adjustments that had been made in accordance with the relevant Accounting Standards. The adjustments had been approved by and funded by Welsh Government.

People & OD Update – Sickness absence rates remain low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. Staff turnover is relatively high, but this is largely due to starters and leavers in the Single Lead Employer Division.

Cyhoeddus/Nathaniel
19/01/2023 14:28:07

Performance – In-month performance was generally on target with an improvement seen in Recruitment service time to hire. Report turnaround within

Audit and Assurance continues to be behind target but is largely outside the direct control of NWSSP. With regards to recruitment the review of, and subsequent clearance of historic cases, is continuing to adversely affect performance in the short-term but will deliver a longer-term benefit. The Payroll Call Handling Team have achieved their targets for the last three months, which represents a significant turnaround in performance.

IMTP Q4 Progress Report - Progress has been made towards achieving our IMTP objectives that form part of our 3-year rolling plan, with 45% on track for delivery as part of those longer-term programmes of work. 36% of our total objectives were successfully achieved, as planned, in year across our divisions.

Project Management Office Update – The new Case Management System, the Patient Medical Records Accommodation and the TrAMS Projects remain red-rated. All other projects are on track.

Corporate Risk Register – Two of the previously reported seven red-rated risks covering energy costs and industrial action, have been down-graded to amber. A number of COVID-specific risks have also been removed from the Register.

Draft Annual Governance Statement – This was provided for comment at this stage and will come back to the July Committee prior to final approval at the Audit Committee.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Wales Plan
- 2023/24 Internal Audit Plan
- Audit Committee Assurance Report;
- 2022/23 Annual Complaints Report
- Finance Monitoring Returns (Months 12 and 1).
- 2023/24 Forward Plan.

AOB

It was agreed that the planned Committee Development Session scheduled for 9 June would be postponed in recognition of the pressures on NHS Wales colleagues at the current time. The session planned for November will however still go ahead.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Saunders, Kathryn
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Matters referred to other Committees	
N/A	
Date of next meeting	20 July 2023

Saunders,Nathan
19/07/2023 14:38:41

Report Title:	Local Partnership Forum Report				Agenda Item no.		
Meeting:	UHB Board	Public	x		Meeting Date:	27 July 2023	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		x
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Head of People Assurance and Experience						

Main Report
Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum usually meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

Key items discussed at the meeting held on 8 June 2023 can be summarised as follows:

The Chief Executive provided an update report to the Forum. Key points included:

- The Strategy refresh continues and it is expected that the engagement process will conclude by the end of June.
- A deficit forecast position of £88m (including a £32m savings programme) has been submitted to Welsh Government as part of the Annual Plan. Trade Union colleagues raised concerns that vacancy control is often considered as an easy way of achieving financial savings. The Chief Executive confirmed that a recruitment freeze is not being considered, and the goal is to recruit and retain a substantive workforce, working towards workforce sustainability.
- Concerns regarding the implementation of the EDI agenda and the disconnect that sometimes exists between Plans and how they are put into practice.
- The HIW inspection of Maternity Services and the forthcoming report into their findings
- Forthcoming Industrial Action and the planning put into place to ensure safe care. The UHB continues to support colleagues who exercise their right to take Industrial Action.
- The state of some of our infrastructure and the risks posed to staff/patients/services. It was agreed that communications with staff to acknowledge the scale of the problem might be helpful. The hard work of the Capital, Estates and Facilities team was noted, and it would be acknowledged further on National Healthcare Estates and Facilities Day on 21 June.

The Assistant Director of Culture and OD presented the Strategic Equality Plan, noting that:

- CAV UHB has maintained its position as one of Stonewall's top 100 inclusive employers in the UK as part of their Workplace Equality Index (WEI)
- The One Voice Network has supported with awareness days surrounding black history and has helped develop and coproduce the antiracist action plan, linking in with Professor Anton Emmanuel and the race equality standards.

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- The UHB achieved Disability Confident Leader Level 3 - this is recognition that the UHB is as an inclusive employer; the logo can be displayed on job advertisements and the Health Board website to highlight this. This status comes with an additional responsibility to continue to represent and improve in this arena.
- Ongoing work is taking place with the Accessibility Network to ensure current and prospective staff with disabilities and long-term conditions are supported.
- The team achieved the HPMA Welsh Language Award for their work on translation. There was an 11% increase in the number of words translated between 2021 and 2022. The use of 'Phrase' translation software (previously 'Memsource') has supported these improvements.
- The UHB is compliant with 82/121 of the Welsh Language Standards. Prioritisation is now surrounding organisational strategy and patient facing documentation.

Staff Representative Members of the Forum raised concerns about the increase in prices of food available to staff, especially in the context of the cost of living crisis, and the way this was communicated. It was also suggested that there is a significant amount of food wastage in the Aroma outlets and that perhaps food close to expiry should be discounted to support staff.

The standardised Clinical Board Local Partnership Forum Terms of Reference were approved.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board.

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

This report provides Board with a summary of the key issues discussed at the meeting held on 8 June 2023.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Saunders,Nathan 19/07/2023 14:08:44

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No No
Safety: Yes/No Yes
Patient Safety, Quality and Experience is included in the Integrated Performance Report
Financial: Yes/No Yes
The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update and IMTP Update
Workforce: Yes/No Yes
Key WOD KPIs and workforce actions are included in the Integrated Performance Report
Legal: Yes/No No
Reputational: Yes/No No
Socio Economic: Yes/No No
Equality and Health: Yes/No Yes
The Strategic Equalty Plan was included on the agenda
Decarbonisation: Yes/No No

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

Saunders,Nathan
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Confirmed Minutes of the Public Audit & Assurance Committee Meeting
Held On 11th May 2023 at 9:00am
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance and Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Rhian Thomas	RT	Independent Member for Capital and Estates
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Rachel Gidman	RG	Executive Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Lucy Jugessur	WW	Interim Deputy Head of Internal Audit
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist
Claire Salisbury	CS	Head of Procurement
Aaron Fowler	AF	Head of Risk and Regulation
Mark Jones	MJ	Audit Wales
James Quance	JQ	Interim Director of Corporate Governance
Lianne Morse	LM	Assistant Director of Workforce
David Thomas	DT	Director of Digital & Health Intelligence
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member for ICT and Committee Vice Chair
Urvisha Perez	UP	Audit Wales

Item No	Agenda Item	Action
AAC 11/5/23 001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 11/5/23 002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	
AAC 11/5/23 003	**Declarations of Interest** **The Committee resolved that:**	

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	a) No Declarations of Interest were noted.	
AAC 11/5/23 004	**Minutes of the Meeting Held on 4th April 2023** The Minutes were received. Mark Jones (MJ) advised that Urvisha Perez (UP) had made amendments to the minutes and had sent these to the Corporate Governance Officer (CGO). The Head of Internal Audit (HIA) advised that Lucy Jugessur's title should be amended to Interim Deputy Head of Internal Audit. **The Committee resolved that:** a) Pending the above amendments, the draft minutes of the meeting held on 4th April 2023 were held to be a true and accurate record of the meeting.	
AAC 11/5/23 005	**Action Log – Following Meeting held on 4th April 2023** The Action Log was received. AAC 7/2/23 015 - The Executive Director of Finance (EDF) commented that the Chief Operating Officer (COO) and Executive Medical Director (EMD) were working with the team to find a suitable solution. They have agreed to have a Locum in Gastroenterology for a further six months. AAC 7/2/23 007 – The Interim Director of Corporate Governance (IDCG) advised that good progress had been made with the Audit so far. A more detailed discussion would come to a later Committee meeting. **The Committee resolved that:** a) The Action Log was discussed and noted.	**Action Log**
AAC 11/5/23 006	**Any Other Urgent Business** **The Committee resolved that:** a) No other urgent business was noted.	
	Items for Review and Assurance	
AAC 11/5/23 007 Saunders,Nathan 19/07/2023 14:38:41	Internal Audit Progress Report The Head of Internal Audit (HIA) presented the Internal Audit Progress Report and highlighted the following: • The progress report provided the Committee with the current position regarding the work to be undertaken by the	

Audit and Assurance Service as part of the delivery of the approved 2022/23 Internal Audit plan.

Section 2

- 4 audits that were scheduled for the May Committee meeting were not finalised in time.
- That was due to lack of resources within Internal Audit and lack of engagement from the Health Board.
- It was not an overly concerning situation due to only 4 audits being delayed.

Section 3

- 9 audits were finalised in time for today's Committee meeting.
- Details of those audits were included in the meeting pack papers.

Section 4

- Of the total 37 reviews in the plan, 32 audits had been finalised so far this year and 1 had reached the draft report stage.
- In addition, there were 3 audits that were currently in progress with a further 1 at the planning stage.
- The HIA advised that he was comfortable with the delivery of the audits and those would still allow sufficient coverage for the provision for the HIA annual opinion at the end of the year.

Appendix B highlighted the times for responding to Internal Audit reports. There had been twelve instances where management responses had not been provided within the required 15 working days, as stipulated in the Internal Audit Charter.

Section 5

It was noted that the Performance Reporting Audit had been identified for removal from the 2022/23 plan. The planned Advisory Audit had also been identified for removal from the 2022/23 plan.
An assurance review of performance reporting had been included in the plan for 2023/24.
The 37 audits remaining within the 2022/23 plan would still allow sufficient coverage for the provision of the full HIA annual opinion at the end of the year.

Section 6

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6.1 Individual Patient Funding Requests (IPFR)

- The purpose of the audit was to establish and review the systems and processes in place to assess, making decisions on, and monitoring spending related to Individual Patient Funding Requests (IPFRs).
- Substantial assurance was issued.
- There was one medium priority matter in relation to the consistent use of standard documentation and ensuring the timely processing of IPFR applications, as outlined in the IPFR Policy.
- The appropriate management action plan had been agreed.

6.2 Follow-up: Clinical Audit

- The overall objective of the audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Clinical Audit review that was reported as part of the 2021/22 work programme.
- The original audit had received limited assurance and the follow up audit outcome was now substantial assurance.
- There was only one outstanding high recommendation which had been moved to low priority as actions had been undertaken to address that recommendation.
- However, the Clinical Audit Policy was yet to be formally approved by the Quality, Safety and Experience Committee.

The Interim Director of Corporate Governance (IDCG) commented that the clinical audit follow up result was outstanding and very unusual in his experience.

The IDHIA responded that a lot of the audit recommendations related to the system which had now been put in place.

6.3 Follow-up: Nurse Bank (Temporary Staffing Department)

- The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the 'Nurse Bank (Temporary Staffing Department)' review that was reported as part of the 2021/22 work programme.
- The audit was initially awarded limited assurance. That had now improved to reasonable assurance.
- Of the eight recommendations made, five of them had been closed including one high priority recommendation.
- Two of the recommendations had been moved to low priority as actions had been undertaken within those areas.

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	– One of the high recommendations had moved down to medium assurance and still required a review to be undertaken of the agencies, as no further agencies were currently being utilised by the Health Board. – The approach had now changed to getting more nurses onto the Bank rather than utilising agencies. The Executive Director of People and Culture (EDPC) advised that the Nurse Bank came under her work remit and there was still a lot of work to do in that area. 6.4 Charitable funds – The objective of the audit was to review the processes in place within the Health Board to ensure that the Charitable Funds were appropriately managed and administered in accordance with relevant legislation and Charity Commission guidance. – Reasonable assurance was issued in that area. – 2 medium priorities were made which included ensuring consistent compliance with the processes for requesting and approving expenditure from Charitable Funds. The governance arrangements for fundraising events also required reviewing and enhancement. – The recommendations were agreed by management and would be logged through the tracker. The Independent Member for Capital and Estates (IMCE) commented that as a Trustee she was glad to see the audit completed. The EDF stated that the audit should go to the Charitable Funds Committee for information first, before it went to Board of Trustees. There were also actions that would need to be incorporated into the work plan. 6.5 Community Patient Appliances (Specialist Services CB) – The purpose of the audit was to review the systems in place to monitor and manage the risks of posture and mobility equipment that needed to be repaired or replaced. – Reasonable assurance was issued. – One high priority recommendation was made in relation to reviewing the systems in place to monitor and manage the risks of posture and mobility equipment that needed to be repaired or replaced. – 5 medium recommendations were also made. 6.6 Data Warehouse	**EDF**

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- The purpose of the audit was to review the effectiveness of the data warehouse and ensure that it continued to be fit for purpose.
- Reasonable assurance was issued.
- Matters which required management attention included:

  - Upgrading the database to a newer, more secure version;
  - Defining a structure to fully identify Health Board needs;
  - Developing advanced analytical skills;
  - Developing a data strategy and plan.

6.6 Risk Management

- The overall objective of the review was to determine and evaluate the ongoing development and implementation of the Risk Management and Board Risk Assurance Framework Strategy and associated Risk Management Procedures.
- Reasonable assurance was issued.
- 4 medium recommendations were made.
- Further training across the Health Board was required to ensure everyone was following procedures.

The IDCG commented that he was not happy with the findings around the Surgery Clinical Board and he had raised this with the Chief Operating Officer (COO). There needed to be consistency across the Health Board.

6.7 Inclusion and equity

- The purpose of the audit was to review the structure of the Equity and Inclusion Team and the plans in place to take key actions forward relating to areas such as the Welsh Government's Anti-Racist Wales Action Plan.
- Reasonable assurance was issued.
- One high recommendation was made in relation to requiring a review of the responsibilities of the Equity and Inclusion team and the structures in place within the Health Board to support them in delivery.

The EDPC stated there was a large workload for the team regarding the Anti-Racist Wales Action Plan, especially with the Human Rights Standards due to be issued. Following a conversation with the CEO, it was agreed that this would be brought to Management Executive and Board. The EDPC added that more resourcing was required.

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6.9 Management of Health Board Policies

- The overall objective of the audit was to review the arrangements in place for the creation, management and

	review of Health Board's corporate policies and procedures. – Limited assurance was issued. – One high priority recommendation was made in relation to there being many out of date policies and procedures. – The plan for updating processes stated that the deadline for updating all policies was May 2023, which was unrealistic. – It was agreed that an updated plan should be brought back to a later Committee meeting. The IDCG stated that the outcome of the audit was not surprising as it was a known issue. Lots of Health Boards were facing the same issues in relation to out of date policies since coming out of the pandemic. The updated plan would be brought to the next Committee and would need to be realistic in both timescales and resources. **The Committee resolved that:** a) The Internal Audit Progress Report was noted.	**IDCG/HCG**
AAC 11/5/23 008	**Compliance with the UK Corporate Governance Code** The IDCG presented the Compliance with the UK Corporate Governance Code Paper and highlighted the following: – It was noted that the Code was the primary reference and overview of good practice for corporate governance in central government departments. – The NHS Wales organisations were not required to comply with all elements of the Code. That said, the main principles of the Code stood as they were relevant to all public sector bodies. – An assessment had been undertaken against the applicable elements of the Code and the findings were presented within Appendix 1 for information. – There were no reported/identified departures from the Code during the reporting period. **The Committee resolved that:** a) The assessment of compliance against the UK Code of Corporate Governance for April 2022 - March 2023 was noted. b) The self-assessment of compliance against the UK Code of Corporate Governance for inclusion in the Accountability Report for 2022-2023 was approved.	

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AAC 11/5/23 009	**Board and Committee Effectiveness Surveys 2022-23** The IDCG presented the Board and Committee Effectiveness Surveys 2022-23 and highlighted the following: • The Health Board undertook an annual review of the effectiveness of its Board and Committees during February and March 2023 using survey questions derived from best practice guides, including the NHS Handbook. • This year, as part of the annual review, a session was scheduled to take place at the Board Development Session being held on 27 April 2023 so that the Board Members could discuss any common themes and Committee wider learning from the Board and Committees' survey results. The UHB Vice Chair stated the number of people who responded to the survey was small. That destroyed any validity and requested whether this could be assessed. The IDCG responded that the survey recipient list was widened this year compared to the past. It was part of a wider programme as part of upcoming Board Development sessions. Work had already started with Michael West and more sessions would continue to take place. The EDPC advised that a standardised induction process for Independent Members was needed. The EDF stated that previous organisations would have a conversation about the effectiveness of the surveys. It allowed people to feel comfortable to say how they felt and this could be built into the work plan. **The Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2022-2023, and the action plan for 2022-2023, to be progressed via Board Development sessions were noted. b) The completed actions within the Board Committee Effectiveness Action plan 2021-2022 were noted.	
AAC 11/5/23 010 Saunders.Nathan 19/07/2023 14:38:41	**Annual Review of the Standing Orders** The Annual Review of the Standing Orders was presented. The Annual Review had been concluded and no significant changes to the Health Board's Standing Orders were noted. They remained fit for purpose and applicable to the Health Board. **The Committee resolved that:**	

	a) The update, as set out in the body of the report, with regards to the Health Board's Standing Orders was noted.	
AAC 11/5/23 011	**Audit Wales Annual Plan** Mark Jones (MJ) presented the Audit Wales Annual Plan and highlighted the following: • The Plan expanded the outline plan considered last month. • Page 3 detailed materiality figures. The figures were based on the draft accounts from last year. Those had now been updated to include the draft accounts for this year. • The £17.3m has increased to £18.6m. The reported threshold has also increased to £930,000. • Most of the planning work had been completed. • The Plan also set out the Audit fee. There was an increase of 13%. A key factor of that was the introduction of a new accounting standard. The EDF queried whether MJ wanted to use the opportunity to inform the Committee about the pay settlement in 2022-23 and how that could affect the pay accounts. MJ responded that there may be a material accrual. MJ queried whether the pay award was factored into the draft accounts. The Interim Deputy Director of Finance (Operational) (IDDFO) stated that it related to a recovery payment and non-consolidated recovery payment which would be about £14.5m. Most recently, the Nurse Unions have rejected the pay offer. Discussions would need to take place between the Health Boards, Welsh Government (WG) and Audit Wales about the various pay offers. The IDDFO added that the £14.5m was not in the draft accounts. The working assumption was that it would be covered by WG. **The Committee resolved that:** a) The Audit Wales Annual Plan was noted.	
	Items for Approval / Ratification	
AAC 11/5/23 012	**Counter Fraud Annual Report 2022/23** The Lead Local Counter Fraud Specialist (LLCFS) presented the Counter Fraud Annual Report 2022/23 and highlighted the following: • It was written in conjunction with the Government Functional Standards. A summary of compliance	

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	against each of the standards was provided within the report. • The Health Board was marked as green in most areas. • Two items were marked as amber. • The Counter Fraud Policy and Procedure would be approved at the meeting today and could be marked as green. • The risk assessment was also marked as amber as work was needed to record the risks in line with the Risk Management Policy. The IMTU stated that the attendees for the Counter Fraud awareness sessions was low and queried how they compared with other Health Boards. The LLCFS agreed that 310 out of 15000 was low. The Counter Fraud team had introduced a new e-learning package. The awareness sessions had also increased the uptake of training sessions. Monthly webinar sessions had also been introduced. The LLCFS added that the Health Board did provide more training sessions than other Health Boards, although he was not sure about the uptake. WG figures tended to be benchmarked against corporate induction rather than Counter Fraud. The IMTU advised that it may be helpful for he and the EDPC liaised with trade union colleagues to encourage their members to pursue the Counter Fraud awareness sessions. The EDF stated that awareness would drive more fraud activity. Her team was working on making sure staff management process was in place. **The Committee resolved that:** a) The report was an accurate assessment of the work undertaken during the year and a measure of compliance with the standards set out by the NHS CFA Review and was discussed, questioned and approved.	
AAC 11/5/23 013 Saunders.Nathan 19/07/2023 14:38:41	**Policies:** i) Counter Fraud and Corruption Policy and Procedure (UHB 054) The LLCFS advised that this was a new policy. The old policy went out of date in December 2022.	

	The EDPC requested that HR should be changed to People Services. **The Committee resolved that:** a) The Counter Fraud Bribery and Corruption Policy (UHB 054); and the (ii) Counter Fraud Bribery and Corruption Procedure (UHB 054) were reviewed, discussed and approved.	
AAC 11/5/23 014	**Standing Orders – Temporary variation (AGM date)** The IDCG presented the Standing Orders – Temporary variation (AGM date). A later sign off date had been agreed by WG for the submission of the Annual Accounts at the request of Audit Wales. The temporary variation should be referred to the Board for approval upon recommendation by the Audit Committee. **The Committee resolved that:** a) The proposed variation (as set out in the body of this report) to Standing Order 7.2.5 was considered and endorsed; and b) Recommendation was made to the Board to formally approve the proposed variation to Standing Order 7.2.5.	
	Items for information and noting	
AAC 11/5/23 015	**Internal Audit reports for information:** *a) Individual Patient Funding Requests* *b) Follow-up: Clinical Audit* *c) Follow-up: Nurse Bank (Temporary Staffing Department)* *d) Charitable Funds* *e) Community Patient Appliances (Specialist Services CB)* *f) Data Warehouse* *g) Inclusion & Equality* *h) Risk Management* *i) Management of Health Board Policies* **The Committee resolved that:** a) The final Internal Audit reports were considered and noted.	
AAC 11/5/23 016	**Audit & Assurance External Quality Assessment of Conformance to the Public Sector Internal Audit Standards**	

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	The HIA advised the Committee that the report provided the outcome of the external assessment of Internal Audit completed by External Quality Assessment (EQA) in April 2023. Overall the outcome of the Audit was positive. **The Committee resolved that:** a) The positive outcome of the External Quality Assessment was noted.	
AAC 11/5/23 017	**Agenda for Private Audit and Assurance Committee** i. Private Audit Minutes – 4th April 2023 *ii.* Counter Fraud Progress Update (*Confidential – ongoing investigations)* iii. Salary Overpayment *(Confidential Discussion)*	
AAC 11/5/23 018	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
AAC 11/5/23 019	**Items to be deferred to Board / Committee** No items were deferred to Board / Committees.	
	Date and time of next committee meeting Tuesday 4th July 2023 at 9:00 am via MS Teams	

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Confirmed Minutes of the Charitable Funds Committee
21 March 2023 09:00am
Via Microsoft Teams

Present:		
Akmal Hanuk	AH	Committee Chair / Independent Member – Community
Susan Elsmore	SE	Independent Member – Local Authority
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Mike Jones	MJ	Vice Chair / Independent Member – Trade Union
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
In Attendance:		
Angela Hughes	AH	Assistant Director of Patient Experience
Simone Joslyn	SJ	Head of Arts and Health Charity
Katie Palmer	KP	Programme Manager, Food Sense Wales
Rob Mahoney	RM	Deputy Director of Finance
James Quance	JQ	Interim Director of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Joanne Brandon	JB	Director of Communications
Keith Harding	KH	Independent Member – University
Fiona Kinghorn	FK	Executive Director of Public Health
Jason Roberts	JR	Executive Nurse Director

CFC23/03/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	Action
CFC23/03/002	**Apologies for Absence** Apologies for Absence were noted.	
CFC23/03/003	**Declarations of Interests** No declarations of interests received.	
CFC23/03/004	**Minutes of the Committee Meeting held on 6 December 2022** The Committee reviewed the minutes of the meeting held on 6 December 2022 **The Committee resolved that:** a) The minutes of the meeting held on 6 December 2022 were approved as a true and accurate record.	

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CFC23/03/005	**Committee Action Log** The Committee reviewed the Action Log. **The Committee resolved that:** a) The Action Log was noted.	
CFC23/03/006	**Chair's Action** No Chair's Actions to note.	
	Our Health Meadow Video The Our Health Meadow Video was received. The video highlighted all of the work undertaken by the Our Health Meadow teams that benefited plants, wildlife and people with positive interactions with the environment. The video also presented a number of comments provided by the patients, staff and visitors of the meadow who all noted how brilliant the space was for them. The Independent Member – Local Authority (IMLA) advised the Committee that it was lovely to see the wide range of people using the space and noted that it was particularly great to see school pupils utilising the environment. The Independent Member – Trade Union (IMTU) noted the benefits raised in the video and thanked the Our Health Meadow team for all of their hard work – noting that people would be benefiting the area for years to come. The Committee Chair (CC) concluded that he had particularly enjoyed the comment from one of the pupils interviewed in the video who had said the meadow felt like he was "being part of a whole". **The Committee resolved that:** a) The Our Health Meadow Video was noted.	
CFC23/03/007	**Health Charity Financial Position & Investment Update (to include General Fund Deficit)** The Health Charity Financial Position & Investment Update (including General Fund Deficit) was received. The Deputy Director of Finance (DDF) advised the Committee that the report provided the position up to 31st January 2023. He added that the latest report was fairly consistent with previous reports and noted that the Health Charity (The charity) had a net movement downwards of £0.595m which was in part because the charity had spent more than the resources coming in, in terms of the year to year activities. It was noted that there had also been an investment loss of £0.196M. This is due to a very volatile market situation which appeared to be going on for some time; this had effectively contributed to the net movement in funds which had been previously reported to the Committee. The DDF advised the Committee that the charity had generated £1.396m of income and spent £1.795m for the first ten months of the financial year which had resulted in net expenditure of £0.399m. The fundraising amount was received by the Committee. It was noted that the amount of money had decreased for 2022/23 as 2020/21 included significant acts of generosity from individuals and a large contribution from NHS Charities during the pandemic period.	

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It was noted that cashflow forecast had been discussed at previous Committee meetings and the DDF advised the Committee that there was an initial pressure on the finance teams to ensure that there was enough cash to see the charity through to year end.

The DDF added that the cashflow was stable to the end of the year, that the charity had £0.462M, and there was no need to make a call on investments again during the financial year.

He added that a complete annual cash flow forecast for the 2023/24 financial year would be presented to the Charitable Funds Committee at the June 2023 meeting.

It was noted that whilst the charity had a net worth of £8.393m, it was structured around undelegated and delegated funds where financial responsibility had been delegated to named fund holders and Heads of Service.

It was noted that within those funds, there were general reserves with a negative value of (£0.308m) made up of the following:

- Consolidated general reserve fund balance of £0.112m
- Year to date investment losses of (£0.196m)

The DDF advised the Committee that in addition to the general reserve deficit the charity had approved a number of bids which resulted in significant financial commitments which were being assessed at being circa £0.469m.

He added that it meant that general reserves were over committed by circa £0.777m and that the Committee would need to note that it represented a reduction of £0.428m from the previous October report.

It was noted that despite the above information, the general fund had improved and that a decision had been taken in-year by the workforce team for the Employee Wellbeing Service (EWS), which had been supported for a number of years by the charitable funds, that the Health Board would pick up the funding of the service going into 2023/24. The DDF advised the Committee that as a result of this change the charitable funds had improved by approximately £0.290m and therefore had closed the gap.

He added that the gap now on general reserves was a deficit of £0.777m which had decreased from the original forecast of £1.2m.

It was noted that the Committee needed to be highlighted on an invoice for £0.192m which related to the charity's contribution of Horatio's Garden.

The DDF added that the charity should pay it but it required approval of the CFC to then be provided to the Board of Trustees.

It was noted that the monitoring of Dormant Funds continued and that it would be discussed during the next agenda item in more detail.

The DDF concluded that the key financial risk being reported was:

- The performance of the investment portfolio which was underpinning the year to date financial position and general reserves balance.

The IMLA thanked the DDF for the information and asked if assurance could be provided that finance managers were comfortable in how the investment portfolio was being managed.

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The Executive Director of Finance (EDF) responded that, she and the CEO had recently met with the investment advisers and understood that the Health Board had a low to medium risk appetite and that it was linked to the action in the action log which had now been completed.

	She added that the investments were subject to market fluctuation and that the Health Board needed a strategy to spend the funds over a reasonable time and whilst optimising the investment portfolio. It was noted that the general funds which stood as a deficit needed a plan to recover the balance over a reasonable time. The Independent Member – Third Sector (IMTS) asked if the charitable funds priorities needed to be revisited if money was not being spent where it should be. The DDF responded that it was a complex point and that it would be kept under review. He added that the difficulties observed had been around accounting rules and the restrictions placed on funds and how they were managed. **The Committee resolved that:** a) The financial position of the Charity was noted b) The performance of the investment portfolio was noted c) The over commitment of the general reserve was noted d) Recommendation should be given to the Board of Trustees to approve of the payment of £192K in respect of the Charity's contribution to Horatio's Garden.	
CFC23/03/008	**Review of Dormant Funds** The Review of Dormant Funds was received. The DDF reminded the Committee that it had approved a policy/procedure around dormant funds to look at funds which had not moved in a year and for the finance team to then write to the fund holders and ask if there any plans in place to spend the money. He added that if there were no plans, it would be declared as a dormant fund and would be transferred into the charity's general fund. It was noted that fundholders overseeing the dormant funds were notified of the intention to transfer to the general fund in line with instructions from the Trustees and that where fundholders made representation that there were imminent expenditure plans, the fundholders were granted an additional ten months. The DDF advised the Committee that the exercise had caused a lot of friction for the finance team and noted it was difficult because due process was being followed as requested. He added that the purpose of the paper being received by the Committee was to present the funds running out of additional time to spend their money, and to alert the Committee that there had been strong representation from those fundholders to extend for another year. The IMTS asked if it related to some of the dormant funds noted in the paper that the Committee was being asked to decide on. The DDF responded that it was. The Executive Director of Therapies & Health Sciences (EDTHS) asked if all of the fundholders were still in post and noted the difficulty in removing funds that had a research element alongside it. She added that perhaps a 3-month extension should be given and then the decision to remove it could be made. The DDF agreed and requested a longer time frame of around 6 months because the finance team were heavily involved in the end of year and annual accounts cycle so would be unable to manage the dormant funds to the best of its ability. The EDF noted that the fundholders needed to be encouraged to spend their money and that on balance a shorter time period should be agreed to not go past 6 months.	

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	The CC advised the Committee that it would be a good idea to send a letter from the Charitable Funds Committee to fundholders to ask for a solid plan to spend their funds, to describe the impact of what they wanted to do and to alert them to the fact that if funds remained unspent they would be moved into the general fund. **The Committee resolved that:** a) The contents of this Report were considered. b) The dormant funds listed would be given an extension to become active under the direction of the designated fundholders.	**RM**
CFC23/03/009	**Health Charity Strategy** The Health Charity Strategy was received. The Head of Arts and Health Charity (HAHC) advised the Committee that it had wanted to keep the strategy succinct and easy to understand. She added that it was being received by the Committee in its draft form and that it would then be shared with the Senior Leadership Board (SLB) for consultation. It was noted that the Committee would then receive the final draft in July 2023 to provide recommendation to the Board of Trustees for approval. The HAHC concluded that the charity team were trying to engage as many people as possible on the strategy but noted that there was a lot of work ongoing across the whole organisation on various strategies. The EDF advised the Committee that a Task and Review group had been established, chaired by the Director of Communications, Engagement, Arts and Health Charity and a series of recommendations had been provided on improving and developing the Health Strategy, more aligned to the post pandemic world and cost of living crisis. The IMTS asked how the charity sat along side others held by the Health Board. The HAHC responded that the charity worked really hard to be able to work alongside other charities right across the Health Board and noted that a lot of the charities being worked with had a very specific focus and sometimes narrow outcomes. She added that the difference with a specific charity and the Health Board's own charity was the scope and the reach of the Health Board's charity as it crossed all services in the organisation. The IMTS noted that a strategic alliance would be required with other charities. The EDF agreed and noted that this could be developed as part of the strategy. She added that all Committee members needed to read the draft strategy and provide feedback where appropriate and that the Committee would receive the revised draft in July 2023. **The Committee resolved that:** a) The current status of the Health Charity Strategy refresh was noted.	
CFC23/03/010	**Legacy Updates** The Legacy Updates were received. The HAHC advised the Committee that Legacy income continued to be consistent, but by the nature of its source it was variable and difficult to predict the potential values each year.	

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	She added that a 90.99% increase in legacy income from the previous year had been observed as of month 10 in 2022/23. It was noted that The Health Charity and Arts in Health Programme had launched a combined Gifts in Will fundraising campaign in 2022, with the aim of increasing awareness and sharing information of how to leave a gift in will to the Heath Board. The HAHC advised the Committee that the charity continued to promote the Gift in Wills awareness raising campaign, with features and promotional communications linked to relevant events throughout the year. The IMTS noted that as well as good awareness, it would need to be done sensitively and advised the Committee that if related back to the dormant funds conversation because if somebody left an amount of money for a specific area, it would have to be spent. The HAHC advised the Committee that the charity worked very closely with areas that got a lot of legacy donations such as Cardiology. **The Committee resolved that:** a) The report on the increased legacy income received to date in 2022/23, plus the ongoing Gift in Will fundraising awareness campaign was noted.	
CFC23/03/011	**Disposal of Rookwood Hospital (verbal)** The Disposal of Rookwood Hospital verbal update was received. The EDF advised the Committee that the information provided was for noting and that the Board of Trustees had received a paper on the disposal of Rookwood Hospital following the transfer of services to the University Hospital Llandough (UHL). She added that that there were legacy services left on the site and that work was ongoing to address those services. It was noted that the options on how to sell the land were being examined, and these would be provided to future Committee and Trustees The EDTHS concluded that she was grateful to the EDF and their team for the amount of work being undertaken to progress the disposal of Rookwood Hospital. **The Committee resolved that:** a) The Disposal of Rookwood Hospital verbal update was noted.	
CFC23/03/012	**Food Sense Wales Update** The Food Sense Wales Update was received. The Programme Manager of Food Sense Wales (PMFSW) advised the Committee that she would take the paper as read because it contained a large volume of information. She added that Food Sense Wales (FSW) looked at working across the food system to create a food and farming system that was good for people and for the planet. She added that FSW had worked on impacting how food was both produced and consumed in Wales, and to look at making sure that sustainable food, farming and fisheries were at the heart of a connected and prosperous food system. It was noted that FSW supported a huge amount of people across Wales and that it would like to see a cross-sector approach everywhere. The PMFSW advised the Committee that the current funding was coming to an end at the end of the current financial year but that fundraising was underway for the next financial year.	

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	The EDTHS thanked the PMFSW for the great work and noted the fantastic publicity because keeping people well formed part of the overall strategy of the Health Board. The IMLA asked if FSW had any connections with Natural Resources Wales and also asked if it was FSW's intention to be around in 10 or 20 years. The PMFSW responded that FSW would be around for as long as it was required and noted that FSW were involved with Natural Resources Wales but more so in other parts of Wales due to the rural footprint. She added that FSW priorities included: • Strengthening and expanding the Sustainable Food Places Network in Wales and integrating FSW work with WG on developing cross-sector Food Partnerships • Working towards Gold Sustainable Food Status for Food Cardiff in preparation for 2024/5 • Working with 'Peas Please' partners to develop the next phase of 'Peas Please' beyond 2023 to continue to support innovative ways to drive up Vegetable consumption, with a particular focus on low income households • Supporting Welsh Government in meeting and optimising Programme for Government commitments, especially around the Community Food Strategy, Universal Free School Meal provision and the passage of the Agriculture Bill • Strengthening and consolidating the FSW position within Cardiff and Vale Charity, working closely with Charity colleagues • Seeking and achieving medium-term funding to secure the programme from December 2023 **The Committee resolved that:** a) The delivery and local and national influence of Food Sense Wales over the past 12 months was noted.	
CFC23/03/013	**Arts for Health and Wellbeing - Annual Report 2022/23** The Arts for Health and Wellbeing - Annual Report 2022/23 was received. The HAHC advised the Committee that in 2022/23 the Health Board had received quite a lot of money from Arts Wales and that due to the money received, the Arts for Health and Wellbeing Team had delivered a significant number of physical, visual, virtual and creative arts projects. She added that the team were continually trying to come up with new ideas, and that a lot of the work was around bringing hope and joy to people in health care settings. It was noted that the report presented a few selected highlights of the Arts for Health and Wellbeing Programme and showed the ways in which it had improved and supported health and wellbeing, the way in which arts connected with, engaged with and cared for all people in the Health Board. **The Committee resolved that:** a) The Arts for Health and Wellbeing Annual Report was noted.	
CFC23/03/014	**Our Health Meadow Appeal Annual Report** The Our Health Meadow Appeal Annual Report was received. The HAHC advised the Committee that she would take the report as read and noted that it showed the money being raised and the grants being applied for by the charity team. She added that the team had been successful in securing £0.041m from NHS Charities Together and £0.076m from Hubbub Greener Communities Fund Pilot project.	

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	The Committee resolved that: a) The progress and activities of the Health Meadow Appeal were noted.	
CFC23/03/015	**Committee Annual Report** The Committee Annual Report was received. The Interim Director of Corporate Governance (IDCG) advised the Committee that the purpose of the report was to provide Members of the Charitable Funds Committee with the opportunity to discuss the Annual Report prior to submission to the Board for approval. The EDTHS noted that she worked part time and that some of the Charitable Funds Committee meetings had fallen on her days off which had not been reflected in the attendance figures. She asked to check if her deputy had attended in her place. **The Committee resolved that:** a) The draft Annual Report 2022/23 of the Charitable Funds Committee was reviewed. b) The Annual Report be recommended to the Board for approval.	
CFC23/03/016	**Committee Terms of Reference 2023/24** The Committee Terms of Reference 2023/24 were received. The IDCG advised the Committee that there were very few amendments proposed to the Committee Terms of Reference. The CC asked if the conversation held around working with other charities needed to be considered within the Terms of Reference. The IMLA asked if the aims and objectives of the charity needed to be looked at due to the ongoing work around the strategy. The EDF responded that the words used in the Terms of Reference were largely fit for purpose and that once the new strategy had been agreed and looked at, the Committee could possibly review the Terms of Reference again if appropriate. **The Committee resolved that:** a) The Terms of Reference for the Charitable Funds Committee were reviewed. b) The Terms of Reference for the Charitable Funds Committee were ratified. c) The Terms of Reference were recommended to the Charity Trustees for approval.	
CFC23/03/017	**Committee Work Plan 2023/24** The Committee Work Plan 2023/24 was received. The IDCG advised the Committee that the Work Plan was very similar to the previous year and noted that it remained a flexible document and so conversations could be held around any new additions to the Work Plan. **The Committee resolved that:** a) The Work Plan 2023/24 was reviewed. b) The Work Plan 2023/24 was ratified. c) The Work Plan was recommended for approval by the Charity Trustees	
CFC23/03/018	**Over £25k bids for approval** The Over £25k bids for approval information was received.	

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	The HAHC advised the Committee that there were no bids against the general reserve but that 2 bids had to be considered from legacy funds: • Cardiac Services - £87,400 • Nephrology & Transplant - £28,571.28 She added that the Clinical Boards were being actively encouraged to utilise their existing charitable funds to support service improvements which could not be funded through revenue streams. **The Committee resolved that:** a) The planned expenditure of £87,400 (exc vat) from Cardiac Services Legacy Funds was approved. b) The planned expenditure of £28,571.28 (inc vat) from Nephrology & Transplant Services Williams Fund Legacy – 9646 was approved.	
CFC23/03/019	**Policies: - Corporate Partnerships Guidance** The Corporate Partnerships Guidance was received. The EDF advised the Committee that Corporate partnerships had been identified by the charity as a source of funding which could help maximise income whilst also raising its profile. She added that the charity continued to review all fundraising opportunities and had identified the benefits available from developing its engagement with external corporate businesses. **The Committee resolved that:** a) The Corporate Partnerships Guidance was considered b) The Corporate Partnerships Guidance was recommended for approval to the Board of Trustees.	
CFC23/03/020	**Health Charity Events Planner 2023/24** The Health Charity Events Planner 2023/24 was received. The HAHC advised the Committee that events planner for 2023 provided a draft of the key events taking place for the year and noted that Executive Directors were asked to review the Health Charity Events Planner 2023 and identify individual events which they would be supporting/attending. She added that for information, the NHS75 event outlined in the planner was no longer taking place and that an updated event planner would be received by the Committee at its next meeting. **The Committee resolved that:** a) The Health Charity Events Planner 2023 was noted.	
CFC23/03/021	**Health Charity Fundraising Report** The Health Charity Fundraising Report was received. The HAHC advised the Committee that she would take the report as read and noted two of the key appeals outlined in the report: • The Prop Appeal Committee held the Annual Afternoon Tea event at the Coal Exchange on Friday 17th February 2023. The event attracted over 100 attendees, including Cardiff & Vale UHB independent members. Approximately £1,685 was raised.	

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	• The annual Pink Tie Gala Dinner took place in December 2022 after a 2 year break due to COVID-19. It was a sold-out event which also celebrated 10 years of the Breast Centre. The event raised just over £4,100. **The Committee resolved that:** a) The fundraising Report for information was noted. b) The progress and activities of the Health Charity were noted.	
CFC23/03/022	**Reporting Feedback on Successful CFC bids** The Reporting Feedback on Successful CFC bids information was received. The HAHC advised the Committee that she would take the report as read She noted that there were 2 areas that the Charity had provided funding for: • Improving the Environment of the Employee Wellbeing Service • Innovation Collison Space to support our People and Culture **The Committee resolved that:** a) The report was accepted and noted as assurance of the appropriate use of the allocated charitable funds.	
CFC23/03/023	**Staff Benefits Group (SBG) Report** The Staff Benefits Report was received. The HAHC advised the Committee that the purpose of the paper was to inform the Charitable Funds Committee of staff benefits opportunities and progress, discussed and agreed by the SBG between December 2022 - February 2023. She added that The Business/Operational Manager of the Communication, Arts, Health Charity and Engagement Team facilitated the relationship and communications between the SBG, its partners/discount providers, and the Communications Team digital support. **The Committee resolved that:** a) The SBG Report for the period December 2022 - February 2023 was noted.	
CFC23/03/024	**Staff Lottery Bids Panel Report** The Staff Lottery Bids Panel Report was received. The HAHC advised the Committee that paper provided them with a range of initiatives and Staff Lottery Bids Panel Projects. **The Committee resolved that:** a) The content of the Staff Lottery Bids Panel Report was noted.	
CFC23/03/025	**Committee Self Effectiveness Survey 2022/23** The Committee Self Effectiveness Survey 2022/23 was received. The IDCG advised the Committee that routine monitoring of the effectiveness of the Board and its Committees was a vital part of ensuring strong and effective governance within the Health's Board's governance structure. The CC asked if there was anything that could be added to the questionnaires received by the Committee in terms of best practice of other Health Boards in Wales and England.	

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	The IDCG responded that he was confident that the that the process covered the relevant areas required and noted that it was fair to say that the Committee would always be alert to improving feedback moving forward. **The Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2022-2023 relating to the Charitable Funds Committee were noted.	
CFC23/03/026	**Any Other Business** No other business was raised.	
CFC23/03/027	**Review of the meeting**: The IDCG advised the Committee that this was the last meeting for Akmal as the Chair of the Committee and thanked him for his contribution.	
	Date and Time of Next Meeting Tuesday 20 June 2023, 9:00am	

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Confirmed Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 14 February 2023 at 9 am
Via MS Teams

Chair:		
David Edwards	DE	Independent Member - Digital
Present:		
Michael Imperato	MI	Independent Member - Legal
Sara Moseley	SM	Independent Member – Third Sector
Keith Harding	KH	Independent Member - University
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
James Quance	JQ	Interim Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Bruce Johnson	BH	IT Project Manager
Mark Wardle	MW	Consultant Neurologist
Observers:		
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Marcia Donovan	MD	Head of Corporate Governance

Item No	Agenda Item	Action
DHIC 14/02/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
DHIC 14/02/002	**Apologies for Absence** Apologies for absences were noted. **The Committee resolved that:** a) The apologies were noted.	
DHIC 14/02/003	**Declarations of Interest** **The Committee resolved that:** a) No Declaration of Interest were noted.	
DHIC 14/02/004	**Minutes of the Meeting Held 4 October 2022** **The Committee Resolved that:**	

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	a) The Minutes of the Meeting held on the 4 October 2022 were confirmed as a true and accurate record.	
DHIC 14/02/005	**Action Log – Following the Meeting held on 4 October 2022** The Action Log was received. **The Committee Resolved that:** a) The Action Log was discussed and noted.	
DHIC 14/02/006	**Chair's Action taken since the Committee Meeting held on 4 October 2022** **The Committee Resolved that:** a) There were no Chair's Action.	
	Items for Review and Assurance	
DHIC 14/02/007	**Digital Transformation Progress Report** The Director of Digital Transformation (DDT) presented the Report and highlighted the following: <u>Shaping Our Future Digital Services</u> • The Digital and Health Intelligence team (the team) had completed an exercise with the Future Hospitals team. • The team had met with the New Hospital Programme Leads in England, including the Digital Director. • The team had also spoken to hospitals which were in cohort 3 of a new hospital programme in England. Those were a mixture of organisations, of similar size to the Health Board, which were working towards a new hospital build and which also needed digital capability. • That exercise had shown the following: - Each organisation had a "legacy". - Each organisation had different start points and different approaches. - Each organisation had or was replacing an existing Electronic Patient Records (EPR). - Sometimes "legacy" could impact upon the capability of new facilities.	

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	The consistent message was that digital services were central to transformation. Some key learnings from the exercise included: - SMART was the digital hospital of the future. Hospitals should be designed to operate and not just be designed to build. - It was important to have principles that aligned to a physical SMART building to ensure interoperability and connectivity. - Data at the centre of everything to improve patient care was also key. <u>UHW2 Digital SoC</u> • The aim was to move from a digital hospital to a SMART hospital. • That meant bringing data from patients, buildings, systems all along the patients' pathway. <u>Next steps</u> • There were dependencies on the following strategies: Shaping Our Future Communities, including at Home and Shaping our Future Hospital. • The team was awaiting funding to be approved by Welsh Government. That funding would allow for more learning from the wider healthcare system, seek expertise and look for innovation. • A strategic outline case which set out what digital services were needed and how to get them was also required. <u>EA Update</u> • The Enterprise Architecture work was going very well. The senior management team was very engaged and was contributing to that piece of work. • Deeper dives had been done in specific areas and there had been a lot of added value. The Independent Member for Third Sector (IMTS) queried how much of that was applicable to neighbouring organisations. Also, what did it mean for pace and collaboration with clinicians. The Director for Digital & Health Intelligence (DDHI) stated that regional work was taking place to establish	

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	how regional services would be implemented. The Welsh Government's (WG) Digital Strategy, which was currently unpublished, also included a national picture of what the WG wanted to achieve as a nation. The New Chief Digital Officer had visited the Health Board recently and the team had shared plans and aspirations with him. A major challenge was how those plans/aspirations would be resourced. The Independent Member – University (IMU) queried whether there was any intention to work with Cardiff University. There was a big initiative in Cardiff University to create a data nation accelerator. The IMU also added that he had previously completed a 4-year contract with Singapore, where the creation of electronic medical records across the whole country had been considered. It would be useful to look into international collaborations. The DDT responded that there was a link on the slides that showed 300 very good exemplars. There were examples in Singapore, America and Norway. The team was hoping to work with the organisations in those countries. The DDHI responded that he had recently met with Roger Whittaker from Cardiff University. He had put him in touch with individuals such as Pete Burnap who was heading up the new Cyber Centre. The team was keen to make connections and work closely together with Cardiff University. The Committee Chair (CC) queried whether the team had looked at organisations outside of the NHS to obtain additional learning. The DDT responded that the team had looked at what other sectors are doing in relation to digital transformation. The CC emphasised that digital transformation needed to be embedded within the Health Board's main strategy. Every Executive Director should feel as responsible for digital transformation as the DDHI. The DDHI stated that digital transformation was for the benefit of the patient. The team had also engaged with all of the Shaping Our Future programmes to ensure that.	

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	The DDHI added that the UHB Chair had requested that the Board should be advised on digital transformational matters at least twice a year. **The Committee Resolved that:** a) The Digital Transformation Progress Report was noted.	**DDHI/IDCG**
DHIC 14/02/008	**Digital Strategy Update** The DDHI stated that the Digital Strategy item had been covered in the previous agenda item and he suggested that the Digital Strategy and Digital Transformation be a combined in future committee meetings. **The Committee Resolved that:** a) The update within the paper was noted.	**DDHI/IDCG**
DHIC 14/02/009	**Joint IMT & IG Corporate Risk Register** The DDHI presented the Joint IMT and IG Corporate Risk Register Paper. It was noted that this standing item detailed the risks on the risk register. The entries had been updated since the last meeting. Cyber Security continued to be the highest risk on the register. A more detailed discussion regarding that risk would take place in the Private session. The DDHI advised that the other risks were being mitigated. However, the lack of investment resources and lack of people was making it more difficult to achieve. The IMTS queried the data quality risks. The DDHI responded that a Data Improvement Group had been established. The aim of that group was to map out and understand the gaps and the quality of the data. That was also very important from a patient safety perspective. The Interim Director of Corporate Governance (IDCG) advised that the description was slightly out of date and should be updated. The DDHI responded that he would change the name. **The Committee Resolved that:** a) Progress and updates to the Risk Register report were noted.	

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DHIC 14/02/010	**IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The Head of Information Governance and Cyber Security (HIGCS) presented the Report and highlighted the following: • Between September 2022 and December 2022, the Information Governance Department had reviewed a total of 245 information governance related incidents. That was consistent with the number of incidents reviewed during the last period. • One of these breaches had met the threshold to be reported to the Information Commissioner's Office (ICO). The details of that breach would be outlined in the Private session of the Committee. • The number of Freedom of Information (FOI) requests received during the last 12 months had increased to 52 requests per month and the average compliance rate had remained at 86%. • The Subject Access Requests for medical records compliance rate had risen above the data reported to the last Committee. However, concerns still remained regarding the overall compliance, with only just half of requests having been responded to within one month. • The new digital Subject Access Request system, which was discussed at the last Committee, had now been built and was in the testing phase. • It was anticipated that would be available to patients before the end of the financial year. The purpose was to streamline the process and to manage performance and report figures more easily. The IMTS stated that it may be helpful to understand where the Health Board stood amongst other Health Boards and to understand whether or not it was an outlier. The HIGCS responded that information was gathered on an ad hoc basis. He would be able to able to share further information at the next Committee meeting. The IMU queried whether trajectories could be set. The DDHI responded that they would set an improvement target and monitor/report against that. The CC stated that it was not expected that organisations would achieve 100% compliance. However, the Committee should discuss the risks and	**HIGCS** **HIGCS**

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	understand what steps were being taken to deal with those risks. **The Committee Resolved that:** a) A series of updates relating to significant Information Governance issues was received and noted.	
DHIC 14/02/011	**Digital Services Key Performance Indicators** The DDHI presented the Digital Services Key Performance Indicators Report. It was noted that the implementation of the new service desk tool, Ivanti, had continued to be embedded within the Digital Operations service. The self-service portal was released in Autumn 2022 and was now fully functional for the effective management of the full range of IT service desk functions. The intention was to bring regular dashboards to future Committee meetings. The IT Project Manager (IPM) gave a demonstration of the system to show what was possible and highlighted the following: - The plan was to move to Power BI. - The idea was that it would allow people to open reports at any time without needing to ask anyone. - There had been an improvement in the length of time in which requests had remained open. The DDHI added that SLA targets were also being prepared by the team. The CC stated that whilst the graphs were useful, it would be helpful to also highlight items that were of interest to the Committee. **The Committee Resolved that:** a) The progress since the last update on the Ivanti service desk tool in relation to KPIs were noted.	
DHIC 14/02/012	**Framework Policies, Procedures & Controls** The DDHI presented the Framework Policies, Procedures & Controls Paper.	

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	The following procedures and guidance had been reviewed and updated: – Disposal of IT Equipment Guidance – IM&T Equipment Procurement Guidance – IT Security Business Continuity Guidance – IT Security Code of Connection Guidance – Security of Assets Guidance – Software Licensing Procedure – Use Your Own Device Procedure In addition to these, the following Standard Operating Procedures (SOPs) had been developed: – Cyber Incidence Response – Patch and Vulnerability Management It was noted that there was an internal Tech and Cyber Group that met on a monthly basis to ensure that the Health Board was working as safely as possible. **The Committee Resolved that:** a) Progress against the Framework Policies, Procedures & Controls was noted.	
DHIC 14/02/013	**Clinical Coding Update** The DDHI presented the Clinical Coding Performance Data Paper. It was noted that Clinical Coding would move to the Quality, Safety and Experience Committee. The HIGCS advised that the compliance level had dropped below the Welsh Government target and national target. That was a result of not allowing staff members to work from home. The IML queried whether that was a pan Wales problem. The HIGCS responded that it was an issue across Wales. The Health Board could not allow Clinical Coding staff to work from home because of the reliance of paper records. **The Committee Resolved that:** a) The performance of the UHB's Clinical Coding Department was noted.	
DHIC 14/02/014	**Board Assurance Framework – Digital Risk**	

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	The IDCG presented the Board Assurance Framework – Digital Risk. It was noted that the Board Assurance Framework (BAF) contained one risk at 15 - Digital Strategy and Road Map. There was a risk that the Digital Strategy and Roadmap would not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability. **The Committee Resolved that:** a) The attached risks in relation to the Digital Strategy and Road Map were reviewed. b) Assurance would be provided to the Board on 30th March 2023 on the management /mitigation of those risks.	
	Items for Approval / Ratification	
DHIC 14/02/015	**Committee's Annual Work Plan and Terms of Reference for 2023/24** The IDCG presented the Committee's Annual Work Plan and Terms of Reference for 2023/24. It was proposed, based on previous discussions, that clinical coding performance would be reported to the Quality, Safety and Experience Committee from 2023/24. It was noted that the Committee met 3 times a year and it was queried whether it should meet more often. The IDCG confirmed that he would take this away for further consideration. **The Committee Resolved that:** a) the Terms of Reference and work plan 2023/24 for the DHIC were reviewed; b) the Terms of Reference and work plan 2023/24 for the DHIC were ratified; and c) the changes to the Terms of Reference and work plan 2023/23 were recommended to the Board for approval on 30th March 2023.	**IDCG**
DHIC 14/02/016	**Digital & Health Intelligence Committee Annual Report – 2022/23** The IDCG presented the Digital & Health Intelligence Committee Annual Report – 2022/23.	

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	It was to provide members of the Committee with the opportunity to discuss the attached draft annual report before it was submitted to the Board for approval by the end of March 2023. It was noted that the Report would be updated following today's meeting. **The Committee Resolved that:** a) The draft Annual Report 2022/23 of the Digital and Health Intelligence Committee was reviewed. b) The draft Annual Report was recommended to the Board for approval.	
DHIC 14/02/017	**Policies – Verbal Update** The DDHI stated that no policies were presented to the Committee for approval. The DDHI would need to sit down with the IDCG to discuss the policies which were out of date. **The Committee Resolved that:** a) No Policies were noted.	
DHIC 14/02/018	**Minutes: Digital Directors Peer Group** • 8.11.22 • 6.12.22 • 10.01.23 **The Committee Resolved that:** a) The Minutes of the Digital Directors Peer Group of the meetings held on 8 November 2022, 6 December 2022 and 10 January 2023 were received and noted.	
DHIC 14/02/019	**Agenda for Private Digital & Health Intelligence Meeting** *(i) Minutes from the Private DHIC Meeting held on 4 October 2022* (ii) *Cyber Security Update* (Confidential discussion) *(iii) Digital Budget and Investment (Confidential discussion)* *(iv) Caldicott Guardian Requirements (Confidential paper – contains personal data)* *All Wales IM Digital Network Highlight Report (Confidential document)*	

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DHIC 14/02/020	**Any Other Business** No Other Business was discussed.	
DHIC 14/02/021	**Items to bring to the attention of the Board / Committee** No Items were brought to the attention of the Board / Committee.	
	Date & Time of next Meeting: 30 May 2023 via MS Teams	

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Confirmed Minutes of the Public Finance and Performance Committee Meeting
Held On 19th April 2023 at 2 pm
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member – Legal
Present:		
John Union	JU	Independent Member – Finance
Keith Harding	KH	Independent Member – University
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Charles Janczewski	CJ	UHB Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Andrew Gough	AG	Deputy Director of Finance (Strategy)
Paul Bostock	PB	Chief Operating Officer
Jason Roberts	JR	Executive Nurse Director
James Quance	JQ	Interim Director of Corporate Governance
Observers:		
Urvisha Perez	UP	Audit Wales
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – ICT
Suzanne Rankin	SR	Chief Executive Officer
Meriel Jenney	MJ	Executive Medical Director

Item No	Agenda Item	Action
FC 19/04/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 19/04/002	**Apologies for Absence** **The Finance Committee resolved that:** a) Apologies were noted.	
FC 19/04/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	

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FC 19/04/004	**Minutes of the Strategy and Delivery Committee meeting Held on 14 March 2023** The minutes of the meeting held on 14 March 2023 were received. **The Finance Committee resolved that:** a) The minutes of the Strategy and Delivery Committee meeting held on 14 March 2023 were held as a true and accurate record of the meeting.	
FC 19/04/005	**Action Log following the Strategy and Delivery Committee meeting held on 14 March 2023** The Action Log was received. **The Finance Committee resolved that:** a) The Action Log for the Strategy and Delivery Committee was up to date.	
FC 19/04/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
FC 19/04/007	**Financial Report – Month 12** The Executive Director of Finance (EDF) presented the Financial Report – Month 12. It was noted that the draft Month 12 position had been submitted to Welsh Government (WG). The numbers were draft and subject to the audit process and would go through the annual accounts work programme and timeline. The EDF added that the expected forecast deficit had been met. The UHB Chair congratulated the team on meeting a remarkable achievement of 95% in the public sector payment compliance. The UHB Chair requested clarification on the recommendation which stated "the reported revenue position was broadly in line with the forecast deficit of £26.900m". The Deputy Director of Finance (Operational) (DDFO) responded that the Finance team was waiting for allocation letters from Welsh Government (WG). Depending on their valuation, the Health Board would be just under the £26.9m forecast deficit.	

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	The UHB Vice Chair stated that he was interested in the factors which had contributed to the overspend. The DDFO responded that the next paper would answer that question. **The Finance Committee resolved that at Month 12:** a) The reported year end deficit was broadly in line with £26.900m. b) The financial impact of forecast COVID 19 costs which had been covered by Welsh Government funding of £56.797m had been noted. c) The financial impact of year to date Exceptional Inflationary Pressures which was assessed at £20.123m with assumed Welsh Government funding of £20.123m, was noted. d) The reported revenue position was broadly in line with the forecast deficit of £26.900m, which comprised of the £17.1m planned deficit identified in the Final Financial plan and £9.800m of additional operational pressures recognised by the UHB Board, was noted.	
FC 19/04/008	**Unforeseen Cost Pressures Lessons Learnt Exercise** The DDFO presented the Unforeseen Cost Pressures Lessons Learnt Exercise and highlighted the following: • The DDFO explained that the Finance team had looked at cost pressures and whether those could be built into the 2022/23 financial plan. i) Patient Catering – A key driver was the crisis in the Ukraine which had driven a chain reaction through energy costs, production and distribution costs as well as the impact of restricted availability of food products from Ukraine itself. Inflationary pressure was expected to reduce in 2023-24 in line with Bank of England forecasts. – The pressure on the Health Board's Emergency Unit (EU) was also exacerbated in 2023-24 through front door demand and the failure to discharge elderly patients to residential care settings in the post Covid environment. – The requirement to provide food to those patients who were waiting for extended periods of up to 72 hours in EU settings was a new requirement for the Health Board. That would reduce as actions continued to be delivered to better	

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accommodate front door demand, Health Board operational capacity and back door flow.

ii) Security at Rockwood and Whitchurch

- There were plans to dispose of the vacated Rookwood and Whitchurch sites which required extensive planning and consideration of multiple site preparation and marketing options.
- That had contributed to an extended timescale to provide adequate security for both sites to prevent harm to individuals who may illegally access the sites and to mitigate risks to the Emergency services that may be required to attend incidents at the vacant sites.
- The required timescale for a security presence should have been anticipated and had been built into 2023-24 plans. That would be a non-recurring cost contingent on the timescale for disposal.

iii) Footfall impact on Aroma sales / Concourse leases

- At the height of the pandemic, footfall into the Health Board's retail/catering sites had reduced to nil which caused a number of leases to be handed back by the commercial lessees.
- The loss of income was initially supported by Welsh Government Covid funding prior to the commencement of the 2022-23 financial year. But after the formation of the financial plan, WG confirmed that the loss of income would no longer be eligible for ongoing Covid Response financial support.
- The Health Board had seen a progressive improvement in footfall and some re-letting. However, the footfall remained less than the pre Covid period, and had been partly impacted by the difficult economic environment during the financial year. That had been accounted for in budget setting for 2023-24 alongside efforts to improve income.

iv) Prescribing costs

- A new emerging theme in 2022-23 was the shortage of some types of drugs which required Pharmacists to directly source them, outside of the net drugs price agreements, at higher prices on international markets. That trend had increased throughout 2022-23 to levels not experienced before in the prescribing arena. That would need to be monitored in 2023-24.

v) Medical and staff nursing staff

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	- A more efficient workforce model needed to be put in place. - The plan in 2022/23 was to reduce reliance on agencies and to reach a more sustainable level. vi) WHSCC LTA performance – The principle under performance against WHSSC LTAs concerned Cardiac surgery which had been moved to UHL during the pandemic. That supported ongoing urgent surgery but reduced overall capacity. – The ability to re-establish capacity was dependent on a return to UHW and a reconfiguration of the Covid operational footprint. – That was delayed in 2022-23 and had contributed to unplanned under performance. There were now advanced plans to return Cardiac surgery to UHW during 2023-24. vii) Children's CHC Placements – Two complex cases saw an extended length of stay within Children and Women's Clinical Board in 2022-23. – The complexity caused difficulty with arranging out of hospital care packages and had caused the Health Board to incur significant additional premium staffing costs. – Following enhanced liaison between the Health Board and Cardiff Local Authority, packages of care were arranged and ongoing meetings explored better ways of managing similar cases in the future. The UHB Chair suggested that this paper was brought to the Committee quarterly. He also queried how central reserves were created to address potential cost pressures in the 2022/23 plan. The DDFO responded that was with reference to the non-pay inflation. The Finance team had recognised that there would be a level of inflation and had allocated that into reserves. The UHB Chair queried whether the cost implications of the national strategies that formed part of the Health Board's overall strategy were being considered. The EDF responded that the Finance team had requested money under the Executive Director of Strategic Planning (EDSP) leadership. The Head of Procurement was also tackling the decarbonisation and supply chain aspect on behalf of NHS Wales. It was not targeted with an investment except for capital currently. The overriding assumption was that doing things closer to the environment where the product was needed should not cost more money.	**EDF**

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	The Independent Member – Finance (IMF) queried what the approach was for 2023/24 in terms of building in unforeseen costs. The Deputy Director of Finance (Strategy) (DDFS) responded that the Finance team had tried to be realistic in relation to the unforeseen costs in 2023/24. The team would need to address the cost pressures seen in 2022/23. The Health Board was a large organisation and there would be items that would come up. The Finance team had submitted a very realistic plan which addressed that. The EDF added that the Finance team had not accounted for a specific contingency but national estimates on inflation had been helpful. A consistent approach meant less organisational differences in how estimates would "play out". The Finance team had reviewed other organisations' plans and had noted that only one other Health Board had put in a contingency of £1m. The Chief Operating Officer (COO) was grateful to the Finance team with regards to how budgets had been set. **The Finance Committee resolved that at Month 13:** a) The reasons which had contributed to unforeseen costs pressures in 2022-23 were noted and the learning would be carried into 2023-24.	
FC 19/04/009	**Finance Committee Self Effectiveness Survey** The Interim Director of Governance (IDCG) presented the Finance Committee Self Effectiveness Survey. It was noted that there were lots of positive comments and results. He added that question 8 was a mixture of strong and adequate and was similar to other Committees' responses. The CC stated that the previous Director of Corporate Governance had 1-1s with Independent Members which was a valuable process. **The Finance Committee resolved that** a) The results of the Annual Board Effectiveness Survey 2022-2023 relating to the Finance Committee were noted.	
FC 19/04/010	**Key Operational Performance Indicators**	

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	The COO presented the Key Operational Performance Indicators and highlighted the following: • The report was a “work in progress” and would be improved as the COO’s team continued to refresh the information. • The Health Board had continued to do well in Urgent and Emergency Care in the context of where it had started. • The Health Board had made improvements this Winter. • There were no ambulance holds over 4 hours in February 2023. The ambition was to reach ambulance holds of 2 hours and 60 minutes. • The number of patients waiting over 12 hours in the Emergency Unit had reduced. • Femur was not where it was should be. There had been lots of organisational focus on that. Seventy-five per cent (75%) of patients should be admitted to ward on arrival at hospital and the Health Board had not reached that target yet. A summit was held in March and another summit would take place next week. • The COO’s teams had been focused on improving the Stroke services and there had been improvements in that service. The Independent Member – University (IMU) stated that he was concerned that femur KPIs were input measures and there were no output measures recorded. In speaking to one of the Consultants on the Stroke Unit, it was apparent that the mortality rate had reduced by 17%. That was a very important outcome. The COO responded that the mortality rates for Stroke were recorded in the Quality reports. The IMU queried whether it would be better to have objective data outcomes. The COO responded that he would provide an update on the other measures and not just the “front end” of the pathway at the next meeting. The COO added that a significant improvement had been made in Cancer services. In September, 870 patients were waiting over 62 days to be told or to commence their treatment. That had reduced to 200 at the end of March. By the end of June, the aim was to be closer to 75 patients. The COO added that in terms of Planned Care, the ambition this year was to reduce the number of people waiting over 52 weeks for their first outpatient appointment to zero by the end of June. That would be possible for some specialities but not all specialities. By the end of March 2024, there should be no patients waiting over 104	**COO**

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	weeks or two years for their treatment to commence. The COO added that he did not think that the Health Board would achieve those targets by March 2024 because there was no additional funding and not enough capacity. The UHB Vice-Chair queried whether waiting times for children could be looked into. The COO responded that his team was looking into that. There was unusual commissioning in Paediatrics and WHSSC did not facilitate it all. The challenge was that children should not be waiting over 2 years. **The Finance Committee resolved that** a) The year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes were noted.	
FC 19/04/011	**Integrated Performance Report** The UHB Chair suggested that this paper was not required by the Finance and Performance Committee. Instead the Committee should look at any areas causing concern by exception and not the routine items considered by the Committee. The CC stated that the Committee would receive and consider "deep dives" to explore certain areas of concern. **The Finance Committee resolved that** a) The contents of the report were noted.	
	Items for Approval / Ratification	
FC 19/04/012	**Finance and Performance Committee Terms of Reference and Workplan 2023-24** The IDCG presented the Finance and Performance Committee Terms of Reference and Workplan 2023-24. The IDCG advised that the finance section continued to be largely unchanged. It was a regular cycle of reporting as expected. The performance section provided assurance on operational elements to the Board. There would also be various deep dives. There was also reference to Ministerial priorities and objectives set by the Board. The CC advised that it was important that "nothing fell in between the cracks".	

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	The IDCG advised that delivery plans would be discussed in the Board Development sessions. The UHB Chair advised that it was a good first attempt at the Terms of Reference. It would need further clarity in terms of delivery. The UHB Vice Chair stated that the Terms of Reference should be fluid and flexible in terms of which indicators were used. The EDF advised that the work plan needed to be developed alongside the Terms of Reference. **The Finance Committee resolved that:** a) The Terms of Reference and work plan 2023/24 for the Finance and Performance Committee were reviewed. b) The Terms of Reference and work plan 2023/24 for the F&P Committee were ratified. c) The changes were recommended to the Board for approval on 25th May 2023.	
	Items for Information and Noting	
	Agenda for Private Finance Committee Meeting	
FC 19/04/013	i. Approval of Private Strategy and Delivery Committee Minutes – 14.3.2023	
FC 19/04/014	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
FC 19/04/015	**Items to be referred to Board / Committee** No Items to be referred to Board / Committee.	
	Date & time of next Meeting Wednesday 17th May 2023 at 2pm via MS Teams	

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Confirmed Minutes of the Public Finance and Performance Committee Meeting
Held On 17th May 2023 at 2 pm
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member – Legal
Present:		
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member - ICT
In Attendance:		
Charles Janczewski	CJ	UHB Chair *(left the meeting at 15:10)*
Abigail Harris	AH	Executive Director of Strategic Planning
Angela Hughes	AHu	Assistant Director of Patient Experience
Catherine Phillips	CP	Executive Director of Finance
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Andrew Gough	AG	Deputy Director of Finance (Strategy)
Paul Bostock	PB	Chief Operating Officer
James Quance	JQ	Interim Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Observers:		
Ashley Moturi	AM	Finance Management Trainee
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Ceri Phillips	CP	UHB Vice Chair
Keith Harding	KH	Independent Member – University

Item No	Agenda Item	Action
FPC 23/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 23/05/002	**Apologies for Absence** Apologies for Absence were noted. **The Finance Committee resolved that:** a) Apologies for Absence were noted.	
FPC 23/05/003	**Declarations of Interest** No Declarations of Interest were noted.	
FPC 23/05/004	**Minutes of the Finance and Performance Meetings held on 22.03.2023 and 19.04.2023**	

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	The minutes of the meetings held on 22.03.2023 and 19.04.2023 were received. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meetings held on 22.03.2023 and 19.04.2023 were held as a true and accurate record of the meeting.	
FPC 23/05/005	**Action Log following the Finance and Performance Committee meeting on 19th April 2023.** The Action Log was received. **The Finance Committee resolved that:** a) The Action Log for the Finance and Performance Committee was noted	
FPC 23/05/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
FPC 23/05/007	**Financial Report – Month 1** The Financial Report – Month 1 was received. The Operational Deputy Director of Finance (ODDDF) presented the Financial Report – Month 1 to the Committee. It was noted that the Health Board was reporting a £8.896m overspend in Month 1 and that the financial plan had forecast an £88.4m deficit at year end, once £32m of savings had been achieved. The DDDF added that at Month 1, there were still unidentified savings components to the saving programme for the year and one twelfth of the unidentified savings components represented £1.446m. It was noted that there was a small operational deficit that had funded last year's outturn broadly in terms of delegated positions to address unforeseen cost pressures. It was noted that the Health Board was holding reserves for inflation and some Covid costs, as well as other components of the plan and additional spend. Therefore an operational deficit was not expected to be seen at this point in the year. The DDDF advised the Committee that the more concerning figure presented was the £1.446m which meant that there was still a lot of work to be done to identify savings programmes and that the Welsh Government (WG) had asked the Health Board to firm up some of those plans to demonstrate the credibility of the £32m of savings.	

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	The UHB Chair advised the Committee that it was a disappointing start for Month 1 and noted that although the overspend of £0.083m did not sound like a lot of money, it did not bode well for future months. He asked that a tracking graph be provided for the next meeting to show how much the Health Board's finances were drifting off course each month so that the Committee could keep track. The DDDF noted that the Health Board's Key Performance Indicators (KPIs) would probably remain similar throughout the year but that it would be monitored and the £32m savings were expected to be delivered. He added that it was planned to remain within the Capital Resource limit and noted that the Health Board had been successful in achieving that in previous years. The CC asked if decisions or ideas would be made for the following month which would produce further savings and could be reported to the Committee. The ODDDF responded that further on in the received report, a table could be found which outlined the request on the progress on the savings summary. The Strategic Deputy Director of Finance (SDDDF) responded that the savings tracker was a live position, updated daily across all Clinical Boards and that a "red pipeline" was maintained within the tracker of live ideas that would progress to "amber and/or green pipelines". He added that it was important for that red pipeline to be brimming with ideas from the Clinical Boards. The UHB Chair noted that he was hopeful that the Health Board would not stay in the modus operandi of broad comments like those seen at the top of the received report and added that broad comments were unhelpful statements because the Committee needed to understand how money would be recovered and in what timeframe. The SDDDF responded that a monthly operational finance meeting was held with all of the Clinical Boards to discuss the operational variants and noted that the disappointment with the Month 1 position was highlighted to each of the Clinical Boards. The CEO added that the first Sustainability Programme Board meeting was being held that week and consisted of cross organisational leadership teams reviewing all of the financial data, in particular around the 3% operational grip and control savings programme alongside the corporate savings programme. The Independent Member – ICT (IMICT) advised the Committee that in relation to savings programme, it appeared that the total amount of	**CP/RM**

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	savings had been divided by 12 to create a monthly figure and noted that he would prefer to see a genuine profile of the monthly savings in line with the comment from the UHB Chair regarding receiving accurate data. The Executive Director of Finance (EDT) advised the Committee that where savings had been identified they had been profiled in line with the plan however where there were no savings a position of monthly phasing had been taken to ensure the full risk to the financial position was shown within the finances. She added that in future meetings, additional information showing the planned savings delivery in comparison to the current profile would be provided to make the information easier to understand and clearer. The ODDDF presented the Committee with the remainder of the Financial Report which included: • Table 3 - Financial Performance for the period ended 30th April 2023 It was noted that the Health Board planned to recover the adverse operational variance of £0.083m at Month 1 as the year progressed. The ODDDF added that the forecast assumed that the Health Board would successfully identify and deliver further savings schemes to cover the planning assumptions detailed in the financial plan. • Table 4 - COVID 19 Expenditure It was noted that Health Protection, Local Response, Dental Income and PPE were no longer funded by WG and, as such, were included in the Health Board's Financial Plan. • Table 5 - Summary Financial Position for the period ended 30th April 2023 The ODDDF advised the Committee that the position outlined £8.896m overspend at Month 1, between Income, Pay and Non Pay. • Table 6 – Risks It was noted that the key risk which fed into the Health Board's Corporate Risk Register was the failure of the Health Board to deliver a breakeven position by 2023-24-year end with a current planned deficit of £88.4m. • Table 7 - Savings Schemes The Committee was advised that at Month 1, the Health Board was forecasting £14.495m of savings to deliver against the £32m savings target which left a further £17.505m (55%) schemes to identify.	**CP/RM**

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	The ODDDF noted that the Health Board was expected to manage the balance of savings plans required to deliver the forecast deficit of £88.4m • Public Sector Payment Compliance It was noted that the Health Board's Public Sector payment compliance performance was above the target of 95% and performance for the month to the end of April 2023 was 97.45%. The UHB Chair noted that the Finance team had worked incredibly hard and congratulated the whole team on its strong performance. **The Finance Committee resolved at Month 1:** a) The reported year to date overspend of £8.896m and the forecast deficit of £88.400m was noted b) The year to date financial impact of forecast COVID 19 costs which was assessed at £46.420m was noted c) The Month 1 operational overspend against plan of £0.083m was noted; and d) The progress against the savings target with £14.495m (45%) of schemes identified at Month 1 against the £32.000m target was noted.	
FPC 23/05/008	**Operational Performance Report** The Operational Performance Report was received. The Chief Operating Officer advised the Committee that the report received would be last time it would be received in that current format. He added that the new look report for the following month would report: • The progress against the 16 Ministerial Priorities • Monitoring on quadruple aims that were set out as part of the NHS Performance Framework It was noted that the report contained data from both February 2023 and March 2023 and that it was as up to date as it could have been given the publishing schedule. The COO identified areas for noting which included: • The Emergency Unit (EU) had become busier in March 2023 by 12% more than previous months which had continued into April and May 2023 and as a result of some of the pressure, the Health Board were still doing well against 12 hour waits and ambulance handovers but a dip had been observed against the data from February 2023. • There had been significant improvement in ambulance handover times which had led to an improvement in the total number of lost	

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hours and the volume of crews waiting greater than 4 hours to handover.

It was noted that the number of ambulance handovers waiting 4 hours had reduced from 230 in September 2022 to 0 in February and 2 in March 2023.

The COO added that the teams were now giving the same focus to patients waiting 2-hours for an ambulance handover.

- Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) had shown some improvement and in February 2023 2.6% of patients with a nerve block were admitted to a specialist ward within 4 hours, with a significant reduction in the median time patients were waiting to move to the ward.

  The COO added that in February, 63.6% of patients had received surgery within 36 hours, which was reflective of the general trend during 2022, but a small reduction when compared to October 2021 performance (64.6%). It was noted that the Health Board's performance was above the national average of 56% over the last 12 months.

- Stroke performance remained below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February 2023 saw an improvement in the thrombolysis rate and door to ward performance.

- There continued to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit.

  The COO added that the Health Board was not delivering against the 75% single Cancer pathway standard, but noted that the Health Board had not said that it would be delivering against it and that actually the end of quarter one was what the Health Board had signed up to do as part of the Integrated Medium-Term Plan (IMTP).

  It was noted that February 2023 saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.

- The total number of patients waiting for planned care and treatment, the Referral to Treatment (RTT) waiting list was 122,708 as of March 2023.

  The COO added that the Ministerial expectations had changed in terms of absolute numbers or percentage of compliance at certain dates of the year.

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	He added that the Health Board was not expecting, at the moment, to deliver the 30 specialties measured against and it was not expecting to deliver the planned care standards. The Health Board had been asked to revise some of the trajectories and to explain what it would cost to make a further improvement. It was noted that the volume of greater than eight-week Diagnostic waits had increased to 4,782 at the end of March 2023 from 4,421 in February, largely driven by increased waits in Radiology. The COO added that greater than eight-week waits for a diagnostic endoscopy had increased and remained high. • The Health Board's community teams continued to provide valuable services to the residents of Cardiff and the Vale and the teams worked to care for patients in the community and also to provide timely and supportive discharges from secondary care. • Demand for adult and children's Mental Health services remained significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1523 referrals in March 2023. The COO noted that the demand increase included an increased presentation of patients with complex mental health and behavioural needs and noted that significant work had been undertaken to improve access times to adult primary mental health and Child and Adolescent Mental Health Services (CAMHS). The UHB Chair asked why the CAMHS performance figures on Part 1B of the Mental Health Measure were not available within the report. The COO responded that it was an oversight and that they would be included in future reports. The UHB Chair advised the Committee that the COO had referred to new asks from the Minister and noted that they were forming part of a letter which he had received from the Minister. He added that he would share those with Independent Member colleagues and that they would be discussed at the May 2023 Board in line with the Health Board's Annual Plan revisions **The Finance Committee resolved:** a) The year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes were noted.	
	Items for Approval / Ratification	
FPC 23/05/009	**Regional Cataracts Expansion – Cardiff Implications Business Case**	

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The Regional Cataracts Expansion – Cardiff Implications Business Case was received.

The COO advised the Committee that he would take the paper as read and noted that the Business Case had been through a number of internal processes before being received by the Committee.

He added that the Business Case was a test of regional working and the opportunity to work regionally with the Cataract business case.

It was noted that there was no real financial risk to the Health Board as it was to be funded from the £50m recovery fund and that other Health Boards had agreed their allocation of the capacity.

It was noted that it would be an extension of the Vanguard Theatres that were already located at the University Hospital of Wales (UHW). The benefits of retaining the Vanguard Unit included the stability of staff and retaining the well trained and experienced staffing group, the ability to treat more complex patients, the training opportunities available across the region would increase and would also provide a solid foundation for the second sustainable phase of the Cataracts expansion.

The COO advised the Committee that there was a potential risk that Cardiff and Vale patients could wait a little longer for surgery, but noted that it was likely that the outpatient waiting times would be lower than the predicted 78 weeks and whilst not achieving 52 weeks the volumes would be significantly lower.

The CC noted that the business case outlined an estimated financial commitment of £2.3m and asked if that came out of the fund mentioned.

The COO responded that it was the Health Board's share of the regional fund.

The EDF added that the Health Board was bidding for the money centrally and that should it be awarded, the £15m had been allocated and so should Cardiff and Vale have more patients and another Health Board had less or vice versa, no individual Health Board should hold that financial risk.

The Finance Committee resolved that:

It was recommended that the Board:

a) Approve the Regional Cataracts Expansion Case subject to sign off of formal Memorandum of Understanding between the 3 Health Boards which mitigates Cardiff and Vale financial risk (to be agreed through the Regional Oversight Board);

b) Note the benefits and risks associated with the Regional Cataracts Expansion Business Case; and

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	c) Note the implications specific to Cardiff and Vale University Health Board.	
FPC 23/05/010	**Development of Replacement Orthopaedic Theatres at UHL Business Case** The Development of Replacement Orthopaedic Theatres at UHL Business Case was received. The COO advised the Committee that the business case had been through a number of internal processes and that the existing theatres were in a poor state and that approval of the case would replace those theatres and offer improvement. The EDF added that the replaced theatre would allow the facility to be more productive as a result as well as deliver a fuller range of activity at the University Hospital Llandough (UHL). The CC asked what the bottom line was in terms of extra cost. The EDF responded that that this was due to a slightly increased footprint and maintenance requirements on the upgraded theatre facilities. She added that the Health Board would be looking to the service to provide increased productivity to more than cover the cost. It was noted that the work and analysis had been undertaken at the Outline Business Case stage and that the teams were satisfied to send the case to WG on the basis that it would be achieved. **The Finance Committee resolved that:** a) The contents of the OBC were noted. b) It was recommended that the Board approve the submission of the OBC to Welsh Government with a recommendation for approval to progress to the next stage - Full Business Case.	
	Items for Information and Noting	
FPC 23/05/011	**Month 12 2022/23 Monitoring Returns** The Month 12 2022/23 Monitoring Returns were received. The EDF advised the Committee that the returns were received as a way of ensuring that they were consistent with the reports received by the Committee and that Committee members had the opportunity to scrutinise and comment if required. **The Finance Committee resolved that:** a) The extract from the UHB's draft Monthly Financial Monitoring Return was noted.	

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	Agenda for Private Finance Committee Meeting	
	i. Approval of Private Finance Committee Minutes – 22.3.2023 *ii. Approval of Private Finance Committee Minutes – 19.4.2023* *iii. Radiology Informatics System Procurement Business Case (Commercially Sensitive)*	
FPC 23/05/012	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
FPC 23/05/013	**Items to be referred to Board / Committee** No Items to be referred to Board / Committee.	
	Date & time of next Meeting Wednesday 21st June 2023 at 2pm via MS Teams	

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Draft Minutes of the People and Culture Committee
Held On 16 May 2023
Via MS Teams

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Akmal Hanuk	AH	Independent Member for Community
Ceri Phillips	CP	Vice Chair of the UHB
Rhian Thomas	RT	Independent Member for Capital & Estates
Mike Jones	MJ	Independent Member for Trade Union
Susan Elsmore	SE	Independent Member for Local Authority
In Attendance:		
Rachel Gidman	RG	Executive Director of People & Culture
James Quance	JQ	Interim Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital and Health Intelligence
Mitchell Jones	MJ	Head of Equity and Inclusion
Adam Wright	AW	Head of Service Planning
Richard Skone	RS	Deputy Executive Medical Director
Emma Cooke	EC	Deputy Director of Therapies & Health Science
Rebecca Aylward	RA	Deputy Executive Nurse Director
Robert Warren	RW	Head of Health and Safety
Observers:		
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Fiona Jenkins	FJ	Executive Director of Therapies

Item No	Agenda Item	Action
P&C 16/05/001	**Welcome & Introductions to include:** The Committee Chair (CC) welcomed everyone to the meeting. <u>Workforce Context</u> The Executive Director of People and Culture presented the Workforce Context Paper and highlighted the following: • Workforce had never been a higher priority for the health and social care system. A high-quality, skilled, compassionate, educated workforce had to be the key focus. • The newly formed People and Culture Committee would help to strengthen that focus and monitor, deliver and provide assurance to the Board.	

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	• Ensuring wellbeing of staff was really important. Senior leaders should give hope to staff in order to build better resilience going forward. • The ambition was to become a diverse, equitable and inclusive organisation. • The Health Board currently employed in the region of 16,500 people. That equated to approximately 14,500 full time employees. The workforce had grown exponentially over the last 5 years to meet the increasing demand, but there were still staffing shortages. • The EDPC had recently attended a workforce planning event which displayed the Office of National Statistics (ONS) data in Wales. That had evidenced that there was an aging population but the workforce was not aligned to that. The presentation would be brought to this Committee at a later date. • The population was also rising in Cardiff and the Vale and it was difficult to fill vacancies due to competition from other sectors, such as hospitality and retail. The Health Board's unique selling point and branding should be used to help tackle that. • The cost of living had impacted staff hugely. There were increased requests from staff to work longer shifts. Feedback from exit questionnaires had shown that people wanted to work closer to home to avoid travelling costs. There was a huge need to support staff. • A lot of work was being carried out in relation to the Welsh language and embracing the culture in Wales. The Independent Member for Local Authority (IMLA) stated that the majority of the Cardiff and Value population were under 50 years old. Although there was a keen focus on older people and their needs, there should also be a balance across the populations. The CC stated that it would be useful to understand the difference between the People and Culture Plan and workforce plan in the context of Cardiff and the Vale and nationally. The EDPC responded that workforce planning was very important and the team was looking at trajectories. The EDPC would bring a paper detailing workforce planning which covered the national aspect. The Independent Member for Trade Unions (IMTU) queried whether the People and Culture team was properly financed and had the right resources in place. The EDPC responded that the team was considering what work was required from the People and Culture team and whether it was resourced properly. The outcome of that would be reported to the Management Executive meeting. **The Committee resolved to:**	**EDPC** **EDPC**

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	a) The terms of reference of the Committee, and its role in the workforce context described in this report, were considered.	
P&C 16/05/002	**Apologies for Absence** Apologies for absence were noted.	
P&C 16/05/003	**Declarations of Interest** No Declarations of Interest were noted.	
P&C 16/05/004	**Chair's Action** There were no Chair's Action.	
	Item for Approval	
P&C 16/05/005	**Committee Terms of Reference 2023/24 and Committee Work Plan 2023/34** The Interim Director of Corporate Governance (IDCG) presented the Committee Terms of Reference 2023/24 and Committee Work Plan 2023/34 and highlighted the following: • The discussion emphasised that the Committee's remit was a very important, but also very broad area. That could be a challenge for the workplan. • There have been discussions between the senior leaders about the terms of reference to address key risks and to focus on workforce and planning. • The IDCG had also looked at similar Committees at other Health Boards. The Executive Director of Public Health (EDPH) requested that the Equity Equality Safety Framework, which was being developed, should be added to the workplan. It was scheduled to go to the Strategic Leadership Board in June and then to a Board Development Session. The Committee would be the best place to "own it" because of the clear overlap with equality. The EDPH also added that the links for statutory requirement should also include the Socio-Economic Duty. The EDPH also added that it was previously agreed that she would be on the Committee, although she was not noted as an attendee in the Terms of Reference. The Director of Digital and Health Intelligence (DDHI) advised that the challenges within digital and data should be reflected in the Terms of Reference. He was also asked to be a member of the Committee but was not listed in the draft Terms of Reference. The EDPC responded that the Equity Equality Safety Framework was complex and would be better suited to the Quality, Experience	

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	and Safety Committee. The EDPC added that they would need to be strict about the Workforce Programme because everything linked in with people. The Independent Member for Community (IMC) advised that whistleblowing was important and should be added to the Terms of Reference. The Deputy Executive Medical Director (DEMD) stated that culture could also be looked at from the quality, safety and clinical incidents aspect. When the culture was good, patient safety was also better. The DEMD added that they could request recurrent or significant themes from the Quality, Experience and Safety Committee rather than reviewing all incidents that may have a 'people aspect'. The IDCG advised that there were seven points in the “Culture and Values” section and the specifics discussed would translate into particular items in the workplan, rather than the Terms of Reference themselves. The IDCG added that he was looking to understand whether the Terms of Reference were broadly fit for purpose. The EDPC responded that they would need to include a point about Organisational Development (OD). It was agreed that the Terms of Reference would be brought to the next meeting before approved. **The Committee resolved to:** a) The Terms of Reference and work plan 2023/24 for the P&C Committee were reviewed. b) The Terms of Reference and work plan 2023/24 for the P&C Committee would be reviewed again, before recommending the Committee’s Terms of Reference to the Board for approval.	**IDCG**
	Items for Review & Assurance	
P&C 16/05/006	**Key Workforce Performance Indicators** The Deputy Director of People & Culture (DDPC) presented the Key Workforce Performance Indicators and highlighted the following: • The Key Workforce Performance Indicators (KPIs) were starting to show an improvement in the workforce position. • The KPIs had been worsening since the start of the pandemic. They were now moving back to pre-pandemic levels.	

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	• Operational pressures were still challenging. • The turnover rates had reduced month on month since November last year. The data had improved from April onwards. The aim was to get back to a 10% turnover rate in the next 12 months. • The People and Culture teams were working closely with Clinical Boards and were discussing areas that were challenging to manage. • Statutory and mandatory training had also improved. The April position had shown that the Health Board was up to 79% which was better than pre-pandemic levels. • The Value-Based Appraisals (VBA) had met the target set by the Executive team of 60%. The next step would be to reach 85% by the end of June. The IMLA queried what feedback had been received from managers regarding the VBA process and how well was it received by staff. The DDPC responded they had moved away from compliance and the VBA process was more about having meaningful conversations. Her team had received feedback that the paperwork was lengthy and therefore the People and Culture team had streamlined it and had put extra guidance in place. There were also feedback from managers regarding the lack of capacity to sit down and complete the VBA. The IMTU stated that it was pleasing to see that the sickness figures had gone down. He queried the total number of staff on long term sickness and what difficulties were being experienced in getting those staff back into the workplace. The DDPC responded that she did not have this data to hand and she would provide it at the next meeting. The DDPC added that the most important point was to support staff on long term sickness and help them make the right decision for them. Overall, the People and Culture team took a compassionate approach. Occupational health reviews were sometimes difficult to complete. There had been investment for Counsellors recently and that had really helped. The IMCE stated that the exit questionnaire rate was very low and queried if there was a way to make exit questionnaires mandatory. She also queried the reasons why 42% felt there was a lack of career progression. The DDPC responded that the People and Culture team was looking at why current systems were not working and how to promote the need for staff to complete the exit questionnaires. The DDPC added that in terms of lack progression, it was seen in Band 5 nurses who often felt that they did not have Band 6 opportunities.	**DDPC** **DDPC**

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	The EDPC responded that the exit questionnaires were not working. Her team had also begun to do starter questionnaires and had written to the Children and Women's Clinical Board and Emergency Unit. There were common themes about career progression. The team was currently looking at personas and career pathways. The Deputy Executive Nurse Director (DEND) advised that career progression to allow staff to move from Band 5 to Band 6 was very important. The ongoing development of Band 4 staff would give the opportunity to resize Band 5 and Band 6 jobs in Ward establishments. The DEND added that it was great to see the improvement in trajectories. There was a lot of hope present in the teams. International Nurses' Day and Midwife's Day had shown that team spirit had been significant. It was noted that 228 students opted to work for the Health Board which was the highest number for a long time. The DEMD stated that exit questionnaires did not give much feedback because staff were worried that it may affect future appointments. The Deputy Director of Therapies & Health Science (DDTHS) suggested a text reminder for the questionnaires would be useful. **The Committee resolved that:** a) The contents of the report were noted and discussed.	
P&C 16/05/007	**Health & Safety Chairs Report** The Head of Health and Safety (HHS) presented the Health & Safety Chairs Report. The EDPC advised that the people safety element needed to be discussed at the Committee. The CC responded that the Health and Safety team would need to draw out the most important health and safety areas. The IDCG responded that it could form part of the risk discussion later in the meeting. It was agreed that there should be an action to consider how to highlight risks which related to people. **The Committee resolved to:** a) The contents of this Report were noted.	**EDPC**

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P&C 16/05/008	**Board Assurance Framework** The IDCG presented the Board Assurance Framework and highlighted the following: • There were three risks that would be looked at in more detail in the Committee. • The Committee should be given enough time to look at each of the risks in future deep dives. The CC queried the pausing of international recruitment and industrial action. The EDPC responded that the Health Board had proposed that it would go out for a second cohort of the internationally educated nurses. That would have cost £2.5m. Following discussions, it was decided to remodel that to include an Assistant Practitioners role at a Band 4. There would be hotspots where the Health Board might need to recruit internationally. The DEND added that this was important because it gave a progression route for the Healthcare Support Workers too. The hope from the Nurse teams also came from the fact that they could see the Health Board were investing and looking at other models of care. The DDPC advised that there had been a meeting between Welsh Government and the Trade Unions in May 2023. Unison had accepted the pay deal, which was pleasing because it was one of the biggest unions for Cardiff and Vale. RCN had rejected the pay offer. There were three possible dates for upcoming strikes which included two dates in June and one in July. The RCN strike was the biggest concern for the Health Board. **The Committee resolved that:** a) The attached risks in relation to Workforce, Sustainable Culture Change and Staff Wellbeing were reviewed. b) The approach to reporting of BAF risks to the Committee on a rolling basis as proposed were agreed.	
	Items for Approval / Ratification	
P&C 16/05/009	**Clinical Consultation Plan – Welsh Language** The Head of Equity and Inclusion (HEI) presented the Clinical Consultation Plan – Welsh Language and highlighted the following: • The Clinical Consultation Plan looked at how to improve the offer of Welsh Language services in clinical consultations. • As part of the Welsh Language Standards, the Health Board was required to promote and facilitate the use of the Welsh	

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	language, particularly in public services, ensuring that Welsh was treated no less favourably than English. • The Welsh language was important in Wales because it allowed patients to communicate in their first language. • There were 94,200 Welsh speakers in Cardiff and 30,000 Welsh speakers in the Vale. • The Plan would go to Senior Leadership Board on Thursday and then to Board at the end of May. The CC stated that it would valuable to understand the areas to focus on recruitment for the Welsh language. The EDPC advised that metrics should be added around what was the baseline and ambition. The IMCE expressed concern that that there may not be sufficient resources and support to enact the Plan fully. She requested that the item be put on the Board agenda for discussion. The IMCE also added that 1/5 of the population were Welsh speakers. As the Children and Young People Champion for the Board, she would welcome the opportunity to support children and young people with regards to the promotion of the Welsh language. **The Committee resolved to:** a) Recommend that the Board approved the Clinical Consultation Plan – Welsh Language 2023-2028.	**EDPC**
P&C 16/05/010	**Anti-racist Action Plan** The HEI presented the Anti-racist Action Plan and highlighted the following: • The Anti-racist Wales Action Plan was published in June 2022 outlining the vision to create an Anti-racist Wales by 2030. • Included in the plan were specific actions for 'Health' which were set out under five headings: – Goal 1: Leadership & Accountability – Goal 2: Workforce – Goal 3: Data – Goal 4: Access to Services – Goal 5: Tackling Health Inequalities • As an action, the Health Board was required to develop an organisational Anti-Racist Action Plan. • The Health Board's Action Plan would align closely with the all Wales version and would set out how the Health Board would build an anti-racist organisation. • In line with advice from experts in race equality, including Professor Uzo Iwobi and Race Equality First, the Health	

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	Board had co-designed a draft version of its action plan (Appendix 1) alongside colleagues from the One Voice Staff Network and Trade Union partners. • The Equity & Inclusion Senior Manager and Assistant Director of OD, Wellbeing and Culture had presented the approach to the Welsh Government's steering group which was responsible for the delivery of health actions under the Anti-racist Wales Action Plan. That steering group had been pleased with Health Board's proactive approach. The CC queried how the staff forums contribution to the Anti-racist Action Plan could be recognised. It would also be useful to hear from them. The HEI responded that the staff forum group had been integral to developing the Plan. The recognition for their time and resources was built into the Plan. Access to senior leaders within the Health Board had also been encouraged. The DEND advised that it was important to listen to staff. She had recently completed a course on anti-racism. There were a huge number of staff who required coaching around experiences of racism and who were not brave enough to have their stories heard. There was a lot of work to do and it required taking the time to listen to them. **The Committee resolved to:** a) Recommended the Cardiff and Vale UHB Anti-racist action plan to the Board for approval.	
	Items for Information & Noting	
P&C 16/05/011	**Corporate Risk Register** The Corporate Risk Register was presented. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which was progressing with Clinical Boards and Corporate Directorates, were noted.	
	Any Other Business	
	Private Agenda Items	
P&C 16/05/012	*i) Suspension/ Exclusion Report (exempt from publication due to the confidential nature of the report)* *ii) Fire Prosecution Update – Verbal (except from publication due to confidential nature of legal case)*	

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	Review & Final Closure	
P&C 16/05/013	Items to be deferred to Board/Committees	
	Date & time of the next meeting: Tuesday 11 July 2023 at 9am via MS Teams	

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GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 14 MARCH 2023 AT 09:30HOURS VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC) (in part)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Nick Wood	Deputy CEO NHS Wales, Welsh Government
David Coyle	Integrated Community Health Director, Betsi Cadwaladr BCUHB
Deb Lewis	(in part) Interim Chief Operating Officer, Swansea Bay SBUHB
Kerry Broadhead	Assistant Director of Strategy, Swansea Bay SBUHB
Shaun Ayres	Deputy Director of Operational Planning and Commissioning Hywel Dda UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance EASC
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Lee Leyshon	Communications and Engagement Lead Interim for EASC
Sian Ashford	Head of EASC Team
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

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In Attendance:	
Ricky Thomas	Head of Informatics EASC
Colette Rees	Head of Planning and Programme Design and Delivery National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 23/021	**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. Sian Harrop-Griffiths was thanked for her regular attendance and contributions over the last few years and all wished her a happy retirement.	Chair
EASC 23/022	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Steve Moore, Andrew Carruthers, Mark Hackett, Sian Harrop-Griffiths, Gill Harris, Nick Lyons and Ross Whitehead	Chair
EASC 23/023	**DECLARATIONS OF INTERESTS** There were none. Members were reminded that the annual request to complete the forms would be sent out shortly and the Chair asked that they be completed and returned as soon as possible.	Chair
EASC 23/024	**MINUTES OF THE MEETING HELD ON 6 DECEMBER 2022** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 17 January 2023. Members **RESOLVED** to: • **APPROVE** the minutes of the meeting held 17 January 2023.	Chair
EASC 23/025	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 23/012** • **Manchester Inquiry Recommendations** Jason Killens explained that work had commenced to respond to the comprehensive report and a report would be provided as the findings for implementation emerged via the EASC Management Group in the first instance. Saunders,Nathan 19/07/2023 14:38:41	Chair Added to EASCMG forward look

	EASC 22/123 • **Additionality diagram** Linked to the additional staff recruited and information presented at the November meeting. A further update would be provided. **EASC 22/81** • **Roster Reviews** Members noted that the roster reviews had been completed and a table showing the breakdown of numbers and the investment level would be shared via the Committee Secretary. • **Changes to WAST working practices** Members noted that this was currently on hold in view of negotiations in relation to Industrial Action. **EASC 22/10** • **Key Reports and Updates** It was reported that these discussions were continuing with Digital Health and Care Wales (DHCW) which also linked with information in the Chief Ambulance Services Commissioner's report. **EASC 21/26** • **Committee Effectiveness** It was noted that this work as ongoing and arrangements would be made to meet with the Citizen Voice Body - Llais. Members **RESOLVED** to: **NOTE** the Action Log.	WAST WAST Chair
EASC 23/026	**MATTERS ARISING** There were no matters arising from the minutes.	Chair
EASC 23/027	**CHAIR'S REPORT** The Chair's report including the Chair's Objectives was received. Members noted the ongoing National Commissioning Review by Welsh Government (a review of the functions) and Members would have an opportunity to meet with Steve Combe who was leading the work. A discussion took place in relation to the Vice Chair and it was suggested and agreed that Suzanne Rankin undertake the role for the next two years. Members **RESOLVED** to: • **NOTE** the information within the report • **NOTE** the Chair's objectives set by the Minister • **APPROVE** the appointment of Suzanne Rankin as Vice Chair of the Committee.	Chair

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Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/028	**PERFORMANCE REPORT** The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. Noted that: • Core demand had reduced • There was a continued increase in hear and treat • There was an increase in 'units of hours produced' (UHP) • Red performance in January 2023 was 48.9% • Amber performance an improving position from December • Over 24,000 hours lost to handover delays in January • Work to change the presentation of performance information to assist health board teams to understand system performance which includes the weekly dashboard shared by the EASC Team • The new performance report was presented for the first time (and had been presented and supported for use at the recent EASC Management Group meeting) • Information on post production lost hours and the discussion whether this showed the impact of industrial action • There was a lack of consistency in the performance and the need for clarity in regard to the direction for the service • Although trends had been improving this had not impacted on the overall red performance • Information would be presented in a new way in the report to assist the correlation and impact of different factors on the performance of the service • There was a need to continue to utilise the work with WAST and health boards to work together to deliver the agreed plans to improve performance • Cardiff and Vale undertook learning in a systematic way to eliminate 4 hour delays and it was suggested that using the same methodology could be helpful to learn lessons across the system and improve performance • Variation was being monitored across the system with health boards trying to identify areas for improvement • The 111 Service could have an impact on local service utilisation and could be included • It was difficult at times of high system pressure to have the time to consider why and take learning opportunities • There was a positive impact of the roster review and the improvement in sickness absence rates • Is should be possible to articulate what a bad week looks like to deep dive to have a better understanding of the variation in performance either by a mechanism such as root cause analysis or reviewing patient pathways where people came to harm or very long delays	

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	• There would be a need to articulate and agree a methodology for use across the system • Should be able to utilise the data linking information (and add key trigger points) and could be helpful to hold a short workshop (added to Action Log) and link to the Six Goals for Urgent and Emergency Care Programme to avoid cutting across work already in train. Members **RESOLVED** to: • **NOTE** the content of the report. • **NOTE** the Ambulance Services Indicators • **NOTE** the continued work on ambulance handover improvements • **APPROVE** the new Performance Report format for ongoing use • **NOTE** the content of the EASC Action Plan	CASC
EASC 23/029	**LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE** The Local Integrated Commissioning Actions Plan Update report was received. Noted that: • Progress had been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement • The EASC Team had been worked collaboratively with health boards and WAST in the development of the ICAPs • Each health board had submitted ICAPs which had been reviewed by the EASC Team • Going forward meetings would be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data would be monitored via the weekly performance dashboard that would be circulated to all health boards and WAST • The actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs and linking to the Six Goals work • Good relationships were being developed and working together providing new opportunities • Although some progress being made, there was a lot of work to do to address the variation and performance across the system • Going forward would be reported with the commissioning intentions	

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	Members **RESOLVED** to: • **NOTE** the progress made via the ICAPs. • **NOTE** that future ICAP updates will be included within the EASC Commissioning Intentions update. • **NOTE** the risks highlighted and links with the Six Goals for Urgent and Emergency Care Programme.	
EASC 23/030	**QUALITY AND SAFETY REPORT** The Quality and Safety Report was received. In presenting the report, Sian Ashford highlighted key areas of progress. Noted that: • Report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team • Responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided on a number of specific areas with HIW recently accepting the progress made to date. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response. A further workshop was planned to complete the response to the recommendations • Established and coordinated a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact. Now embedded across the system important to share learning. Task and Finish Group Members have asked to continue the work and an update Terms of Reference was provided to Members with the request to approve • Work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within a new EASC Quality & Safety Report with the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm. • The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances	

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	• Ongoing work to develop a dashboard linked to Datix and the Welsh Risk Pool involved and an update would be provided at a future meeting (Action Log) • It was important to receive quality and safety information at EASC as well as the performance data and it was suggested a thematic data driven report would be helpful across the system (to be included in new Quality and Safety Report) Members **RESOLVED** to: • **NOTE** the content of the report and the progress made by both Task and Finish Groups • **APPROVE** the Terms of Reference for the continuation of the Joint Investigation Group to create an opportunity to feedback and evaluate the new process • **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services. • **NOTE** the potential impact of industrial action on patient harm within the system • **NOTE** the development of a new Quality and Safety report for future submission.	EASCT EASCT
EASC 23/031	**EASC INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 to 2026** The EASC IMTP 2023 to 2026 was received. Stephen Harrhy provided an update on the progress to date and raise specific issues on key areas. Noted that: • The IMTP had been discussed at the recent EASC Management Group and various peer groups • Comments received have been included in the final draft presented • Page 15 provided the summary of the commitments in relation to performance improvement • There was consistency between the EASC IMTP and the WAST IMTP and there were no particular risks to draw attention to • The individual health board ICAP information was also reflected and there was no different between the assumptions in the EASC IMTP than in health boards in relation to delivery • It would be key to deliver the performance improvement outcomes • The finance appendix had been discussed by the Directors of Finance peer group and had been included in health board plans	

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	• There was a gap at present and there were difficult choices to be made in relation to the additional 100 wte staff recruited and the assumption that the support for this would be provided from a central source. Ongoing discussions were taking place with Welsh Government officials. • Assumptions had been made that hear and treat services would improve and how these may link to alternative pathways in health boards in line with ICAPs • Alignment between EASC IMTP assumptions and the assumptions of the 111 service (working with Richard Bowen) including the contribution to WAST overhead costs • Cost reduction expectation for WAST would be in line with health board assumptions in terms of this • There was a gap in the WAST finances which was identified and referred to the 100wte additional staff and the remaining gap would be expected to be met through efficiencies • The expectations on performance improvement (page 15) and the deliverability was discussed with the understanding that there were dependencies and would be contingent on each other • Including the reduction of conveyances would also be part of the ongoing work although it was not explicitly included on page 15, this was included in the Ambulance Service Indicators • Other areas could be included in relation to wider work within the system such as the emerging policy on further faster • IMTPs would need to be submitted to Welsh Government by end of March 2023 and agreed that Chair's action could take place for any further minor amendments and additions. Members **RESOLVED** to: • **NOTE** the update provided. • **APPROVE** Chair's action for minor amendments and additions prior to submission to Welsh Government.	
EASC 23/032	**UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW** The update report was received. Lee Leyshon presented the report and gave an overview of work to date Noted that: • Core bilingual engagement materials had been developed following work with health boards and the Community Health Councils across Wales • Websites in Welsh and English had been prepared • Substantial amounts of information had been provided to respond to misinformation particularly in social media	

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	• Efforts made to ensure the process is undertaken correctly and diligently • Original timescales set aside to ensure robust and transparent process • External supplier sought to support analysis of questionnaire to complement the activities of the EASC Team • Augmenting information for meaningful dialogue • Underpinning by methodological approach in briefing, engaging and sharing • Working with venues across mid and north Wales for face to face activities and large meeting room opportunities • Building trust and confidence in the approach • Team receiving positive helpful responses • Carefully meeting the Gunning principles for engagement and the legal requirements for health boards Members thanked Lee and the team for the process to date and supported the approach being taken to build confidence and trust in the approach, working with health board engagement, communication and service change leads. The Chair explained that Chair's action had not been taken since the last meeting and as the meeting was arranged that the Joint Committee should take the decision to commence the formal engagement process for at least 8 weeks mindful that all engagement materials had now been prepared. Members **RESOLVED** to: • **NOTE** the dedicated engagement and communication expertise • **NOTE** that the EASC Team continued to work with health board engagement, communication and service change leads to commence the engagement process • **NOTE** the testing, development and publishing of content and engagement materials in preparation for the engagement process • **NOTE** the activities and pre-engagement work undertaken since the previous meeting including the engagement timetable of sessions currently being arranged • **NOTE** the pending proposal for external supplier support to undertake data collation, analysis and reporting to include a representative sample • **APPROVE** the commencement of the formal engagement process, straight away following the EASC meeting on 14 March 2023 (Action Log).	CASC
EASC 23/033	**WELSH AMBULANCE SERVICES NHS TRUST REPORTS** The reports of the Welsh Ambulance Services NHS Trust (WAST) were received.	

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These included:
- Provider Report
- WAST Integrated Medium Term Plan (Presentation)

WAST Provider Report
Members received the Provider Update.

Noted that:
- The update on the red performance target of 8,9 and 10mins
- Amber response now less than 60mins
- Sickness absence trend tracking in line with expectation
- Consistency of performance good in some areas but weak in others

Members raised:
- Opportunities to learn from last winter and need to think ahead for improvements in the last few months of the year
- Important to have preparedness and plans for next winter now
- Seasonal planning and the links to further and faster work already started.

WAST Integrated Medium Term Plan (Presentation)
The presentation gave an overview of the issues to be considered in line with discussions earlier in the meeting to include meeting performance targets, taking the learning and sharing from the local Integrated Commissioning Action Plan meetings; taking forward the WAST Board commitment to invert the triangle and meeting the requirements of the Commissioning Intentions and Quality and Delivery Framework.

Noted that:
- WAST giving greater emphasis to listening to the public and to staff in particular to their experiences of the service received and as work
- Maintaining their long-term strategy and keeping in mind
- Priorities identified including for the 111 Service and more to do
- a pilot for an amber category patient night sitting service was planned to oversee a specific group of patients using remote and on scene resources – this could include overnight reviews which would include working with St John Cymru
- plan to review Amber calls over the next year
- Same Day Emergency Care (SDEC) – WAST would be looking at referral criteria which would give a huge opportunity to work more closely with health boards in relation to access and improving performance in local areas
- Working with an independent consultancy to improve the way WAST operate and potentially more formal engagement processes

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	• Plan to try small tests of change with flow centre work, use of advanced paramedic practitioners in the clinical control centres utilising information from the ICAP work for example for mental health patients, falls patients and those on a respiratory pathway • Ongoing work for the Non-Emergency Patient Transfer Service • Accountable Officer letter sent in relation to the financial gap if no recurrent funding forthcoming for the 100wte; a savings programme had been identified for £6m to reach balance • Specific risks had been identified and included in the plan Members asked about the plans for reducing conveyances and the expectations for the hear and treat service as well as the need to improve the service for those in the red category calls. The Cymru High Acuity Response Unit was also discussed with an expectation that the service would be available across Wales. Stephen Harrhy welcomed the information identified within the resource envelope and opportunities for choices to be made, this would provide strategic and local opportunities and would need to link with the ICAP commitments. Members suggested it might be helpful to further develop the ICAP process so all local areas are clear of their commitments and targets. ICAPs have health board actions, health board and WAST actions and WAST actions identified to ensure responsibility is clear within the system. This work also would link to the Six Goals for Urgent and Emergency Care Programme. The Chair summarised and agreed to provide a letter of support from EASC to WAST for inclusion in their IMTP submission to Welsh Government. Members **RESOLVED** to: • **NOTE** the update provided • **APPROVE** the provision of a letter in support of the IMTP.	
EASC 23/034	**CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT** The Chief Ambulance Services Commissioner's Update Report was received. Noted that: • The link at EASC to the Six Goals for Urgent and Emergency Care Programme (particularly Goal 4) and the specific priorities identified for the Joint Committee	

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	• Funding for the **Night Sitting Service** had been provided by the Six Goal programme for 12 weeks to implement and evaluate the impact (Action Log) • Would be important to link to the work of the Regional Partnership Boards as a whole system issue • The **Transfer, Discharge and Repatriation** Service – specialist Adult Critical Care Transfer Service had been specifically requested to be expanded by Betsi Cadwaladr, Swansea Bay and Hywel Dda health boards although this had not yet been completed. • A letter had been received from the Deputy Chief Medical Officer, Dr Chris Jones requesting that The Chief Ambulance Services Commissioner specifically review the transfer, discharge and repatriation services. This work had just commenced and the product would need to be a clear defined and specific framework which addressed national and local needs. Members felt it would be helpful to discuss on a wider scale for all services (not just ACCTS) and agreed that the Managing Director of the Welsh Health Specialised Services Committee, Dr Sian Lewis should also be involved (Action Log). Members **RESOLVED** to: • **NOTE** the information within the report.	CASC CASC
EASC 23/035	**EASC COMMISSIONING UPDATE** The EASC Commissioning Update Report was received. This included: • Commissioning Framework • Integrated Medium Term Plan • Commissioning Intentions Noted that: • Progress had been made against the key elements of the collaborative commissioning approach 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 and the agreed approach • **NOTE** the Quarter 3 update against the EASC Commissioning Intentions and the key priorities from the EASC IMTP 2022-25 • **NOTE** the Commissioning Intentions for 2023-24 included within the EASC IMTP.	

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EASC 23/036	**EASC FINANCIAL PERFORMANCE REPORT MONTH 11 2022/23** The EASC Financial Performance Report at month 11 in 2022/23 was received. Stuart Davies presented the report and gave an overview of the current position. Noted that: • There was a current £400,000 underspend • Further ongoing work to finalise the year end position • A dispute had been ongoing in relation to £186,000 non recurrent funding not paid by one member of EASC; and due to the way EASC is funded the dispute had to be passed on to WAST and the NHS Finance Team at Welsh Government to resolve. Members were concerned about the dispute and confirmed their understanding that as a collaborative function this was not in line with the Standing Orders in the way decisions are made at EASC. The decision making process is clear at EASC, a decision making Committee where a 2/3 rule applies. This matter would be raised with Steve Combe undertaking the review of National Commissioning Functions. Members would be kept informed of the progress with this matter. Work was being undertaken in relation to WHSSC and EASC Standing Financial Instructions to finalise the information for wider circulation to health boards. Members **RESOLVED** to: • **NOTE** the current financial position, the forecast year-end position and the ongoing dispute.	
EASC 23/037	**EASC SUB-GROUPS CONFIRMED MINUTES** The confirmed minutes from the following EASC sub-groups were received: • EASC Management Group – 20 October 2022 • Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group – 1 December 2022 Members **RESOLVED** to: • **APPROVE** the confirmed minutes.	
EASC 23/038	**EASC GOVERNANCE** The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted key areas.	

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	Noted that: • The Risk Register had been reviewed and updated by the EASC Team during January 2023. • Five red risks in total, three scoring the highest level at 25. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm. Further work on the Quality and Safety Report would allow Members to be better informed of the appropriateness of the current risk scores and Members agreed to maintain the status quo. • The EASC Assurance Framework has been updated in line with the changes above approved at the last meeting for the Risk Register • The EASC Standing Orders were presented for approval. No changes had been made (no material differences). Memorandum of Understanding and Hosting Agreement to be reviewed in March 2024. • A letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website. Further arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content. • A further update would be provided as the investigation continued. • The key organisational contacts, Members were asked to ensure that they were content with their representatives for the sub groups. • The summary of the most recent host body Audit and Risk Committee summary was provided for assurance. Members **RESOLVED** to: • **APPROVE** the updated risk register • **APPROVE** the updated EASC Assurance Framework • **APPROVE** the EASC Standing Orders • **NOTE** the investigation by the Welsh Language Commissioner. • **NOTE** the information within the EASC Key Organisational Contacts • **NOTE** the Audit and Risk Committee summary	

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EASC 23/039	**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: **APPROVE**	
Part 3. OTHER MATTERS		**ACTION**
EASC 23/040	**ANY OTHER BUSINESS** There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions.	
DATE AND TIME OF NEXT MEETING		
EASC 23/041	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 16 May 2023 virtually on the Microsoft Teams platform.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 13th April 2023 at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Chair)
Rachel Gidman	Executive Director of People and Culture (Co-chair)
Abigail Harris	Executive Director of Strategic Planning
Bill Salter	UNISON
Ceri Dolan	RCN
Claire Whiles	Assistant Director of Wellbeing, Culture and OD
Fiona Jenkins	Executive Director of Therapies and Health Science
Fiona Kinghorn	Executive Director of Public Health
Janice Aspinall	RCN
Joanne Brandon	Executive Director of Communications and Engagement
Jonathan Pritchard	Assistant Director of People Resourcing
Jonathan Strachan-Taylor	UNISON
Julia Davies	UNISON
Katherine Davies	RCN
Karina MacKay	BDA
Lorna McCourt	UNISON
Mathew Thomas	UNISON
Meriel Jenney	Medical Director
Mike Jones	Independent Member - Trade Union
Paul Bostock	Chief Operating Officer
Pauline Williams	RCN
Peter Hewin	BAOT/UNISON
Robert Mahoney	Deputy Director of Finance
Steve Gauci	UNISON

In Attendance

Mitchell Jones	Head of Equity and Inclusion

Apologies

Andrew Crook	Head of People Assurance and Experience
Catherine Phillips	Executive Director of Finance
James Quance	Interim Executive Director of Corporate Governance
Jason Roberts	Executive Nurse Director
Joe Monks	UNISON
Katrina Griffiths	Head of People Services
Marie Davies	Deputy Director of Strategic Planning
Lianne Morse	Deputy Director of People and Culture
Peter Welsh	General Manager, UHL and Barry
Rachel Pressley	Deputy Head of People Assurance and Experience
Rhian Wright	RCN
Suzanne Rankin	Chief Executive
Timothy Davies	Head of Corporate Business

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Secretariat

Chandra Almeida	People and Culture Coordinator (Minutes)

LPF 23/015 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everybody to the meeting and apologies for absence were noted.

LPF 23/016 DECLARATIONS OF INTEREST

There were no declarations of interest made in respect of agenda items.

LPF 23/017 MINUTES OF THE PREVIOUS MEETINGS

Fiona Kinghorn (FK) requested to make changes to the paragraph on page 1 regarding flu vaccine uptake and primary doses for Covid walk-ins. The minutes were otherwise agreed to be an accurate record of the meeting.

LPF 23/018 ACTION LOG

- Regular updates regarding the COVID-19 inquiry and investigation have been included in the 2023/4 LPF workplan.
- Staff side have submitted their comments to Marie Davies (MD) on both the IMTP and strategy refresh following an extraordinary Workforce Partnership Group (WPG) meeting.
- Staff side will arrange further extraordinary meetings to discuss the impact of the pandemic on staff as required.
- All other actions were signed off as complete.

LPF 23/019 MATTERS ARISING

Matters arising at the pre-meet included:

- Staff side would like sight of the IMTP planning cycle in order to align this with their clinical board (CB) engagement.
- The new People and Culture (P&C) committee was queried and confirmed as commencing on 16th May 2023. Rachel Gidman (RG) and the chair of the committee Sara Mosley are currently reviewing the terms of reference and will share these with the group once finalised.

LPF 23/020 CHIEF EXECUTIVE'S REPORT

The CEO report was delivered by Paul Bostock (PB) in Suzanne Rankin's (SR) absence. Key points included:

- Winter pressures – PB gave thanks and recognition to everybody that has helped the organisation get through winter, noting that though it's been a better winter than expected it has still been very difficult. PB hopes that now we are in spring we can continue with the improvements we have started to make.
- Six Goals programme – PB advised that this agenda is all about transforming urgent care and providing alternatives to prevent patients having to come into hospital. PB encouraged staff to attend the roadshows that are being held to find out more as everyone has a part to play.
- Industrial action – PB thanked staff for behaving professionally during the recent industrial action and said that whatever the outcome of the conversation between Welsh government (WG) and TUs next week we will continue to work together.
- IMTP – The draft plan was submitted to board and signed off at the end of March. We are now awaiting a response from WG.

Abigail Harris (AH) gave an update on the IMTP and strategy refresh as part of the CEO report, reflecting on the challenge of submitting a plan with a financial deficit and the unpalatable things the organisation may need to consider. AH feels that the plan submitted strikes the right balance in terms of keeping our services safe but acknowledged that it does not deliver on all ministerial priorities. The timeframe for getting back into financial balance remains under discussion.

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AH noted that the strategy refresh will have a greater influence on next year's IMTP; we are aiming to submit the first draft of the refreshed strategy to board in July and this will be shared with LPF. A comprehensive analysis of the strategy feedback has been carried out which on first impressions is not altogether positive;

staff are telling us that they are exhausted and patients are frustrated at the lack of available appointments. AH noted that the ill health within our local communities will also need to shape the plan.

DW thanked the organisation for supporting trade unions (TUs) to take industrial action in a thoughtful and considered way. DW noted that she had previously asked SR where she projected the organisation to be in terms of enhanced monitoring going forward and PB had given reassurance that we are not intending to cut services. However, we know that we cannot continue delivering services in the same way and TUs would like clarity around the plans relating to this. PH also commented on the unpalatable list, noting that it would be helpful to have early sight of what this might include.

AH advised that these fell into 3 categories. The first relates to variable expenditure, for instance variable pay locums. The second relates to planned care, in the same way that we only carried out level 1 and 2 surgery during the pandemic. If we did this, we would need to reassess the threshold for accessing treatment which would be a very difficult conversation. The third area relates to wider transformation and a more radical look at services, for instance changing our urgent and emergency care model. These things are unpalatable because they would have huge consequences for our population.

PB noted that the plan submitted to WG includes the £32 million cost improvement programme and £88 million deficit which we are aiming to address over a 4-year period. The unpalatable list is if WG were to reject this and say that we need to close the gap within a year. This is unlikely, so we will stick to the plan in terms of delivering the productivity improvements and reducing our spend on high-cost agency.

LPF 23/021 INTEGRATED PERFORMANCE REPORT

DW thanked Rachel Pressley (RP) for bringing this item up the agenda as there is always a lot of discussion around the reports at the pre-meet.

PUBLIC HEALTH

FK thanked all staff that work within health protection, noting that there is a lot of work that goes on that people don't see. For instance, there are still got a lot of outbreaks in care homes which shared regulatory services are involved in managing. FK plans to change the reports going forward to include a greater focus on these wider arenas of work. FK also reiterated that the reports often go out of date by the time LPF takes place.

We have received updated guidance from WG with regards respiratory virus management which includes changes to patient testing, household contacts and management of symptoms. Routine symptomatic testing has been paused for patients, staff and the public. If staff have symptoms, the advice is to stay at home and return to work once well again. FK noted that this is the first time there's been a less interventionist approach to Covid management.

FK also advised that a business case for a sustainable health protection system has been taken to board. We have included everything we think it needs, including hepatitis B&C testing and treatment for vulnerable groups and management of complex TB cases. The spring Covid booster campaign has now begun, focussing on vulnerable groups including children over 5 in at risk groups. FK advised that although we expect that the autumn campaign will include staff this is not yet confirmed.

DW thanked FK for her partnership working and commitment to LPF, as well as the robust response she gave outside of the meeting regarding the Marmot region.

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Mathew Thomas (MT) responded to the change in Covid guidance and raised the issue of communicating this to staff. This has been circulated via email since the beginning of the pandemic but is not always cascaded by managers which causes staff without email addresses stress and anxiety. MT felt that we need to resolve this

historical issue and work on getting all staff an e-mail address. RG confirmed that she would pick this up with David Thomas (DT) and feedback at the next meeting. Joanne Brandon (JB) added that all corporate information and staff benefits are posted on the staff app which all staff have access to. DW thanked JB but highlighted that staff who don't have email addresses don't feel of equal value.

Steve Gauci (SG) asked that the graphs and information in all LPF reports be made more accessible for people with neurodiversity, for example dyslexia, using different fonts and colours. DW agreed that the quality and safety reports in particular are graph heavy and can be difficult to interpret. RG agreed to follow this up with Jason Roberts (JR).

DW raised the issue of smoking cessation and queried our stance on vaping as an alternative to smoking. FK confirmed that currently we do suggest that vaping is part of the journey towards giving up smoking for certain groups of smokers. Public Health Wales (PHW) is refreshing its statement on vaping due to evidence that younger people are using vapes as an entry point to smoking. Once this is released, we will review our smoking cessation services and assess if we need to change anything.

DW said advised staff side have taken a strong position in support of smoking cessation but have received pushback from some members who have heard that it is within the health board's gift to provide smoking shelters. DW is unsure of the validity of this but said that it would likely be an ongoing and challenging conversation. DW is working with capital estates around providing an enforcement support mechanism alongside encouraging staff to give up smoking.

QUALITY AND SAFETY

DW noted that this report creates a lot of discussion at the pre-meet since it is how we measure the impact of low staffing levels, however JR was not in attendance to respond to questions. DW will raise this with JR outside of the meeting.

The report references a poster with a QR code and the text 'please tell us about your recent experience'. There was a strong sense around the tokenism of this at the pre-meet and alternative ways to capture information were suggested, for instance printing the QR code on business cards or appointment letters to reach more people. PB said he would feed this back to JR, but noted that historically we haven't received a good response to paper surveys and feel that the QR code will generate a better response.

Ceri Dolan (CD) was disappointed that JR was not in attendance as she had wanted to raise issues relating to staff retention and work life balances. CD feels that although JR is supportive of work life balances, this is not feeding down to managers as there has been an increase in reviews relating to work life balances being taken away. CD clarified that this does not relate to hybrid working but basic things, for example staff with children who have additional caring needs. DW noted that the impact of our children's mental health and wellbeing on working parents has featured in recent staff side meetings.

PB confirmed that the organisation's stance is to offer flexible working and deliver work life balance, however, this also needs to meet the needs of the organisation. RG advised that often the problem is how this is interpreted by managers; it needs to be standardised and should be fair and equitable. RG will follow this up with CD.

DW and CD both felt that the increase in nationally reportable incidences is linked to staff shortages. CD felt that that our focus should be on improving things for our existing staff. PB agreed that we need to make the health board an attractive place to work and gave assurance that we wouldn't turn agency off until we have an alternative.

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MT raised the concept of digital equipment and used the example of falls devices used in the community. MT felt that utilising these in hospital settings could help reduce the time patients spend waiting for assistance

following a fall. Fiona Jenkins (FJ) said that whilst digital devices are the way forward, inpatients would not be waiting long for assistance following a fall as the ward teams would manage this. DW noted that we do have bed sensors for particularly high-risk patients.

FJ is the executive lead for falls and advised that there is a balance between creating independence and keeping people safe. We know that familiar environments can help patients work towards being independently mobile, whereas multiple ward moves have been linked to increased falls. FJ advised that Medicine have been working on falls assessments for inpatients and there is also preventative work going on in the community to ensure we keep people active and mobile.

PEOPLE AND CULTURE

RG thanked all staff and noted that during recent patient safety walks to UHL porters and radiology staff had been really proud to show off their departments. RG wanted to highlight that despite evidence of burnout, there are still a lot of motivated and enthusiastic people working for the organisation.

P&C have been working closely with CBs during the recent performance reviews, concentrating on KPIs around sickness, turnover, statutory and mandatory training and VBAs. RG shared updates showing further improvements since submission of the report, as follows:

- Sickness reduced to 5.5% in March 2023 after peaking at 8.37% in December 2022. People Services have a workstream focussing on managing attendance and reiterating basics around managing sickness.
- Turnover has dropped to 12.8%, which is an improvement but still higher than we'd like. P&C are working with CBs where turnover is between 7-9% to highlight and learn from areas of good practice.
- Overall compliance for statutory and mandatory training has increased to 79%, while fire safety has increased from 68% to 72%.
- Although we are aiming for 85% VBA compliance, we gave CBs a realistic target of 60% by the end of March. As an organisation we have reached 59%, while PCIC and CD&T have gone beyond 60%. RG noted that we need to do some work around the quality of these to ensure they are not just a tick box exercise.

Many roles within the Employee Wellbeing Service were funded through the Health Charity during the pandemic and there has been ongoing discussion around making these staff permanent. RG confirmed that we have kept all of these staff and the extended service, which is great news both for the individuals and the organisation. RG thanked SG for his work with Claire Whiles (CW) and colleagues around the disability passport, noting that we now need to cascade this to senior leadership board (SLB) and CBs to get them engaged.

The health minister has written to health boards regarding retention, staff wellbeing and compassionate management. RG is happy to cascade the letter and discuss this in more detail at WPG. P&C are already working on workforce sustainability with regards high-cost agency. From 1st April 2023 the organisation has stopped using agency healthcare support workers (HCSW). We didn't use agency HCSW before the pandemic but have since spent around £5 million on the service. Jonathan Pritchard (JP) advised that 179 agency HCSW have since applied to join our bank and there have been no concerns around filling HCSW shifts.

DW noted staff side were curious about the incentive to join the bank, since agency work generally offers higher pay and flexibility. JP advised that they had written to all agency HCSW in January advising that from 1st April the organisation would no longer be using agency HCSW. The letter included a QR code which when scanned took you straight to a bank application form. JP advised that the organisation felt this was the right thing to do as we can now give staff the proper training and improve on quality and consistency.

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RG advised that there are several steering groups in place which will be reaching out to staff side for input, including one which JP and CF are involved in relating to the assistant practitioner band 4 role.

RG noted a change to the People Services structure. The Heads of P&C, who have been focussed on workforce planning and transformation recently, have also been aligned to CBs. RG will circulate this information to the group.

RG also discussed changes to the mass immunisation model and re-deployment of staff working in this area, noting the importance of continuing to develop these individuals. P&C have helped them with their CVs and applications; some have gone to on to pursue education and apprenticeships while others have chosen to explore different areas of the health board which is really positive.

DW thanked RG for the update and noted the positive trajectory with regards sickness management. MT queried the new starter survey which has gone out to new nursing colleagues and said that to be equitable he believes this should be circulated to all new starters. RG advised that going forward the P&C team would be holding focus groups to check in with new starters that have attended corporate induction after 3, 6 and 9 months.

MT also raised concerns regarding the application of the managing attendance policy, as some managers are still struggling with the autonomy of decision making. MT has been discussing how we can improve this with Katrina Griffiths (KG) and Peter Hewin (PH). MT also queried whether work-related stress could be monitored as a specific reason for sickness absence. JP said that he thinks we are confined by the options within ESR but agreed to look into this and feedback to the group.

RG informed the group that Audit Wales are looking at strategic workforce planning across Wales to assess how mature everybody is. The Heads of P&C have been working with CBs on workforce focussing on analytics, trajectory and establishment. We've had two meetings and are creating an engine room to enable us to see where we are and make decisions around data. RG will talk more about this at WPG including how staff side can get involved.

OPERATIONAL PERFORMANCE

At the pre-meet TUs had discussed how the organisation does OCP as there are several taking place at the moment which they felt have been poorly planned and inconsistent. There was also a lot of discussion around patient on boarding, as well as praise for the informatic relating to community and integrated working. PB thanked DW and agreed it is positive that we are shining a light on areas of work outside of hospital, for instance the district nurses who are seeing a 25% increase in patients each month.

PB responded to the comments regarding patient on boarding, advising that this is about balancing risk and a mitigation to long waits in the community. Having a patient waiting in an ambulance prevents that ambulance going out and getting another patient who might need it more; the on boarding is about balancing that risk by asking every ward to take one extra patient for a short period of time. PB reiterated that this is about quality and safety and not about hitting targets. PB thanked staff for their cooperation as this has helped the organisation get into a better position.

Katherine Davies (KD) suggested utilising the discharge lounge to allow the most unwell patients access to beds. PB agreed that while this would help us to discharge patients more quickly, unfortunately it is not feasible at present due to the location of the discharge lounge which is on the second floor of Lakeside Wing (LSW).

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PB also addressed the comments relating to OCP, advising that this winter the organisation has had time to consider how we can avoid moving staff and patients between specialties going forward. A set of plans is being drawn up which will be brought to LPF to ensure everybody is clear on the purpose. DW said that a separate meeting to discuss this further would be helpful but thanked PB for his honesty and authenticity.

FINANCE

Robert Mahoney (MH) advised that Finance are currently balancing last year's position. They have reported to WG that we will be coming in on target at £26.9 million overspent and will finalise that this week. We also have a £2 billion set of accounts to complete within 3 weeks which Audit Wales will then scrutinise to assess if they believe them to be true and fair. The annual plan has been submitted to WG for the £88 million deficit and £32 million worth of cost improvements. Half the Finance team are working on closing the position and preparing the accounts, whilst the other half set up the budgets and alignment with the £88 million deficit plan.

DW acknowledged that having a balanced IMTP is crucial to the health board's financial reputation. DW also queried the organisation's creditor payments, as the report shows that we are 7% below target. RM advised that in addition to payroll and systems issues, often there are disputes due to the wrong amount being invoiced which can take months to resolve; these then register as late payments which unfortunately we have minimal control over.

DW requested that a Finance representative attend a staff side meeting to explain the reports in layman's terms as they are often difficult to understand and interpret. It is important that staff side understand these in order to engage with CBs around their finances, especially given that capital resource is key to many of the challenges discussed at LPF. RM agreed to connect with DW to arrange this.

LPF 23/022 DRAFT EMPLOYEE WELLBEING FRAMEWORK

CW made an offer to present on this at WPG due to shortage of time. DW advised that staff side have read the papers and will bring their feedback to WPG.

LPF 23/023 CAV ANTI-RACIST ACTION PLAN

Mitchell Jones (MJ) has been developing a local anti-racist action plan with colleagues from the One Voice staff network and staff side. This is a 2-year plan in line with WG's vision for an anti-racist Wales by 2030. A steering group is also being set up to implement the plan and hold the organisation to account. The draft plan has been circulated to the group and MJ welcomed any questions or feedback.

Staff side felt that the plan had all the elements they would expect to see, however one question raised at the pre-meet was around equality health impact assessments (EHIAs), how these will feature in the plan and be used to hold the organisation to account. TUs are particularly interested in these due to their work around protective characteristics and members citing having been treated less favourably. Staff side also queried whether the plan is ambitious enough, for instance in terms of addressing areas of the workforce that are overqualified. UNISON have done some work around this and have identified that 27% of ethnic minorities feel they haven't been offered equal career progression opportunities. MJ acknowledged these comments and assured the group that they will be taken into consideration.

PH thanked MJ for joining the Mental Health LPF to talk through the plan and agreed that the focus on winning hearts and minds is really. MJ said that we are trying to create something which can be tailored to everybody and compared the implementation of the plan across the organisation to a choir; we can all implement the plan in different ways as long as we're all singing from the same hymn sheet and working together to deliver this work.

With regards senior buy-in, DW queried whether the alignment with protected characteristics needs to be revisited due to recent executive turnover. DT also noted that some of the CBs have engaged with this agenda more readily than others but that we need to make it everybody's business. MJ has an up-to-date list of inclusion ambassadors and will share this with the group.

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WG are developing workforce race equality standards (RES) based on those already in place in England. MJ said that when this launches it will likely have a big impact and the results will be quite shocking. For example, we already know that we have a long way to go around career progression and senior leadership in terms of race. MJ understands from conversations with Professor Antonio Emmanuel (AE), who was involved in developing the RES in England, that Wales will be going further by looking at the entire health and social care system. DW was pleased to hear that MJ has engaged with AE in terms of the learning from the RES in England, as this didn't deliver on everything it promised and there is learning we can take to ensure we don't repeat those mistakes.

DW said that often when a member of staff cites having experienced racism in the workplace, the organisation's response is to disprove that fact and we need to change that narrative. MT said that it's important we are open and honest about the issues we have in our organisation and MJ agreed that this is key to our approach in taking this work forward. CW added that we need to create psychological safety and provide reassurance that we will not respond from a place of defence when staff come forward. We need to we create an environment in which staff feel confident the will be listened to and not dismissed.

DW thanked CW and MJ for their leadership and noted that MJ is on the agenda to come back and give updates to the group on this work.

LPF 23/024 LPF WORKPLAN 2023/4
DW praised the workplan RP has drawn up, noting that some gaps have been left to allow for matters that arise throughout the year.

LPF 23/025 ITEMS FOR NOTING
DW thanked the CB directors and lead TU representatives for their contributions to the annual reports. DW also thanked the Staff Benefits Group for working with the organisation to support staff through the cost-of-living crisis.

LPF 23/026 REVIEW OF MEETING
DW noted that good discussions had taken place, in particular around the integrated performance reports.

LPF 23/027 ANY OTHER BUSINESS
No other business was raised.

LPF 23/028 FUTURE MEETING ARRANGEMENTS
The next meeting will be held remotely on Thursday 8th June at 10am, with a staff representatives pre-meeting at 8.45am.

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