

Public Board Meeting

Thu 25 January 2024, 09:30 - 12:35


Woodland House, Nant Fawr Rooms 2 & 3


Agenda

09:30 - 09:40 **1. Welcome & Introductions**
10 min
Charles Janczewski

09:40 - 09:40 **2. Apologies for Absence**
0 min
Charles Janczewski

09:40 - 09:40 **3. Declarations of Interest**
0 min
Charles Janczewski

09:40 - 09:40 **4. Minutes of the Board Meeting held on 30 November 2023**
0 min
Charles Janczewski
 4 Public Board Minutes 30.11.2023.pdf (24 pages)

09:40 - 09:40 **5. Actions – following meeting held on: 30 November 2023**
0 min
Charles Janczewski
 5 Public Board Action Log.pdf (1 pages)

09:40 - 12:15 **6. Items for Review and Assurance**
155 min

6.1. Patient Story – Steven’s Story

Jason Roberts
15 minutes

Video

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


Charles Janczewski
10 minutes

 6.2 Final Chairs Report January 2024.pdf (7 pages)

6.3. Chief Executive Report

Suzanne Rankin
15 minutes


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 6.3 CE report January 2024.pdf (5 pages)

6.4. Strategic Planning, Commissioning and Partnership Update

Abigail Harris

10 minutes

 6.4 Strategic Planning, Commissioning and Partnership Update.pdf (7 pages)

6.5. Board Assurance Framework

Matt Phillips

10 minutes

 6.5 BAF Cover Report Board.pdf (2 pages)

 6.5a Board Assurance Framework.pdf (67 pages)

6.6. Chairs' reports from Committees of the Board:

i) Finance & Performance 13.12.2020

ii) Audit & Assurance 07.11.2023

iii) People & Culture 14.11.2023

iv) Quality, Safety & Experience 19.12.2023


v) Charitable Funds Committee 05.12.2023

 6.6.1 Finance & Performance Chairs Reports 13.12.2023.pdf (4 pages)

 6.6.2 Audit & Assurance Chairs Report 07.11.23.pdf (4 pages)

 6.6.3 P&C Chairs Report 14.11.2023.pdf (3 pages)

 6.6.4 QSE Chairs Report 19.12.2023.pdf (3 pages)

 6.6.5 Charitable Funds Chairs Report 05.12.23.pdf (4 pages)

6.7. Break for Refreshments (10 minutes)


6.8. Integrated Performance Report:

Claire Beynon / Paul Bostock / Rachel Gidman / Jason Roberts / Catherine Phillips

75 minutes

- Public Health
- Operational Performance (*to include Business Continuity*)
- People & Culture
- Quality, Safety & Experience
- Finance (*to include Allocation Update & Plan Implications*)

 6.8 Integrated Performance Report Covering Report January 2024.pdf (7 pages)

 6.8a Integrated Performance Report January 2024.pdf (31 pages)

 6.8b BCI board paper Final V3 (1).pdf (9 pages)

12:15 - 12:35 7. Items for Approval / Ratification

20 min

7.1. Standing Orders

Matt Phillips

5 minutes


 7.1 Board Standing Orders.pdf (2 pages)

7.2. Cardiothoracic Return to UHW

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Paul Bostock

5 minutes

 7.2 Cardiothoracic Return to UHW.pdf (3 pages)

 7.2a Draft Plan 2024-25.pdf (2 pages)

7.3. Whitchurch Land Transfer to Velindre NHS Trust

Catherine Phillips

10 minutes

 7.3 Whitchurch Land Transfer.pdf (3 pages)

12:35 - 12:35 8. Items for Noting and Information

0 min

8.1. Corporate Risk Register

Matt Phillips

The Appendix 'Assurance Map' for this item can be located in the supporting documents folder


 8.1 Corporate Risk Register for Board.pdf (3 pages)

 8.1a Detailed Corporate Risk Register - January 2024.pdf (10 pages)

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

Matt Phillips

- i. Local Partnership Forum Briefing – 12.12.2023
- ii. Emergency Ambulance Services Committee – 21.11.2023
- iii. WHSSC Joint Committee - 21.11.2023

 8.2.1 LPF Board Briefing (December 23) for January 24.pdf (4 pages)

 8.2.2 EASC Summary 21.11.2023.pdf (9 pages)

 8.2.3 JC Briefing (Public) 21.11.2023.pdf (5 pages)

8.3. Committee Minutes:

Matt Phillips


- i. Local Partnership Forum – 12.12.2023
- ii. Quality, Safety & Experience – 25.10.2023
- iii. Quality, Safety & Experience – 28.11.2023
- iv. Finance & Performance – 18.10.2023
- v. Finance & Performance – 22.11.2023

 8.3.1 LPF minutes 12.10.23.pdf (8 pages)

 8.3.2 QSE Public Minutes 25.10.2023.pdf (6 pages)

 8.3.3 QSE Public Minutes 28.11.2023.pdf (6 pages)

 8.3.4 Public Finance & Performance Minutes 18.10.23.pdf (9 pages)

 8.3.5 Public Finance & Performance Minutes 22.11.23.pdf (14 pages)

12:35 - 12:35 9. Agenda for Private Board Meeting:

0 min

- i. Approval of Private Board minutes
- ii. Covid Public Inquiry Update
- iii. Industrial Action Contingency Planning - Junior Doctors
- iv. Implications of GMS contract negotiations on service delivery
- v. Fire Prosecution Verbal Update
- vi. Approval of Private Committee minutes

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12:35 - 12:35 **10. Any Other Business**

0 min

Charles Janczewski

12:35 - 12:35 **11. Review of the meeting**

0 min

Charles Janczewski

12:35 - 12:35 **12. Date and time of next meeting:**

0 min

Thursday 28 March 2024 – Woodland House. Nant Fawr Rooms 1,2 & 3

12:35 - 12:35 **13. Declaration:**

0 min

Charles Janczewski

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

12:35 - 12:35 **14. Break for Lunch (30 minutes)**

0 min

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**Unconfirmed Draft Minutes of the Public Board Meeting
Held On 30 November 2023
CF61 Community Space, Llantwit Major CF61 1ST
9.30am**

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Paul Bostock	PB	Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategy & Planning
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Andrew Gough	AG	Deputy Director of Finance
Akmal Hanuk	AH	Independent Member – Local Community
Keith Harding	KH	Independent Member – University
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
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
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
Richard Skone	RS	Deputy Medical Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates (<i>left at 15:00</i>)
John Union	JU	Independent Member – Finance
In attendance:		
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Ayla Cosh	AC	Clinical Director Cardiff and Vale Health Inclusion Service
Francesca Thomas	FT	Head of Corporate Governance
Lynne Topham	LT	Locality Manager South and East Cardiff
Oliver Williams	OW	Speciality Registrar in Public Health (<i>arrived at 13:00</i>)
Observers:		
Ethan Evans	EE	General Management Graduate Trainee
Emily McCann	EM	General Management Graduate Trainee
Keisha Megji	KM	General Management Graduate Trainee
Ellie Webber	EW	General Management Graduate Trainee
Members of the public		Present
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Lance Carver	LC	Director of Social Services
Amy English	AE	Deputy Regional Director Llais
Meriel Jenney	MJ	Executive Medical Director
Catherine Phillips	CP	Executive Director of Finance

Item No	Agenda Item	Action
UHB 23/11/001	Welcome & Introductions The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh. He welcomed the four General Management Graduate Trainee students who were observing the meeting and introduced the new Head of Corporate Governance.	
UHB 23/11/002	Apologies for Absence Apologies for absences were noted.	
UHB 23/11/003	Declarations of Interest No Declarations of Interest were noted	
UHB 23/11/004	Minutes of the Meeting Held on 28 September 2023 The minutes from the Board meeting held on 28 September 2023 were received. A number of amendments were highlighted and it was agreed that the minutes would be recirculated to Board Members once the amendments had been made. The Board resolved that: a) The minutes from the Board meeting held on 28 September 2023 were approved as a true and accurate record of the meeting pending the amendments noted.	
UHB 23/11/005	Action Log The Action Log was received. All actions listed on the Action Log were marked as complete with exception of: <ul style="list-style-type: none"> UHB 23/09/018 – Operational Winter Plan: The Executive Director of Public Health (EDPH) advised the Board that as per the action, further information had been provided to the Independent Member – Trade Union (IMTU) via email. <ul style="list-style-type: none"> UHB 23/09/011 – Integrated Performance Report: The Chief Operating Officer (COO) advised the Board that a Dental Deep Dive had been received by the Finance & Performance Committee as per the action and that the Board would be receive an update during the Integrated Performance Report agenda item. The Board resolved that: a) The Action Log was reviewed and noted.	
UHB 23/11/006	Patient/Staff Story – Lynn's Story The Patient/Staff Story was received.	

	<p>The Board were played a video which outlined Lynn's experience with stage 4 lung cancer.</p> <p>Lynn's story outlined his experience with:</p> <ul style="list-style-type: none"> • Endoscopy • Having biopsies taken • Trialling of a new drug which had extended his prognosis <p>During the video, Lynn thanked the many staff who had been by his side throughout his treatments and called them his "guardian angels".</p> <p>It was noted that whilst define as terminally ill, the treatment had extended his life and he felt like he had been cured of the cancer despite that not being the case.</p> <p>Lynn added that due to the strong reaction he had had to the drug, he was now being scanned less frequently and was receiving treatment every 6 weeks which had no adverse effects on him.</p> <p>Lynn concluded by saying "if you saw me now, you wouldn't know I had cancer".</p> <p>The COO advised the Board that the video highlighted all of the positive work being undertaken in Cancer services and noted how Lynn's experience was one of many moving through the Single Cancer Pathway.</p> <p>The UHB Chair thanked Lynn for their story and it was noted that the Board's thanks would be sent to the patient.</p> <p>The Board resolved that:</p> <p>a) The Patient Story was noted.</p>	
<p>UHB 23/11/007</p>	<p>Chair's Report and Chair's Action taken since last meeting</p> <p>The Chair's Report and Chair's Action taken since last meeting were received.</p> <p>The UHB Chair advised the Board that he would take the report as read and identified a few key areas for noting which included:</p> <ul style="list-style-type: none"> • Board Membership Changes: The report noted the resignation of Fiona Kinghorn, Executive Director of Public Health, effective from 29 December 2023, and the end of Councillor Susan Elsmore's term as Independent member for Local Authority on 31 October 2023. Additionally, Professor Keith Harding resigned as Independent Member for University (IMU) on 30 November 2023. <p>The UHB Chair thanked those Board Members for their hard work and dedication to the Board.</p> <ul style="list-style-type: none"> • Board Development Session: The October Board Development meeting focused on strategy work, delivery mechanisms, and the Speaking up Safely framework. The long-term financial outlook and its impact on health organisations was also discussed. • Patient at Risk Team (P@RT): The report highlighted the work of P@RT, which had helped over 17,000 acutely unwell adult patients since its formation in 2021. It 	

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	<p>was noted that the P@RT team had also launched the Call 4 Concern patient safety initiative.</p> <ul style="list-style-type: none"> • My Health Passport Launch: The Health Board introduced 'My Health Passport' to support staff with health conditions by capturing their support or adjustment needs, facilitating conversations with line managers about workplace wellbeing. • In the News – BBC Filming: It was confirmed that filming had progressed and a six-part series for BBC Two and BBC One Wales "Hospital and Saving Lives" was being filmed with the intention to showcase Cardiff and Vale patient journeys from the waiting list through to treatment and to demonstrate an authentic portrayal of those decisions and treatment processes made on a daily basis by teams across the organisation. <p>The UHB Chair expressed his thanks, on behalf of the Board to all involved with the filming opportunity whilst continuing to deliver high quality service on behalf of the Health Board.</p> <p>The Director of Communications, Arts, Health Charity and Engagement (DCAHCE) advised the Board that the series would be broadcast in early spring 2024 on BBC2 and BBC1 Wales.</p> <ul style="list-style-type: none"> • Business Continuity and Emergency Ambulance Services Committee Feedback: It was noted that there had been a recent business continuity incident declared in University Hospital Wales (UHW) which was a response to a very overcrowded Emergency Unit and a lack of patient flow through, and out, of the hospital. <p>The COO advised the Board that the incident was stood down on the 9 November 2023.</p> <p>The UHB Chair thanked all of the staff and the response from external partners, which enabled the Health Board to reset the emergency care pathway and restore timely flow and ambulance handovers.</p> <ul style="list-style-type: none"> • Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting: The common seal of the Health Board was applied to 9 documents outlined within the report and all Chairs Action and Legal documents signed were also outlined. <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The report was noted. b) The Chair's Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved. 	
<p>UHB 23/11/008</p> <p>Saunders Nathan 06/02/2024 11:21:22</p>	<p>Chief Executive Report</p> <p>The Chief Executive Report was received.</p> <p>The Chief Executive Officer (CEO) advised the Board that she would take the report as read and noted that it outlined a number of elements of important work ongoing across the Organisation which included:</p>	

	<ul style="list-style-type: none"> Ensuring the Health Board was meeting its financial commitments and responding to planning requirements. It was noted that those financial commitments and planning requirements would be outlined at a later point in the meeting. A formal debrief and lessons learnt to be provided by the COO around the Business Continuity Incident declared on 6 November 2023 where by the purpose of the declaration was to mobilise additional resources and strengthen command and control of a potentially safety critical situation and to ultimately secure the safety of patients and colleagues. Resilience around Health Board teams. It was noted that an important element of the Health Board's Winter Plan was to support the health and well-being of the team and a wide range of resources continued to be promoted and facilitated which included the Winter Respiratory Virus Vaccination Programme to offer both Covid and flu vaccines to frontline team members. <p>The CEO advised the Board that whilst the programme continued to be rigorously promoted, encouraged and uptake monitored, uptake was not where they wanted it to be with Covid vaccination at 37% and flu at 33%.</p> <p>The position is improving slowly and the immunisation team are working hard to ensure a great deal of flexibility is supported in when and where vaccines are offered in order to optimise uptake. I continue to discuss the rates of uptake at all my Senior Leadership Board meetings and have requested that it is a topic for discussion at all team meetings. I will provide the most recent uptake figures verbally at the Board meeting. I encourage all who are eligible to take up the offer of vaccination to protect yourself, your loved ones, colleagues, patients and the public.</p> <p>The Board resolved that:</p> <p>a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.</p>	
UHB 23/11/009	<p>Board Assurance Framework</p> <p>The Board Assurance Framework (BAF) was received.</p> <p>The Director of Corporate Governance (DCG) reminded the Board that at the last public Board meeting held in September an incremental change was made to the BAF document partly because the document should be seen as a working document rather than a static one and predominately because it aligned with the refreshed Health Board strategy that was approved during the September meeting.</p> <p>He added that the BAF now aligned key areas to new objectives within the strategy as well as aligning itself to the Committees of the Board structure.</p> <p>The DCG concluded that the BAF placed the Health Board on a path to reviewing risk appetite which would be received by the Board in April 2024.</p> <p>The UHB Chair thanked the DCF for the good work on the approach being undertaken and noted that it was not a simple task to align risks.</p> <p>The Independent Member – Community (IMC) noted that a lot of risks were aligned to the Quality, Safety & Experience (QSE) Committee and asked if those risks could be</p>	

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	<p>discussed at the agenda settings of those QSE Committee meetings to ensure that they were being looked at.</p> <p>The DCG responded that the risks would align with the work being undertaken around the Corporate Risk Register which would feed into the Senior Leadership Board (SLB) to assist with those risks and noted that once that work had been undertaken, it would allow the risks to be taken into the relevant Committees for scrutiny and then onto Board for assurance.</p> <p>The CEO noted that work around the activity of Senior Responsible Officers (SROs) was yet to be concluded and highlighted that the allocation of risks could become uneven and end up with the Executive Nurse Director (END) and Executive Medical Director (EMD) holding all the risks. Further work would need to be undertaken around the allocation of risks to ensure that the responsibility was aligned with the appropriate Executive.</p> <p>The Independent Member – Third Sector (IMTS) asked that more clarity be provided around the aspects of risk within the report as it was not always clear where the risk sat.</p> <p>The Executive Director of Public Health (EDPH) added that mapping the risks to the correct location and Executive was important because a lot of the risks identified inequalities in Health.</p> <p>The UHB Chair concluded that the ongoing work around the BAF was positive to observe but noted the importance of the further work that was required.</p> <p>The Board resolved that:</p> <p>a) The 15 risks to the delivery of Strategic Objectives detailed on the attached BAF for November 2023 were noted</p>	
<p>UHB 23/11/010</p>	<p>Chairs' reports from Committees of the Board:</p> <p>The Chairs' Reports from the Committees of the Board detailed on the agenda were received and the following specific comments were highlighted by Chairs:</p> <p>Finance & Performance Committee:</p> <p>The Independent Member – Finance (IMF) noted that the reports highlighted the month 4 and month 6 financial updates and advised the Board that a detailed financial update would be received later in the meeting via the Integrated Performance Report (IPR).</p> <p>Quality, Safety & Experience Committee:</p> <p>The UHB Vice Chair advised the Board that the QSE Committee had reviewed the sequence of meetings that were held on a monthly basis and noted that from the 2024, meetings would move towards a 6-weekly frequency which would help with the reporting periods whilst maintaining the momentum of the Committee.</p> <p>Mental Health Legislation & Mental Capacity Act Committee:</p> <p>The UHB Vice Chair advised the Board that he would take the report as read but noted that the demand increase observed by the Mental Health Clinical Board was important to highlight.</p>	

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	<p>He added that there was a dedication from the teams to address the issues and hit the targets and noted that whilst not all targets were being hit, the trajectories were going up and moving forward which was credit to the hard work being undertaken.</p> <p>The Board resolved that:</p> <p>a) The Committee Chairs' Reports were noted.</p>	
<p>UHB 23/11/011</p>	<p>Integrated Performance Report:</p> <p>The Integrated Performance Report was received.</p> <p>Public Health:</p> <p>The Executive Director of Public Health (EDPH) advised the Board that she would take the report as read and would highlight key points:</p> <ul style="list-style-type: none"> • Winter Respiratory Vaccination campaign: <ul style="list-style-type: none"> - It was noted that Hospital admissions for Covid-19 had fallen sharply across Wales since mid-October 2023 and that Covid-19 clusters in hospital were low and stable. - Respiratory syncytial virus (RSV) activity in under 5s had continued to increase and was at a very high level. - Scarlet fever notifications were low and the Board was reminded of the challenges received during winter 2022 around that. - Percentage uptake of the COVID-19 vaccination for those eligible had been underway since the 11th of September 2023 and, as of the 29th November 2023 uptake in Cardiff and the Vale according to Public Health Wales (PHW) was at 44% • The Health Protection Plan would be completed by Christmas 2023 and would be put into the system in January 2024. It was noted that the plan was an all-year round plan which outlined all hazards. <p>The Independent Member – Capital & Estates (IMCE) thanked the EDPH for the comprehensive summary and noted that a lot of challenges had been referenced around childhood vaccination. She asked for more context on those.</p> <p>The EDPH responded that in most childhood vaccinations, 95% uptake was required to have herd immunity and it was noted that the aim had been to achieve that, but it had proved challenging because of a lot of movement in and out of Cardiff.</p> <p>She added that systems needed to be kept up to date and a focus placed on the more disadvantaged areas where lower uptake was observed.</p> <p>It was noted that an equity plan was in place and focus would be placed upon achieving the aim.</p> <p>The UHB Vice Chair noted that conversations with the various clusters in Cardiff and the Vale would be helpful to increase the focus on the disadvantaged areas.</p> <p>The EDPH responded that those conversations were taking place and noted that an ongoing issue was how to genuinely and comprehensively engage with communities.</p>	

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Operational Performance

The Chief Operating Officer (COO) advised the Board that:

- On 6th November 2023, due to significant and sustained adverse demand on services, particularly within the Emergency Unit, the Health Board declared a business continuity incident. It was noted that on 9th November 2023, the Health Board had declared an improved position thanks to the collaborative efforts of colleagues and partner organisations.

The UHB Vice Chair noted that the media was currently in a place whereby it was not supportive of the Health Board and noted that work would be required between the Health Board and media to improve relationships.

The Director of Communications, Arts, Health Charity and Engagement (DCAHCE) added that a lot of the negativity came from social media as the public liked to put their own opinions and comments onto various social media platforms and noted that there was a strong political element on social media.

The COO added that a number of learnings would be taken from the business continuity incident and that further details would be provided to the Board in January 2024.

- Emergency care - Ambulance handovers: It was noted that October 2023 saw a reduction in the average handover time and that the Health Board continued to meet its commitment on reducing the number of lost hours, however, the number of 1-hour ambulance handovers increased from the number reported in September 2023.

The COO advised the Board that there was ongoing focus and work being undertaken by the Emergency Unit (EU) and patient flow teams which had led to a significant reduction in average handover time and 1-hour handovers in recent weeks.

He added that there had been improvements within the EU which had resulted from the significant number of ward moves and redesign of the EU/AU footprint in July 2023 and it was noted that it was taking time to fully imbed and that it would have impacted the Health Boards performance as the teams continued to analyse breaches to better understand and improve flow processes.

- September saw further improvement in the Health Boards compliance against some key SSNAP measures for its Stroke Pathway.
- Compliance with the 62-day single cancer pathway standard, whilst the 75% standard had not been met as originally intended, the performance in August 2023 had increased to 66.4% and had remained above 60% since February 2023.

The COO advised the Board that a separate detailed paper on Cancer was submitted to the Finance and Performance Committee in October 2023 for review.

- Planned Care – It was noted that the Health Board remained on track to deliver its commitments to eliminate 3-year Outpatient waits, and reduce 3- and 2-year treatments waits in line with Ministerial ambitions.
- Dental - The COO advised the Board that there was a detailed report included within the reports and noted that a detailed deep dive had been presented to the Finance and Performance Committee in November 2023 where it was concluded

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	<p>that the Health Board were meeting the target it needed to but that there was more work to be done on the validation of dental waiting lists.</p> <ul style="list-style-type: none"> • Mental Health – it was noted that there was a continued pressure on demand and that not all targets had been met but the Health Board were meeting the recovery trajectory. <p>The COO advised the Board that from January 2024, productivity metrics would be reported via the Integrated Performance Report.</p> <p>The UHB Chair thanked the COO and offered praise on the improvement observed in stroke services.</p> <p>People & Culture</p> <p>The Executive Director of People & Culture (EDPC) advised the Board that:</p> <ul style="list-style-type: none"> • Sickness and turnover was being closely monitored and had decreased which was positive to report. It was noted that strong monitoring would continue. • The turnover rate had fallen from a high of 13.66% at November 2022 to 11.80% at September 2023 and Clinical Boards were working on a range of measures to improve staff retention. • The compliance with Valued-based Appraisal had fallen for the past 2 months, after having risen steadily from 32.36% in April 2022 to a high of 71.64% in July 2023. The rate for September 2023 was 67.81%. <p>It was noted that the pattern was reflected in the performance of all of the Clinical Boards with the exception of the All-Wales Genomics Service and the Corporate Executives, which continued to rise.</p> <p>The EDPC advised the Board that a target of 85% compliance had been set for March 2024.</p> <p>She added that deep dives for each Clinical Board were received and would be received by the People & Culture Committee throughout 2023 and into 2024.</p> <ul style="list-style-type: none"> • It was noted that a launch of “My Health Passport” had also taken place which had been a positive piece of work which could be used by staff who may need additional support or adjustments at work, due to pre-existing or new health conditions. The EDPC advised the Board that sickness was still high due to anxiety and so a deep dive would be received by the People & Culture Committee. • The Staff Survey had closed in November 2023 and saw a 21% uptake which was disappointing, despite being the largest uptake across Wales. • Industrial Action had been discussed for early 2024 and the ballot would close on 18th December 2023. <p>The IMTU advised the Board that the Staff Survey had been widely communicated by the Health Board and commended the EDPC and their team.</p>	
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	<p>He asked what could be done around shared learning on mandatory training and Values Based Appraisals as Estates and Facilities were always high up in compliance.</p> <p>The EDPC responded that leadership and management capabilities would be shared as well as training for staff and Executive reviews.</p> <p>The UHB Chair thanked the EDPC for the strong communications around the staff survey and noted the positive signals sent with the Health Board being the highest performer in Wales.</p> <p>The IMTU added that some staff members had noted that they were uncomfortable filling in the survey as some of the questions made people identifiable.</p> <p>The CEO agreed and noted that she would engage with the creators of the survey, Health Education and Improvement Wales (HEIW) to ensure that questions wouldn't use language that could easily identify staff.</p> <p>The IMCE noted that a discussion around Welsh language and the culture had taken place in the People & Culture Committee which had identified that the Health Board were being investigated by the Welsh Language Commissioner and asked the EDPC for further information.</p> <p>The EDPC responded that the Welsh Language Team had benchmarked what "good" looked like and that the team were undertaking work around that.</p> <p>The IMTS, Chair of the People & Culture Committee added that the People & Culture Committee looked at various indicators of what culture was as well as Health Board hotspots.</p> <p>She added that the Committee had invited the Chair of the People & Culture Committee from Powys Health Board and that they had been impressed that Clinical Boards were being discussed in depth at the Committee.</p> <p>The UHB Chair thanked the People & Culture Committee and noted they were looking at the relevant areas.</p> <p>Quality and Safety</p> <p>The END advised the Board that he would take the paper as read and noted:</p> <ul style="list-style-type: none">• The Welsh Government (WG) target for responding to concerns was 75% within 30 working days and that during September and October 2023, the Health Board received 646 Concerns with;<ul style="list-style-type: none">- 71% closed within 30 working days (including Early Resolution)- 48 % closed under Early Resolution (within 2 days including day of receipt)- 155 Enquiries- 94 Compliments• Patient Feedback – Civica - Went live on Friday 28th October 2022 and the system was currently surveying up to 800 patients daily via text with 600 chosen randomly from general hospital activity and 200 from the Emergency Unit. As of the end of October 2023, 124,540 texts had been sent with a response rate of 18%	
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	<p>The END noted that like the staff survey, there had been disappointment in the response received but noted that 86% of patients had noted their satisfaction with the service.</p> <ul style="list-style-type: none"> • Patient Safety - During October, 2046 patient safety incidents were reported which was an increase of more than 1000 incidents from the previous month. It was noted that Pressure damage was again the highest reported patient safety incident category, followed by accident injury (falls). • Nationally Reportable Incidents (NRIs) – It was noted that there were 63 open NRIs which was a slight decrease from September 2023. <p>The END advised the Board that a focussed piece of work was ongoing around NRIs which would be reported into the Quality, Safety & Experience Committee and then back to Board.</p> <ul style="list-style-type: none"> • Infection, Prevention & Control (IP&C) – It was noted that the information received by the Board was there for noting. <p>The Deputy Medical Director advised the Board that he would take the paper as read and noted:</p> <ul style="list-style-type: none"> • Mortality - The Crude inpatient Mortality chart received by the Board demonstrated the numbers of inpatient deaths that occurred in the Health Board on a weekly basis and compared that measure with the average for the previous 5 years for the same week. An increase above the five-year average had been noted across Wales since April 2023 with a similar increase noted in Cardiff and Vale UHB with five-year average crude mortality in week 28 being recorded as 76 compared with 63.6 for the previous five-year average. <p>Finance:</p> <p>The Deputy Director of Finance (DDF) advised the Board that:</p> <ul style="list-style-type: none"> • The forecast year end position had been amended in October 2023 from a planned deficit of £88.4m to a forecast deficit of £16.460m in line with the revised target control total issued by WG on the 20th October 2023. • WG had asked the Health Board to save a further £8.840m which meant that a total savings target of £32m would need to be achieved. • At month 7, the Health Board reported an overspend of £16.021m comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £9.602m (seven twelfths of the revised forecast year end deficit of £16.460m). <p>The DDF concluded that the 2024/25 financial year looked to be even more challenging and noted that it was important to make the right decisions in 2023/24 and to focus on sustainability.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The contents of the report were noted. 	
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<p>UHB 23/11/012</p>	<p>Health Inclusion Team Update</p> <p>The Health Inclusion Team Update was received.</p> <p>The Clinical Director Cardiff and Vale Health Inclusion Service (CDCVHIS) presented to the Board.</p> <p>She noted that the traditional model of primary care in Cardiff and the Vale did not address the needs of people with multiple disadvantage which led to:</p> <ul style="list-style-type: none"> • Poor health outcomes • A loss of trust in the system • Long term escalating costs <p>The CDCVHIS added that they also increased with the level of deprivation.</p> <p>The Board was advised that over 6 months, emergency department use by people experiencing homelessness in Wales cost £11 million more in healthcare costs than a general comparator group.</p> <p>The CDCVHIS presented the model that the Cardiff and Vale Health Inclusion Team (CAVHIS) aspired to reach and outlined the pathway for the Cardiff and Vale of Glamorgan Tier 3 Service.</p> <p>She added that a large amount of work had been completed since the last update had been received by the Executive Team in November 2022 which included:</p> <ul style="list-style-type: none"> • Establishment of Health Inclusion Program Board with input from Council and third sector at Executive level. • Defined populations according to health outcomes rather than vulnerability and work done on stratification of need. • Key Service Components – Tiers 1-3 had been decided. • Service mapping – health/local authority/third sector partners • Benchmarking visits to Brighton, Glasgow and London • Attendance at an International Conference on Integrated Care ICIC23 to present the work to date and learn from other services • Stakeholder engagement session held in July 2023. • Health Inclusion EU in Reach Liaison Nurses – interim part-time arrangement put in place whilst funding for substantive posts were identified. Pathway mapping. Data collection. Engagement of EU partners in developing model. <p>The CDCVHIS advised the Board that Health Protection Funds had been used for some of the work completed which included:</p> <ul style="list-style-type: none"> • The appointment of a Sexual Health Outreach Nurse. • Adult ID clinic located at CAVHIS • Paediatric ID Clinic at CAVHIS to start • Purpose of outreach van • Outreach engagement worker <p>The Board were presented with 5 years of data which had been summarised for EU attendances, outpatient appointments, inpatient and day case admissions and community clinic appointments associated with the homeless.</p>	
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	<p>It was noted that of the 370 individuals, 349 had a valid NHS number and that those 349 cases were used to link to the acute and community patient data stored on the Health Boards Business Intelligence System to help create the 5-year summarised data.</p> <p>The CDCVHIS noted that the homeless were at least 8 times more likely to attend EU than the general population and that the total homeless population at any point in time was likely to be at least three times the number registered with CAVHIS.</p> <p>The Board were presented with the GP Homeless Outreach Clinic 6-month data which showed that attendees were mostly Male and aged between 30 and 39.</p> <p>It was noted that the length of consultation for the majority was over 10 minutes long.</p> <p>The Locality Manager South and East Cardiff (LMSEC) advised the Board of the Work Plan for between November 2023 and March 2024 which included:</p> <ul style="list-style-type: none">• A pathway partnership – Faculty of Homelessness and Inclusion Health.• Scoping of a Potential Model of Care for the Vale of Glamorgan.• Probation pilot funding/WAST data• Sexual health outreach development• Roma Gypsy and Traveller mapping• Prove Efficacy and Impact of EU In-Reach Role and GP Out- Reach Model using fixed term funding available until April 2024• Service Specification and Business case development specific to Tier 3 service model (March 2024)• Model development – engaging partners, stream lining funds/avoiding duplication 'Integration, effectiveness and costs of different models of primary health care provision for people who are homeless. <p>She added that in a year from November 2023, the CAVHIS team wanted to be fully established and have funded in-reach and outreach teams.</p> <p>The Board was advised that if CAVHIS could reach the focus required on Outreach/In Reach it would result in:</p> <ul style="list-style-type: none">• Reduced use of unscheduled care and spending on 'did not waits'• Reduced bed days• Building of trust• Improved Health• Increase in partnership working across health, local authority and third sector. <p>The LMSEC also presented to the Committee where CAVHIS wanted to be 2 years from November 2023 which outlined a focus on General Medical Services (GMS) care.</p> <p>She concluded that there were a number of areas required to deliver the plans which included:</p> <ul style="list-style-type: none">• Continued Executive Level Support to ensure Health Inclusion remained a high-level and joint priority for the partnership agenda (RPB/PCC)• A strategy for integrated commissioning of services specific to health inclusion• A Business Case to be Prioritised to enable year 1 and 2 aspirations to be delivered• Urgent Need for Identified Accommodation to support expansion of service model• Enhanced Service for GPs to undertake Tier 2	
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	<ul style="list-style-type: none"> Clusters to work on Tier 1 opportunities. <p>The COO advised the Board that he was keen to promote the work being undertaken by CAVHIS.</p> <p>The EDPH added that it was great to see the development of the work and noted that there was a consultation out at the moment to strengthen legislation for the homeless population.</p> <p>The UHB Vice Chair noted that the Health Board would need to ensure it got the best possible services into the right areas rather than having the disadvantaged travelling to other areas. He added that the Work Plan was something that the Board should really support.</p> <p>The CDCVHIS responded that although described as “hard to reach groups”, they were actually all known to the Health Board and the hard work would continue with those groups.</p> <p>The Board resolved that:</p> <p>a) The Health Inclusion Team Update was noted.</p>	
UHB 23/11/013	<p>Integrated Annual Plan Quarter 2 Report</p> <p>The Integrated Annual Plan Quarter 2 Report was received.</p> <p>The EDSP advised the Board that the report provided the headlines of the ministerial priorities and summarised the Health Boards progress in achieving the milestones committed as part of the Integrated Annual Plan 2023/2024.</p> <p>She added that it also included overarching programmes that were being reviewed and realigned such as the Shaping Our Future Wellbeing schemes.</p> <p>The Board was advised that the report focused on whether or not the Health Board had achieved the key milestones set out in the plan for Quarter 2 and if not, made an assessment on the confidence in recovering the original plan.</p> <p>The EDSP noted that the report also incorporated feedback following discussion of the Quarter 1 report at Board in September 2023 and provided an overview of the achievement of the ministerial priorities as set out in the NHS Wales Planning Guidance 2023/2024 taken directly from the monthly Integrated Performance Report.</p> <p>It was noted that some questions had been raised from a member of the public around the Wellbeing Hub @ Eastern Vale outlined within the Integrated Annual Plan Quarter 2 Report:</p> <ul style="list-style-type: none"> <i>“Did the record of the drop-in session say that to meet the Minister’s priority for improved access to GP and community services, these needed to be in Penarth Town, not at Cogan, and urgently in view of the ending of the lease on Redlands Surgery?”</i> <i>Did it say this would require adapting an existing available building, not simply looking at new-build on alternative site-options?</i> 	

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	<ul style="list-style-type: none"> • <i>The last Board meeting recorded agreement to “refresh” the Wellbeing Hubs and Centres programme and sought “realism”. Was the public engagement of 23/10/23 designed to carry through those points?</i> <p>The EDSP responded to the question and advised:</p> <ul style="list-style-type: none"> • <i>The drop-in session, held in Penarth to enable people to engage in the shaping of the plans for the Wellbeing Hub for the Eastern Vale was very well attended, but the nature of the session meant that there was not a formal record of the event as such.</i> • <i>The feedback from those who attended the session (79 people attended and 40 completed the survey) would be collated and used to inform the development of the proposals.</i> • <i>The Health Board would continue to look at all site options, but it was noted that these were limited and discussions were ongoing with the Council and NHS Shared Services Partnership about any new site opportunities that might become available.</i> <p>The EDSP concluded that the engagement event would contribute to refreshing the Health Boards Shaping Our Future Wellbeing in the Community Programme.</p> <p>The Board resolved that:</p> <p>a) The progress achieved in Quarter 2 towards the delivery of our Integrated Annual Plan 2023/2024</p>	
UHB 23/11/014	<p>Strategic Planning Update</p> <p>The Strategic Planning Update was received.</p> <p>The Executive Director of Strategic Planning advised the Board that she would take the paper as read but would pick out some key points for noting which included:</p> <ul style="list-style-type: none"> • The Regional Partnership Board (RPB) Report – It was noted that the RPB had approved its annual report which provided an overview of the work completed during 2022/2023 which was the last year of the first five-year Area Plan. <p>It was noted that work was also progressing in the RPB team to finalise the ten-year capital plan which would bring together the primary/community infrastructure plans set out in the Shaping Our Future in the Community alongside partners plans for community infrastructure, with the principle of integrated services where possible.</p> <ul style="list-style-type: none"> • Commissioning Developments – It was noted that the implementation programme for the new National Commissioning body had commenced and the new Committee would be called NHS Wales Joint Commissioning Committee (JCC). The NHS Wales Joint Commissioning Committee would be responsible for the commissioning (planning, securing and monitoring) of those services delegated to it by Health Boards as directed by the Welsh Ministers which would include the current responsibilities of: <ul style="list-style-type: none"> - WHSSC - EASC - NCCU - 111 commissioning 	

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	<ul style="list-style-type: none"> Shaping Our Future Hospital Programme – It was noted that the Health Board had been advised to present to WG around how the Future Hospitals Programme could move forward as the Programme had been on pause whilst awaiting the outcome of WG consideration of the Programme Business Case. <p>It was noted that in light of the challenging financial outlook, the Health Board had been asked to consider shorter term options to ensure the safe delivery of services, addressing the most pressing estates issues.</p> <p>The IMTS asked if there were any outcomes from the presentation to WG.</p> <p>The EDSP responded that 3 areas of work had been described which included:</p> <ul style="list-style-type: none"> Surveys Service planning WG work funding. <p>The Board resolved that:</p> <ol style="list-style-type: none"> The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted. The RPB Annual Report would be accessed and any questions or comments directed to the RPB Director of Integrating Health and Social Care. Further reports on SE Wales regional planning would be received, including any decisions required by the Board, the King's Fund Action Plan, and the terms of reference and governance arrangements of the new joint commissioning body. 	
UHB 23/11/015	<p>Business Case</p> <p>The Paediatrics Infectious Diseases case was received.</p> <p>The COO advised the Board that the case had been received and reviewed at all of the relevant channels and noted that the case had been reviewed in detail by the Finance & Performance Committee the week prior to the Board meeting.</p> <p>The IMF confirmed that the case had been received by the Finance & Performance Committee and it had been recommended to be received by the Board for approval.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> The rationalised, phased approach to implementation of a Paediatric Infectious Diseases Service in Cardiff and Vale UHB for South Wales for submission to WHSSC was supported The change in approach was accepted which would result in a phased implementation of a full Paediatric Infectious Diseases Service for South Wales and would exclude the development of Regional paediatric antibiotic stewardship and a paediatric outpatient parenteral antibiotic service (OPAT) programme which would form the basis of a Phase 2 case at a later date. 	
UHB 23/11/016	<p>Park View Health Centre – Declaration of Surplus and Disposal</p> <p>The Park View Health Centre – Declaration of Surplus and Disposal information was received.</p>	

	<p>The DDF advised the Board that following a major flood, the Park View Health Centre was decommissioned and eventually demolished in early 2023.</p> <p>He added that there was no requirement to retain any of the area identified for disposal to support the proposed Wellbeing Hub @ Ely and noted that in partnership with South Wales Police, a Memorandum of Understanding, dated 26th June 2023 had been signed, which stated that in the event of a declaration as surplus, both parties would work in collaboration to transfer the Park View site from the Health Board to South Wales Police under the Welsh Government Land Transfer Protocol.</p> <p>It was noted that a joint valuation had been undertaken of the site, which indicated a value of £645k but would be updated when the disposal progressed.</p> <p>The IMF advised the Board that the Park View Health Centre – Declaration of Surplus and Disposal had been discussed fully at the Finance & Performance Committee.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) It was noted that there was no requirement to retain the Park View site marked in green to support the development of the Wellbeing Hub @ Ely b) The declaration of the area identified as surplus to requirement was approved. c) The disposal of the site via the WG Land Transfer Protocol to South Wales Police for the purpose of the development of a new Police Station for the area was approved. 	
<p>UHB 23/11/017</p>	<p>Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility</p> <p>The Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility information was received.</p> <p>The EDSP advised the Board that she would take the paper as read and noted that the purpose of the report was to request that the Board give approval to enter into an agreement with the Vale of Glamorgan, for the provision of new clinic facilities at Broad Street, Barry, which would replace the current existing clinic premises.</p> <p>She added that the existing premises needed investment and did not meet current Healthcare standards.</p> <p>It was noted that the report provided the background on how investment could be achieved, with no additional capital investment from the Health Board, other than the capital receipt gleaned from the sale of the existing building.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The declaration of Broad Street Clinic as surplus and the subsequent disposal under the Wales Land Transfer Protocol was approved. b) The income from the sale of Broad Street Clinic needing to be ring fenced to finance the fit out of the new facility was approved. c) The two Heads of Terms were approved; <ul style="list-style-type: none"> - Proposed Acquisition by the Vale of Glamorgan Council of the Broad Street Clinic Site. - Proposed Lease for new Accommodation for relocated Broad St Clinic to be located within Site B Redevelopment and the signature thereof. 	

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	<p>d) The issuing of the report to Board for affixation of the UHB Seal to the resultant lease documentation was approved.</p> <p>e) The transfer of services into the new facility and the likely increase in revenue consequences associated with running costs, against the cost of the existing facility was supported.</p>	
UHB 23/11/018	<p>Adoption of Revised Standing Orders</p> <p>The Adoption of Revised Standing Orders was received.</p> <p>The DCG advised the Board that a review of the Model Standing Orders had been undertaken by Welsh Government and that the Board was required to incorporate and adopt the latest review into its Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which formed part of the Standing Orders) as appropriate.</p> <p>The Board resolved that:</p> <p>a) The adoption of the new Standing Orders and Standing Financial Instructions were approved.</p>	
UHB 23/11/019	<p>Annual Director of Public Health Report</p> <p>The Annual Director of Public Health Report was received.</p> <p>The UHB Chair advised the Board that this would be the last report to be received by Fiona Kinghorn, the Director of Public Health as she would be retiring in December 2023.</p> <p>The EDPH advised the Board that the subject of her final Annual Director of Public Health Report was very close to her heart and introduced the Speciality Registrar in Public Health (SRPH) who would present the report.</p> <p>The SRPH advised the Board that there were 4 main chapters to present which included:</p> <ul style="list-style-type: none"> • The Nature Emergency • Nature and Health • Reconnecting with Nature • Restoring Nature <p>The Nature Emergency:</p> <p>It was noted that a nature emergency was declared by the Senedd and both Cardiff and Vale of Glamorgan local authorities in 2021 because since 1970, 69% of global biodiversity had been lost, with 1 in 6 species in Wales at risk of extinction.</p> <p>The SRPH advised the Board that there were a number of reasons for the loss in biodiversity which included:</p> <ul style="list-style-type: none"> • Human land-use • Climate Change • Pollution • Species Overexploitation • Invasive non-native species 	

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He added that there was evidence that a 6th mass extinction event was underway, caused by humans and that the nature emergency was not a future problem because it was happening right now, and had been for many decades.

Nature and Health:

It was noted that nature could help with a number of the health challenges currently experienced in Cardiff and the Vale of Glamorgan.

The Board was advised that benefits to health were achieved through pathways which included:

- Physical activity
- Food provision
- Social interaction
- Relaxing
- Climate Change
- Microbiome (gut)
- Pharmaceutical opportunities
- Clean Air

It was noted that as a result of the positive health impacts, research had shown significant health outcomes associated with nature and biodiversity which included:

- Reduced all-cause mortality
- Improved birth outcomes
- Reduced incidences of type 2 diabetes
- Increased reporting of good health
- Sleep improvement
- Healing and restoration
- Reduced stress
- Reduced mental health problems
- Improved wellbeing and positivity.

Nature connectedness:

The SRPH advised the Board that in relation to connection with nature, despite being perceived as a nation of nature lovers, the UK had been ranked the lowest in Europe for nature connectedness.

He added that in order to achieve reconnection with nature in Cardiff and the Vale of Glamorgan, nearby nature needed to be ensured to spend time with nature; and notice nature.

It was noted that areas that could help with that included nature prescribing and 'forest bathing' (spending time in woods), both of which had strong evidence linking them to improved health.

The SRPH advised the Board that there were Local Nature Partnerships in both Cardiff and the Vale of Glamorgan, which could provide support and signposting to local activities for people to get involved with.

Restoring Nature:

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	<p>The Board was advised that there were a number of agreements, laws and plans at the international, national and local level, along with a multitude of guidelines, resources and specialist groups, to support organisations and individuals with restoring nature.</p> <p>The SRPH noted that section 6 of the Environment (Wales) Act 2016 was of particular importance to the Health Board, as it placed a duty on it to maintain and enhance biodiversity and report progress against doing so.</p> <p>It was noted that in order to restore nature the Health Board needed to:</p> <ul style="list-style-type: none"> • Understand the status of, value of and threats to biodiversity • Protect current biodiversity by preventing and mitigating further harm and loss • Create more biodiverse environments by enhancing degraded areas and creating new habitats. <p>It was noted that the report set out 21 recommendations across individuals, public bodies and organisations in Cardiff and the Vale of Glamorgan that could help the population reconnect with and restore nature, in order to improve the health and well-being of residents, including nine recommendations for the Health Board itself.</p> <p>The EDPH thanked the SRPH for presenting the report and noted that the content was a bit different from previous reports but that it highlighted the wider aspect of how health fit into the economy and provided a lot to reflect on.</p> <p>The CEO added that the Senior Leadership Board had received the report and had enjoyed the presentation and had committed to supporting the recommendations, including the plan to review recommendations specific to the Health Board for inclusion in the Acting for the Future strategic programme.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The report was approved. b) The recommendations, including the plan to review recommendations specific to the UHB for inclusion in the Acting for the Future strategic programme were supported. 	
<p>UHB 23/11/020</p>	<p>Co-production, Engagement and Consultation Framework and Toolkit</p> <p>The Co-production, Engagement and Consultation Framework and Toolkit was received.</p> <p>The EDSP advised the Board that she would take the paper as read as it outlined all of the relevant detail.</p> <p>She added that the Co-production, Engagement and Consultation Framework would help the Health Board to facilitate a more systematic approach to the people involved as the Health Board continued to develop its services.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The framework and toolkit for use across the organisation was approved. b) The development of a supporting training package was supported. c) The success of the framework and toolkit in 12 months would be reviewed. 	
<p>UHB 23/11/021</p>	<p>Stakeholder Reference Group – Chair Nomination</p>	

	<p>The Stakeholder Reference Group – Chair Nomination information was received.</p> <p>The UHB Chair advised the Board that following the completion of the term of office of the previous Chair, Sam Austin, a new Chair needed to be appointed.</p> <p>The DCG added that since the writing of the information received, the Stakeholder Reference Group had met and had received one applicant for the position of Chair, Lani Tucker.</p> <p>The UHB Chair advised the Board that Lani Tucker was a Health and Social Care Facilitator for the Glamorgan Voluntary Services (GVS) and expressed his approval at the appointment.</p> <p>The Board all agreed.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The verbal update from the Director of Corporate Governance on who had been nominated by the SRG to assume the role as Chair was noted b) The nomination and recommendation of the individual to the Minister was supported. 	
<p>UHB 23/11/022</p>	<p>Safeguarding Annual Report</p> <p>The Safeguarding Annual Report was received.</p> <p>The END advised the Board that since the Board last received the Safeguarding Annual Report, a number of appointments had been made in relation to staff and noted that further detail on those posts would be received by the Board in 2024.</p> <p>The IMCE noted that some of the actions within the report had a rating of red on the Red, Amber, Green (RAG) rating system and asked if further assurance could be provided on those actions.</p> <p>The END responded that just because they were red, did not mean that the actions were not being looked at and noted that it was red because a process had not been formally completed yet and/or they were on the 23/24 workplan.</p> <p>The UHB Chair asked if there was a timeframe for those red ratings to progress.</p> <p>The END responded that he would find out the answer and let the UHB Chair know.</p> <p>The CEO added that the RAG ratings were well steered as lack of capacity and noted that there it was a theme throughout those red actions.</p> <p>The UHB Chair concluded that if the Health Board failed to invest properly, it ran the risk of experiencing tragedies around safeguarding and noted that it was important to get it right.</p> <p>The END confirmed to the Board, that due to a number of new appointments through 2023 and into 2024, the Board would require a formal update in regard to its compliance to safeguarding training which would be provided via a Board Development session in June 2024.</p> <p>The Board resolved that:</p>	

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	<p>a) The report would be shared with the Cardiff and Vale of Glamorgan, Regional Safeguarding Board and partner agencies.</p>	
<p>UHB 23/11/023</p>	<p>Board & Committee Schedule 2024/25</p> <p>The Board & Committee Schedule 2024/25 was received.</p> <p>The Board resolved that:</p> <p>a) The draft Corporate Meeting Schedule for 2024/25 was noted and approved.</p>	
<p>UHB 23/11/024</p>	<p>Welsh Sexual Assault Services Programme Board</p> <p>The Welsh Sexual Assault Services Programme Board Report was received.</p> <p>The CEO advised the Board that the report was received by the WHSSC Joint Committee on 19 September 2023 who considered:</p> <ul style="list-style-type: none"> • The updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, • That the WHSSC Joint Committee would fulfil the CEO reporting function for the programme from 1 April 2023, • An in-year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme • A continuation of funding for Phase 2 at the current level. <p>She added the report also requested that Health Boards would approve that the WHSSC Joint Committee undertake the reporting function for the programme and to request approval for an in-year funding uplift and the continuation of funding for Phase 2 of the Regionalisation Programme at the current level.</p> <p>The Board was advised that during the WHSSC Joint Committee held on 19 September 2023, the CEO had asked if approval would provide the Health Board with an additional cost pressure and that she had been told that it would not cost the Health Board any additional revenue.</p> <p>The Board resolved that:</p> <p>a) The report was noted.</p> <p>b) It was noted that the WHSSC Joint Committee received a report on 19 September 2023 regarding the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, and considered and approved a number of recommendations, however as accountability for the delivery of the programme remained with each HB they were now required to consider and approve the recommendations through their formal Board meetings</p> <p>c) The updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model was approved.</p> <p>d) It was approved that the WHSSC Joint Committee would undertake the reporting function for the programme from 1 April 2023</p> <p>e) An in-year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme was approved</p> <p>f) The continuation of funding for Phase 2 at the current level was approved.</p>	

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UHB 23/11/025	<p>Annual Presentation of Nurse Staffing Levels to the Board</p> <p>The Annual Presentation of Nurse Staffing Levels to the Board was received.</p> <p>The END advised the Board that the safeguarding report played a large part on the item previously discussed on the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The information contained within the Annual Presentation of Nurse Staffing Levels, produced using a newly adapted All-Wales reporting template was noted. b) The report as assurance that the statutory requirements relating to section 25B of the Nurse Staffing Levels (Wales) Act 2016 has been fulfilled was received. c) The funded nurse staffing establishments detailed in Appendix 2 of 25B wards had been undertaken as part of bi-annual recalculations and furthermore the changes to the areas recorded as 25 wards were noted. d) The reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational change were noted. 	
UHB 23/11/026	<p>Corporate Risk Register</p> <p>The Corporate Risk Register (CRR) was received.</p> <p>The DCG advised the Board that the report was for noting.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Corporate Risk Register and the work in that area which was now progressing was noted. 	
UHB 23/11/027	<p>Chair's Reports from Advisory Groups and Joint Committees:</p> <p>The Chair's Reports from Advisory Groups and Joint Committees were received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Chair's Reports from Advisory Groups and Joint Committees were noted. 	
UHB 23/11/028	<p>Committee / Governance Group Minutes</p> <p>The Committee / Governance Group Minutes were received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Committee / Governance Group Minutes were noted. 	
UHB 23/11/029	<p>Any Other Business</p> <p>No other business was received.</p>	
	<p>Agenda for Private Board Meeting:</p> <ul style="list-style-type: none"> i. <i>Approval of Private Board minutes</i> 	

	<i>ii. Financial Update</i> <i>iii. Approval of Private Committee minutes</i>	
	Date & time of next Meeting: Thursday 25 th January 2024 – Woodland House, Nant Fawr room 1,2 & 3	

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ACTION LOG
Following Public Board Meeting
30 November 2023

(Updated for the meeting being held 25 January 2024)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS / COMMENT
Actions Completed					
UHB 23/11/004	Board Minutes	Minutes taken from the Board meeting on 28.09.2023 to be recirculated following amendments made from various Executives.	26.01.2023	Matt Phillips	COMPLETED
Actions in Progress					
UHB 23/01/018	Board Champions	Report to be provided at the end of each year to detail the work undertaken by Board Champions.	28.03.2023	Rachel Gidman/Matt Phillips	Update to be given on 28 March 2024
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHB 23/05/016 and UHB 23/09/011	6 Goals Improvement Programme	Board Development session to be held on the 6 Goals Improvement Programme and To include Safer at Home update	29.02.2024	Paul Bostock/Matt Phillips	COMPLETED <i>Update to be provided on 29 February 2024 at Board Development Session</i>
UHB 23/11/011	Integrated Performance Report – P&C	The People & Culture Committee to receive a deep dive on the launch of “My Health Passport” to include update on sickness absence.	23.01.2024	Rachel Gidman	COMPLETED <i>Added to P&C Action Log and Forward Plan for the next meeting being held on 23.01.2024</i>
Actions referred <u>FROM</u> Committees of the Board/Board Development					

Report Title:	Chairs Report to Board			Agenda Item no.	6.2
Meeting:	UHB Board	Public	X	Meeting Date:	25 January 2024
		Private			
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive Title:	Chair of the Board				
Report Author (Title):	Head of Corporate Governance				

Main Report
Background and current situation:

1. SITUATION/BACKGROUND

This report aims to provide an update to the Board on relevant matters in my capacity as Chair of the Health Board, where I highlight key areas of activity including Board business and topical areas of interest.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 Board and Committee Membership

- I am delighted to announce the appointment of Claire Beynon as Executive Director of Public Health. Claire will take up the reins from Fiona Kinghorn following her retirement on the 29 December 2023. Claire is a well-established and credible public health specialist and leader and the Board look forward to working with Claire.
- I am pleased to confirm the following Committee Chair appointments:
 - Audit and Assurance Committee will be chaired by Dr Rhian Thomas our Independent Member for Capital and Estates
 - Finance & Performance Committee will be chaired by John Union our Independent Member for Finance

I would like to thank them both for taking up these important positions within the Board.

2.2 Board Development Session – 14 December 2023

- Strategy Planning and Delivery Framework

In Decembers Board Development meeting, we continued our strategy work and discussed potential delivery mechanisms that centered on defined portfolio areas, Senior Responsible Officers (SROs) and programmes of work.

- Board effectiveness

Mindful of the recommendations contained within the Audit Wales Review of Board Effectiveness at Betsi Cadwalader University Health Board in February 2023, a further six-monthly review was undertaken of our current Board effectiveness. It is pleasing to report the further strengthening of the positive and effective relationships that exist within the Board.

2.3 Diary Highlights since the last Board Meeting

Post-Christmas Message

I would like to thank colleagues on behalf of the Board for your amazing work and contribution over the Christmas period. You worked tirelessly and willingly sacrificed time with loved ones to deliver compassionate and high-quality care for our patients.

During the Christmas period, the health board was, and continues to be, confronted with unprecedented levels of demand for our services and inevitably, it is our wonderful colleagues who have faced the brunt of these pressures and they have responded magnificently. I would like to thank each and every one of our colleagues for their outstanding contributions during the challenging festive period.

New Year's Honours List 2024

Although the fantastic news that a number of our colleagues have been named in the New Year's Honours List for 2024 has already been communicated, I want to extend my additional congratulations to Dr Hamsaraj Shetty (MBE), Professor Antony Johansen (MBE) and Versha Sood Mahindra (BEM) for their remarkable achievements. These awards are well-deserved testaments to their contributions to the NHS and communities across Wales.

Canolfan Iechyd Genomig Cymru- the new home of Genomics in Wales

Together with Suzanne Rankin, our Chief Executive Officer, I was delighted to attend the official opening on the 7 December 2023 of the Canolfan Iechyd Genomig Cymru alongside the Minister for Health and Social Services, Eluned Morgan

Funded by Welsh Government, the state-of-the-art facility will co-locate some of Wales' leading experts in the field of genomics: Genomics Partnership Wales, the All Wales Medical Genomics Service (AWMGS), Pathogen Genomics Unit and Public Health Genomics Programme, and Wales Gene Park. This is a fantastic collaborative environment and the new space will be home to world-class clinical and research laboratories and purpose-built clinical spaces. I am delighted to support the launch of this ground-breaking piece of work which will drive innovation forward and, support Wales in becoming a leading nation in this area of health care, whilst ultimately improving the lives of the patients who use these services and bringing huge benefits to the Welsh population. I would like to pass on my sincere thanks to everyone involved in the project for their instrumental support in ensuring we can continue the growth of genomics in Wales



Saunders Nathan
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Housekeeping, Linen and Waste Services

I wanted to take the opportunity to highlight the fantastic work undertaken by our Housekeeping, Linen and Waste Services team following a recent visit. Their work plays a vital part in the experience of our patients and they work closely with our clinical teams and infection control.

The largest team within facilities is the Housekeeping Team, that consists of 623 staff. They are responsible for keeping our hospitals and clinics in the health board clean to a standard that will prevent the risk of infections to our patients. As an addition to the daily cleaning, the team also provides a specialist service of Hydro-peroxide vapour (HPV) cleaning. This cleaning is carried out in high risk areas. During December 2023, 135 HPV cleans were carried out to help eliminate infections in our hospitals which is remarkable and demonstrates the impressive way the team works.

The linen team consists of 11 staff who are responsible for removing the dirty linen from our wards and supply clean linen for the making of beds, across the health board. Without the great work this team do every day there would be no clean beds for our patients to sleep in. Following my visit, it was clear to see that the team provide first class support to our wards and community services by meeting the huge demand for linen services. The team provide this vital service in such a professional, considerate and very efficient way to ensure our patients are able to be cared for very well by our front-line staff, which is so encouraging.

Within the waste team there are 30 staff who are responsible for removing the waste from our sites. The collection and removal of waste is a statutory service and on a daily basis the team remove 22 different waste streams with an average of 600 tonnes per month removed from our health board, startling figures which really showcases how hard these teams work. I had not realised the complexity and scope associated with waste management until I met with the team which demonstrated to me the breadth of this important work.

In addition to providing Housekeeping, Linen and Waste Services, the Facilities team have implemented a number of new services during 2023 which includes;

- The introduction of a Help Desk initiative, which during December saw their rapid response teams carry out 2,677 additional housekeeping jobs over and above the daily housekeeping duties, whilst responding to bed space cleans to support patient flow throughout our hospitals. The success of Help Desk initiative has been both innovative and supportive to our staff who need support across the health board and it is great to see it being utilised to its full potential.
- The introduction of the environmental team who identify areas that require cleaning and tidying up for the wellbeing of our staff and patients, an important contribution to supporting our health board footprint.

Following my visit, it was clear to see that the teams provide first class support to our wards and community services by meeting the huge demand for Housekeeping, Linen and Waste services. It was encouraging to see these vital services being delivered in such a professional, considerate and very efficient way to ensure our patients are able to be cared for very well by our front-line staff and I want to express on behalf of the Board my personal thanks to all of these teams for the marvellous contribution they make to our work.

Housekeeping



Linen



Environment



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 - Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting

The common seal of the Health Board has been applied to 4 documents since as listed below;

Seal No.	Description of documents	Background Information
1047	SCP Contract for Wellbeing Hub Parkview	Agreement to proceed with full business case. Cardiff and Vale UHB and Kier Construction
1048	Access agreement at Whitchurch Hospital	CAV and Velindre laying of electricity apparatus
1049	Deed of Variation	CAV and Velindre land at Whitchurch Hospital
1050	NEC 4 Contract	Mortuaries refurbishment scheme UHL and UHW

The following Legal Documents are reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
11.10.23	Deed of Release	Deed of Release regarding an option to purchase part of the former Landsdowne Hospital site between (1) Cardiff and Vale University Health Board and (2) Christopher John Robinson (3) Warren Heywood and (4) John James Collis
15.11.23	NEC4 Short Contract	DC20315 - Plant Room Ceiling
17.11.23	NEC3 Short Contract	DC23071 - UHL Fire Alarm Upgrade
17.11.23	NEC3 Short Contract	DC23000.008 - Upgrade Community Fire Alarm System
20.11.23	NEC4 Short Contract	NMW001 - UHW Tunnels works
29.11.23	NEC3 Short Contract	DC23062 - UHW Levellers Replacement
29.11.23	NEC3 Short Contract	Contract for the UHW Fire Alarm Upgrade
06.12.23	NEC3 Short Contract	DC23053 - UHW UGF Public Toilet
05.12.23	NEC4 Short Contract	DC23073 - UHW Ward Moves Phase 2b - Coral Reef Treatment Room
14.12.23	NEC4 Short Contract	CRI Block 11 Internal alterations

The following **Chairs Actions** have been taken on behalf of the Health Board; The Board is requested to ratify these decisions in accordance with Standing Orders;

Date Received	Charis Action Details	Background	Date Approved
14.12.23	Signing off of agreements to continue staffing of the doctorate programme in clinical psychology and the MSc clinical associate in applied psychology programme	The health board are responsible for delivering the education for the doctorate in clinical psychology and provision of CAAPs which will be hosted, awarded and accredited by Cardiff University. A competitive procurement process was conducted by NWSSP on behalf of HEIW to appoint Cardiff University who were the incumbent supplier, ultimately retaining this business following an evaluation process which had previously been delivered by them over the past twenty years under historic contractual arrangements. Income generation for this project is up to £11.3M over the 7 year contract period however it is difficult to confirm the final number due to variation in commissioning numbers on an annual basis.	19.10.23
02.11.23	UHW Drainage System Phase 1 & Phase 2	Request for £975,785.62 Inc. Vat	15.11.23
10.11.23	Approval to send off the Strategic Cash Support Letter to WG	As requested by WG - board approval for strategic cash support in 2023/24 for £16.460m in recognition of the revised forecast financial deficit forecast at month 7	16.11.23
14.11.23	Approval to uplift additional value within the Mechanical Refurbishment, Replacement and Upgrade Framework	Increase the contract value by the maximum allowable amount, £2,250,000.00 excluding VAT or £2,700,000.00 including VAT. Previous framework value £6.75mil Proposed new framework value £9.0mil Increase £2.25mil	16.11.23
13.12.23	Community Health Connectors and Community Development managers for two clusters in Cardiff.	£1,624,964.00 2 year contract plus option of 2 year extension	28.12.23
24.11.23	Mortuary Refurbishment Awarded to Tilbury Douglas Construction Ltd	CVU Health Board urgently needs to expand its body storage capacity to address the heightened demands throughout the winter seasons £1, 950,765.79 Excluding VAT £2,340,918.94 Including VAT	27.11.23

06.12.23	Multiple Lift Upgrade Scheme	<p>These works include the refurbishment of 19 lifts. These costs were submitted in August 2022 and are now out of date.</p> <p>It is noted that if the costs were updated to £6,974,643.00 Excluding VAT £8,369,572.00 Including VAT</p>	10.12.23
20.12.23	Interventional Neuro-Radiology Replacement Project – Procurement of Two IR Suites	<p>Approve the full Contract award to include the following Capital Kit (previously approved in principal) to Siemens – Value £3,229,920.00</p> <p>Associated Works to Siemens – Value £2,208,720.00</p> <p>10 Year Maintenance Contract inc Warranty Period to Siemens – Value £1,967,976.00</p> <p>Associated Other Capital Purchases with OEMs – Value £425,774.42</p>	22.12.23
18.12.23	Request funding from Welsh Government for the purchase of the Redlands GP Surgery, Penarth on behalf of Cardiff & Vale Health Board	£755,000.00	19.12.23
20.12.23	<p>The Board is requested to: Support the proposal to apply to the Public Inquiry to review CAVUHB's request for Core Participant Status for Module 3; and</p> <p>Delegate authority to approve the application letter to the Director of Corporate Governance</p>	Nil	22.12.23

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Recommendation:

The Committee is requested to:

- a) **NOTE** the report.
- b) **APPROVE** the Chair’s Actions undertaken.
- c) **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 place an “X” in the below boxes 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 place an “X” in the below boxes as relevant

Prevention		Long term		Integration		Collaboration	X	Involvement	
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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:	25 January 2024
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Governance				
Main Report					

EXECUTIVE SUMMARY

This report seeks to give the Board assurance on the execution of the Winter Plan thus far, the progress and approach to meeting the financial control total, the current IMTP and Annual Plan status and outlines anticipated risks associated with the forthcoming (at the time of writing) BMA Junior Doctor Industrial Action.

I start with expressing my thanks to all our teams and colleagues who worked hard over the Christmas and New Year period. I was in and around our sites during the Christmas period and I was full of gratitude, admiration and respect for the tremendous dedication and professionalism shown by colleagues in responding to the health and care needs of patients and the communities we serve during a very busy festive period.

In the lead up to Christmas, primary care colleagues and 111 came under particular pressure due to demands for urgent primary care contributed to by the winter respiratory viruses that were evidently in circulation. I want to say a big thank you to colleagues for working systematically and diligently through this such that once Christmas was upon us, we were in a good position. It was evident from discussions with colleagues that the festive period was challenging, however it was clear that a little Christmas cheer had descended upon the organisation, which was great to see for both the team and patients who remained with us during that time. Many colleagues have shared that this Christmas and New Year period felt the best they had had for quite some time which is so very good to hear. This is testament to the success of our winter planning which I referenced in my previous Board report and demonstrates that work has been undertaken to mobilise on the key priorities set out within the plan. The teams have worked hard to engage colleagues, which has been important in underpinning our success and resilience during this winter period. The shift in our performance is great to hear, and further reflected in the snapshot data below which demonstrates that the 1-hour ambulance waiting times during the Christmas period remained lower than at the end of October which is positive to see.

Metric	30/10/2023	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023
UHW conveyances	528	480	466	515	468	448
Total lost hours	232	97	141	161	134	101
2 hour ambulance holds	6	0	3	1	5	0
1 hour ambulance holds	134	12	41	58	53	21

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I would like to thank the public for choosing to use services wisely over these winter months and utilising all suitable alternative services to enable us to meet their needs as efficiently as possible.

I feel confident in giving the Board strong assurance that the Winter Plan has to this point been executed effectively as demonstrated by the data and corroborated by the positive feedback.

1. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

1.1 FINANCIAL POSITION UPDATE

Quarter 4 – Financial Position Update

I would like Board to take assurance that a key priority of the Senior Leadership Team remains the achievement of the financial control total set for this year's plan of £16m deficit, not least because of the potential associated and recurrent benefits of doing so.

Prior to Christmas, on the 19 December 2023 the Welsh Government published their draft budget. We fully acknowledge that Wales remains in an extremely tough financial situation and recognise that considerable work has been done across Welsh Government to determine funding allocations for the NHS in Wales. We have now been issued with our financial allocation for FY24/25 which is associated with a high degree of complexity and planning and the Director of Finance will give a more detailed analysis of the opportunities and challenges that result in due course.

Our focus will be on the remaining delivery of this year's plan whilst setting out our approach to achieving the requirements for the year. The Board will continue to receive detailed briefings on progress alongside the routine assurance papers through Finance & Performance Committee.

1.2 PLANNING AHEAD

Planning 2024-2025

The planning process continues as we continue to shape our Annual Plan for 2024-2025. We are now in receipt of the Planning Guidance from Welsh Government which was released on the 18 December 2023. A further workshop is planned for the 11 January 2024 where the Annual Plan Priorities will be discussed, with the benefit of us now having the financial allocation. This will enable the Senior Leadership Team to look ahead and prioritise against our key workstreams and set actions to form the 24/25 Annual Plan. Engagement with colleagues as well the Board will continue until the Board is in a position to approve the final proposed plan and budget for FY24/25.

I would like to give Board assurance that the 24/25 Annual Plan is developing in a strategically aligned way and I will continue to report to Board on the delivery of the key areas of the strategic planning work programme.

2. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

2.1 Industrial Action

Upcoming British Medical Association (BMA) Industrial Action Monday 15 January 2024 - Thursday 18 January 2024

As this report is being drafted, we approach the planned BMA Junior Doctor Industrial Action. I have been clear with all colleagues that the Health Board respects colleagues' right to strike and we will

continue to work with colleagues across the Health Board collaboratively and respectfully as we head into this challenging period. We have held a number of Live Team sessions leading up to the planned Industrial Action to help us to understand colleague concerns and answer questions. It is in everyone's interest, most importantly patients and those who rely on us to care and treat them when needed, that the dispute is resolved as quickly as possible and hope that all involved in the negotiations find a way to achieve that agreement.

We have been preparing in great detail for the pending Industrial Action to ensure that we are clear as a team what our priorities are, how we will provide oversight and escalation opportunities and the approaches that will mitigate the absence of Junior Doctor colleagues who under normal circumstances deliver considerable and important components of care and treatment to patients. This is so that we can sustain safe care and treatment to patients. The Chief Operating Officer will provide a detailed brief in due course which will include a reflection on how effectively the plans rose to the challenge.

It is my hope that by working together the mutually interested parties are able to bring about a swift and mutually acceptable resolution to the current dispute in order to preserve relationships and bring everyone back to work.

As I have already stated, Junior Doctors are an incredibly important and valued part of the team, and their significant contribution will be much missed. In order to fill rota gaps many Consultants and SAS Doctors have agreed to be redeployed alongside those advanced practitioners who are able to provide complex care and treatment within their scope of practice. I am very grateful for everyone's adaptability and flexibility in rising to the challenge the Industrial Action presents. This has led to the cancellation of many aspects of routine and elective care. This scenario presents risks in many areas which I detail below, and which despite the very detailed planning work and the high degree of cooperation of many colleagues, I am unable to provide full assurance of mitigation on.

Anticipated Industrial Action Key Risks:

- Potential Harm to Patients – there is a potential for harm to patients should our mitigating actions be overwhelmed by urgent patient demand. There is at least anxiety and distress caused to patients by the delay of outpatient appointments, diagnostics and elective care and potential harm where time critical care is delayed.
- Potential Harm to People– the upcoming Industrial Action is going to impact our colleagues in a number of different ways, including the potential for discontent and fragmentation within teams which may then impact the quality of relationships within those teams. We anticipate that some colleagues may feel unsupported or exposed to behaviours not consistent with our values as we navigate our way through this period. It is our desire to eliminate harm to people and put our people first in line with our strategic objectives. As such, we have been doing wide engagement to make sure colleagues are kept informed of how we are managing the Industrial Action and we have ensured that clear and regular communication is available to colleagues. In addition, we have also developed a FAQ page which is accessible to all colleagues that clearly sets the organisations expectations to dealing with the upcoming action, making it clear that we have a zero tolerance to bullying, harassment and intimidation.

- Absolute Financial Risk – There is a negative financial impact resulting from Industrial Action which will be incurred from the costs of covering the gaps in the clinical team's workforce left by Junior Doctors who choose to participate. At this point, we are not expecting that Welsh Government will be in a position to fund this additional cost, which

based on our current assumptions could be in the region of several millions of pounds. We will do our best to minimise costs associated with ensuring we deliver safe and efficient services and have made Welsh Government aware of the risks this presents to our year-end financial achievement.

- **Potential Reputational Risk** - we anticipate there is potential for patient frustration and anxiety caused by the delay in accessing services which could reflect negatively on the Health Board. The risk to team dynamics has already been described. Stakeholder briefings and toolkits have been circulated alongside patient facing communications to ensure as wide an understanding of the situation and plans to manage and mitigate as possible. We will also ensure that we manage our communication and social media profile very carefully.

Future Industrial Action

For Board awareness, I advise that there are a number of upcoming confirmed Ballots for further industrial action involving the British Dental Association on behalf of Hospital Dental Trainees and the British Medical Association on behalf of SAS Doctors and Consultant Doctors. I will ensure that Board is kept updated on any further confirmed Industrial Action.

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:

DRAFT

Saunders, Nathan
06/02/2024 11:21:22

Report Title:	Strategic Planning Update			Agenda Item no.	6.4
Meeting:	UHB Board	Public	X	Meeting Date:	25.01.24
		Private			
Status <i>(please tick one only):</i>	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:					
<p>This report provides the Board with an update on key areas of strategic planning, commissioning, and partnership work programme. 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 - it includes progress in relation to the following areas:</p> <ul style="list-style-type: none">• Strategy development and delivery, including strategic programmes.• Integrated Medium Term Planning• Regional and Tertiary Services planning work programme.• Strategic commissioning developments• Partnership planning					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The Strategic Planning team holds the ring on a number of key planning arenas including updating the Health Board's overarching strategy and strategic plans, the annual planning process leading to the production of our IMTP (Integrated Medium-Term Plan), regional planning and partnership planning – including both the RPB Joint Area Plan and the two Public Services Board (PSB) Wellbeing Plans. It is key that there is alignment between our refreshed strategy, our IMTP/annual plan, and our regional and partnership plans.</p> <p>1. Shaping Our Future Wellbeing – 2035: Quarter 4 will see the work completed to reshape our current programmes to reflect our new strategic objectives and vision, and to establish new programmes of work where these are required in order to deliver on the milestones we have set in our refreshed strategy.</p> <p>2. Integrated Medium Term/ Annual Planning</p> <p>Annual Plan 23-24: Delivery of the Annual Plan for this year continues to be monitored and scrutinised through the Finance and Delivery Committee, the Quarterly Annual Plan Progress reports to the Board, and by Welsh Government/NHS Executive, through the monthly Integrated Planning, Quality and Delivery Meetings. The requirements of the Enhanced Monitoring Escalation status are discharged mainly through the IPQD meeting and separate finance meetings which take place with Welsh Government and the NHS Executive.</p> <p>Annual Plan 2024-25: The NHS Wales Planning Framework 2024 – 2027 was issued on 18th December and took the form of a letter from the Health and Social Services Minister to NHS Chairs setting out the Welsh Government Priorities for the NHS. There was also a letter from the Director General Health and Social Care/CEO NHS Wales which set out the process through which plans should be finalised and submitted to Welsh Government. This included confirmation of the requirement for</p>					

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06/02/2024 11:13

NHS CEO accountability letters to be submitted to Welsh Government 16h February where organisations are not able to develop a financially balanced integrated medium-term plan. The submission date for the IMPT/Annual Plan is 29th March 24 (Good Friday). Health Boards are encouraged to share draft plans with WG officials and touch-point meetings are being set up. The Health Board plans must be accompanied by the Ministerial Priorities Templates and ten Minimum Data Sets which provide monthly trajectories related to the priority areas, targets, and national programmes.

The Board Development Session in December enabled the Board to review the emerging Health Board priorities and consider the difficult considerations required to balance maintaining and improving the quality of our services (including timely access), the workforce challenges and the financial challenges.

On 11th January, a Senior Leadership Board workshop was held to consider all of the emerging proposals which have resource implications, confirm the prioritisation process following the framework agreed by the Board, and to consider the implications for the short and medium-term transformation and sustainability programmes. In the February Board Development session, the Board will consider the draft IMPT/Annual Plan and will receive the final draft plan for consideration and approval at the March Board meeting. Below provides a summary of the Planning Guidance (courtesy of Swansea Bay UHB Planning colleagues).

NHS Wales Planning Guidance 2024 - 2027

Statutory requirement for approvable plans (Integrated Medium Term Plan/ IMTP) which comprises the duty to break-even, whilst setting out the improvements to services and their future sustainability the resources available to reduce inequalities and to improve the health outcomes of the population served.

Planning Framework received 18 Dec 2023

General Requirements
(Director General & Minister's Letters)

- Plans targeted to pressures:
 - Challenging financial outlook;
 - Impact on CYPs and other disadvantaged sectors.
- Recovery and sustainability
 - Optimisation of resources to deliver the best care and treatment for the people of Wales;
 - Reduction in inequalities and improving health outcomes – focus on gaps in service provision;
 - Stabilisation of the NHS.

Golden Threads

- Recognition of external factors being the most challenging circumstances since the inception of the NHS; recognition that this is likely to continue;
- Improving population health outcomes – impact of burden of disease modelling and focus on prevention – incl. weight management and diabetes;
- Children's access to specific and universal care and services;
- Quality and value-based approaches to care – reduction in waste, harm and unwarranted variation;
- Shift to primary & community focused care;
- Role of the NHS as an **Anchor Institution**;
- Foundational economy;
- Wellbeing of Future Generations (5 Ways of Working);
- Climate change;
- Plans to show clarity of delivery commitments – assessment and aggregation against A Healthier Wales.

Plans to include in year priorities with route map to medium term, in 3 years context, with longer term ambitions.

Ministerial Priorities (Planning Framework): The national programmes will continue to support the delivery of services, whilst reinforcing best practice (quality, efficiency and patient experience) and not driving costs. **Accountability Conditions for these programmes were issued in September 2023 and will provide continuity between 2023/24 Plans.**

Enhanced Care in the Community

- Focus on reducing delayed pathways of care

Primary and Community Care

- Focus on improving access and shifting resources into primary and community care

Urgent and Emergency Care

- Focus on delivering the 6 Goals Programme

Planned Care and Cancer

- Focus on reducing the longest waits

Mental Health, including CAMHS

- Focus on delivery of the national programme

Thematic Workstreams (Value & Sustainability Board)

To support and provide guidance, the VSB has agreed five workstreams to **maximise resource utilisation** across the system. These thematic areas cover:

- Workforce – continue reduction on reliance of high-cost agency staff; 'Once for Wales' arrangements for recruitment strengthened
- Medicines Management
- Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
- Procurement and non-pay, and
- Clinical Variation / Service Configuration – reduction in unwarranted variation and low-value interventions

The Board has already issued a range of requirements in relation to low value interventions, prescribing and continuing health care that must be implemented to ensure a consistent approach across Wales.

Further Requirements & Considerations
(Director General & Minister's Letters)

Process & governance arrangements

- Consolidation of plans and ensuring collective progression against sustainability agenda and delivery of 'A Healthier Wales'
- More detailed expectations are being produced – i.e. PHW mandate letter – follow in 2024.
- Three-year plan – incl. **Firm, Indicative, Outline** levels of detail with clear progression captured.
- Detail of operational delivery, management of risk and financial sustainability.
- Agile and dynamic planning to adapt to changing environment.

Inclusions

- Quality, prevention, health inequity, impacts on CYPs particularly;
- Anti-Racism Action Plans – employment and service delivery;
- Duty of Quality – 12 Health and Care Quality Standards.

Financial

- Unprecedented level of financial deficit – continue to reduce funding deficits and ensure financial sustainability – driving down financial risk.

Integrated Arrangements

- Performance Framework will be issued ASAP and will reflect **key performance information**, complementing the Minimum Data Set (MDS)
- Templates – focus on areas of risk;
- Collaboration across HB and public sector boundaries.

Enablers & Influencers

- A Healthier Wales – Accountability Review
- NHS Wales Joint Commissioning Committee
- Value & Sustainability Board
- NHS Executive – phase two
- Social Partnership & Public Procurement (Wales) Act 2023
- Health Service Procurement (Wales) Bill
- Duty of Quality and Duty of Candour

Core Support Functions & Triangulation

Plans must take advantage of transformation, innovation, partnership/working and opportunities

- Embrace 'Accelerated Development' Regional Planning Board Plan
- Strengthen 'Wales' approach for digital
- Maximise opportunities regional v
- Redistribute resources community care;
- Maximise opportunities by **key po**
- Further F
- Increasing administ efficiency, reduction administ
- ement co proportion spend bas

3. Regional Planning

A South East Wales Regional Planning workshop took place on 6th December. This brought together the CEOs, Medical Directors, Chief Operating Officers, and Planning Directors from the three health boards and Velindre NHS University Trust. Supported by members of the planning team, the focus of the workshop was threefold:

- To reflect, in a forward looking way, on how learning from the past twelve months of regional working into what we do next and whether what we do moving forward has to be different.

- To establish if a consensus view exists on an approach to addressing our longer-term clinical sustainability as a region
- Identify any immediate opportunities (due to fragility for example) which may exist to optimise our service provision beyond the current regional programmes.

The workshop was constructive with four clear actions agreed across all organisations;

- An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baseline' for 2024/25 to ensure there is a continued regional consensus on purpose, objectives, outcomes, and planning assumptions.
- The need to review the current regional working governance arrangements.
- The need to develop a single regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for South-East Wales that can then inform local decisions.
- The need to further review the indicative list of fragile services for the South-East region and begin considering the regions response to these.

These actions will be further considered at the Regional Planning Oversight Board in January to ensure they are fully reflected in organisational IMTPs/Annual Plans.

Current regional programme update:

- **Orthopaedics** (Cardiff and Vale UHB lead) – progress continues to be made to identify opportunities for shared learning and agreement and implementation of common standards and approaches aimed at maximising patient outcomes, and optimising utilisation of the resources (physical and human) across the region. At the December Programme Board meeting colleagues from Cardiff and Vale UHB presented back on a visit to a Belgium orthopaedic centre that has designed an approach through streamlining patient pathways and efficient theatre arrangements that enables a significantly higher volume of hip replacements that is currently achieved within our region. The learning is being considered by the clinical leads to look at how we can adopt similar practices to improve our productivity.
- **Ophthalmology** (Aneurin Bevan UHB lead) – we are currently undertaking an engagement exercise regarding the medium-term plans for a regional approach to cataract surgery. The feedback will be used to help us shape the next stage of our programme and the proposals for a regional cataract service building on the current regional approaches that have been established utilising the temporary theatres at UHW.
- **Diagnostics** (CTM lead) – the programme has three strands of work: pathology, community diagnostics and endoscopy. Work is progressing on the proposals in all three areas but are at different stages of maturity. There has been a delay in the anticipated delivery time for a community diagnostic hub solution so our requirement for extended temporary diagnostics capacity (located at UHL) continues further into next year.
- **Stroke** (jointly led by Cardiff and Vale and CTM UHBs) – discussions are taking place to firm up proposals for a joint out of hours rota (as was in place prior to the pandemic) for stroke services. This is being led by Operations colleagues. Work on the options for achieving the national stroke standards and the national service specification (which the NHS Executive is due to final in January) continue to be refined and will be tested out in a clinical workshop due to take place later this month. Work is currently being completed to analyse the phase 1 stroke patient survey to inform our planning. Llais is engaged in the work due to the requirement

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for us to engage and possibly consult on the emerging proposals for a regional stroke service for the Cardiff and Vale and CTM areas, which would require the reconfiguration of existing acute services.

- **Cancer** (Aneurin Bevan UHB lead)- Following the agreement to bring the regional cancer services agenda into the regional planning mechanisms (which equally saw VNHST formally become part of the collaborative) a regional level cancer workshop has been arranged for the 23rd of January. This workshop will look to explore and agree the objectives/priorities/approach for the newly formed regional cancer board.

4. Swansea Bay and Cardiff and Vale UHBs Specialist Provider Partnership

The focus of this work has turned to the immediate requirements relating to the sustainability issues which have emerged in the last two months in relation to the Interventional Radiology Service provided by Swansea Bay UHB. Urgent discussions are being led by Operations colleagues for the short-term solutions whilst the medium-term service model is developed at pace. There are potentially implications for services that have an interventional radiology requirement (such as hepatobiliary and vascular services).

Work is also moving at pace, linked to the above issue, to firm up the service model for HPB services.

5. Regional Partnership Board

The Health Board and Regional Partnership Board jointly sponsored a workshop with the King's Fund on 31st October. The purpose was to explore the findings of the two King's Fund reports commissioned in 2021 which looked at opportunities for increasing primary care-based prevention, and to accelerate integration across health and care. The workshop was well attended by colleagues from the RPB, clinical boards and corporate teams, and Llais. A number of 'north stars' were identified – key priorities that would address the recommendations made in the King's Fund reports and give us maximum value in delivering improved outcomes for the people of Cardiff and Vale of Glamorgan. The output of the workshop will come to the RPB and Board in due course.

The RPB has approved its annual report which provides an overview of the work completed during 2022/2023 – the last year of the first five-year Area Plan. The report highlights the breadth of the work undertaken by the RPB and its impact on our health and care services, and those how use them. The link to the report is [here](https://cavrp.org/app/uploads/2023/09/RPB_ANNUAL_REPORT_ENG_20234-1.pdf) and Board members are encouraged to read it.

https://cavrp.org/app/uploads/2023/09/RPB_ANNUAL_REPORT_ENG_20234-1.pdf

The RPB's Joint Area Plan 2023-28 has been approved, setting out the partnership's strategic commitments for the next 5 years. These align with the Wellbeing Plans of the two Public Services Board to ensure a coherent overarching approach to partnership working.

The RPB is required to produce annual delivery plans from 24/25 onwards. These are under development.

Work is also progressing in the RPB team to finalise the ten-year strategic capital plan which will bring together the primary/community infrastructure plans we have set out in Shaping Our Future in the Community alongside partners plans for community infrastructure, with the principle of integrated services where possible.

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In 2024/25, the partnership intends to develop 'Place Plans' bringing together a coherent delivery plan for each locality, built up from cluster-level plans. Place plans will include both service and associated infrastructure developments, ensuring a whole system approach across our partnership.

6. Commissioning Developments

The All-Wales Individual Patient Funding Request (IPFR) Policy has been updated following recommendations arising from the WHSSC and Aneurin Bevan UHB Judicial Review. The amendments are for clarification and were not deemed significant enough to need wider consultation or an update of the Equality and Health Impact Assessment. The updated policy will be taken to February Quality, Safety and Experience Committee for ratification of its formal CAV UHB adoption. The associated Standard Operating Procedures will be updated in line with the changes.

The All-Wales S2 Policy for commissioning treatment in the European Union has been issued by Welsh Government following the cessation of the linked EEA treatment entitlement following BREXIT. It has been developed in conjunction with the UK government and other devolved administrations. This policy gives patients the right to request that treatment is commissioned at a state facility in EEA countries and Switzerland if there is proven clinical need and undue delay for the intervention in the local health system. Patients are deemed to be the commissioners of their own treatment and are expected to meet any co-payment requirements of the treating country. Application support is provided to patients locally by the IPFR team and applications are screened by the team before passing to the NHS Business Authority for processing on behalf of the Department for Work and Pensions.

7. Shaping Our Future Hospital Programme

Following the Infrastructure Investment Board which took place on 13th November, work has been progressing to scope the master planning work agreed with Welsh Government. Several meetings have taken place with WG officials, and it is anticipated that the master planning scope will be signed off in January to enable resources to be requested and the procurement process to commence, alongside the firming up of the clinical service planning assumptions.

Joint Academic Health Sciences Strategy Programme

Following a visit by Cardiff and Vale UHB and Cardiff University colleagues to Edinburgh BioQuarter in March 2023, a Project Board was set up to oversee the development of a Joint Academic Health Science Strategy (JAHSS). The JAHSS Project Board has members from both Cardiff and Vale University Health Board and Cardiff University.

The plan is to establish a Joint Academic Health Sciences Strategy (JAHSS) Programme Board from April 2024 co-chaired by the CEO, Cardiff and Vale UHB and the Vice Chancellor, Cardiff University. The Programme Board will be responsible for setting the overall vision and direction for Cardiff University (CU) and Cardiff and Vale University Health Board (C&VUH) Life Sciences Strategy incorporating the part that research, innovation, and teaching play in delivering clinical services. The Programme Board will oversee the effective and timely development and delivery of the strategy on behalf of both organisations.

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Recommendation:

The Board is requested to:

a) Note the progress being made across the Strategic Planning, Commissioning and Partnership portfolio

b) Agree to receive an update on Shaping Our Future Clinical Services and Hospitals Programme at the February Board development session.

c) Note that the final draft IMPT/Annual Plan for 2024 – 2027 will be brought to the Board in March for consideration and approval.

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
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Impact Assessment:

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

Risk: Yes

There is a risk that if regional models for key services are not agreed and implemented in a timely way, we may need to provide support to other services which become unsustainable, in an unplanned way. Equally a number of our services will become more fragile and vulnerable to sustainability challenges.

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

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<i>There will be financial implications associated with the regional stroke model and a business case for implementation of the model will be developed and considered through the appropriate process. There are also significant financial implications associated with the development of the UHW infrastructure plans.</i>	
Workforce: Yes	
<i>There will be workforce implications relating to the introduction of regional service models.</i>	
Legal: Yes	
<i>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.</i>	
Reputational: No	
<i>No specific risks to highlight.</i>	
Socio Economic: Yes	
<i>All of our plans need to be assessed for socio-economic duty. There is an overlap 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.</i>	
Equality and Health: Yes	
<i>EHIA's 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</i>	
Decarbonisation: Yes	
<i>No specific issues to highlight but decarbonisation impact will need to be considered as each plan is developed. Decisions on prioritise must consider carbon impact and contribution to decarbonisation.</i>	
Approval/Scrutiny Route:	
Committee/Group/ Exec	Date:

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Report Title:	Board Assurance Framework			Agenda Item no.	6.5
Meeting:	Board	Public	x	Meeting Date:	25 January 2024
		Private			
Status <i>(please tick one only):</i>	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. It comprises:

1. Patient Safety
2. Maternity
3. Critical Care
4. Cancer
5. Stroke
6. Urgent and Emergency Care
7. Planned Care
8. Exacerbation of Health Inequalities
9. Attract, Recruit, Retain
10. Sustainable Culture Change
11. Staff Wellbeing
12. Capital Assets
13. Delivery IMTP 24-26
14. Financial sustainability
15. Digital Strategy and Road Map

These risks are all detailed within the attached BAF. There are three broad groups in which the risks have been ordered within the BAF these groups are:

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

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

After the initial evolution of the BAF to align it with the strategy as presented in November no further changes have taken place for January. However, work will continue in the future to continue this work.

The key changes to the risks on the BAF from the Board Meeting in November 2023 are track changed for clarity. No net risk scores have altered since the last meeting.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Discussion at the various Committees of the Board on the risks allocated to them for review.

Recommendation:

The Board are requested to:

- **Review and note** the 15 risks to the delivery of Strategic Objectives detailed on the attached BAF for January 2024.

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: Yes/No

The BAF as a document details the risks in relation to the delivery of Strategic Objectives.

Safety: Yes/No

There is a risk within the BAF on Patient Safety which also details the impact.

Financial: Yes/No

There is a risk within the BAF on Financial Sustainability which also details the impact.

Workforce: Yes/No

There is a risk within the BAF on Workforce which also details the impact.

Legal: Yes/No

Reputational: Yes/No

Having a non-approvable IMTP will impact upon the reputation of the Health Board

Socio Economic: Yes/No

There is a risk on the BAF on Health Inequalities these inequities have significant social and economic costs both to individuals and societies.



Equality and Health: Yes/No



As above

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Executive Directors Individual review undertaken prior to Board with each Executive Lead.

Strategic Objective	Priorities	Portfolio	SRO	Committee	Strat Risks
Putting People First  We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.	People will feel valued, developed, supported and engaged. We will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations. Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Shaping Our Future People and Culture	Director of People and Culture	People and Culture	9. Attract, recruit & retain 10. Sustainable Culture Change 11. Staff Wellbeing
		Shaping our Future Population Health/Equitable Health	Director of Public Health	People and Culture	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 14. Financial Sustainability 15. Digital Strategy and Road Map
Providing Outstanding Quality  We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.	Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community Deliver outstanding quality of care every time - from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers. Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.	Shaping our Future Quality Excellence	Medical Director and Director of Nursing	Quality Safety and Experience	1. Patient Safety 2. Maternity 3. Critical Care 4. Cancer 5. Stroke 6. Urgent and Emergency Care 7. Planned Care 9. Attract, recruit & retain 11. Staff Wellbeing 12. Capital Assets 14. Financial Sustainability 15. Digital Strategy and Road Map

<p>Delivering in the Right Places</p>  <p>By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing.</p> <p>We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.</p>	<p>To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services.</p> <p>Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof.</p>	Shaping our Future Integrated Services	Medical Director	Quality Safety and Experience	<p>2. Maternity</p> <p>4. Cancer</p> <p>5. Stroke</p> <p>7. Planned Care</p> <p>8. Exacerbation of Health Inequalities</p> <p>10. Sustainable Culture Change</p> <p>15. Digital Strategy and Road Map</p>
	<p>With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future.</p>	Shaping our Digital Future	Director of Digital	Digital Health Intelligence Committee	<p>9. Attract, recruit & retain</p> <p>15. Digital Strategy and Road Map</p>
	<p>Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.</p>	Shaping our Future Estate and Infrastructure	Director of Finance	Finance and Performance Committee	<p>9. Attract, recruit & retain</p> <p>12. Capital Assets</p>
<p>Acting for the Future</p>  <p>We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future.</p>	<p>Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners.</p> <p>Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value.</p> <p>Maximise the Health Board's contribution to the foundational economy</p>	Shaping Our Future Clinical Care for the Next Generations	Medical Director	Quality Safety and Experience	<p>8. Exacerbation of Health Inequalities</p> <p>9. Attract, recruit & retain</p> <p>12. Capital Assets</p> <p>13. Delivery of IMTP</p> <p>14. Financial Sustainability</p> <p>15. Digital Strategy and Road Map</p>


By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities	Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.	Shaping Our Future Environment for the Next Generations	Director of Planning	Finance and Performance Committee	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability 15. Digital Strategy and Road Map
		Sustainable Investment	Director of Finance	Finance and Performance Committee	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability

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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 Nov 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	<p>Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board.</p> <p>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.</p> <p>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.</p>	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science/ Chief Operating Officer	Quality, Safety and Experience
2. Maternity	Cautious	14, 15, 16	25	15	➡	15	<p>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.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
3. Critical Care	Cautious	18, 19, 20	25	15	➡	10	<p>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</p>	Executive Nurse Director/ Executive Medical	Quality, Safety and Experience


							<p>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.</p> <p>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. Both of these initiatives have been implemented on time.</p>	Director/ Chief Operating Officer	
4. Cancer	Cautious	7, 9	20	15		10	<p>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.</p> <p>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 sites. The likely improvement timescale to reach the standard is now the end of Q2.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

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5. Stroke	Cautious		20	15		10	<p>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 15.3% in October 2023 but this is not yet sustainable change hence the continuing focus on this area. 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 priorities given the capacity constraints within the footprint.</p> <p>There has been considerable organisational focus on the stroke pathway and 5-6 internal stroke summits have been held in 2023. 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 is on 20th November</p> <p>The NHS Executive is supporting in the review and updating of the improvement plan following its assessment of the pathways in the UHB and across Wales. Meetings commenced 29.08.23. April to June SSNAP performance saw an improved grading from Grade C to B.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
6. Urgent and Emergency Care	Cautious	6, 8, 10	20	15		10	<p>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</p>	Executive Nurse Director/ Executive Medical Director/	Quality, Safety and Experience Committee





<p>Saunders Nathan 06/02/2024 11:21:22</p>							<p>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.</p> <p>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.</p> <p>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.</p> <p>Urgent and Emergency performance has continued to improve compared to last year. Q2 has more challenged then expected, largely due to increased length of stay for adult inpatients.</p> <p><u>Performance for Q3 has been challenging although remains better than the previous year, significant</u></p>	<p>Chief Operating Officer</p>	
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							<p>improvements were seen in December in relation to ambulance waits and ED waits which were in contrast to the rest of Wales.</p> <p>Performance for Q3 has been challenging although remains better than the previous year</p>		
7. Planned Care	Cautious		16	12		8	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

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							<p>Each Clinical Board have revised plans for the 23/24 financial year to meet the revised standards above. Welsh Government have responded positively to the plans for the regional funding for planned care and as a result there will be non-recurrent funding to the clinical boards to deliver plans as well as recurrent funding for a protected surgical zone at UHL as well as a community diagnostic hub. These are designed for sustainable increases to capacity and controls for demand respectively</p> <p>At the end of October December 2023, the clinical boards remained on track for achieved the delivery of the 97 and remain on track for the 99% standards for December and March respectively. There remain challenges in the delivery of no 156 week waiting patients by the end of December. At the end of December there were 176 patients waiting three years or more. The focus will be on continual improvement of this number and an aim to clear in financial year</p>		
8. Exacerbation of Health Inequalities	Open		16	12	➡	12	<p>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.</p>	Executive Director of Public Health	Quality, Safety and Experience Committee

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9. Attract, recruit, retain	Open	4, 6, 11, 16	25	16		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	People & Culture Committee
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	People & Culture Committee
11. Staff Wellbeing	Open	4, 6, 11, 16,	20	16		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	People & Culture Committee
12. Capital Assets	Open	1, 2, 3, 4, 17, 19, 20, 23	25	20		10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical	Executive Director of Strategic Planning, Executive Director of Therapies and Health	Finance & Performance Committee

							Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Science, Executive Director of Finance	
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	Finance & Performance Committee
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	Finance & Performance Committee
15. Digital Strategy and Road Map	Cautious	23	25	20	➡	20	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	Director of Digital Health Intelligence	Digital Health Intelligence Committee

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						up to a level of digital maturity that can support our agreed strategic objectives.		
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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	<p>There is a risk to patient safety:</p> <p>Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list.</p> <p>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).</p> <p>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.</p> <p>Due to the ability to balance within the health community and the challenge in transferring patients to EU.</p> <p>Due to the current pressure in EU and inability to segregate patients due to the volume in the department.</p>		
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<p>Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings.</p> <p>Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.</p>		

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

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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	We are currently unable to demonstrate compliance against a number of recommendations against the various external reviews and reports.
Date added: 3/11/22	We have a backlog of investigations, RCA's and concerns and as a result LFE delays Workforce concerns and adverse media
Cause	<ul style="list-style-type: none"> • 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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<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none">• 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		<ul style="list-style-type: none">• 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		<ul style="list-style-type: none">• Data and benchmarking information• Resources to meet the national recommendations		
Actions		Lead	By when	Update
1. Ongoing recruitment above establishment, increasing training places		AJ	30.11.23	This action continues to take place Over-recruitment has been achieved – 227WTE in post (plus 26 WTE on maternity leave) against 230 WTE -required. Training performance increased. All staff undertaken PROMPT by Feb 24
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)	

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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	<ul style="list-style-type: none"> • 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 • Annual increase in demand for critical care services of approx. 4-5% 		
Impact	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 24/7 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 		

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Current Assurances		<ul style="list-style-type: none">• 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⁾• Plans implemented to roll out 24/7 PART team• 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 and to meet future predicted annual growth in demand 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 need not fully understood across the organisation.			
Actions		Lead	By when	Update
1. Implementation of the UHW site masterplan and critical care infrastructure programme <ul style="list-style-type: none">a. Medium term development of additional cubicles and support facilitiesb. 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	Approval from CMG/SLB to proceed with the Strategic Outline Case for Critical Care expansion and refurbishment. Approval from CMG/SLB to proceed with the Strategic Outline Case for Critical Care expansion and refurbishment. Aim to submit to WG in Q4 23/24. a. Design completed for C3S, further work required on design for C3N. The design will include additional cubicles to meet IP&C demand. (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 Planning continues in line with the UHB planning process and the All Wales Prioritisation Process.
2. Ongoing development of recruitment and retention strategies		JR / RG	31.03.23	This piece of work continues. Additional three beds commissioned and PART team now 24/7 through additional recruitment.
3. Winter Plan		PB	30.11.23	Additional planning and mitigation for winter will be required due to the co-location of PACU and CCU to facilitate the estates work needed to bring Cardiothoracic Surgery back to UHW. Potential for reduced flexibility to use PACU beds for escalation / DTOC. Alternative escalation plans being developed.

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

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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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 2023/24Operational 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 		

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Current Assurances		<ul style="list-style-type: none">• 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⁾ <p>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</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls		<ul style="list-style-type: none">• 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		<ul style="list-style-type: none">• 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
1. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey		MTCW	30-6-23Ongoing	Partially complete. Individual pathways reviewed based on D&C analysis. This work in continually ongoing with corrective actions and plans being implemented.
2. Delivery of cancer improvement plan – SCP and backlog – via revised governance structures		MTCW	Ongoing	Revised aim to meet SCP 75% standard by the end of Q4.
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 [priorities](#) 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 [and thrombectomy](#) 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	Poor compliance with SSNAP – currently a C score.
Date added: 01/11/2022	
Cause	<ul style="list-style-type: none">• 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 have resulted in Stroke beds being 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 the ringfencing of stroke beds in February, this situation has greatly improved with a commitment to protecting stroke capacity however the most challenging site pressures still have the potential to impact this ringfenced status. Performance against the 4 hours admit target is now $\geq 50\%$ and this measure reached 70% in June 2023.• 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. The CNS role is now protected and would only be pulled into ward numbers in the most exceptional of circumstances.

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Impact		<ul style="list-style-type: none">• 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		<ul style="list-style-type: none">• Awareness raising on the importance of early swallow screen assessment – training plan executed and improvement in performance evident.• 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 22; Clinical Director for stroke in post from October 22. 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. Clinical model now designed and being worked up through stroke summit meetings to produce full business case.• 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 from Feb 2023• Roll out of ROSIER tool at triage from May 2023		
Current Assurances		<ul style="list-style-type: none">• 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 NHS Executive Performance and Assurance TeamDelivery-Delivery Unit ⁽¹⁾• Improving SSNAP Grading for April to gGrade B, and July to Sep 23 to grade AJune 23 to Grade-B		
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 sustainable in a 7/7 model SRC capacity and challenges to flow across the whole stroke pathway CNS cover not 7/7 SRC capacity ROSIER compliance remains a challenge.		
Gap in Assurances		Competing demand on regional, thrombectomy and clinical board priorities		
Actions		Lead	By when	Update
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		NT/JM/LP	31/05/2023	7-day model in place since March 23 but needs investment for a sustainable model. To be included in Stroke Business Case 2024. Next Stroke summit on

thrombectomy treatment pathways, 4 hours admit target and nurse assessments. Interdependencies / Risks Capacity and flow, medical support				20.11.23 where staffing will be discussed
<p>2. Medical</p> <p>Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5)</p> <p>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</p> <p>Change of future models include hot clinics for TIA patients to support prevention of Stroke as part of the ongoing Stroke improvement plan.</p> <p>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.</p> <p>This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment.</p> <p>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.</p>		TH/NT/SB	31/01/2023	<p>6 Front door sessions continue despite no longer continuing with locum SHO cover at SRC based on balance of risk.</p> <p>4 vacant stroke sessions now covered in split ITU post from 1.8.23 on 12 month contract.</p> <p>Future clinical model for delivery 24/7 consistent stroke will be worked up for business case; we are to be presented at 5th stroke summit on the 20/11/23. Will require significant investment.</p> <p>An enhanced shared front door model with Neurology continues to be explored at the stroke summit on the 20/11/23. Previous submissions did not meet service requirements so revised model with wider window to be presented.</p>
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	<p>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</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none">• 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 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		<ul style="list-style-type: none">• Operational position reported into Management Executive (weekly) ⁽¹⁾• Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan6 Goals Programme Board ⁽¹⁾• Key operational performance indicators and progress against plans reported into the Finance & Performance Committee.. ⁽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		<ul style="list-style-type: none">• 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		N/A		
Actions		Lead	By when	Update
1. Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff		LD	31/7/23	Coverage is planned to increase to 84% before the end of the financial year. A review of future roll-out will then be undertaken. Coverage now at 84% with go-live in Cardiff West.
2. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU		PB	31/07/23	Complete first phase.
3. 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	Ongoing. Revised aim to complete by 30.0309.20243
4. 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	Business case for first stage now supported and will go live in Q4
5. Delivery of redesigned Emergency Department – CDU, Paeds CDU, e-triage		PB		Q4 go-live for adult and paed's CDU and e-triage
6. Development and approval of the 2023 / 24 Winter Plan		PB	30/09/2023	Winter plan has been supported and is on track-. Completed

7. Review of Board round processes as part of bed pressure and length of stay programme		PB	30/09/23	Plan is being discussed through SLB 2/11/23 and a taskforce to educate and develop learning on wards, including the role out of STAMP is underway. Completed. Programme of work for Length of Stay underway.
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Planned Care is one of the delivery programmes in the 2023/24 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., mobile ophthalmology theatres, 2nd gynae treatment room commissioned, spinal unit commissioned, mobile endoscopy unit in place, additional waiting list initiative clinics 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 		
Current Assurances	<ul style="list-style-type: none"> Current position against 52/104weeks monitored via weekly Planned Care Performance meeting ⁽¹⁾ Operational position reported into daily/weekly 'hot' reports⁽¹⁾ Planned Care Delivery Board in place bi-weekly; suite of metrics reviewed at every meeting ⁽¹⁾ Monthly meeting with the NHS Executive on Planned Care⁽¹⁾ Mechanisms in place to monitor key Planned Care schemes as part of the Operational Delivery Plan ⁽¹⁾ 		

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<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 • Delivery of 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	<ul style="list-style-type: none"> • 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
1. Implemented High Volume Low Complexity (HVLC) lists in UHW to reduce long waiting patients	RT	01.10.23 01.02.24	HVLC lists due to start in Q3. Now due to begin in Q4 – plans finalised
2. Implement mobile diagnostic solution in UHL (in advance of community diagnostic hub)	SL	01.11.23	Procurement complete, implementation date currently being negotiated planned for the first week in January plans are in development. Activity to begin in Q4.
3. Develop plan for UHL HVLC lists – to be delivered in 2024/25 (Q1)	RT	01.11.23	Start date of Q1 on track for delivery Planning continues, the start date is dependent on the move of cardiothoracic services back to UHW which is likely to be Q2 24/25.
4. Weekly patient level tracking with COO's office of the extreme long waiters	MT	01.11.23	In place and continuing
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

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 in our Shaping Our Future Wellbeing strategy is that *“Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced”*. Our goal is to *reduce the inequity seen in a number of indicators across healthy behaviours, use of preventative services, access to clinical services and importantly health outcomes. In addition we want to see a halt to the historic trend of widening inequality gap in life expectancy for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women*. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan Public Service Board Well-being Plans 2023-28.

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 halt the historic trend in widening inequality in life expectancy for men and women .
Date added:	29.07.21
Cause	<div><ul style="list-style-type: none">• Health inequalities arise in three main ways, from<ul style="list-style-type: none">○ structural issues, e.g. income, employment, education and housing○ unhealthy behaviours due to the environment, social norms and income levels○ 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 particular needs• Deaths from COVID-19 were almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there was 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. 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 follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality• 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</div>

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<p>Impact</p>	<ul style="list-style-type: none"> • The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include: <ul style="list-style-type: none"> ○ 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 people who are homeless • 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 communicable diseases including COVID-19 • 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 • The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas (PowerPoint Presentation (nhs.wales)) 		
<p>Impact Score: 4</p>	<p>Likelihood Score: 4</p>	<p>Gross Risk Score:</p>	<p>16 (Extreme)</p>
<p>Current Controls</p>	<p>1. Statutory function</p> <p>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.</p> <p>2. Role as an Employer</p> <ul style="list-style-type: none"> • 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 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 • Staff have been signposted to resources to help them to cope with the cost-of-living crisis 		

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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 Population 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 has been strengthened in 2023/24 by the development of a strategic framework for tackling equity, equality, experience and patient safety
- 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 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

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		<ul style="list-style-type: none"> Unidentified and unmet healthcare needs in seldom heard groups Capacity of partner organisations to deliver on plans and interdependency of work 		
Gap in Assurances		<ul style="list-style-type: none"> Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales 		
Actions		Lead	By when	Update
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, <i>beyond</i> complying with our statutory duty		Claire Beynon/ Rachel Gidman	2023/24	We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process is being reviewed on an All Wales basis with the view of creating a Once for Wales approach. C&VUHB will contribute to the development and implementation. 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		Claire Beynon	<p>March 2024</p> <p>April 2024</p> <p>Every 6 months</p>	<p>Suite of preventative actions to tackle inequalities developed with PSB and RPB partnerships.</p> <p>The 'Amplifying Prevention' work with Local Authorities 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. This includes focus on targeted work with communities and settings known to experience inequity, beginning with childhood immunisation and then bowel screening.</p> <p>Following publication of the Population Needs Assessment and the two Wellbeing Needs Assessments, tackling inequalities is recognised as a priority for all local and regional partner organisations.</p>

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			An equity, equality, experience and patient safety strategic framework went to the SLB in June 2023, and to the Board Development session in June 2023 and has been shared with the Local Partnership Forum. The Framework was adopted by UHB Board in Sept 23. Updates will be made to Board on implementation every 6 months.
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	<p>March 2023</p> <p>June 2023</p> <p>January 2024</p>	<p>High level Amplifying prevention indicators have been developed. More granular indicators and evaluation to be developed in year.</p> <p>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. There are improvements that need to be made in the routine collection of protected characteristics in order to support the introduction of new indicators, this will need to be addressed by each Clinical Board.</p>
Impact Score: 4	Likelihood Score: 3	Target Risk Score:	12 (High)

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9. Attract, Recruit and Retain – 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. Workforce challenges are currently the biggest threat facing the health service in England and Wales.

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, [career promotion](#), workforce planning, pay, education, well-being, retention and transforming ways of 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 Health Board will not be able to attract, recruit and retain people to deliver high quality care and essential services for the population of Cardiff and the Vale.		
Cause	<ul style="list-style-type: none"> The increased demand across the NHS and Social Care has left a shortage in some professions and the sustained pressures have impacted negatively on wellbeing and retention. National shortages in some professions have made it difficult to attract people with the right skills/experience and in the numbers required. 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. People now think differently about work and what is important to them. 		
Impact	<ul style="list-style-type: none"> Higher levels of sickness absence Lack of management capacity to support staff appropriately; <ul style="list-style-type: none"> Higher 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. Reduction in uptake of student training places and higher attrition rates, resulting in a reduction of graduates. Potential negative impact on quality of care & safety. Inability to expand services as required due to lack of staff with the relevant experience, skills, etc. 		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> The People and Culture Committee provide more scrutiny and assurance to Board. People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities.. Monthly Executive Review meetings with Clinical Boards Strategic oversight meetings, e.g. NPG, MWAG, 		
Current Assurances	<ul style="list-style-type: none"> Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. ⁽¹⁾ Qtrly IMTP/Annual Plan updates to WG. WG JET and IQPD Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). ⁽¹⁾ 		
Impact Score: 4	Likelihood Score: 4	Net Risk Score:	16 (Extreme)
Gap in Controls	Agreed Retention Plan for all staff.		

Retention & OD Lead for the UHB Workforce supply affected by National Shortages.				
Gap in Assurances		Turnover is reducing but is still high.		
Actions		Lead	By when	Update
Agreed Retention Plan for all staff, aligned to HEIW Toolkit and HEIW Nurse Retention Plan.		Jonathan Pritchard Claire Whiles	31/03 1 /24	
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 culture which is building upon our values and behaviours framework will make a positive 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	<ul style="list-style-type: none"> • There is a belief within the organisation that the current climate is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as they are overwhelmed with system pressures, change and ongoing demands. • Staff are not feeling involved in, or understanding the part their role plays for the case for cultural 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	<ul style="list-style-type: none"> • 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 / respect and resolution • 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 employer of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. • Existing inequalities exacerbated • Not realising the opportunities within workforce sustainability 		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<ul style="list-style-type: none"> • The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities. • Monthly Executive Review meetings with Clinical Boards. • Strategic oversight meetings, e.g. NPG, MW Values and behaviours Framework in place • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Freedom to Speak Up. • Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme 		
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	No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles) No organisational cultural dashboard		
Gap in Assurances	VBA rate continues to be low but is increasing across the UHB Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement		
Actions	Lead	By when	Update
To develop management and leadership development where <u>c</u> ompassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	March 2024	Internal advisory audit report received. Management actions have been submitted and work on developing Leadership and Management Principles in collaborations with key stakeholders will commence December 2023.
		November 2023 – March 2024 <u>Jan-March 2024</u>	The Collabor8 Leadership programme, Cohort 1- has closed . A review of the programme will take place based upon the audit findings, and the work around leadership and management principles.
		December 2023 – March 2024 <u>Jan-March 2024</u>	The project plan for developing ‘leadership principles’ within CAVUHB is in development based upon the findings of the audit adv isory report.
		Feb 2024 November 2023 – March 2024	Engagement in development will take place between December 2023 and March 2024.
		<u>Feb 2024</u> <u>February 2024</u>	Education, Culture and OD Team have scheduled <u>will schedule</u> the management development offer to March 2024. Programmes for April 2024 onwards to be determined following engagement in principles, NHS Wales Survey findings and based upon advisory audit management response. <u>The Coaching Network is expanding. The</u> ECOD team are supporting

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<p>Saunders, Nathan 06/02/2024 11:21:22</p>		<u>March 2024</u>	inexperienced <u>inexperienced</u> coaches to complete qualification and achieve coaching hours required. A review of coaching qualification route is taking place to look at the inclusion of more practical experience, e.g. Agored Cymru. ECOD department developing 'good practice' guidance and support for mentors. This will be aligned to support retention plans, and in the future, 'reverse mentoring'. This work will link to SEP and Ani-Racist Action Plan.
		<u>Jan - March 2024</u>	
		November 2023—February 2024	
		<u>Jan-March 2024</u>	<u>ECOD team are supporting coaches with practical peer supervision sessions. Coaching Supervision Qualification (Level 7) to be reviewed March 2024.</u>
		November 2023—March 2024	-ECOD team working with Worth Consulting to develop in-house practical coaching supervision training for qualified and experienced coaches. Qualification (Level 7) to be reviewed March 2024.
		<u>Jan-March 2024</u>	
		December 2023	
		<u>Feb 2024</u>	Simplified VBA process continues to be communicated and the 2 hour on-line training runs monthly to support both managers and staff and is well attended. The training also forms part of the management programmes.
		<u>Jan-March 2024</u>	
		<u>Jan-Feb 2024</u>	Simplified paperwork has been agreed and is part of communication and training. All CBs have provided an action plan and trajectory for achieving VBA targets and this is discussed at Executive Reviews. The HoPC link closely with ECOD to identify areas requiring additional support.
		January 2024	
		November 2023 <u>Feb-March 2024</u>	
		<u>Jan-Feb 2024</u>	

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~~November 2023–
January 2024~~

~~Jan-Feb 2024~~

~~December 2023~~

The ALAS Culture and Leadership Programme (CLP) discovery phase has been completed . Whole departmental day ~~scheduled for took place~~ December 14th 2023 ~~where production of actions will be commenced and findings explored~~.

Programme of work to be developed by the ALAS DMT for next 12-18 months with support from P&C Team.

~~November 2023–
March 2024~~

~~Jan-March 2024~~

~~Jan 2024~~

~~November 2023–
January 2024~~

~~November–
December 2023
Jan-July 2024~~

~~Jan-May 2024~~

The Culture and Leadership Programme has been approved ~~and adopted~~ as a consistent approach to support cultural work. ~~Culture Summit held in August, paper taken to SLB and P&C Committee.~~

P&C team working with COO and Executive Team to identify priority areas. ~~Progress made to date:~~

~~Theatres UHL – Discovery phase completed, analysis taking place. Team Day scheduled (design) for Feb 2024~~

~~Theatres UHL currently at the end of Phase 2 (Discovery), ALAS in Phase 3/4 (Design and Delivery),~~

~~Radiology / Radiography – SMT development plan supported by AD of OD, Wellbeing and Culture. To review NHS Wales Staff Survey findings Feb 2024 to identify next steps in cultural work.~~

~~other areas identified as priorities in Phase 1 – scoping. Radiology planned for January 2024.~~

~~Children and Women CB – 2 x workshops planned for Obstetrics and Gynaecology based on values and behaviours / ways of working Outpatients – discovery phase, survey completed, 1 x focus group held, another focus group scheduled Jan 2024~~

~~Gastro – broader work required. Workplan in development including Executive Nurse Director,~~

			<p><u>Executive Medical Director, COO, Executive Director of P&C.</u></p> <p>OD -challenges to capacity being discussed. Agreement of organisational priorities re OD support and conversations re capacity ongoing. CLP approach will require different levels of support for areas depending on findings and complexity of required intervention.</p> <p><u>Heads of People and Culture have completed the CLP programme on NHSE/I and are integral to the programme going forward. Training also shared with Trade Union colleagues to build awareness and engagement.</u></p> <p>People and Culture Team are supporting EU with retention and wellbeing work. Scoping of programme underway. Head of ECOD working with DoN.</p> <p>ECOD team <u>developinghave drafted a</u> toolkit to support CLP in CAVUHB. Programme management approach to ensure consistency, measurements and review, and targeted support. <u>To review to finalise Jan 2024.</u></p> <p><u>To support effective evaluation of programmes, HEIW are supporting 1 place on the pilot Kirkpatrick Evaluation programme. Member of ECOD Team to attend and share learning.</u></p> <p><u>To support Team Development, HEIW supporting 1 place on the Affina Team Coach Journey Programme. Member of ECOD to be developed in first instance to support cultural / team development.</u></p>
<p>1. Equality, Diversity and Inclusion</p>	<p>Rachel Gidman</p>	<p>November 2023<u>Jan</u> – March 2024</p>	<p>Engagement plan for development of the Strategic Equality Objectives in <u>draftfinalised and commenced</u></p>

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<p>Welsh Language Standards being implemented.</p> <p>Saunders, Nathan 06/02/2024 11:21:22</p>		<p>Jan 2024</p> <p>December 2023<u>May 2024</u></p> <p><u>Jan-March 2024</u></p> <p>November 2023 – January 2024</p> <p>November – March 2024</p> <p><u>Jan-March 2024</u></p> <p><u>Jan 2024</u></p> <p>December 2023<u>Jan – March 2024</u></p> <p>December 2023 – March 2024</p> <p><u>Jan-April 2024</u></p> <p>November – February 2024 <u>April 2024 – June 2024</u></p>	<p>Dec 2024. Engagement to <u>continue Jan-March 2024 and commence December 2023</u>, plan to be published <u>1st April 2024</u>.</p> <p>Equality Strategy Welsh Language Group reviewed. Draft governance proposal agreed in principle by CEO and Exec Director of P&C. Director of Corporate Governance to confirm next steps. Proposal to be presented to P&C Committee Jan<u>May</u> 2024.</p> <p>A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. <u>Review of capacity and cost to be completed to compare in-house translation to external to identify and realise potential savings.</u></p> <p>The UHB continues to receive and respond to inquiries from the Welsh language Commissioner’s Office, particularly around reception areas, recruitment and data. <u>To minimise future risk, and identify and monitor key actions required, WL Team working closely with Clinical Boards, and capturing lessons learned.</u></p> <p><u>To further develop working relationships with the WL Commissioner’s Office, a meeting has been arranged for Jan 2024 between the Chair, CEO and EDoP&C and the WL Commissioner.</u></p> <p>The Welsh language team are supporting prioritised Clinical Boards to further understand</p>
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<p>Inclusion - Nine protected Characteristics</p>		<p><u>September 2023</u></p> <p><u>December 2023— March 2024</u></p> <p><u>Jan-March 2024</u></p> <p><u>Feb-April 2024</u></p>	<p>their responsibilities and are taking a stepped approach to this and linking in closely with Directors of Ops.</p> <p>Priorities identified for 2024/25 to support CB in achieving WL Standard compliance through a pragmatic and achievable way. <u>The Equity, Inclusion and Welsh Language Team have secured Welsh Language Training, from courtesy to fluency, at no cost from the National Centre for Learning Welsh. The team are working with the Directors of Ops to focus in areas including reception / patient facing areas.</u></p> <p>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.</p> <p>Training has been identified for mentors to support Inclusion Ambassadors at executive level, <u>however, progress has been slow as the team focus on the Strategic Equality Plan Engagement. Step two will take place after engagement has taken place and a revised SEP published. This will involve</u> identification / nominations for mentors, followed by training. Timing <u>and actions of this to will</u> be informed by SEP <u>development feedback</u> and Anti-Racist Action Plan.</p> <p>Existing networks are collaborating to develop the scope and outline of an ‘Ally Network’. Work is progressing slowly due to capacity, including capacity of network members and resources available. On pause while a focus is given to network development.,</p> <p>The Anti-Racist Wales Action Plan for CAVUHB has been</p>
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			<p>agreed. Initial priority around data is being implemented with a data campaign and support to complete records on ESR.</p> <p><u>Slow progress on implementation of the ARAP due to team capacity. Support has been identified Jan-March 2024 from the OD Team to support progress in this area. Long term resource to be discussed.</u></p> <p><u>There has been limited work on the LGBTQ+ action plan development due to capacity. Requirements to be revisited following SEP engagement.</u></p> <p>The framework for Equality, Health Inequalities and Safety has been agreed.</p> <p><u>The Equity, Inclusion and Welsh Language Team have secured Welsh Language Training, from courtesy to fluency, at no cost from the National Centre for Learning Welsh. The team are working with the Directors of Ops to focus in areas including reception / patient facing areas.</u></p>
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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11. Impact of working in healthcare on Staff Wellbeing in light of sustained high demand – Executive Director of People and Culture (Rachel Gidman)

Our employees have been exposed to unprecedented levels of demand, change and uncertainty since the COVID-19 pandemic. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result of a pandemic in the years following such an event. 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 pandemic and the pressures now emerging in term of continued high levels of demand, staffing shortages and societal issues such as the cost of living crisis. This, together with limited time to reflect and recover, will increase the risk of burnout in staff.		
Date added:	6 th May 2021		
Cause:	<ul style="list-style-type: none">• Lack of integration and understanding of importance of wellbeing amongst managers I• Impact upon manager wellbeing of balancing staff and service needs• Conflict between demands of service delivery and staff wellbeing• Exposure to psychological impact of increasingly complex and challenging demands of care• Inability to deliver care to required standard due to short staffing (moral injury)• Ongoing demands over an extended period of time Cost of living ‘crisis’• Financial climate		
Impact	<ul style="list-style-type: none">• Values and behaviours of the UHB will not be displayed due to high pressure environment, and potential for exacerbation of existing poor behaviours• Operating on reduced staff levels in clinical areas due to sickness absence and/or staff shortages• 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)• Increased referrals for higher level psychological support• UHB credibility as an employer of choice may decrease• Potential exacerbation of existing health conditions• Impact on retention (negative) and attraction of staff into healthcare		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none">• The People and Culture Committee provide more scrutiny and assurance to Board.• People and Culture Plan in place with a robust governance structure <u>monitoring</u> delivery against the agreed priorities.• Monthly Executive Review meetings with Clinical Boards.• Strategic oversight meetings, e.g. NPG, MW Values and behaviour• Provision of in-house People Health and Wellbeing Service enabling <u>enabling self-referral</u> (EWS), and manager referral (Occ Health)• EWS and Recovery College workshops (on-line)• Stress Risk Assessments• Values Based Appraisals including focus on wellbeing• Chaplaincy• Health and Wellbeing Steering group		

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	<ul style="list-style-type: none">• Development of rapid access to Dermatology• Post traumatic pathway service• Deployment principles to support staff and line managers• Wellbeing and Safety walkabouts• Clinical Board Executive Reviews• Introduction of Culture and Leadership Programme• NHS Wales Staff Survey 2023 – engagement and communication plan		
Current Assurances	<ul style="list-style-type: none">• 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• Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023• Development of a new and permanent OD Manager - Wellbeing and Engagement role• Taking Care of Carers Audit and Action Plan to become part of Business as usual ⁽³⁾• Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report and implementation of Management Actions ⁽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: 4	Likelihood Score: 3	Net Risk Score:	16 (Extreme)
Gap in Controls	<ul style="list-style-type: none">• Staff shortages / industrial action leading to movement of staff and high demand for cover• Transparent and timely Communication especially to staff who do not have digital access• Continued increase in manager referrals to Occupational Health• 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• No Colleague Health and Wellbeing Framework		
Gap in Assurances	<ul style="list-style-type: none">• 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
1. Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.	Nicola Bevan and Lisa Franklin	November 2023 – March 2024Jan-Feb 2024	Pilot of commissioning approach underway to ensure ‘fit for purpose’ when launched. <u>Evaluation of initial commissioning process underway.</u> <u>Review required to simplify process and support managers.</u> <u>Revised draft to be completed for Feb 2024.</u> Requests not going through the approach are being supported

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		Jan-March 2024	<p>where applicable, with involvement from all P&C areas when necessary.</p> <p>Review of pilot and engagement with CBs / SLB etc in new year.</p> <p>OD Catalogue to be developed to outline OD 'offer'. To include tools / techniques to support managers with team development. This will outline what is available to support many areas, including but not limited to:</p> <p>Team Development</p> <p>Conflict</p> <p>Values and Behaviours</p> <p>Ways of working</p> <p>Wellbeing & Resilience</p> <p>Continued signposting to cost of living support and development of resources in partnership with TU Partners and MaPS.</p>
		Jan-March 2024	
		Jan-March 2024	
		November 2023 – March 2024.	
		Jan-April 2024	
		November – January 2024	
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	November 2023		
		Jan-March 2024	
			<p>H&WB Steering Group TORs finalised. DoDops to be invited to co-chair with EDoP&C. Priorities include:</p> <p>Health and Wellbeing Framework development (led by AD of OD, Wellbeing and Culture)</p> <p>Financial Wellbeing</p>

		<p>to review priorities and work on Financial Wellbeing.</p> <p>Money Matters Week November was supported by Roadshows across sites.</p> <p>Financial Wellbeing packs have been circulated to key leads in primary care and community for cascading through the teams.</p> <p>EWS, ECOD and People Services have supported Ops during Autumn-/ Winter 2023/24 to support a series of roadshows for staff. The Winter Roadshows include wellbeing advice and signposting, financial wellbeing, NHS Wales Staff Survey updates and general advice and guidance.</p> <p>The staff Financial Wellbeing Pathway has been finalised and is available via sharepoint. This includes a 'one page' version, and a more detailed version with additional details. <u>Work required with Commuications Team to cascade and signpost.</u></p> <p>Dedicated staff financial wellbeing and <u>Cost of Living</u> web pages have been established on sharepoint.</p>
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<p>2. The People and Culture Team will identify insights from workforce data, including themes emerging from EWS, OH, People Svcs, Culture work and Staff Survey, to shape strategic and operational response to themes / emerging trends. This will also be informed by working in collaboration with Clinical Boards.</p>	<p>Claire Whiles</p>	<p><u>November 2023 –Jan- March 2024</u></p> <p><u>December 2023Jan - March 2024</u></p> <p><u>Jan 2024</u></p> <p><u>November 2023Jan-March 2024</u></p> <p><u>Jan-March 2024</u></p> <p><u>Dec-Feb 2024</u></p>	<p>The Health and Wellbeing Steering Group has been reviewed and new TORs developedis now <u>established. Co-Chair (DoOps) to be identified to ensure operational focus. TORs to go to P&C Committee for agreement.</u></p> <p>The group will meet every 2 months to focus on the development of the H&WB Framework, and to steer the organisation in terms of wellbeing priorities.</p> <p>The group will report to the People and Culture Committee.</p> <p><u>Peer support developments— MedTRiM training will be reviewed following limited interaction with the training provider. Conversation with MedTRiM Provider scheduled for Jan 2024. Review of MedTRiM as a response to traumatic experiences of UHB Staff required early 2024 as concerns approach not fit for purpose. Support for colleagues experiencing traumatic situations to be reviewed by H&WB Steering Group as part of Framework Development. Review of use of Sustaining Resilience at Work PractitionerPractitioner Training (StRaW)</u></p>
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approach within C&W CB to be reviewed.

P&C Team to review positioning of small team of StRaW Practitioners within P&C and identify area to support within UHB. has been undertaken by Children and Women CB supported by P&C Team.

‘My Health Passport’ launched in November 2023. Engagement and communication throughout UHB planned for 2024, to include ongoing evaluation. Signposting to be built into Induction, VBAs, Management Development. to enable employees who believe they may need support or work adjustments due to a disability or long term health condition, will be launched on 16th November 2023. †

Recent measles outbreak in Cardiff has resulted in the Welsh Government instructing Health Boards to undertake a audit of MMR status of staff based in high risk areas. The recently introduced all Wales Occupational Health database does not currently have this functionality, work is ongoing on an all wales basis to develop a means to producing this information.

Occupational Health (OH) service have reached out to the high

			<p><u>risk areas to request a local risk assessment is undertaken and information returned to OH. Any staff with no, partial or unsure MMR vaccination status have been advised to contact OH. Planning is being undertaken to prepare for potentially high numbers of vaccinations but this will impact on day-to-day OH services.</u></p> <p><u>Immunisation reviews are undertaken routinely as part of the pre-employment process and MMR vaccinations offered where indicated.</u></p>
<p>3. Enhance communication methods across UHB</p> <ul style="list-style-type: none"> - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources 	Nicola Bevan	<p><u>NovemberJan</u> – March 2024</p> <p>January 2024</p> <p><u>Jan-March 2024</u></p> <p><u>November 2023</u> – March 2024</p>	<p>A variety of communication models including Twitter accounts, screen savers, ESR messaging are being utilised to share Wellbeing updates across the UHB.</p> <p>A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year P&C Team working with Communications Team to develop a People and Culture communication and Engagement Plan. Draft presented to P&C Committee Nov 2023. The Financial Wellbeing Working group has now been stood down <u>but will be reviewed regularly by the H&WB Steering Group. as it has delivered on the main actions. The remaining actions on the 'Action Plan' will be delivered</u></p>

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Jan-March 2024

Feb 2024
November 2023
– March 2024

March 2024

Feb-May 2024

and progress monitored
via the Strategic
Wellbeing group.

Wagestream was implemented in August 2023. This platform provides financial education and guidance, along with the ability for staff working additional hours as over-time / bank to draw down payment on a weekly basis, supporting staff during the cost of living challenges, and reducing reliance on agency workers. As of 30th October 27th December, 706 1023 employees have signed up, 3129 awaiting enrollment enrolment, and 3522 have started a savings (build) pot.

Further engagement work is planned for early 2024 focusing on the financial education, support and savings functionality available to all staff and to highlight benefits available.

Engagement and communication plan for The NHS Wales Staff Survey closed in November 2023. The response rate for the UHB has been confirmed as 21.42%. commenced August 2023. This includes online messaging, social media, roadshows and videos

			<p>from CEO. To continue to closing date of 27th November.</p> <p><u>HEIW timings have confirmed initial results to be available Feb 2024, likely on a whole organisation basis.</u></p> <p><u>HEIW to provide training to enable further analysis of results in March 2024. Delegates to be identified to support local analysis.</u></p> <p>Analysis of survey will inform actions into 2024/25. P&C Team so support CB understanding and communication.</p>
<p>4. Training and education of management</p> <ul style="list-style-type: none"> - 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	<p>Jan November 2023 – March 2024</p> <p>December 2023 – March 2024</p> <p>February 2024 November 2023 – January 2026</p> <p>November 2023 – March 2024</p> <p>November 2023 – March</p>	<p>OD Manager, Wellbeing and Culture supporting and ECOD reviewing and shaping Leadership and Management development <u>principles Jan-March 2024. ECOD</u></p> <p><u>Manager, Wellbeing and Engagement supporting management development delivery offerings and staff survey engagement .</u></p> <p><u>Induction sessions supported by Employee Wellbeing Service.</u></p> <p>Work being undertaken to develop CAVUHB Leadership Principles (see Culture BAF) will also enhance this.</p> <p>HEIW supporting a 2 year post to support Retention supported post, Senior Manager for Retention and OD, successfully recruited to.</p> <p>The post will sit within P&C and work in partnership with CBs to form retention plans, utilise toolkit, gather</p>

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		<p><u>2024Jan-March 2024</u></p> <p><u>Jan 2024</u></p> <p><u>August 2023</u></p>	<p>data etc. <u>Post-out to advert, interviews November 2023, potential start date, Feb/March 2024. Individual to commence in post Feb 5th 2024, initial focus on UHB Self-Assessment and benchmarking exercise.</u></p> <p><u>Acceler8 Cohort 2 completed. Current review and evaluation of leadership development to run alongside Leadership Programme on pause until the UHB leadership principles have been agreed to ensure programme fit for purpose. development.</u></p> <p><u>Financial Wellbeing (FWB) lead workinghas worked with P&C leads to look at embedding ensure Financial WellbeingB is built into moments that matter includingsuch as staff induction. Meeting held and sign posted to staff induction leads</u></p>
<p>5. Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.</p> <p>Saunders,Nathan 06/02/2024 11:21:22</p>	Claire Whiles	<p><u>September 2023—March 2024April 2024</u></p> <p><u>Jan 2024</u></p> <p><u>January 2024</u></p>	<p><u>Work on evaluation metrics continues to be limited due to capacity within team following a staff member leaving and inability to recruit to role. underway within ECOD, EWS and OH.</u></p> <p><u>EWS producing review of 2023 to go to P&C Committee.</u></p> <p><u>EWS linking in with Deputy Director of Therapies regarding dashboard</u></p>

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December 2023
– February
2024

November 2023
– March 2024

November
2023 Feb-April
2024

Jan-June 2024

November 2023
– March 2024

January 2024

January 2024

development.
Requirement to identify
skill development
support in this area –
linking in with Digital
Service and HEIW.

Current review of
reporting and
identification of
dashboard development
currently on hold due to
team capacity and
capability (see above). to
provide organisational
insights and assurance.
This poses a risk in terms
of identifying an
effective means of will
ensure effective
monitoring, evaluation
and planning of all
wellbeing services and
interventions. Work
progressing slowly due
to capacity.

Potential opportunity in
2024 to utilise new
Occupational Health
database to support
EWS, however this will
come with an annual
cost.

Wellbeing Framework
draft presented to
Strategic Wellbeing
Group Feb 2023.
Assistant Director of OD,
Wellbeing and Culture to
lead development of the
H&WB Framework with
support from the Health
and Wellbeing Steering
Group. Work to
commence Feb 2024. to
develop workplan
around delivery of the
framework.

Schwartz Rounds
Steering Group

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November 2023
— March 2024

Jan-April 2024

Feb 2024
July — October
2023

established and
facilitator networks
trained established.
Dates for 2024 to be
agreed in January
Steering Group Meeting.
Requirement to identify
Communications link to
ensure colleagues are
aware of, and
understand how they
can get involved in
Schwartz Rounds.

Project plan developed
and rounds being
communicated via many
platforms.

Pilot round October
2023, rounds to be held
monthly at venues
identified by Steering
Group through
collaboration with CBs.

Following pilot round in
October 2023, 2 further
rounds have been held:

November 2023, UHL,
The Day I Made a
Difference

December 2023, UHW, A
Patient I will Never
Forget

Both have been well
attended (between 20
and 40 in attendance).

The January 2024 round
will be held on-line, the
theme is: Against All
Odds.

Systems in place to
record details of
attendees, evaluate the
rounds and identify
future panel members.

Schwartz Round
Administrator role –
currently no capacity to
fill role3. Risk re Schwartz

			<p>Round Administrator role – currently not assigned.</p> <p>Organisational approach to Cultural Assessment approved November 2023. Utilising NHSE tool which is an evidenced based model designed by NHSE, The King’s Fund and Professor Michael West. Working with HEIW to implement and embed. Will support development of an inclusive, compassionate and healthy workplace.</p> <p>Cultural Assessment work currently being prioritised by Executive Team to support priority areas. (Please see previous BAF for details of priority areas to date.)</p> <p>This will require collaborative working across P&C Team and CBs, including TU partners.</p> <p>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. Financial Wellbeing requirements to be reviewed by the H&WB Steering Group, Feb 2024.</p>
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Impact Score: 5	Likelihood Score: 1	Target Risk Score:	5 (Moderate)
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12. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning (Abigail Harris, Catherine Phillips and David Thomas)

The UHB delivers services from 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 based on a prioritised list.

Risk Date added: 12.11.2018	<p>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.</p> <p>The condition of facilities within our main hospitals and some community facilities 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.</p>		
Cause	<ul style="list-style-type: none"> • Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B (assessed regularly on an all-Wales basis by NHS Shared Services Partnership). • 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 and efficient 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	<ul style="list-style-type: none"> • 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 order where possible, insufficient resource for new equipment or timely replacement • Staff facilities needed to support good staff wellbeing are inadequate in many areas. 		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • 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. 		

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	<ul style="list-style-type: none"> Medical Equipment prioritisation is managed through the Medical Equipment Group and there is a process in place for rapid decision making if there is a urgent need to replace a piece of equipment. Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee at each meeting, every month. 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. Welsh Government has commissioned an independent review of the clinical model described in the PBC and we understand that approval to proceed with developing the SOC will be dependent on the findings of this independent review (which is concluding in early September). 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. The latter will improve the overarching theatre provision. 		
Current Assurances	<ul style="list-style-type: none"> 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. 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	<ul style="list-style-type: none"> 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 estate and digital infrastructure and medical equipment replacement services which requires the need to prioritise investment and resource allocation based on assessed level of risk and alignment with strategy and IMTP priorities. In year requirements further impact and require the annual capital programme 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 		

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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		<ul style="list-style-type: none">• The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used.• Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year.• Despite the substantial end of year capital, the recurrent position remains unchanged.• 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
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. Prioritised plan is signed off by CMG and SLB and Board.
3. An acute infrastructure group is overseeing the short – medium term priorities.		Abigail Harris	31.03.24	The group continues to meet to oversee the priorities and development of a number of business cases that have been prioritised to ensure they progress in a timely way 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. Further work was requested, and additional information was provided to WG in May 2023. Due to the financial deficit facing NHS in Wales (including C&V UHB) further work was required to look at options for reducing the deficit beyond the position set out in the annual plan. These options were considered by Board and submitted in August as required. 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. All Health Boards have been asked to develop further options that would achieve an improvement in the deficits set out in the annual plans.		
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 sustainably 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	<p>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.</p> <p>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.</p>		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	<p>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 and funding has now been confirmed which will enable our plans to proceed at pace.</p> <p>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.</p> <p>Senior management and oversight arrangements are being strengthened, monthly review meetings are held with each clinical board meetings with Clinical Boards and a series of summits have been led by the Chief Operating Officer to focus on focus on delivery ‘hotspots’ such as stroke. These are leading to improvement plans, and the</p>		

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		improved performance is tracked through the Integrated Performance Report that goes to the Finance and Performance Committee and the Board.		
Current Assurances		<p>Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting ⁽¹⁾.</p> <p>In addition to this a Sustainability Board has been established to oversee the delivery of the financial plan. The financial position is reviewed by the Finance and Performance Committee which meets monthly and reports into the Board. ⁽¹⁾</p> <p>The Board receives a financial update report from the Executive Director of Finance at each of its meetings. ⁽¹⁾</p> <p>Welsh Government are fully engaged and have been briefed on the Health Board's position. ⁽³⁾</p> <p>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⁾</p>		
Impact Score: 5		Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls		<p>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.</p> <p>The Health Board continues to have a high number of medically fit for discharge patients with limited control over actions of partners to assist.</p>		
Gap in Assurances		<p>There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board.</p> <p>The Health Boards position has deteriorated in relation to its financial position.</p>		
Actions		Lead	By when	Update
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 30 th March 2023 explaining inability to deliver financial balance over the three-year period 2023-2026. Themed Savings programme managed through fortnightly Sustainability board chaired by CEO.		
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
1. The organisation has identified 94% of the 2023/24 £32m savings target at the end of October with further opportunities identified to close the gap. Schemes will be further progressed through Q3 to ensure full delivery.		Catherine Phillips	30/09/23
			Further schemes to be progressed through Q3 to close the savings gap.
Impact Score: 3	Likelihood Score: 5	Target Risk Score:	15 (Extreme)

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 within 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 12.09.23		
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	<p>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</p> <p>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</p> <p>Recruitment remains a challenge requiring the use of interim agency support in key areas.</p> <p>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.</p> <p>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.</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> Digital strategy approved by Board in 20/21 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure. 		
Gap in Assurances	<ul style="list-style-type: none"> Unable to currently provide assurance that the finance will be provided 		

Actions		Lead	By when	Update
1. 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	
2. 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	
3. 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	
4. Update on Cyber Implementation plan to be discussed at private meeting of DHIC in October.		DT	01.10.23	
5. Board to be appriased of cyber position at private session of Board (Nov 23)		DT	30.11.23	
Impact Score: 5		Likelihood Score: 4		Target Risk Score: 20 (Extreme)

Key:

- 1 -3

Low Risk
- 4-6

Moderate Risk
- 8-12

High Risk
- 15 – 25

Extreme Risk

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Report Title:	Finance and Performance Committee Chair's Report			Agenda Item no.	6.6.1
Meeting:	Board	Public	x	Meeting Date:	25.01.2024
		Private			
Status (please tick one only):	Assurance	x	Approval	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 provide the Board with a summary of key issues discussed at the Finance and Performance Committee Meeting held on **13.12.2023**

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

The Committee noted and discussed the following key points: -

Financial Report – Month 8 - at month 8, the Cardiff and Vale University Health Board (the Health Board) was reporting an overspend of £17.393m comprised of £6.419m of unidentified savings/operational overspend and the revised planned deficit of £10.973m (eight twelfths of the revised forecast year end deficit of £16.460m).

Core Financial Plan – Month 8 Position – The Committee was advised that the Health Board had reported a month 8 overspend of £17.393m, £10.973m of that being eight months of the revised forecast deficit. There was a £2.295m deficit on the Savings Programme, being eight months of red schemes profiled into the position. There was also a £4.124m operational deficit in delegated and central positions.

It was noted that the forecast deficit of £16.460m was based on the receipt of an additional £63.100m funding from Welsh Government and additional Health Board action to reduce its expenditure base by £8.840m. The further reduction in expenditure represented an increase in risk which the Health Board needed to manage.

The Committee was advised that delivery of the revised forecast deficit of £16.460m would require continuing focus and downward pressure on the Health Boards cost base, achievement of the full £32m savings programme and maintaining operational balance.

Total Variance Forecast - The Committee were presented with the total operational and savings programme deficits and the profile of the additional savings actions on the total variance and it was noted that tf schemes delivered in line with that profile after peaking at month 6 the reported deficit would continue on a trajectory to hit the £16.460m revised forecast deficit.

Financial Performance of Clinical Boards - The operational position remained at an overspend of £6.419m in month and the Committee was advised that continuing pressures within Medicine and PCIC had primarily been offset by improvements reported in the Central position.

It was noted that there was a continued focus on actions to address operational pressures as required as the Health Board moved into the challenging winter months.

Operational Position – Month 8 – at month 8, there was a £4.124m operational deficit in delegated and central positions.

It was noted that if schemes continued to deliver in line with this profile after peaking at month 6 the reported deficit would continue on a trajectory to hit the £16.460m revised forecast deficit.

Savings Programme – Month 8 – it was noted that at month 8, the UHB has identified £34.462m of green, amber and red savings against the £32m savings target, however £6.115m were classified as red schemes. The month 8 position includes a Savings Programme variance of £2.295m.

It was noted that the month 8 Savings Programme deficit was expected to be recovered, supported by a number of additional actions as the year progressed, which would enable the Health Board to deliver its revised planned deficit position of £16.640m.

It was noted that Executive Performance Reviews with the Clinical Boards were focussed on the management of operational pressures and progress in identifying and delivering recurrent savings schemes that in turn would de-risk the financial plan and that the reduction of premium pay expenditure across all staff groups was a large component of the savings.

Going Further (10%) – The Committee was reminded that in addition to the Savings target included in the Health Boards initial plan, it was required to reduce in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by Welsh Government in October 2023.

It was noted that the additional 10% Improvement required for the Health Board to meet the Welsh Government revised target control was planned to be realised through the review, management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities had been identified to date against the £8.8m target.

Operational Performance Report:

The Committee were provided with key updates on:

Urgent & Emergency Care: - It was noted that despite operational pressures, the Health Board were still holding onto its Ambulance handovers performance and compared well with English Health Boards in terms of ability. It was noted that there was still more to do but that the Health Board were delivering better than originally forecast.

October 2023 saw further improvement in Health Board compliance against some key Sentinel Stroke National Audit Programme (SSNAP) measures for the Stroke Pathway and where the Health Board had achieved a D rating from SSNAP in October 2022, the Health Board had been awarded with an A rating in November 2023 which highlighted all of the great work undertaken by the stroke team to improve the position in 12 months.

Planned Care: – Through the Health Boards planned care programme, the team was increasing the visibility of productivity and efficiency data. Outpatient, diagnostic and theatre productivity were central to reducing waiting times for patients and delivery of the Ministerial ambitions.

The Committee was advised that the Health Board would deliver the ministerial expectation on 104 week waits by 31st December 2023 and noted that the Health Boards September and October 2023 Referral to Treatment Times (RTT) positions showed that no more than 3% of the total waiting list was waiting over 2 years.

It was noted that there were 122,000 on a waiting list at any one time and of those there were just over 4000 waiting longer than 2 years and of those, just under 300 waiting over 3 years and 20 over 4 years. It was noted that for those longest waiters it was unacceptable and work was being undertaken to reduce those waits.

Cancer Performance: – The Committee were advised that the best cancer performance had been observed in 2023/24 and whilst compliance with the 62-day single cancer pathway standard, in September 2023 it had reduced to 56.6% as the Health Board worked through its longest waiting patients, the Health Board was on track to hit the 75% target by March 2024.

Length of Stay (LoS): – It was noted that reducing the time patients spent in hospital was a current operational focus and that the ongoing work focussed on patients and family, clinicians, integrated discharge service, hub and flow teams.

The Committee was advised that it was anticipated that the ongoing work around LoS would result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow and taking some pressures out of the Emergency Unit (EU).

Mental Health Services: - The Committee was advised that demand for adult and children’s Mental Health services remained 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 2023 following an exceptionally high number of referrals in March 2023. However, the teams managed to recover their waiting list position and June’s reported compliance with the 28-day standard returned to 100%, and had remained at over 99% each month since.

- The endoscopy waiting list where 30% of patients on the single cancer pathway were waiting for endoscopy.
- An increase in referrals. It was noted that colorectal and skin referrals had increased exponentially.

Decarbonisation Update

The Committee received the Decarbonisation report which provided assurance that the Health Board had completed all actions identified in the plan, except two, which had been completed by the end of the quarter.

It was noted that outstanding actions were in relation to formally signing the Level 2 Healthy Travel Charter (under Transport theme) which was completed in October 2023 and embedding Decarbonisation into Quality and Safety.

The Committee was advised that there was a lot of work to be undertaken over the next 2 quarters and noted that work had started on the 2024/25 plan with stretching targets up to 2027 which provided a clear indication on the steps needed to reach the 16% national target and the 40% target set by the Health Board beyond the nationally set target.

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

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

Prevention	x	Long term	x	Integration	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: N/A

Safety: N/A

Financial: N/A

Workforce: N/A

Legal: N/A

Reputational: N/A

Socio Economic: N/A

Equality and Health: N/A

Decarbonisation: N/A

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
06/02/2024 11:21:22

Report Title:	Audit and Assurance Committee – Chair’s Report			Agenda Item no.	6.6.2
Meeting:	Board	Public	x	Meeting Date:	25.01.2024
		Private			
Status (please tick one only):	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>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 7 November 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The standard items of business were discussed at the meeting. These included the following:</p> <ul style="list-style-type: none"> - Progress and Update reports from Audit Wales and Internal Audit – The Internal Audit Progress Report included the findings and conclusions from the eight finalised individual audit reports received by the Committee and outlined the six assignments that had been planned to be reported but had not met the deadline. <p>The Audit Wales report provided information on the Financial audit update and the Performance audit update and outlined relevant corporate documents published by Audit Wales.</p> <ul style="list-style-type: none"> - CD&T Clinical Board Medical Records Tracking Update - In January 2023, the Internal Audit Report on Medical Records Tracking was finalised and it concluded that there was ‘Limited Assurance’ with regards the effectiveness of the mechanisms for tracking medical records; within and external to the Health Records department. <p>The audit outlined seven recommendations and significant progress had been undertaken against those with two ‘High’ priority recommendations completed and two ‘High’ in progress. The report also outlined two ‘Medium’ priorities, both in progress and one ‘Low’ priority in progress.</p> <p>Assurance was provided on each of the priorities.</p> <ul style="list-style-type: none"> - Internal Audit Recommendation Tracker Report – The Committee was advised that the Tracker continued to highlight progress made against previous years recommendations albeit in a more streamlined manner and set out the progress made against recommendations from 2019/20, 2020/21, 2021/22 and 2022/23. <p>It was noted that 112 recommendations, reported as either Partially Complete or as No Action having been taken were recorded in the Tracker at the July 2023 Committee meeting which were carried forward to the November 2023 meeting. Thirty of those recommendations that had been completed were removed from the Tracker.</p> <ul style="list-style-type: none"> - Audit Wales Recommendation Tracking Report – The Committee was advised that there had been no new recommendations added to the Tracker since the July 2023 Committee 					

meeting and out of the 29 recommendations carried forward from July 2023, 10 were reported as completed, 15 have been partially completed, and 4 reported as having no action taken.

- **Regulatory Compliance Tracking Report** – The Committee was advised that following the July 2023 Committee Meeting a total of 4 completed entries had been removed from the register. 7 further entries were reported as complete since the July 2023 Committee Meeting and were reported on the Tracker.
- The **Procurement Compliance report** which included a Chairs Action Review and some Single Tender Actions.

The Committee was advised that the Health Boards Standing Orders & Standing Financial Instructions required that Board approval was obtained for the purchase of all goods and services for contracts over the value of £500k.

It was noted that there were some situations where approval must be sought outside Board approval and therefore, a Chair's Action request was submitted.

A review of the number of Board and Chair's Actions reports was requested by the Director of Finance which was received by the Committee.

The Single Tender Actions Report highlighted all Single Quotation Actions (SQA) and Single Tender Actions requests during the period the 1st August 2023 to 30th September 2023 of which there were 12.

- The **Counter Fraud Report** which detailed the work undertaken by the Counter Fraud Team during the period from 19 August 2023 to 23 October 2023.

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

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

- (i) Refresh of the Health Board's Strategy - (Substantial Assurance)
- (ii) Urgent and Emergency Care – Welsh Government Six Goals Programme – (Substantial Assurance)
- (iii) PARIS System – (Reasonable Assurance)
- (iv) Follow-up: Chemocare IT System – (Reasonable Assurance)
- (v) Surgery Clinical Board - Consultant Job Plans – (Limited Assurance)
- (vi) Pentyrch Surgery Development – Site Evaluation Process (Advisory)
- (vii) Leadership and Management Training and Development (Advisory)
- (viii) Quality, Safety & Experience Governance (Advisory)

b) Audit Wales Update

- (i) Audit of Accounts Report Addendum – the Committee was advised that the Recommendations had now been completed.
- (ii) Audit of the 2022- 23 Charitable Funds Accounts - The Report outlined the expectation that Trustee Members would consider the audited account and the audit report in late January 2024.
- (iii) All-Wales thematic on workforce planning arrangements – To be considered in February 2024

Sauers Nathan
06/02/2024 11:21:20

- (iv) Primary Care Services - Follow-up Review (2022 Local Work) – To be considered in February 2024
- (v) Structured Assessment 2023 – Core - To be considered in February 2024
- (vi) Examination of the Setting of Well-being Objectives (2023 Local Work) - To be considered in February 2024

c) **Draft Charitable Funds Annual Report and Accounts** – the Committee received and reviewed the Charity’s draft Annual Accounts for noting and information.

d) **Annual Clinical Audit Plan Review** – the Committee received an update on the progress that had been made since the Internal Audit’s Limited Assurance report in October 2021.

A re-audit of the clinical audit process by Internal audit had since awarded substantial assurance and the clinical audit forward plan incorporated all mandated national clinical audit as well as Tier 2 clinical audits undertaken to support assurance and inform quality improvement relating to quality and Patient Safety.

e) **Updated Policies Plan** – the Committee was informed that in May 2023 Internal Audit reported on a review of the Health Boards Policy framework.

The outcome was a Limited Assurance with the principal issue being the number of out-of-date policies or procedures and 8 other key matters were identified.

The Committee was assured that following the audit report, work was done to baseline the entire catalogue of policies in the Health Board to identify which were out of date and the owners of each policy. Each policy owner was contacted and asked to review their policy.

The minutes of the Audit Committee held on 7 November 2023 contain further details of the above matters highlighted in this report and will be available once formally approved by the Audit Committee in February 2024.

Recommendation:

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Impact Assessment:									
Please state yes or no for each category. If yes please provide further details.									
Risk: No									
Safety: No									
Financial: No									
Workforce: No									
Legal: No									
Reputational: No									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Saunders, Nathan
06/02/2024 11:21:22

Report Title:	People & Culture Committee – Chair’s Report			Agenda Item no.	6.6.3
Meeting:	Board	Public	x	Meeting Date:	25.01.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>The purpose of this report is to highlight the key issues which were raised and discussed at the People and Culture Committee meeting held on the 14th November 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>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.</p> <p>Staff Story: - The Committee received a Staff Story.</p> <p>Board Assurance Framework Report: - The Committee were presented with the Board Assurance Framework Report, which focused primarily on staff wellbeing.</p> <p>It was noted that the Employee Wellbeing Services (EWS) and other teams would visit areas within the C&V site to encourage participation in the staff survey, and to signpost wellbeing and financial support available within the organisation. Regarding the impact of these wellbeing interventions, it was noted that the team had worked with the EWS to develop reporting mechanisms.</p> <p>Key Workforce Performance Indicators: - the Committee were presented the paper, which provided a summary of the UHB’s position against the People & Culture KPIs.</p> <p>A summary of the COVID and flu vaccination rates amongst staff from the previous two weeks was shared with the Committee.</p> <p>Workforce within the organization was discussed, with it being noted that they had achieved a reduction in agency usage, and that the Central Resourcing Team had worked closely with Clinical Boards to fill Band 5 and 6 vacancies. The huge collaboration between the Executive portfolio around workforce was praised, and it was noted that the UHB would not undertake a blanket international recruitment campaign this year, and instead would focus on recruiting overseas for Neonatal and Gastro. In addition, it was noted that they had worked closely with Aneurin Bevan UHB and Cwm Taf Morgannwg UHB around the medical rates for consultants and junior doctors, and they had agreed a consistent rate card for additional hours.</p> <p>Clinical Board Spotlight – <u>Primary, Community and Intermediate Care (PCIC):</u> - The Committee were provided with a presentation, which provided a summary of the progress within the Clinical Board from a People & Culture perspective.</p> <p>It was noted that there was a potential lack of understanding about what services the UHB offered, and that they needed to raise the profile of their community services to prevent admissions into hospital. A large amount of work was being undertaken between Comms and the PCIC Clinical Board, but support from the Improvement & Innovation (I&I) team would additionally be of use.</p>					

Communication and Engagement Plan: - The Committee were presented with the Communication and Engagement Plan. Feedback and comments on the Plan were provided, and it was decided that

Health and Safety Update: -

Health and Safety Chair's Report – 24.10.2023: - The Committee were presented with the Health & Safety Chair's Report from the 24th October 2023, which summarised the key issues discussed during the meeting.

Health and Safety Risks: - The Committee was informed about the Health & Safety Executive (HSE) interventions and inspections around violence and aggression across the UHB, and it was agreed that feedback from these inspections would be brought back to a future Committee.

Policies for Approval: The Procedure for NHS Staff to Raise Concerns was presented to the Committee, and it was resolved that the procedure would be fully adopted.

Introducing a consistent, evidence-based approach to Cultural and Leadership at CAVUHB: -

The Committee were presented with a paper and presentation, which summarised the new cultural approach to be adopted across the organisation.

It was noted that the organisation had some fairly long-standing cultural hotspots within the organisation which had led to patient safety issues, however there was not enough resource to enact all of the actions required. It was decided that progress on tackling the cultural hotspots would be brought back to the Committee for assurance, and the new cultural approach was approved.

Employment Policy Sub-Group Update: - the Committee was provided with a paper which summarised the good work from the previous 12 months from the Employment Policy Sub-Group. It was noted within a recent audit, it was flagged that some policies and procedures were out of date, however People & Culture were working through this.

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
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Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>	
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
06/02/2024 11:21:22

Report Title:	Quality, Safety & Experience Committee – Chair's Report			Agenda Item no.	6.6.4
Meeting:	Board	Public	x	Meeting Date:	25.01.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>The purpose of this report is to highlight the key issues which were raised and discussed at the Quality, Safety & Experience Committee meeting held on the 19th December 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>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.</p> <p>Mental Health Clinical Board – Assurance Report: - The Committee were presented with two staff stories around the Recovery College, and an assurance report which aimed to demonstrate that quality, safety and patient experience was at the heart of the delivery of services to mental health service users within CAVUHB.</p> <p>Staff wellbeing in the context of violence and aggression was discussed, and it was noted that signposting for different services was available across the UHB, and that a programme of wellbeing support (which was mental health bespoke) would be in place in the new year. The Committee were informed that the only way to successfully mitigate the risk of assaults between patients was to have appropriate staffing levels to intervene when necessary.</p> <p>It was noted that the nature and function of wards had altered by design since COVID, and that while bed capacity currently met demand, it needed to be managed carefully.</p> <p>The Royal College of Psychiatrists (RCP) Review was discussed by the Committee, whereby a review in October 2023 was undertaken on the suicide cluster that took place several years prior. The RCP had provided no immediate assurances, but more detailed feedback was expected in January 2024, which would be brought back to the Committee.</p> <p>The Committee was informed that the introduction of AMaT system had made a significant difference in their ability to systematically review and track audits. It was emphasized that the interaction between the Audit & Assurance Committee and the QSE Committee was vital, and that any audit recommendations and trackers that related to QSE issues should return to this forum.</p> <p>Quality Indicators Report: - The Committee were presented with the Quality Indicators Report and slides which provided assurance in relation to a number of quality, safety, and patient experience priorities.</p> <p>It was noted that the number of National Reportable Incidents (NRIs) had increased due to revised guidance around reporting intrauterine and neonatal deaths, a revised approach to reviewing Infection, Control & Prevention (IP&C) incidents, and the Medical Examiner's review of all inpatient deaths since 2021 which had flagged previously undetected cases of harm or concern.</p>					

The issue of medication storage was discussed by the Committee, and it was noted that the Clinical Safety Group (CSG) sought to address this by taking a more strategic and Health Board wide approach. In addition, the Committee was informed that medication errors, storage, and other issues were addressed via the Tendable audits being undertaken as part of the ward accreditation and improvement work. It was decided that an update would be reported back to the Committee in 3-6 months, and that a deep dive on Medication Safety would be brought to the following meeting.

Research Update: - The Committee were provided with a Research & Development (R&D) update which summarized the activities which had been undertaken by the UHB. The main areas of risk the R&D team faced were the risk of inspection, estates risks, and the inherent risk that research held, however, a review of the whole process and risk register was underway.

It was noted that the UHB had underperformed in terms of research. He explained that access to novel therapies through clinical trials had huge benefits for patients, as well as economic benefits, and that it allowed the reduced use of acute services. It also helped attract and retain good staff and to develop expertise.

It was decided that a discussion be had offline on how the QSE Committee could work with the R&D team to develop research further, as it was important for the UHB to be at the forefront of developments.

Learning Committee Update – Verbal: - this item was rescheduled for the following meeting.

HIW Activity Overview to include HIW Primary Care Contractors: - The Committee noted the report, and they were informed that Clinical Boards were in the process of updating and completing the HIW recommendations onto the AMaT system. Additionally, an exercise was ongoing to put historical HIW inspections onto the system, and the following year, work would be done to start putting coding around the inspections to extrapolate themes such as medication or transfusion.

Quality, Safety and Experience Framework – effectiveness review: - the Committee were provided with a presentation which summarized the framework. It was suggested that comments and questions be rescheduled to the following meeting.

Minutes from Clinical Board QSE Sub-Committees: - the Committee noted the Clinical Diagnostics and Therapeutics (CD&T) Clinical Board QSE Sub-Committee minutes.

WHSSC Patient Safety Minutes: - the Committee noted the WHSSC Joint Committee minutes.

Items to bring to the attention of the Board/Committee: - the Committee was reminded of the need to ensure there was liaison between the Audit & Assurance Committee and the QSE Committee around the trackers.

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

		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
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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:

Saunders, Nathan
06/02/2024 11:21:22

Report Title:	Charitable Funds Committee – Chair's Report			Agenda Item no.	6.6.5
Meeting:	Board	Public	x	Meeting Date:	25.01.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>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 5th December 2023</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>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.</p> <p>Health Charity Financial Position & Investment Update for the Period 1st April 2023 to 31st October 2023: - It was noted that there were two key issues to bring to the attention of the Charitable Funds Committee which included:</p> <ul style="list-style-type: none"> • The value of the Charitable Funds had decreased by £0.782m from 1st April 2023 to 31st October 2023. This included a decrease in the Investment Portfolio value of £0.218m. • The General Reserves was currently in deficit and taking into account the remaining commitments in 2023/24 was forecast to be in deficit of £0.847m by year-end. <p>The Committee was advised that the General Reserves fund had remained closed to new bids which had been the case for some time.</p> <p>Various tables of data were presented to the Committee which included:</p> <ul style="list-style-type: none"> • Table 1 which showed that the Charity had generated £0.822m of income and spent £1.386m for the financial year. This had resulted in net expenditure of £0.564m. In addition, the charity had seen market value losses on its investments of £0.218m for the period to 31st October 2023. The combined effect of that was a net decrease in fund balances for the period ending 31st October of £0.782m. • Table 2 which showed the Schedule of Income for the period to 31st October 2023 • Table 3 which showed the Summary Balance Sheet as at 31st October 2023. <p>It was noted that fund balances had decreased by £0.782m in the period to £9.477m.</p> <ul style="list-style-type: none"> • Table 4 which showed the Summary of Investment Portfolio Performance where it was noted that the market values outlined in the table took into account two cash withdrawals (May 2022 & September 2022) of £350k each from the investment portfolio to support the charity's cashflow position. • Table 5 which showed the outstanding commitments against General Reserves which included: 					

- Transport Solutions (Llandough) - £20,000
- Staff Recognition Awards - £5000
- Welsh Transplant Team - £5000
- Neurological Gardens Maintenance - £94,000

The Committee was advised that the forecast year-end value was estimated to be £0.847m and was dependent on an improvement of £0.274m in the investment portfolio by year end.

It was noted that in light of the increasing deficit of the General Fund the Head of the Charity had been asked to develop a plan to return the General Fund to a recurrent surplus position.

The Committee was advised the key financial risks were:

- The performance of the investment portfolio which currently supported the General Fund balance.
- The staff recharges to the General Fund
- The impact on the Funds Held on Trust cashflow arising from the investment portfolio and the staff recharges.

Over £25k bids for approval: - The Committee was advised that there were no bids against the General Reserve but that 1 bid had to be considered from endowment funds which included:

- Childrens Video Telemetry Appeal – Utilisation of the endowment monies raised through Fund: 9639 – Children’s Video Telemetry Appeal, for the purchase of EED Equipment/Home Video Telemetry System. The Clinical Board advised that the shortfall of £646.55 would be funded from Fund: 9120 – Child Neurology.

The Committee approved the spends.

Health Charity Draft Strategy: – The Committee was reminded that at its meeting held on 21st June 2022, the committee had discussed the requirement for a review of the strategy, following on from the Covid-19 pandemic and all of the learnings and change that it had brought.

Subsequent workshops and meetings have taken place, with a series of recommendations on improving and developing the Health Strategy, to be more aligned to the post pandemic world and economic situation.

Additionally, it was considered appropriate to delay further progress, pending the publication of Cardiff and University Health Board’s strategy “Shaping Our Future Wellbeing” 2023 - 2035 in October 2023. The Health Charity’s draft strategy has subsequently been updated in alignment with the key aims and objectives of this document.

Third Sector Small Bids Proposal: - The Committee was reminded that in the financial year 2022/23, the Charitable Funds Committee had approved funding of £36,000, for allocation to the Third Sector Grants Scheme, including:

- £33,000 for grant projects
- £3,000 for GVS to manage, administer and liaise with third sector organisations to support and advise on the application and approval process and to provide evaluation of successful bids.

In the CFC meeting held on the 19th September 2023, the Health and Social Care Facilitator for GVS presented a delivery and evaluation report on the 2022/23 grants scheme. The report included advice that one project had been underspent to the value of £1,745.35 and GVS had asked the committee to consider adding this underspend to next year’s grant.

The Committee was advised that due to the current financial status of the General Reserves Fund, (unrestricted funds which had historically funded bids for over £25k projects), the Committee's decision was that it was unable to support the request at that time.

It was noted that the current financial position of unrestricted charitable funds is a key consideration as to whether the grant scheme can be supported in 2023/24.

Great Wall of China Fundraising Proposal: - The Committee was advised that in line with other charities, Cardiff & Vale Health Charity wanted to offer its supporters and colleagues of Cardiff and Vale University Health Board an opportunity to take part in an Overseas Trek to the Great Wall of China in May 2025.

It was noted that the fundraising challenge posed no financial liability to the Health Charity, and had been shared with Governance and People & Culture and advice received to confirm that.

The Committee discussed the fundraising opportunity in detail where it was decided that more detail and work would be required for the Committee to fully endorse the challenge which would be received at a later date.

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.

It was noted that 4 bids had been reported on which included:

- Bid 1 – £25,000 over 5 years – Staff Recognition Awards
- Bid 2 - £12,500 - Clinical Psychologist for High Care ward
- Bid 3 - £164,000 - Keeping Me Well project
- Bid 4 - £99,759 - Grow Cardiff – 2-year project

Breast Centre Appeal Annual Update: - The Committee received the Breast Centre Appeal Annual Update for noting and information.

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

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 November 2023 where 19 applications were observed and considered.

Health Charity Events Planner 2024/25: - The Committee received the Health Charity Events Planner 2023/24 which outlined the planned activities of the Health Charity for 2024/25.

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
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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:

Report Title:	C&V Integrated Performance Report				Agenda Item no.	6.8
Meeting:	C&V UHB Board		Public	X	Meeting Date:	25/01/2024
			Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips					
Report Author (Title):	Information Manager					

Main Report

Background and current situation:

<div>Public Health</div> <div> <p>Percentage of adult smokers who make a quit attempt via smoking cessation services: Tobacco</p> <p>13% of Cardiff and Vale of Glamorgan smoke, one of the lowest prevalence rates in Wales. The target is to reach 5% smokers by 2030 this service will therefore need prioritising by the organisation and team.</p> <p>In Quarter 2 – 0.59% of smokers set a firm quit date. 68% of them quit smoking at 4 weeks (HMQ. Pharmacy Level 3 and Hospital Smoking Cessation Service combined). This is a decrease in the % of 4 week quitters compared to the same quarter last year (80%).</p> </div> <div> <p>Vaccination</p> <p>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 which includes:</p> <ul style="list-style-type: none"> • Communication and awareness raising actions using social media, resources shared with GPs to support vaccine invites and videos targeted towards ethnic minority communities. • Actions to improve access, supporting GP practices to offer catch up sessions, the use of community venues in areas where uptake is lowest. Call-handler support to offer appointments in a more proactive way to families with children missing MMR and 4in1 vaccines. Also call handler support for parents requesting gelatine-free flu vaccines for their children. • Education and information sessions in schools where uptake is low, information sessions targeted at parents and educational resources for teachers. • Broader actions as part of the Amplifying prevention work including focus groups to explore barriers in areas of lowest uptake and actions leveraging the partnerships with local organisations within the community. <p>MMR specific actions including targeted communications to parents via schools, pre-school settings and family support services, and enabling parents to contact the UHB to check vaccine records directly. Utilising a mixed approach to delivery of MMR catch ups. Since the declaration of a Measles Outbreak further efforts have been underway to provide catch-up vaccinations.</p> <p>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</p> </div>
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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: The Autumn/Winter COVID-19 booster vaccination has been underway since the 11th of September and, as of the 14th December, in Cardiff and Vale UHB, uptake according to PHW is 53.19% which is above the Welsh average of 49.84%. More vaccination appointments have been made available with the opening of the third Mass Vaccination Site in Rookwood and work is underway to boost staffing to maintain their capacity throughout the week.

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over: The Autumn /Winter vaccination is underway and due to end in March 2024. The current uptake as of the 27th of December is 70.9%, which is in line with the Welsh average of 70.4%, data is provided mainly by primary care to PHW and will be updated periodically, it is not live data and is affected by some lag.

Operational Performance

As we enter the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. December saw a reduction in the average handover time and we continued to meet our commitment on reducing the number of lost hours. The number of 1 hour ambulance handovers reduced in November (306) and December (172) from the number reported in October (516). Our ongoing focus and work by the EU and patient flow teams has led to a significant reduction in average handover time and 1 hour handovers in recent weeks, in the context of a very challenging national picture.

Considerable improvement has been made on patients waiting 12 hours in the EU. While October saw periods of sustained pressure and an increase from September in the number of patients waiting 12 and 24 hours in the EU, recent weeks have seen a significant reduction in the number of 12-hour breaches which is seen in November and December's data. The improvements reflect the operational focus and hard work of the clinical and operational teams to deliver an improved experience for patients accessing urgent and emergency care.

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 annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Using the annualised NHFD data, the UHB are at or above the national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from March this year with August and September and November's performance was well above the national average.

November saw further improvement in our compliance against some key SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours increased to 63% and remains significantly above the all Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022 and above the Wales average, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. Our SSNAP grade has improved to A for the period July-September 2023, this is a significant improvement from the previous quarters and a reflection of the work undertaken by the teams. We continue to experience challenges in increasing the number of patients thrombolysed and this remains an area of continued focus, working with colleagues from the NHS Executive. November saw our thrombolysis rate reduced to 8%.

In terms of our compliance with the 62-day single cancer pathway standard, our performance in October increased to 64.7% as we continue to work through our longest waiting patients. This month has seen particular challenges with endoscopy which has impacted the upper and lower GI pathways. These challenges are being addressed with improvements noted in the endoscopy backlog. Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q1 where we have seen improvements in the monthly compliance.

SCP compliance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Original submission	42.60%	54.80%	57.80%	58.50%	55.10%	61.50%	62.20%	64.20%	61.70%	62.00%	65.60%	66.40%	56.60%
Compliance following quaterly refresh	50.30%	56.90%	60.00%	62.80%	57.50%	62.90%	63.50%	66.00%	64.50%	63.60%			

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. We eliminated 3-year Outpatient waits in September and maintained this in October and November. We remain on-track to reduce our 2-year treatment waits in line with Ministerial ambitions and our September, October and November RTT positions showed that <3% of our total waiting list waiting over 2 years. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands.

We are currently behind our trajectory to deliver our commitment on 52-week outpatient waits. While we have made good progress in reducing the cohort of patients who will breach by March 2024 the number of in month breaches remains above our ambition. Our work to eliminate 3-year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway. We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. This is not a UHB wide issue and we are working with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.

Through our planned care programme we are increasing the visibility of productivity and efficiency data. Outpatient, diagnostic and theatre productivity are central to reducing waiting times for patients and delivery of the Ministerial ambitions, we have included trended data in these areas as part of the attached IPR and will expand the number of measures in line with GIRFT recommendations once the datasets have been agreed. A particular area for improvement is outpatient DNA rates, this will be partially addressed through the reintroduction of the Patient Participation Booking system, but also through improved patient engagement at specialty level.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments in recent months, however, the number of delays is still higher that our ambition. Clinical Boards have developed action plans to reduce these numbers with specific focus on the longest delays. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways.

The waiting list position for Diagnostics has deteriorated in recent months, with particular challenges in Radiology and Endoscopy. It is anticipated that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities will address radiological

backlogs. October saw a reduction in the number of patients waiting over 8 weeks for MRI and CT. Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service have an improvement plan, with additional theatre and insourcing capacity, aligned to a longer term workforce plan to further address the deterioration in the length of wait.

We report monthly on the numbers of delayed pathways of care and our acute ward length of stay. These metrics have been included in the productivity and efficiency section of the IRP with trending of the delayed pathways of care and the monthly snapshot of patients in acute beds with a length of stay greater than 7 and 21 days. The last 3 months have seen a reduction in the percentage of our acute beds occupied by patients with a >21-day length of stay. Reducing the time patients spend in hospital is a current operational focus and was the subject of the most recent 'Ask Suzanne' CEO session. The ongoing work focusses on patients and family, our clinicians, integrated discharge service, hub and flow teams. It is anticipated that this work will result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow, taking some pressure out of the Emergency Unit.

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 behavioral needs. Part 1a compliance for adults fell to below 50% in April 2023 following an exceptionally high number of referrals in March 2023. However, the teams have managed to recover their waiting list position and June's reported compliance with the 28-day standard returned to 100%, and has remained at over 99% each month since. October 2023 saw the highest recorded number of referrals and Part 1a performance is expected to deteriorate from January 2024 as a result. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance. For children and young people, Part 1a compliance remains above the 80% standard at 99% in October. Part 1b remains challenged as the team work through the backlog, further impacted by an increased in referrals through the summer months. A full demand and capacity review has taken place and the team have a number of key actions including job plan and pathway reviews to better align the service to demand.

People and Culture

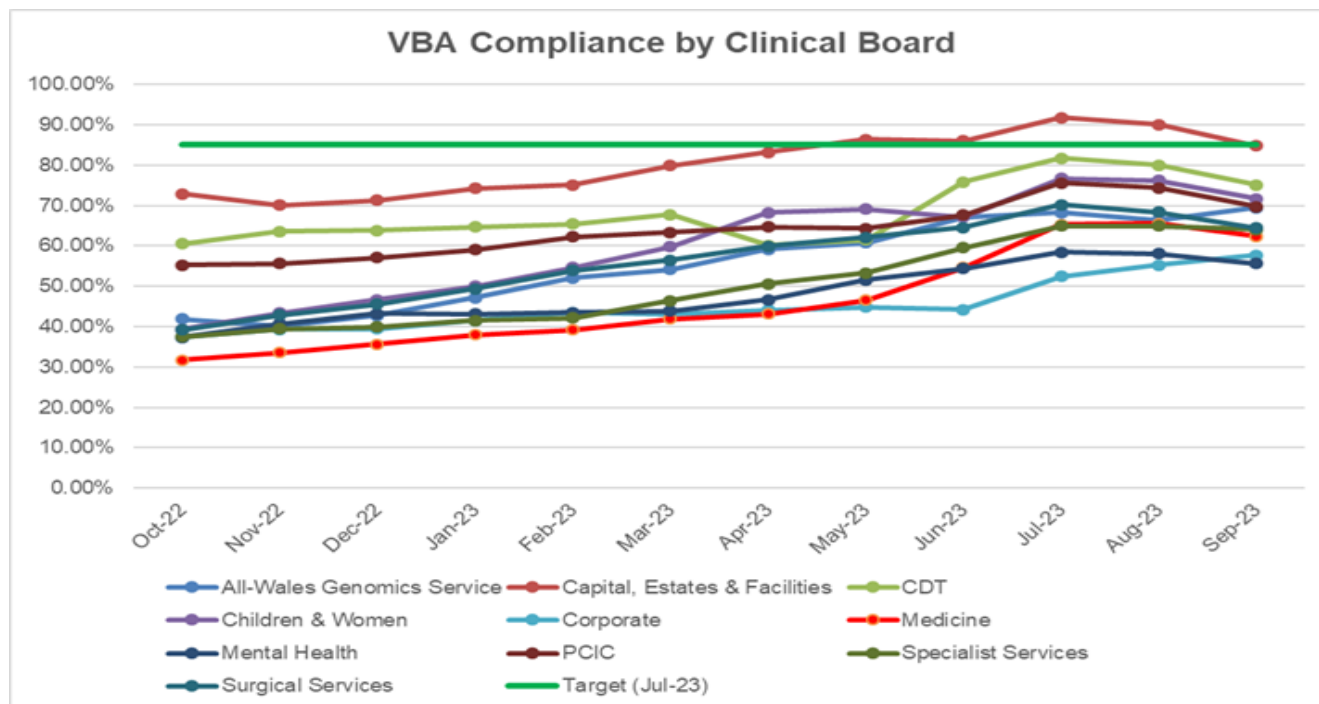
Section 2 of the attached Integrated Performance Report provides detailed information on the People and Culture key performance indicators, which include:

- Turnover
- Sickness absence
- Statutory and mandatory training
- Values-based appraisal
- Formal employee relations cases
- Job Planning
- Medical appraisal
- Staff in post and Variable pay.

In addition to the information in the attached report, there are a few points to bring to the Committee's attention:

- The turnover rate (the WTE staff leaving the Health Board in the past 12 months represented as a percentage of the average WTE staff in post for the same period) has fallen from a high of 13.66% at Nov-22 to 11.80% at Sep-23. Clinical Boards are working on a range of measures to improve staff retention.

- The compliance with Valued-based Appraisal has fallen for the past 2 months, after having risen steadily from 32.36% in Apr-22 to a high of 71.64% in Jul-23. The rate for Sep-23 was 67.81%. This pattern is reflected in the performance of all of the Clinical Boards with the exception of the All-Wales Genomics Service and the Corporate Executives, which continue to rise. This is shown in the chart below



Quality Safety and Experience

Our commitment is to create a strong Quality, Safety and Experience (QSE) structure that focuses on improving safety and delivering excellence. This project requires a systematic and continuous strategy. The information we have provided shows how we have integrated factors such as people experience, efficiency, risk mitigation and compliance with relevant regulations.

We are in the process of establishing a rigorous monitoring system to track the effectiveness of the framework. Quality indicators (QIs) and key performance indicators (KPIs) have been established to measure the long-term impact. We regularly gather feedback from users and stakeholders and use data-driven insights to identify areas for continuous improvement.

The Quality, Safety and Experience (QSE) Committee reports on these indicators and reviews them thoroughly.

Finance

2023/23 Financial Performance

At month 8, the UHB is reporting an overspend of £17.393m. This is comprised of £6.419m unidentifiable savings/operational overspend and the revised planned deficit of £10.974m (eight twelfths of the revised forecast year end deficit of £16.460m).

The forecast year end position was amended in October from a planned deficit of £88.4m to a forecast deficit of £16.460m following confirmation from Welsh Government of additional

funding and further improvement targets. Additional actions are progressing to recover the month 8 operational & CRP overspend and deliver the 10% improvement required to enable the UHB to deliver the revised £16.460m control target deficit.

Welsh Government Draft Budget 2024/25 and Health Boards Revenue Allocations 2024-25

Welsh Government published its Draft Budget for 2024-25 on the 19th December 2023. The Draft budget outlines the following:

- A commitment to invest a further £450m revenue funding into the NHS in 2024-25 through the rescoping of allocations within the Draft Budget bringing the total annual funding for Health and Social Services to £11.004bn.
- The £450m of funding, which comes from reshaping Welsh Government spending plans, is on top of the additional £425m made available in October 2023 and represents an increase of more than 4% in 2024-25.

The Health Boards Revenue Allocations 2024-25 letter was received on the 21st December 2023. The allocation includes the following:

- Continuation of recurrent funding from 2023-24 which is conditional on progress Health Boards make in delivering the target control totals (CAV Share @ £45.4m)
- Continuation of Energy baseline funding per 2023/24 assumptions (CAV Share £8.1m)
- Continuation of Covid 19 funding for Health Protection / Vaccination and PPE @ 80% of M 8 MMR Forecast Outturn (CAV Share £9.0m)
- Additional funding - Core Cost and Demand Uplift for 2024-25 @ circa 3.67% (CAV Share £33.4m)
- Additional funding - Core Cost and Demand Uplift for 2024-25 @ circa 3.67% for Mental Health Services (CAV Share £3.9m)
- The cost of 2024/25 pay award will be met by WG in addition to core uplift
- Funding for the impact of the Real Living Wage policy on Social Care will be provided in year.
- The £10.1m non recurrent inflation uplift provided at month 7 in 2023/24 is not included in the allocation.

Saunders, Nathan
06/02/2024 11:21:22

Recommendation:									
The Board / Committee are requested to:									
NOTE the contents of this report									
Link to Strategic Objectives of Shaping our Future Wellbeing:									
<i>Please tick as relevant</i>									
1. Reduce health inequalities		x	6. Have a planned care system where demand and capacity are in balance		X				
2. Deliver outcomes that matter to people		x	7. Be a great place to work and learn						
3. All take responsibility for improving our health and wellbeing		x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology						
4. Offer services that deliver the population health our citizens are entitled to expect		x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us		X				
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			x			
Five Ways of Working (Sustainable Development Principles) considered									
<i>Please tick as relevant</i>									
Prevention	x	Long term		Integration	x	Collaboration		Involvement	
Impact Assessment:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
N.A									
Safety: Yes/No									
N.A									
Financial: Yes/No									
N.A									
Workforce: Yes/No									
N.A									
Legal: Yes/No									
N.A									
Reputational: Yes/No									
N.A									
Socio Economic: Yes/No									
N.A									
Equality and Health: Yes/No									
N.A									
Decarbonisation: Yes/No									
N.A									
Approval/Scrutiny Route:									
Committee/Group/Exec				Date:					

Cardiff and Vale Integrated Performance Report

January 2024

Saunders Nathan
06/02/2024 11:21:22



Report Contents

1. [Ministerial Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

Saunders Nathan
06/02/2024 11:21:22

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	150 December	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	98% September	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	139% December	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	98% September	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	724 November	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	1760 November	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 December	Hyperlink to section

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 Measure 2: 104 week treatment target by December 2023 Reporting: monthly		8999	No	Mar 2024	11561 November	Hyperlink to section
			3788	Yes	Dec 2023	4142 November	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	42904 November	Hyperlink to section
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly Measure 2: Achieve 8-week diagnostic Reporting: monthly		Go-Live	Yes	Dec 2023	Q1 24/25	Hyperlink to section
			0	No	June 2025	13198 November	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly		Go-Live	Yes	Sept 2023	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 2023	64.7% October	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 2023	Planning ongoing	Hyperlink to section
Mental Health and CAMHS	Achieve waiting time performance for Local Primary Mental Health Support Services and Specialist CAMHS Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2023	99.6% Nov	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Nov	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	49.6% Nov	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	98% Nov	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	7% Nov	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	87% Nov	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly		Go-Live	Yes	Sept' 2023	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.

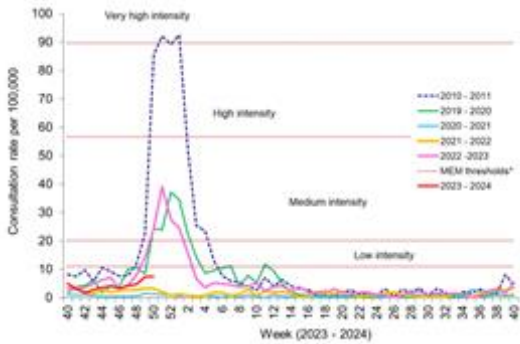
Detail on what is included under each quadruple aim is provided below.

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	<div>Urgent and Emergency Care</div> <div>Inpatient Flow, Discharge and Front Door</div> <div>Alternatives to Admission</div> <div>Community and Urgent Primary Care</div> <div>Priority Services</div> <div>RTT Waiting Times</div> <div>Planned Care</div> <div>Cancer, Diagnostics and Therapies</div> <div>Primary and Community Care</div> <div>Whole System Evaluation and Supporting Patients Whilst Waiting</div> <div>Mental Health</div>
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.	<div>Quality, Safety and Experience</div> <div>Financial Performance</div>



Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	<p>Acute Respiratory Infections (ARI)</p> <ul style="list-style-type: none">While influenza activity is low, there is now evidence that it is circulating in WalesHospital admissions for Covid-19 and prevalence on LFD/PCR have been declining since mid-December; however, it is unclear whether this has been skewed by changes in patterns of presentation and testing in the run up to Christmas. Notably test positivity remains relatively high, suggesting there may be fewer people testing.There are a significant number of outbreaks in hospital due to Covid-19; and due to fluOmicron sub-variant EG.5.1 and XBB are currently the most common variants across WalesRSV activity in under 5s continues to decrease but levels remain highThere has been a large increase in whooping cough (pertussis) notifications in recent weeks	Week 50	 <p>Source: PHW weekly flu/ARI report</p>
Health Protection Immunisation	<p>Immunisation:</p> <ul style="list-style-type: none">Eligible cohorts have started receiving the Covid-19 Autumn/Winter Booster, with 97,920 doses given in Cardiff and Vale as of the 14th December 2023, and 53.19% uptake to date (cf Wales average 49.84% uptake).As of the 18th of December UHB COVID-19 Staff vaccination uptake sits at 39% and it is at 35% for Influenza vaccination.This is delivered as part of the Staff Winter Respiratory Vaccination campaign which will see the co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres and with opportunistic vaccination through vaccination champions.	Q2 2023/24	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant covid 19 vaccination.</p> <p>https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board</p> <p>https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>
Health Protection Health Protection System	<p>Health Protection System</p> <ul style="list-style-type: none">Planning for a regional, all hazards Integrated Health Protection Partnership is well advanced, with expected full implementation by end of year. The Cardiff and Vale Health Protection Plan was signed off by SLB on 21/12/23, and will be taken through organisational and partnership governance processes for final sign off in Q4A measles tabletop exercise was held on 19/12/23 and a debrief will be held in the New Year.	Q3 2023/24	

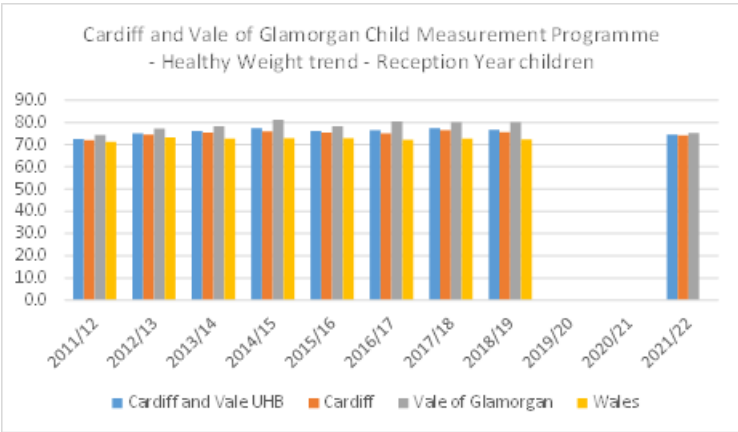
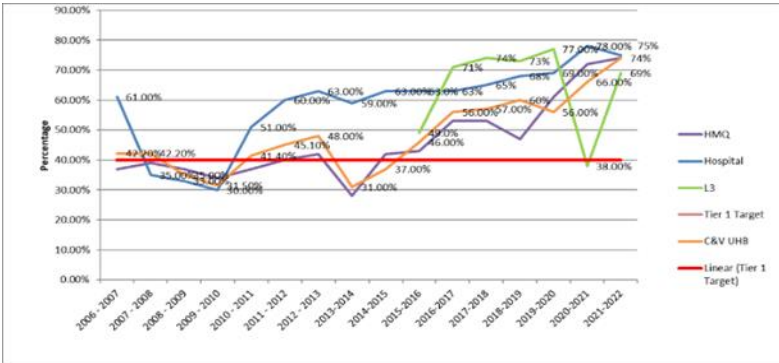
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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Health Improvement Healthy weight	<p>Healthy weight:</p> <ul style="list-style-type: none">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 Boards. However in comparison to UK and Europe rates are high.40% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021/22+2022/23)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021/22+2022/23)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021/22+2022/23)*.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. This difference is significant for childhood obesity.	Q2 2023-2024	
Health Improvement Tobacco	<p>Tobacco</p> <ul style="list-style-type: none">13% of Cardiff and Vale of Glamorgan smoke, one of the lowest rates in Wales. The target is to reach 5% smokers by 2030 this service will therefore need prioritising by the organisation and teamIn Quarter 2 - 0.59% of smokers set a firm quit date. 68% of these quit smoking at 4 weeks (HMQ, Pharmacy Level 3 and Hospital Smoking Cessation Service combined)HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks.Level 3 Pharmacy – 25% of Treated Smokers had quit smoking at 4 weeks.Hospital Service - 85% of Treated Smokers had quit smoking at 4 weeks.	Quarter 2 2023-2024	

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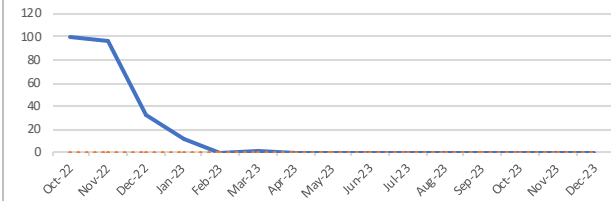
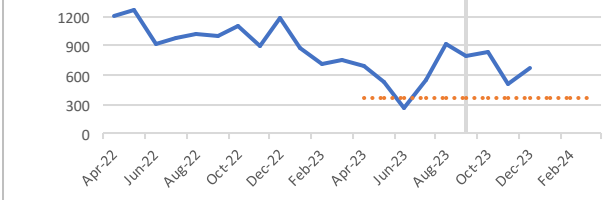
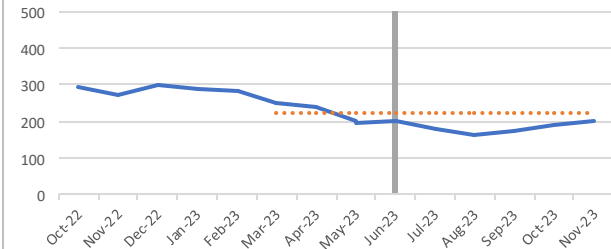
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NHS Wales Performance Framework Measures

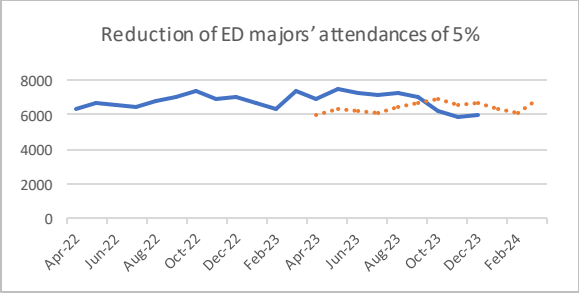
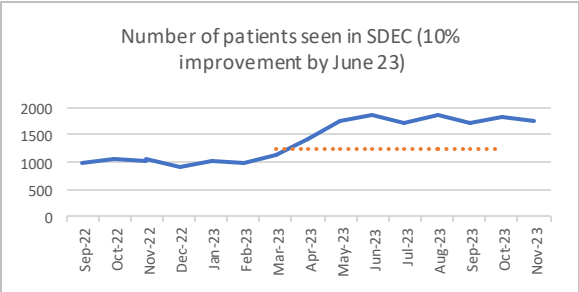
[Return to Section Menu](#)

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	1 Apr 23 to 31 Mar 23	0.8% per quarter	0.6%	<table><tr><td>Q3</td><td>Q4</td><td>Q1</td><td>Q2</td></tr><tr><td>0.40%</td><td>0.70%</td><td>0.60%</td><td>0.59%</td></tr></table>	Q3	Q4	Q1	Q2	0.40%	0.70%	0.60%	0.59%
Q3	Q4	Q1	Q2										
0.40%	0.70%	0.60%	0.59%										
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)	1 Jul 23 to 30 Sep 23	95%	83.7%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>83.70%</td><td>87.20%</td><td>86.80%</td><td>84.80%</td></tr></table>	Q1	Q2	Q3	Q4	83.70%	87.20%	86.80%	84.80%
Q1	Q2	Q3	Q4										
83.70%	87.20%	86.80%	84.80%										
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)	1 Jan 23 to 30 Jun 23	90%	74.4%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>74.40%</td><td>72.60%</td><td>70.30%</td><td>71.30%</td></tr></table>	Q1	Q2	Q3	Q4	74.40%	72.60%	70.30%	71.30%
Q1	Q2	Q3	Q4										
74.40%	72.60%	70.30%	71.30%										
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	1 Sep 23 to 31 Mar 24	75%	70.9%	<table><tr><td>31st Oct</td><td>21st Nov</td><td>27th Dec</td><td></td></tr><tr><td>57.00%</td><td>65.10%</td><td>70.90%</td><td></td></tr></table>	31st Oct	21st Nov	27th Dec		57.00%	65.10%	70.90%	
31st Oct	21st Nov	27th Dec											
57.00%	65.10%	70.90%											
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 Sep 23 to 30 Mar 24	75%	53.19%	<table><tr><td>w/e 26/01</td><td>w/e 02/11</td><td>w/e 23/11</td><td>w/e 14/12</td></tr><tr><td>27.09%</td><td>30.96%</td><td>44.20%</td><td>53.19%</td></tr></table>	w/e 26/01	w/e 02/11	w/e 23/11	w/e 14/12	27.09%	30.96%	44.20%	53.19%
w/e 26/01	w/e 02/11	w/e 23/11	w/e 14/12										
27.09%	30.96%	44.20%	53.19%										
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-23	90%	31.9%	<table><tr><td>May-23</td><td>Jun-23</td><td>Jul-23</td><td>Aug-23</td></tr><tr><td>3.40%</td><td>4.70%</td><td>12.30%</td><td>31.90%</td></tr></table>	May-23	Jun-23	Jul-23	Aug-23	3.40%	4.70%	12.30%	31.90%
May-23	Jun-23	Jul-23	Aug-23										
3.40%	4.70%	12.30%	31.90%										
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-23	90%	97.7%	<table><tr><td>Mar-23</td><td>Apr-23</td><td>May-23</td><td>Jun-23</td></tr><tr><td>96.30%</td><td>95.60%</td><td>98.00%</td><td>97.70%</td></tr></table>	Mar-23	Apr-23	May-23	Jun-23	96.30%	95.60%	98.00%	97.70%
Mar-23	Apr-23	May-23	Jun-23										
96.30%	95.60%	98.00%	97.70%										
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Sep-23	95%	97.6%	<table><tr><td>Jun-23</td><td>Jul-23</td><td>Aug-23</td><td>Sep-23</td></tr><tr><td>97.30%</td><td>93.50%</td><td>95.30%</td><td>97.60%</td></tr></table>	Jun-23	Jul-23	Aug-23	Sep-23	97.30%	93.50%	95.30%	97.60%
Jun-23	Jul-23	Aug-23	Sep-23										
97.30%	93.50%	95.30%	97.60%										

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Priority	Performance Summary	Reporting Period	Data																																
<div>Ambulance Handover</div> <div>Annual Plan Commitments:</div> <div><div><div>Zero 4-hour ambulance delays (June 23)</div><div>Reduce average lost minutes to 30 (Sept 23)</div></div></div>	<div><div><div>The number of ambulance handovers >4 hours has reduced from 230 in November 2022 to zero since January 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In June there were two 2-hour holds, a reduction from 206 in March, in July we reported 15, in August 20, in September 27 and October 10. This increased slightly to 14 in November but has reduced to 9 in December.</div><div>Average lost minutes per arrival at UHW remains reduced decreasing to 17 minutes in December from 25 in October. Average lost minutes per arrival for the Health Board was 14. This performance remains better than our annual plan commitment.</div></div></div>	Dec-23	<div><div>Number of ambulance handovers >4 hours</div><table><thead><tr><th>Month</th><th>Count</th></tr></thead><tbody><tr><td>Oct-22</td><td>100</td></tr><tr><td>Nov-22</td><td>100</td></tr><tr><td>Dec-22</td><td>30</td></tr><tr><td>Jan-23</td><td>10</td></tr><tr><td>Feb-23</td><td>5</td></tr><tr><td>Mar-23</td><td>0</td></tr><tr><td>Apr-23</td><td>0</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>2</td></tr><tr><td>Jul-23</td><td>15</td></tr><tr><td>Aug-23</td><td>20</td></tr><tr><td>Sep-23</td><td>27</td></tr><tr><td>Oct-23</td><td>10</td></tr><tr><td>Nov-23</td><td>14</td></tr><tr><td>Dec-23</td><td>9</td></tr></tbody></table></div>	Month	Count	Oct-22	100	Nov-22	100	Dec-22	30	Jan-23	10	Feb-23	5	Mar-23	0	Apr-23	0	May-23	0	Jun-23	2	Jul-23	15	Aug-23	20	Sep-23	27	Oct-23	10	Nov-23	14	Dec-23	9
Month	Count																																		
Oct-22	100																																		
Nov-22	100																																		
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Aug-23	20																																		
Sep-23	27																																		
Oct-23	10																																		
Nov-23	14																																		
Dec-23	9																																		
<div>Emergency Department</div> <div>Annual Plan Commitments:</div> <div><div><div>Zero 24-hour ED waits (June 23)</div><div>Reduce 12-hour ED waits by 50% (Sept 23)</div></div></div>	<div><div><div>In December, 3 patients waited 24-hours in the EU footprint without a stop-clock, a decrease from the 27 patients in October</div><div>12-hour ED waits increased from 518 in November to 665 in December and remains above our IMTP ambition. Work continues to embed the improvements following the significant number of ward moves and EU/AU redesign over the summer, which has impacted our performance for Q2</div></div></div>	Dec-23	<div><div>12 Hour Wait Reduction by 50% of baseline by Sept-23</div><table><thead><tr><th>Month</th><th>Count</th></tr></thead><tbody><tr><td>Apr-22</td><td>1200</td></tr><tr><td>Jun-22</td><td>1000</td></tr><tr><td>Aug-22</td><td>1050</td></tr><tr><td>Oct-22</td><td>1000</td></tr><tr><td>Dec-22</td><td>1100</td></tr><tr><td>Feb-23</td><td>800</td></tr><tr><td>Apr-23</td><td>750</td></tr><tr><td>Jun-23</td><td>300</td></tr><tr><td>Aug-23</td><td>900</td></tr><tr><td>Oct-23</td><td>800</td></tr><tr><td>Dec-23</td><td>500</td></tr><tr><td>Feb-24</td><td>600</td></tr></tbody></table></div>	Month	Count	Apr-22	1200	Jun-22	1000	Aug-22	1050	Oct-22	1000	Dec-22	1100	Feb-23	800	Apr-23	750	Jun-23	300	Aug-23	900	Oct-23	800	Dec-23	500	Feb-24	600						
Month	Count																																		
Apr-22	1200																																		
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Dec-23	500																																		
Feb-24	600																																		
<div>Delayed Pathways of Care, LOS and Beds</div> <div>Annual Plan Commitments:</div> <div><div><div>Reduce DPOCs by 10% (June-23)</div><div>Reduce >21 day LOS by 5% (June-23)</div><div>Re-establish dedicated AOS beds (Sept)</div></div></div>	<div><div><div>Delayed pathways of care remain a national challenge, the December 2023 census reported 150 delayed pathways, a decrease from November and below our commitment of 217</div><div>We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 29% and 58% respectively.</div><div>Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS), including consideration of dedicated beds following a recent pilot. An update and proposal is now planned for the beginning of Q3.</div></div></div>	Dec-23	<div><div>Reduce DPOCs by 10% (June-23)</div><table><thead><tr><th>Month</th><th>Count</th></tr></thead><tbody><tr><td>Oct-22</td><td>300</td></tr><tr><td>Nov-22</td><td>280</td></tr><tr><td>Dec-22</td><td>300</td></tr><tr><td>Jan-23</td><td>290</td></tr><tr><td>Feb-23</td><td>280</td></tr><tr><td>Mar-23</td><td>250</td></tr><tr><td>Apr-23</td><td>230</td></tr><tr><td>May-23</td><td>210</td></tr><tr><td>Jun-23</td><td>200</td></tr><tr><td>Jul-23</td><td>200</td></tr><tr><td>Aug-23</td><td>180</td></tr><tr><td>Sep-23</td><td>180</td></tr><tr><td>Oct-23</td><td>190</td></tr><tr><td>Nov-23</td><td>200</td></tr></tbody></table></div>	Month	Count	Oct-22	300	Nov-22	280	Dec-22	300	Jan-23	290	Feb-23	280	Mar-23	250	Apr-23	230	May-23	210	Jun-23	200	Jul-23	200	Aug-23	180	Sep-23	180	Oct-23	190	Nov-23	200		
Month	Count																																		
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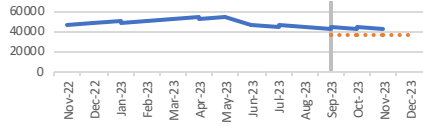
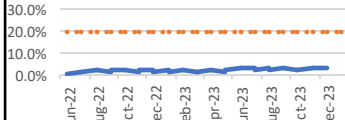
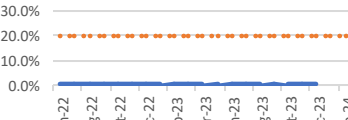
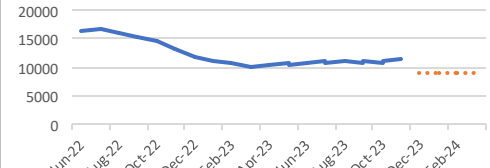
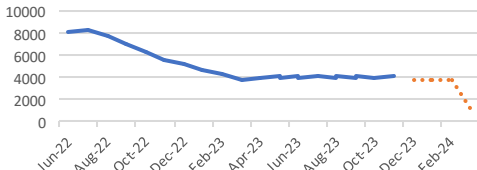
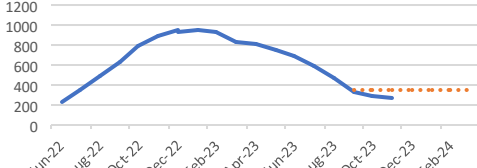
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Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment <ul style="list-style-type: none">Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	<ul style="list-style-type: none">In December 2023 we reported 10,717 EU attendances, a small increase from the 10,710 reported in NovemberThe number of EU Majors attendances in December 2023 was 5970, an increase from November but below our ambition of 6507.	Dec-23	
Same Day Emergency Care Annual Plan Commitment <ul style="list-style-type: none">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	<ul style="list-style-type: none">In November 2023 we saw 1,131 patients seen via surgical SDEC and 629 via the medical SDEC. In total 1,760 patients were seen, above our commitment of a 10% increase by the end of Q1A new process for national submissions has been undertaken and we hope to report on the other measures once complete	Nov-23	

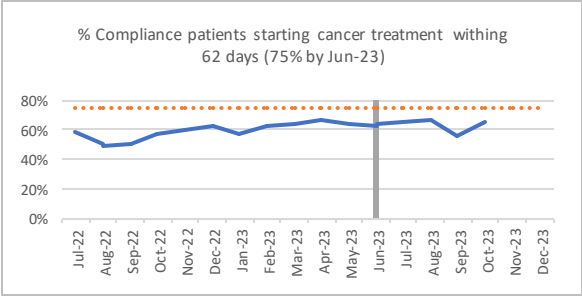
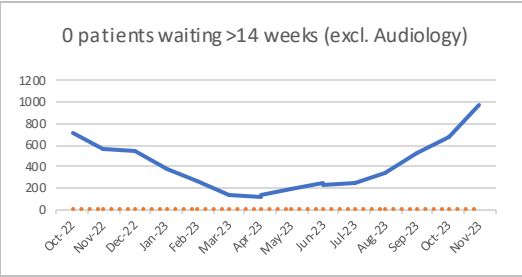
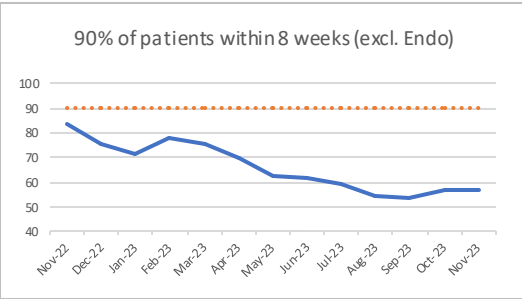
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Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: <ul style="list-style-type: none">80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024)All clusters to have adequate 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)	<ul style="list-style-type: none">Average utilisation of 90% achieved across Cardiff and Vale for September and October, increasing to 92% in NovemberDelivery plan in place to develop Urgent Care Centers as part of the 6 Goals Programme, to achieve full and equitable access across Cardiff and Vale – (76% Coverage, increasing to 86% by December)Calls to CAV247/OOH service - Q1 = 93%, Q2 87%Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Total referrals for Q1 = 63, Q2 = 122	<div>Nov-23</div> <div>Q2- Sept 23</div>	<div>UPCC Utilisation - 90% by Mar 24</div>
Community Services <ul style="list-style-type: none">Home Visit (P2) f2f in 2 hrs >90% (June 2023)	<ul style="list-style-type: none">The Health Board was 67% compliant in November 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 6 of 4 patients receiving their visit with one hour.For patients that required an 'Emergency' appointment at a primary care center in November the Health Board was 100% compliant, with 1 of 1 patients receiving an appointment within 1 hourThe Health Board was 79% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 82 of 104 patients receiving their visit within 2 hours	<div>Nov-23</div>	<div>Home visits within 2 hours (90% by Jun-23)</div>

Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: <ul style="list-style-type: none">75% admitted within 4 hours (June-23)85% to theatre within 36 hours (December-23)	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In November 2023 the annualised data shows 29.0% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In November, 67.0% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 58% over the last 12 months.</p> <p>A fourth summit with key stakeholders was held in September. We have an 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.</p>	Nov-23	<div><div>#NOF admitted within 4 hours (75% by Jun-23)</div><div>#NOF to theatre within 36 hours (85% by Dec-23)</div><div>Mortality - UHB, University Hospital of Wales</div></div>
Stroke IMTP Commitments: <ul style="list-style-type: none">70% scanned within 1 hour (June-23)90% admitted within 4 hours (Sept-23)20% thrombolysis rate (Sept-23)	<p>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 significant recent improvements in compliance. In November:</p> <ul style="list-style-type: none">8.3% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 15.3%The percentage of CT scans that were started within 1 hour in November was 63%, the All-Wales average was 54.0%The percentage of patients who were admitted directly to a stroke unit within 4 hours was 57.8% in November, the All-Wales average was 28.8% <p>The UHB has held a number of internal Stroke summits and 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.</p>	Nov-23	<div><div>% Scanned within 1 hour (70% by June-23)</div><div>Stroke Thrombolysed within 45 minutes (20% by Sept-23)</div><div>Direct admission to stroke unit within 4 hours (90% by Sept-23)</div></div>
Intensive Care Unit IMTP Commitments: <ul style="list-style-type: none">Patient at risk team 24/7 (Sept 23)ITU - 1 additional staffed bed (Sept 23)ITU - 2 additional staffed beds (March 24)	<ul style="list-style-type: none">The patient at risk team (PART) is due to move from a 12/7 service to a 24/7 service from the 1st October following successful staff recruitment. This change will be pivotal in supporting the wards and ITU with the save management and transfer of patients.3 additional ITU Level 3 beds will be resourced over the course of this financial year. The first of those beds is on-track to be resourced from September 2023 following successful recruitment of staff	Oct-23	

Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment <ul style="list-style-type: none">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	<ul style="list-style-type: none">In total there were 193,589 patients awaiting a follow-up outpatient appointment at the end of NovemberOf these, there were 42,904 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from September2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway0.5% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	<div>Nov-23</div> <div>Dec-23</div>	<div>Reduction in 100% Follow-up delays (Sept-23)</div> <div>% into SOS from Appointment</div> <div>% into PIFU from appointment</div>
52 Week New Outpatient Annual Plan Commitment <ul style="list-style-type: none"><8999 > 52 weeks (March 2024)	<ul style="list-style-type: none">We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO.In November, 11561 patients had waited 52 weeks for their outpatient appointment, an increase from October and still above our ambition for March 24.	<div>Nov-23</div>	<div>RTT > 52 weeks New Outpatient against 8999 target by Dec-23</div>
104 Week Treatment Annual Plan Commitment <ul style="list-style-type: none">3788 patients > 104 week waits for treatment (December 2023)1263 patients > 104 week waits for treatment (March 2024)	<ul style="list-style-type: none">We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO. We are on track to meet our December commitment in line with the Ministerial priority for <97% of out total waiting list to be over 2 years. In November there were 4142 patients who had waited over 2 years. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment.	<div>Nov-23</div>	<div>RTT > 104 weeks against 3788 target by Dec-23</div>
156 Week Waits Annual Plan Commitment <ul style="list-style-type: none"><350 patients > 156 week wait for treatment (September 2023)0 patients >156 week wait for treatment (December 2023)	<ul style="list-style-type: none">At the end of September there were 330 patients waiting 156 weeks for treatment, lower than our commitment. We continue to see a reduction in the number of patients waiting over 3 years and reported 274 in November. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.	<div>Nov-23</div>	<div>RTT >156 weeks against 350 target by Sep-23</div>

Priority	Performance Summary	Reporting Period	Data																														
Community Pharmacy Annual Plan Commitment: <ul style="list-style-type: none">>90% of all eligible community pharmacies providing CCPS (June 2023)10% increase in pharmacy independent provider access (December 2023)	98% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none">100 Community Pharmacies currently eligible to provide CCPS100/103 Community Pharmacies signed up to deliver CCPS. 3502 PIP consultations undertaken in Q2, increased from 2395 in Q1. There has been an increase to 31% of pharmacies providing PIP services.	Q2- Sept 2023	<div>PIP consultations<table><tr><td>Jul-23</td><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td></tr><tr><td>1106</td><td>1035</td><td>1361</td><td>1348</td></tr></table></div>	Jul-23	Aug-23	Sep-23	Oct-23	1106	1035	1361	1348																						
Jul-23	Aug-23	Sep-23	Oct-23																														
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GMS Escalation Annual Plan Commitment: <ul style="list-style-type: none">>95% of practices reporting escalation levels (June 2023)>95% achievement of core access to in-hours GMS Services (September 2023)	<ul style="list-style-type: none">Average of 88% of Practices reporting escalation levels (Average for Q1 88%) - Number of escalations from practices reducing (of practices reporting of which 8% at Lvl3, 92% >Lvl3)98% achievement of core access standards to in hours GMS	Q2- Sept 2023	<div>Escalation reporting<table><tr><td>Q1</td><td>Q2</td></tr><tr><td>88.0%</td><td>88.0%</td></tr></table></div> <div>National Access Standards<table><tr><td>Q1</td><td>Q2</td></tr><tr><td>98.0%</td><td>98.0%</td></tr></table></div>	Q1	Q2	88.0%	88.0%	Q1	Q2	98.0%	98.0%																						
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88.0%	88.0%																																
Q1	Q2																																
98.0%	98.0%																																
Dental Annual Plan Commitment: <ul style="list-style-type: none">50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	<ul style="list-style-type: none">% of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 113.9%% of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 52.8%% of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 51.2% In May 2021 the Centralised Dental Waiting List was established to indicate demand for access to NHS Dental Services and provide a pathway for patients to access general dental services. The number of patients requesting to be added has been increasing faster than allocation of patients to practices.	Q3- Dec 2023	<div><table><tr><td></td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>New</td><td>99.80%</td><td>113.90%</td><td>130.33%</td><td>139.27%</td></tr><tr><td>New Urgent</td><td>45.10%</td><td>52.80%</td><td>57.00%</td><td>63.25%</td></tr><tr><td>Historic</td><td>43.80%</td><td>51.20%</td><td>59.58%</td><td>64.69%</td></tr></table></div> <div><table><tr><td></td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>CDWL volume</td><td>21,836</td><td>22,975</td><td>23,892</td><td>24,636</td></tr></table></div>		Sep-23	Oct-23	Nov-23	Dec-23	New	99.80%	113.90%	130.33%	139.27%	New Urgent	45.10%	52.80%	57.00%	63.25%	Historic	43.80%	51.20%	59.58%	64.69%		Sep-23	Oct-23	Nov-23	Dec-23	CDWL volume	21,836	22,975	23,892	24,636
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Optometry Annual Plan Commitment <ul style="list-style-type: none">>90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	<ul style="list-style-type: none">Contract reform and implementation still in progress	Q2- Sept 2023																															
Respiratory Annual Plan Commitment <ul style="list-style-type: none">50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	<ul style="list-style-type: none">Community Spirometry service available in both Cardiff and Vale regions.1006 patients referred (in total) up to August - 83% have attended appointments, 103 patients remain on waiting list. Estimate 35% of expected demand has been seen in service. Service scope expands from November to include post-bronchodilator spirometry for COPD , FeNO and Reversibility for suspected asthma.	Q2- Sept 2023																															

Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment <ul style="list-style-type: none">>75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)Develop draft UHB strategy to deliver national cancer pathways (June 2023)	<ul style="list-style-type: none">October saw an increase in compliance with the 62 day SCP standard, with performance increasing to 64.7%. We continue to address the backlog of long waiting patients and expect an improvement for October. At the time of writing there are a total of 2307 suspected cancer patient on the SCP. 323 have waited over 62 days, of which 105 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.The UHB draft strategy has been developed including working with national cancer pathways	<div>Oct-23</div> <div>No date</div>	<div><p>% Compliance patients starting cancer treatment withing 62 days (75% by Jun-23)</p></div>
Therapies Annual Plan Commitment <ul style="list-style-type: none">0 patients waiting over 14 weeks (excluding audiology) (June 2023)	<ul style="list-style-type: none">Excluding Audiology there were 970 patients waiting over 14-weeks for Therapy in at the end of November. In total there were 1906 patients waiting longer 14 weeks for Therapy, an increase from September.	<div>Nov-23</div>	<div><p>0 patients waiting >14 weeks (excl. Audiology)</p></div>
Diagnostics Annual Plan Commitment <ul style="list-style-type: none">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)	<ul style="list-style-type: none">Excluding endoscopy there were 8734 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of November. In total there were 13198 patients waiting longer than 8 weeks for a diagnostic test, an increase from October.55% of patients seen within 8 weeks in November (excluding Endoscopy), an small decrease from October.Planning for the Community Diagnostic Hub is underway following agreement of central funding from WG. Expected go-live is estimated to be Q1 2024/25. Plans are in development to provide additional diagnostic capacity through mobile units in advance of this.	<div>Nov-23</div> <div>No date</div>	<div><p>90% of patients within 8 weeks (excl. Endo)</p></div>

Priority	Performance Summary	Reporting Period	Data
Whole System Evaluation Annual Plan Commitment: <ul style="list-style-type: none">Undertake high impact evaluations of three key specialities (June 2023)Undertake high impact evaluations of three key specialities (Sept 2023)	Evaluations completed in Therapies and Cardiac Services. At the Theatres Summit in September Endoscopy, Gynecology and dental services presented their evaluations. Work is ongoing to expand the evaluation process across key specialties and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.	Nov-23	
Supporting Patients Whilst Waiting Annual Plan Commitment: <ul style="list-style-type: none">Produce models of care (June 2023)Develop pathways (Sept 2023)Expand services (December 2023)	<p>Models of care and pathways have so far been produced for 8 services including Prepare Well (Orthopaedics), ESCAPE Pain and Cancer Prehab2Rehab</p> <p>The expansion of services to include a single point of access is planned for delivery in this financial year.</p>	Nov-23	



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Priority	Performance Summary	Reporting Period	Data																																																																																																				
Children’s Mental Health Annual Plan Commitments: <ul style="list-style-type: none">>80% Part 1a performance – SCAMHSPart 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	<p>Part 1a compliance remains above the 80% standard and has increased to 98% in November.</p> <p>Part 1b performance reduced to 7% and remains low due to additional assessments undertaken to meet Part 1a and high referral levels in June and July 23. The number waiting and longest wait for Part 1b increased last month following reductions through June to September. The number waiting over 16 weeks remains low. There have been data quality issues and a thorough improvement in the capture of data which has further impacted reported performance.</p> <p>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). The module is now live and will bring improved data quality through the coming months.</p>	Nov-23	<div><p>EWMH - Part 1A, Part 1B and Part 2 Compliance (%)</p><table border="1"><thead><tr><th>Month</th><th>Part 1A Compliance (%)</th><th>Part 1B Compliance (%)</th><th>Part 2 CIP Compliance (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>64</td><td>56</td><td>62</td></tr><tr><td>May-22</td><td>64</td><td>42</td><td>64</td></tr><tr><td>Jun-22</td><td>56</td><td>53</td><td>56</td></tr><tr><td>Jul-22</td><td>47</td><td>47</td><td>57</td></tr><tr><td>Aug-22</td><td>54</td><td>50</td><td>54</td></tr><tr><td>Sep-22</td><td>62</td><td>57</td><td>69</td></tr><tr><td>Oct-22</td><td>88</td><td>42</td><td>83</td></tr><tr><td>Nov-22</td><td>97</td><td>74</td><td>85</td></tr><tr><td>Dec-22</td><td>99</td><td>60</td><td>95</td></tr><tr><td>Jan-23</td><td>97</td><td>19</td><td>83</td></tr><tr><td>Feb-23</td><td>95</td><td>7</td><td>86</td></tr><tr><td>Mar-23</td><td>92</td><td>50</td><td>91</td></tr><tr><td>Apr-23</td><td>89</td><td>0</td><td>83</td></tr><tr><td>May-23</td><td>88</td><td>0</td><td>83</td></tr><tr><td>Jun-23</td><td>89</td><td>0</td><td>89</td></tr><tr><td>Jul-23</td><td>90</td><td>0</td><td>84</td></tr><tr><td>Aug-23</td><td>93</td><td>0</td><td>77</td></tr><tr><td>Sep-23</td><td>91</td><td>22</td><td>87</td></tr><tr><td>Oct-23</td><td>99</td><td>11</td><td>81</td></tr><tr><td>Nov-23</td><td>85</td><td>12</td><td>70</td></tr><tr><td>Dec-23</td><td>85</td><td>26</td><td>75</td></tr><tr><td>Jan-24</td><td>85</td><td>35</td><td>80</td></tr><tr><td>Feb-24</td><td>85</td><td>48</td><td>85</td></tr><tr><td>Mar-24</td><td>90</td><td>60</td><td>85</td></tr></tbody></table></div>	Month	Part 1A Compliance (%)	Part 1B Compliance (%)	Part 2 CIP Compliance (%)	Apr-22	64	56	62	May-22	64	42	64	Jun-22	56	53	56	Jul-22	47	47	57	Aug-22	54	50	54	Sep-22	62	57	69	Oct-22	88	42	83	Nov-22	97	74	85	Dec-22	99	60	95	Jan-23	97	19	83	Feb-23	95	7	86	Mar-23	92	50	91	Apr-23	89	0	83	May-23	88	0	83	Jun-23	89	0	89	Jul-23	90	0	84	Aug-23	93	0	77	Sep-23	91	22	87	Oct-23	99	11	81	Nov-23	85	12	70	Dec-23	85	26	75	Jan-24	85	35	80	Feb-24	85	48	85	Mar-24	90	60	85
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Adult Mental Health Annual Plan Commitments: <ul style="list-style-type: none">>80% Part 1a performance>80% Part 1b performance	<p>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 1550 referrals in November 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.</p> <p>Significant work has been undertaken to improve access times to adult primary mental health:</p> <ul style="list-style-type: none">Part 1a: in November the percentage of Mental Health assessments undertaken within 28 days was 99.6%Part 1b compliance remains at 100%	Nov-23	<div><p>MH Part1a against 80% standard</p><table border="1"><thead><tr><th>Month</th><th>Compliance (%)</th></tr></thead><tbody><tr><td>Oct-22</td><td>100.00</td></tr><tr><td>Nov-22</td><td>100.00</td></tr><tr><td>Dec-22</td><td>100.00</td></tr><tr><td>Jan-23</td><td>100.00</td></tr><tr><td>Feb-23</td><td>100.00</td></tr><tr><td>Mar-23</td><td>100.00</td></tr><tr><td>Apr-23</td><td>50.00</td></tr><tr><td>May-23</td><td>100.00</td></tr><tr><td>Jun-23</td><td>100.00</td></tr><tr><td>Jul-23</td><td>100.00</td></tr><tr><td>Aug-23</td><td>100.00</td></tr><tr><td>Sep-23</td><td>100.00</td></tr><tr><td>Oct-23</td><td>100.00</td></tr><tr><td>Nov-23</td><td>100.00</td></tr></tbody></table></div> <div><p>MH Part1b against 80% standard</p><table border="1"><thead><tr><th>Month</th><th>Compliance (%)</th></tr></thead><tbody><tr><td>Oct-22</td><td>100.00</td></tr><tr><td>Nov-22</td><td>100.00</td></tr><tr><td>Dec-22</td><td>100.00</td></tr><tr><td>Jan-23</td><td>100.00</td></tr><tr><td>Feb-23</td><td>100.00</td></tr><tr><td>Mar-23</td><td>100.00</td></tr><tr><td>Apr-23</td><td>100.00</td></tr><tr><td>May-23</td><td>100.00</td></tr><tr><td>Jun-23</td><td>100.00</td></tr><tr><td>Jul-23</td><td>100.00</td></tr><tr><td>Aug-23</td><td>100.00</td></tr><tr><td>Sep-23</td><td>100.00</td></tr><tr><td>Oct-23</td><td>100.00</td></tr><tr><td>Nov-23</td><td>100.00</td></tr></tbody></table></div>	Month	Compliance (%)	Oct-22	100.00	Nov-22	100.00	Dec-22	100.00	Jan-23	100.00	Feb-23	100.00	Mar-23	100.00	Apr-23	50.00	May-23	100.00	Jun-23	100.00	Jul-23	100.00	Aug-23	100.00	Sep-23	100.00	Oct-23	100.00	Nov-23	100.00	Month	Compliance (%)	Oct-22	100.00	Nov-22	100.00	Dec-22	100.00	Jan-23	100.00	Feb-23	100.00	Mar-23	100.00	Apr-23	100.00	May-23	100.00	Jun-23	100.00	Jul-23	100.00	Aug-23	100.00	Sep-23	100.00	Oct-23	100.00	Nov-23	100.00																																								
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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	Sept-23	100%	98%	<table><tr><td>Q1</td><td>Q2</td></tr><tr><td>98.0%</td><td>98.0%</td></tr></table>				Q1	Q2	98.0%	98.0%												
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11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Dec-23	30% (Sept 23) 100% (Mar 24)	New 139.3% New Urgent 63.3% Historic 64.7%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>99.80%</td><td>113.90%</td><td>130.33%</td><td>139.27%</td></tr><tr><td>45.10%</td><td>52.80%</td><td>57.00%</td><td>63.25%</td></tr><tr><td>43.80%</td><td>51.20%</td><td>59.58%</td><td>64.69%</td></tr></table>				Sep-23	Oct-23	Nov-23	Dec-23	99.80%	113.90%	130.33%	139.27%	45.10%	52.80%	57.00%	63.25%	43.80%	51.20%	59.58%	64.69%
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12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Nov-23	Reduction by Mar 24	724	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>953</td><td>860</td><td>938</td><td>724</td></tr></table>				Aug-23	Sep-23	Oct-23	Nov-23	953	860	938	724								
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13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-23	Increase against 22/23	926	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>1035</td><td>1361</td><td>1348</td><td>926</td></tr></table>				Aug-23	Sep-23	Oct-23	Nov-23	1035	1361	1348	926								
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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	Nov-23	80%	98%	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>93%</td><td>87%</td><td>99%</td><td>98%</td></tr></table>				Aug-23	Sep-23	Oct-23	Nov-23	93%	87%	99%	98%								
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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	Nov-23	80%	7%	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>0%</td><td>22%</td><td>13%</td><td>9%</td></tr></table>				Aug-23	Sep-23	Oct-23	Nov-23	0%	22%	13%	9%								
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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	Nov-23	80%	99.6%	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>99.6%</td></tr></table>				Aug-23	Sep-23	Oct-23	Nov-23	100.0%	100.0%	100.0%	99.6%								
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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	Dec-23	65%	56%	Sep-23	Oct-23	Nov-23	Dec-23
					52%	53%	52%	56%
19.	Median emergency response time to amber calls	Nov-23	12m improvement trend	01:05:54	Aug-23	Sep-23	Oct-23	Nov-23
					01:21:44	01:12:07	01:13:33	01:05:54
20.	Median time from arrival at an emergency department to triage by a clinician (minutes)	Oct-23	12m reduction trend	20	Jul-23	Aug-23	Sep-23	Oct-23
					18	18	19	20
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Oct-23	12m reduction trend	64	Jul-23	Aug-23	Sep-23	Oct-23
					70	74	72	64
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	Dec-23	95%	64.6%	Sep-23	Oct-23	Nov-23	Dec-23
					70.5%	67.1%	67.0%	64.6%
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	Dec-23	0 (Mar 2024)	665	Sep-23	Oct-23	Nov-23	Dec-23
					803	835	518	665
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sept-23	80% (Mar 2026)	56.6%	Jun-23	Jul-23	Aug-23	Sep-23
					63.6%	65.6%	66.4%	56.6%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-23	0 (Mar 2024)	13198	Aug-23	Sep-23	Oct-23	Nov-23
					11415	12246	12230	13198
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Nov-23	Improvement trend	81.4%	Aug-23	Sep-23	Oct-23	Nov-23
					82.79%	80.29%	80.03%	81.40%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-23	0 (Mar 2024)	1906	Aug-23	Sep-23	Oct-23	Nov-23
					1373	1703	1823	1906



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NHS Wales Performance Framework Measures

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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	Nov-23	Improvement trajectory towards 0	11561	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>11230</td><td>11133</td><td>11044</td><td>11561</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	11230	11133	11044	11561
Aug-23	Sep-23	Oct-23	Nov-23										
11230	11133	11044	11561										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Nov-23	Improvement trajectory towards 0	20758	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>21018</td><td>20646</td><td>20577</td><td>20758</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	21018	20646	20577	20758
Aug-23	Sep-23	Oct-23	Nov-23										
21018	20646	20577	20758										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-23	Improvement trajectory towards 0	42904	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>44993</td><td>44425</td><td>44166</td><td>42904</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	44993	44425	44166	42904
Aug-23	Sep-23	Oct-23	Nov-23										
44993	44425	44166	42904										
31	Number of patients waiting more than 104 weeks for referral to treatment	Nov-23	Improvement trajectory towards 0	4142	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>4085</td><td>4054</td><td>4045</td><td>4142</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	4085	4054	4045	4142
Aug-23	Sep-23	Oct-23	Nov-23										
4085	4054	4045	4142										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Nov-23	Improvement trajectory towards 0	28054	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>25463</td><td>25541</td><td>26471</td><td>28054</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	25463	25541	26471	28054
Aug-23	Sep-23	Oct-23	Nov-23										
25463	25541	26471	28054										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Nov-23	80%	98%	<table><tr><td>Jul-23</td><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td></tr><tr><td>84%</td><td>93%</td><td>87%</td><td>99%</td></tr></table>	Jul-23	Aug-23	Sep-23	Oct-23	84%	93%	87%	99%
Jul-23	Aug-23	Sep-23	Oct-23										
84%	93%	87%	99%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Nov-23	80%	22%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>25%</td><td>30%</td><td>28%</td><td>22%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	25%	30%	28%	22%
Sep-23	Oct-23	Nov-23	Dec-23										
25%	30%	28%	22%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Nov-23	80%	68%	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>57%</td><td>63%</td><td>66%</td><td>68%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	57%	63%	66%	68%
Aug-23	Sep-23	Oct-23	Nov-23										
57%	63%	66%	68%										


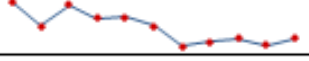
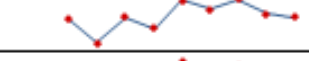
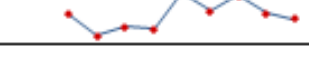
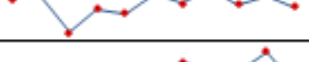
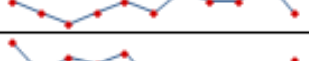
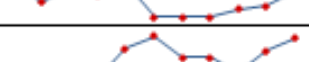
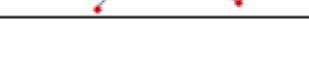
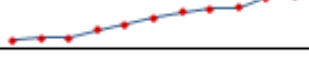
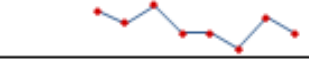
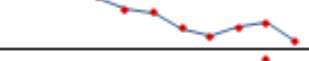




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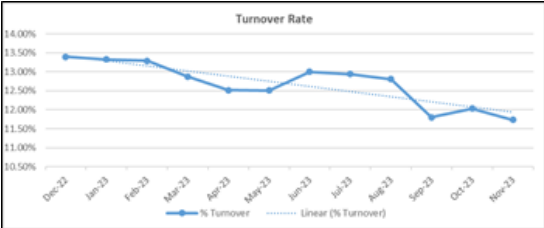


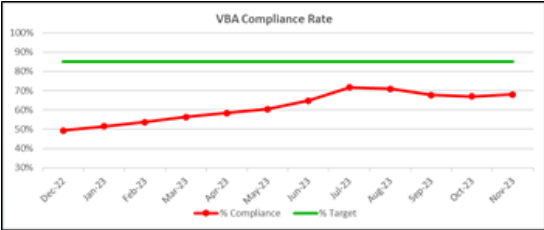
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Productivity and Efficiency measures

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Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.7%	
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	79%	
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	15.8	17.2	15.6	
	% of theatre session utilisation	95%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%	
	% in session utilisation	85%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%	
	<24 hour cancellations					238	314	344	293	292	255	308	338	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset												
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset												
Waiting list	Total RTT waiting list volume	N/A	121687	122635	122708	126262	128670	131664	134603	135686	136185	140725	141684	
Inpatient	Delayed pathways of Care - Mental Health	217				43	39	45	36	36	31	41	36	
	Delayed Pathways of Care - non-Mental Health					204	178	171	140	124	142	150	114	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%	

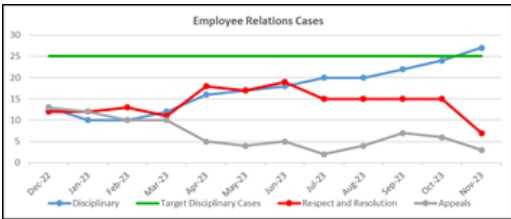

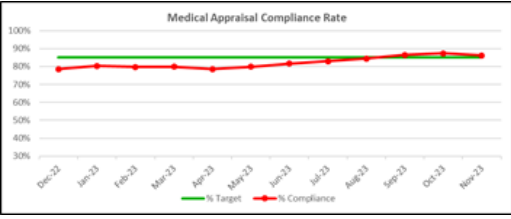
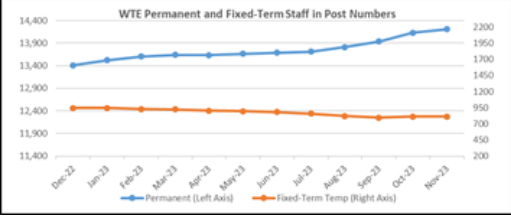
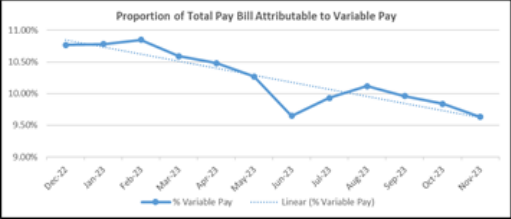
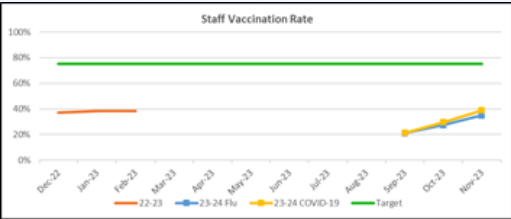
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Priority	Performance Summary	Reported Period	Data																																																																														
Turnover	<p>The overall trend is downwards since Dec-22; the rates have fallen from 13.40% in Dec-22 to 11.74% in Nov-23 UHB wide. This is a net 1.66% decrease, which represents 228 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; ‘Voluntary Resignation - Other/Not Known’, ‘Voluntary Resignation – Relocation’. ‘Retirement Age’. ‘Voluntary Resignation - Work Life Balance’ and ‘Voluntary Resignation – Promotion’.</p>	Nov-2023	 <table><caption>Turnover Rate Data</caption><tr><th>Month</th><th>% Turnover</th></tr><tr><td>Dec-22</td><td>13.40%</td></tr><tr><td>Jan-23</td><td>13.30%</td></tr><tr><td>Feb-23</td><td>13.20%</td></tr><tr><td>Mar-23</td><td>12.80%</td></tr><tr><td>Apr-23</td><td>12.50%</td></tr><tr><td>May-23</td><td>12.40%</td></tr><tr><td>Jun-23</td><td>12.90%</td></tr><tr><td>Jul-23</td><td>12.80%</td></tr><tr><td>Aug-23</td><td>12.70%</td></tr><tr><td>Sep-23</td><td>11.80%</td></tr><tr><td>Oct-23</td><td>12.00%</td></tr><tr><td>Nov-23</td><td>11.74%</td></tr></table>	Month	% Turnover	Dec-22	13.40%	Jan-23	13.30%	Feb-23	13.20%	Mar-23	12.80%	Apr-23	12.50%	May-23	12.40%	Jun-23	12.90%	Jul-23	12.80%	Aug-23	12.70%	Sep-23	11.80%	Oct-23	12.00%	Nov-23	11.74%																																																				
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Sickness Absence	<p>Rates remain high; although the rates appear to be the falling towards more ‘normal’ levels. The monthly sickness rate for Nov-23 was 5.76% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 11 months to 6.41% (by comparison with Dec-22, which was 7.12%).</p>	Nov-2023	 <table><caption>In-Month and Year to Date Sickness Rates Data</caption><tr><th>Month</th><th>In-Month</th><th>YTD</th><th>Target</th></tr><tr><td>Dec-22</td><td>8.58%</td><td>7.12%</td><td>6.41%</td></tr><tr><td>Jan-23</td><td>7.12%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Feb-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Mar-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Apr-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>May-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Jun-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Jul-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Aug-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Sep-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Oct-23</td><td>6.41%</td><td>6.41%</td><td>6.41%</td></tr><tr><td>Nov-23</td><td>5.76%</td><td>6.41%</td><td>6.41%</td></tr></table>	Month	In-Month	YTD	Target	Dec-22	8.58%	7.12%	6.41%	Jan-23	7.12%	6.41%	6.41%	Feb-23	6.41%	6.41%	6.41%	Mar-23	6.41%	6.41%	6.41%	Apr-23	6.41%	6.41%	6.41%	May-23	6.41%	6.41%	6.41%	Jun-23	6.41%	6.41%	6.41%	Jul-23	6.41%	6.41%	6.41%	Aug-23	6.41%	6.41%	6.41%	Sep-23	6.41%	6.41%	6.41%	Oct-23	6.41%	6.41%	6.41%	Nov-23	5.76%	6.41%	6.41%																										
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Statutory and Mandatory Training	<p>After 2 months of declining compliance rates the rate rose for Nov-23 to 81.23%, 3.77% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target, and PCIC, Children & Women’s and Corporate Executives are above 80% compliance.</p> <p>The compliance with Fire training has also recovered slightly, to 69.85% for Nov-23. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	Nov-2023	 <table><caption>Statutory & Mandatory e-Learning Compliance Rate Data</caption><tr><th>Month</th><th>% Compliance</th><th>% Target</th></tr><tr><td>Dec-22</td><td>75.00%</td><td>85.00%</td></tr><tr><td>Jan-23</td><td>76.00%</td><td>85.00%</td></tr><tr><td>Feb-23</td><td>77.00%</td><td>85.00%</td></tr><tr><td>Mar-23</td><td>78.00%</td><td>85.00%</td></tr><tr><td>Apr-23</td><td>79.00%</td><td>85.00%</td></tr><tr><td>May-23</td><td>80.00%</td><td>85.00%</td></tr><tr><td>Jun-23</td><td>81.00%</td><td>85.00%</td></tr><tr><td>Jul-23</td><td>82.00%</td><td>85.00%</td></tr><tr><td>Aug-23</td><td>83.00%</td><td>85.00%</td></tr><tr><td>Sep-23</td><td>84.00%</td><td>85.00%</td></tr><tr><td>Oct-23</td><td>85.00%</td><td>85.00%</td></tr><tr><td>Nov-23</td><td>81.23%</td><td>85.00%</td></tr></table> <table><caption>Fire e-Learning Compliance Rate Data</caption><tr><th>Month</th><th>% Compliance</th><th>% Target</th></tr><tr><td>Dec-22</td><td>65.00%</td><td>85.00%</td></tr><tr><td>Jan-23</td><td>68.00%</td><td>85.00%</td></tr><tr><td>Feb-23</td><td>70.00%</td><td>85.00%</td></tr><tr><td>Mar-23</td><td>72.00%</td><td>85.00%</td></tr><tr><td>Apr-23</td><td>73.00%</td><td>85.00%</td></tr><tr><td>May-23</td><td>74.00%</td><td>85.00%</td></tr><tr><td>Jun-23</td><td>75.00%</td><td>85.00%</td></tr><tr><td>Jul-23</td><td>76.00%</td><td>85.00%</td></tr><tr><td>Aug-23</td><td>77.00%</td><td>85.00%</td></tr><tr><td>Sep-23</td><td>78.00%</td><td>85.00%</td></tr><tr><td>Oct-23</td><td>79.00%</td><td>85.00%</td></tr><tr><td>Nov-23</td><td>69.85%</td><td>85.00%</td></tr></table>	Month	% Compliance	% Target	Dec-22	75.00%	85.00%	Jan-23	76.00%	85.00%	Feb-23	77.00%	85.00%	Mar-23	78.00%	85.00%	Apr-23	79.00%	85.00%	May-23	80.00%	85.00%	Jun-23	81.00%	85.00%	Jul-23	82.00%	85.00%	Aug-23	83.00%	85.00%	Sep-23	84.00%	85.00%	Oct-23	85.00%	85.00%	Nov-23	81.23%	85.00%	Month	% Compliance	% Target	Dec-22	65.00%	85.00%	Jan-23	68.00%	85.00%	Feb-23	70.00%	85.00%	Mar-23	72.00%	85.00%	Apr-23	73.00%	85.00%	May-23	74.00%	85.00%	Jun-23	75.00%	85.00%	Jul-23	76.00%	85.00%	Aug-23	77.00%	85.00%	Sep-23	78.00%	85.00%	Oct-23	79.00%	85.00%	Nov-23	69.85%	85.00%
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Nov-23	69.85%	85.00%																																																																															
Values Based Appraisal	<p>After reaching 71.64% in Jul-23 VBA compliance fell to 67.00% for Oct-23. There has been a slight improvement for Nov-23, to 68.10%. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has subsequently fallen to 81.43%.</p>	Nov-2023	 <table><caption>VBA Compliance Rate Data</caption><tr><th>Month</th><th>% Compliance</th><th>% Target</th></tr><tr><td>Dec-22</td><td>50.00%</td><td>85.00%</td></tr><tr><td>Jan-23</td><td>52.00%</td><td>85.00%</td></tr><tr><td>Feb-23</td><td>54.00%</td><td>85.00%</td></tr><tr><td>Mar-23</td><td>56.00%</td><td>85.00%</td></tr><tr><td>Apr-23</td><td>58.00%</td><td>85.00%</td></tr><tr><td>May-23</td><td>60.00%</td><td>85.00%</td></tr><tr><td>Jun-23</td><td>62.00%</td><td>85.00%</td></tr><tr><td>Jul-23</td><td>64.00%</td><td>85.00%</td></tr><tr><td>Aug-23</td><td>66.00%</td><td>85.00%</td></tr><tr><td>Sep-23</td><td>68.00%</td><td>85.00%</td></tr><tr><td>Oct-23</td><td>67.00%</td><td>85.00%</td></tr><tr><td>Nov-23</td><td>68.10%</td><td>85.00%</td></tr></table>	Month	% Compliance	% Target	Dec-22	50.00%	85.00%	Jan-23	52.00%	85.00%	Feb-23	54.00%	85.00%	Mar-23	56.00%	85.00%	Apr-23	58.00%	85.00%	May-23	60.00%	85.00%	Jun-23	62.00%	85.00%	Jul-23	64.00%	85.00%	Aug-23	66.00%	85.00%	Sep-23	68.00%	85.00%	Oct-23	67.00%	85.00%	Nov-23	68.10%	85.00%																																							
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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 9 months and has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	Nov-2023	 <table><caption>Employee Relations Cases</caption><tr><th>Month</th><th>Disciplinary</th><th>Target Disciplinary Cases</th><th>Respect and Resolution</th><th>Appeals</th></tr><tr><td>Dec-22</td><td>12</td><td>22</td><td>12</td><td>12</td></tr><tr><td>Jan-23</td><td>10</td><td>22</td><td>12</td><td>10</td></tr><tr><td>Feb-23</td><td>10</td><td>22</td><td>14</td><td>10</td></tr><tr><td>Mar-23</td><td>12</td><td>22</td><td>12</td><td>10</td></tr><tr><td>Apr-23</td><td>15</td><td>22</td><td>18</td><td>5</td></tr><tr><td>May-23</td><td>16</td><td>22</td><td>17</td><td>4</td></tr><tr><td>Jun-23</td><td>18</td><td>22</td><td>18</td><td>5</td></tr><tr><td>Jul-23</td><td>15</td><td>22</td><td>14</td><td>3</td></tr><tr><td>Aug-23</td><td>20</td><td>22</td><td>14</td><td>4</td></tr><tr><td>Sep-23</td><td>20</td><td>22</td><td>14</td><td>7</td></tr><tr><td>Oct-23</td><td>22</td><td>22</td><td>14</td><td>5</td></tr><tr><td>Nov-23</td><td>25</td><td>22</td><td>7</td><td>3</td></tr></table>	Month	Disciplinary	Target Disciplinary Cases	Respect and Resolution	Appeals	Dec-22	12	22	12	12	Jan-23	10	22	12	10	Feb-23	10	22	14	10	Mar-23	12	22	12	10	Apr-23	15	22	18	5	May-23	16	22	17	4	Jun-23	18	22	18	5	Jul-23	15	22	14	3	Aug-23	20	22	14	4	Sep-23	20	22	14	7	Oct-23	22	22	14	5	Nov-23	25	22	7	3
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Job Plans	91.42% of clinicians have engagement with job planning and have a job plan in the system, however only 51.73% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	Nov-2023	 <table><caption>Signed Off Job Plans against 85% Target</caption><tr><th>Month</th><th>Signed Off</th><th>Target</th></tr><tr><td>Dec-22</td><td>40.00%</td><td>85.00%</td></tr><tr><td>Jan-23</td><td>45.00%</td><td>85.00%</td></tr><tr><td>Feb-23</td><td>50.00%</td><td>85.00%</td></tr><tr><td>Mar-23</td><td>50.00%</td><td>85.00%</td></tr><tr><td>Apr-23</td><td>55.00%</td><td>85.00%</td></tr><tr><td>May-23</td><td>55.00%</td><td>85.00%</td></tr><tr><td>Jun-23</td><td>50.00%</td><td>85.00%</td></tr><tr><td>Jul-23</td><td>55.00%</td><td>85.00%</td></tr><tr><td>Aug-23</td><td>55.00%</td><td>85.00%</td></tr><tr><td>Sep-23</td><td>55.00%</td><td>85.00%</td></tr><tr><td>Oct-23</td><td>55.00%</td><td>85.00%</td></tr><tr><td>Nov-23</td><td>55.00%</td><td>85.00%</td></tr></table>	Month	Signed Off	Target	Dec-22	40.00%	85.00%	Jan-23	45.00%	85.00%	Feb-23	50.00%	85.00%	Mar-23	50.00%	85.00%	Apr-23	55.00%	85.00%	May-23	55.00%	85.00%	Jun-23	50.00%	85.00%	Jul-23	55.00%	85.00%	Aug-23	55.00%	85.00%	Sep-23	55.00%	85.00%	Oct-23	55.00%	85.00%	Nov-23	55.00%	85.00%																										
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Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Nov-23 the compliance was 86.25%, i.e. above the 85% target.	Nov-2023	 <table><caption>Medical Appraisal Compliance Rate</caption><tr><th>Month</th><th>% Target</th><th>% Compliance</th></tr><tr><td>Dec-22</td><td>85.00%</td><td>78.00%</td></tr><tr><td>Jan-23</td><td>85.00%</td><td>79.00%</td></tr><tr><td>Feb-23</td><td>85.00%</td><td>79.00%</td></tr><tr><td>Mar-23</td><td>85.00%</td><td>79.00%</td></tr><tr><td>Apr-23</td><td>85.00%</td><td>78.00%</td></tr><tr><td>May-23</td><td>85.00%</td><td>79.00%</td></tr><tr><td>Jun-23</td><td>85.00%</td><td>80.00%</td></tr><tr><td>Jul-23</td><td>85.00%</td><td>81.00%</td></tr><tr><td>Aug-23</td><td>85.00%</td><td>82.00%</td></tr><tr><td>Sep-23</td><td>85.00%</td><td>83.00%</td></tr><tr><td>Oct-23</td><td>85.00%</td><td>84.00%</td></tr><tr><td>Nov-23</td><td>85.00%</td><td>86.25%</td></tr></table>	Month	% Target	% Compliance	Dec-22	85.00%	78.00%	Jan-23	85.00%	79.00%	Feb-23	85.00%	79.00%	Mar-23	85.00%	79.00%	Apr-23	85.00%	78.00%	May-23	85.00%	79.00%	Jun-23	85.00%	80.00%	Jul-23	85.00%	81.00%	Aug-23	85.00%	82.00%	Sep-23	85.00%	83.00%	Oct-23	85.00%	84.00%	Nov-23	85.00%	86.25%																										
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Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 607.23 WTE, to 15,022 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. Bank usage has been removed from the graph; there is detailed weekly monitoring and analysis of bank, agency and overtime use taking place within the Health Board.	Nov-2023	 <table><caption>WTE Permanent and Fixed-Term Staff in Post Numbers</caption><tr><th>Month</th><th>Permanent (Left Axis)</th><th>Fixed-Term Temp (Right Axis)</th></tr><tr><td>Dec-22</td><td>13,400</td><td>1,000</td></tr><tr><td>Jan-23</td><td>13,500</td><td>950</td></tr><tr><td>Feb-23</td><td>13,600</td><td>900</td></tr><tr><td>Mar-23</td><td>13,700</td><td>850</td></tr><tr><td>Apr-23</td><td>13,800</td><td>800</td></tr><tr><td>May-23</td><td>13,900</td><td>750</td></tr><tr><td>Jun-23</td><td>14,000</td><td>700</td></tr><tr><td>Jul-23</td><td>14,100</td><td>650</td></tr><tr><td>Aug-23</td><td>14,200</td><td>600</td></tr><tr><td>Sep-23</td><td>14,300</td><td>550</td></tr><tr><td>Oct-23</td><td>14,400</td><td>500</td></tr><tr><td>Nov-23</td><td>14,500</td><td>450</td></tr></table>	Month	Permanent (Left Axis)	Fixed-Term Temp (Right Axis)	Dec-22	13,400	1,000	Jan-23	13,500	950	Feb-23	13,600	900	Mar-23	13,700	850	Apr-23	13,800	800	May-23	13,900	750	Jun-23	14,000	700	Jul-23	14,100	650	Aug-23	14,200	600	Sep-23	14,300	550	Oct-23	14,400	500	Nov-23	14,500	450																										
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Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Nov-23 was 5.76%. It must however be borne in mind that the total pay bill is increasing.	Nov-2023	 <table><caption>Proportion of Total Pay Bill Attributable to Variable Pay</caption><tr><th>Month</th><th>% Variable Pay</th><th>Linear (% Variable Pay)</th></tr><tr><td>Dec-22</td><td>10.85%</td><td>10.85%</td></tr><tr><td>Jan-23</td><td>10.75%</td><td>10.75%</td></tr><tr><td>Feb-23</td><td>10.65%</td><td>10.65%</td></tr><tr><td>Mar-23</td><td>10.55%</td><td>10.55%</td></tr><tr><td>Apr-23</td><td>10.45%</td><td>10.45%</td></tr><tr><td>May-23</td><td>10.35%</td><td>10.35%</td></tr><tr><td>Jun-23</td><td>9.50%</td><td>10.25%</td></tr><tr><td>Jul-23</td><td>9.80%</td><td>10.15%</td></tr><tr><td>Aug-23</td><td>10.10%</td><td>10.05%</td></tr><tr><td>Sep-23</td><td>9.90%</td><td>9.95%</td></tr><tr><td>Oct-23</td><td>9.70%</td><td>9.85%</td></tr><tr><td>Nov-23</td><td>5.76%</td><td>9.75%</td></tr></table>	Month	% Variable Pay	Linear (% Variable Pay)	Dec-22	10.85%	10.85%	Jan-23	10.75%	10.75%	Feb-23	10.65%	10.65%	Mar-23	10.55%	10.55%	Apr-23	10.45%	10.45%	May-23	10.35%	10.35%	Jun-23	9.50%	10.25%	Jul-23	9.80%	10.15%	Aug-23	10.10%	10.05%	Sep-23	9.90%	9.95%	Oct-23	9.70%	9.85%	Nov-23	5.76%	9.75%																										
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Staff Influenza Vaccination Programme	<p>The 2023-24 winter vaccination programme commenced in Sep-23. So far 35.00% of staff have received the flu vaccine and 38.89% have received the COVID-19 vaccine, by comparison with a target of 75% vaccination.</p> <p>The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.</p>	Nov-2023	 <table><caption>Staff Vaccination Rate</caption><tr><th>Month</th><th>22-23</th><th>23-24 Flu</th><th>23-24 COVID-19</th><th>Target</th></tr><tr><td>Dec-22</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Jan-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Feb-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Mar-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Apr-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>May-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Jun-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Jul-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Aug-23</td><td>38.30%</td><td>0%</td><td>0%</td><td>75%</td></tr><tr><td>Sep-23</td><td>38.30%</td><td>20%</td><td>0%</td><td>75%</td></tr><tr><td>Oct-23</td><td>38.30%</td><td>30%</td><td>0%</td><td>75%</td></tr><tr><td>Nov-23</td><td>38.30%</td><td>35.00%</td><td>38.89%</td><td>75%</td></tr></table>	Month	22-23	23-24 Flu	23-24 COVID-19	Target	Dec-22	38.30%	0%	0%	75%	Jan-23	38.30%	0%	0%	75%	Feb-23	38.30%	0%	0%	75%	Mar-23	38.30%	0%	0%	75%	Apr-23	38.30%	0%	0%	75%	May-23	38.30%	0%	0%	75%	Jun-23	38.30%	0%	0%	75%	Jul-23	38.30%	0%	0%	75%	Aug-23	38.30%	0%	0%	75%	Sep-23	38.30%	20%	0%	75%	Oct-23	38.30%	30%	0%	75%	Nov-23	38.30%	35.00%	38.89%	75%
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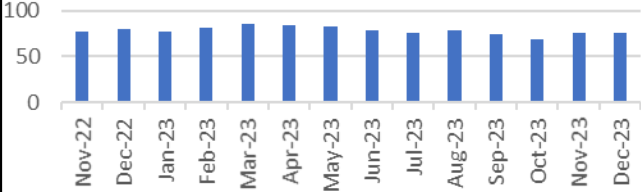
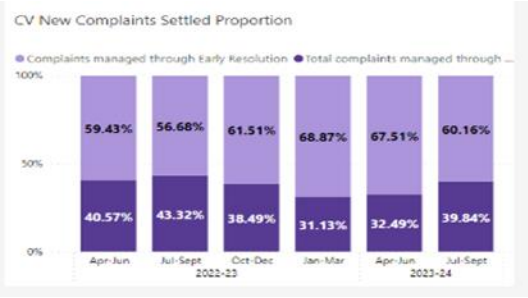

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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
36.	Percentage of sickness absence rate of staff	Nov-23	6%	5.76%	Aug-23 6.27%	Sep-23 6.26%	Oct-23 6.46%	Nov-23 5.76%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Nov-23	7%-9%	11.74%	Aug-23 12.81%	Sep-23 11.80%	Oct-23 12.03%	Nov-23 11.74%
38.	Agency spend as a percentage of the total pay bill	Nov-23	12 month reduction trend	1.28%	Aug-23 2.42%	Sep-23 1.54%	Oct-23 1.35%	Nov-23 1.28%
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)	Nov-23	85%	69.20%	Aug-23 71.82%	Sep-23 69.00%	Oct-23 68.29%	Nov-23 69.20%



Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	<ul style="list-style-type: none">Welsh Government target for responding to concerns is 75% within 30 working daysDuring November and December 2023, the Health Board received :<ul style="list-style-type: none">583 ConcernsClosed 582 concerns76% closed within 30 working days (including Early Resolution)36 % closed under Early Resolution (within 2 days including day of receipt)180 Enquiries55 Compliments <p>We currently have 263 active concerns</p> <p>Top 3 themes and trends</p> <ol style="list-style-type: none">Concerns around appointments (waiting times/cancellations)CommunicationClinical Treatment and Assessment	November and December 23	<p>concern closed within 30 working days %</p>  <p>CV New Complaints Settled Proportion</p> 
Duty of Candour	<ul style="list-style-type: none">19,052 incidents have been reported by staff across the Health BoardApproximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter.Approximately 65 incidents reviewed per day by the Patient Experience TeamWe continue to support DOC awareness sessions across Primary and Secondary careSince 1st April 2023 we have triggered the DOC on 78 occasionsWe have internally audited the process and complianceWe are undertaking a mid year review with colleagues in primary care		<p>Incident grading changed following review</p> 

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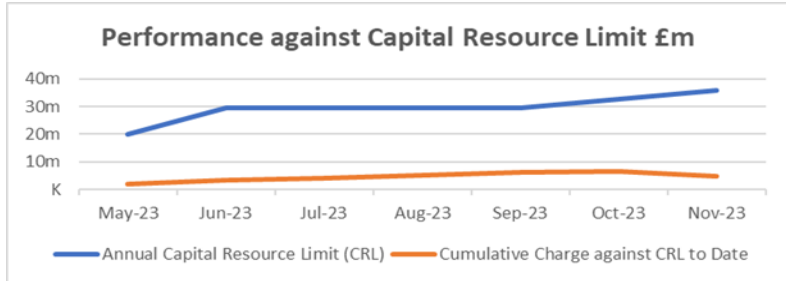
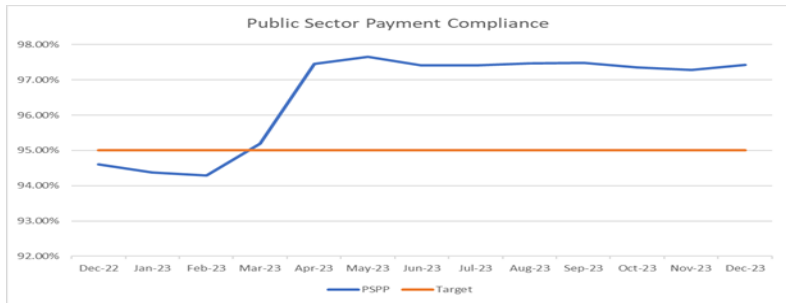
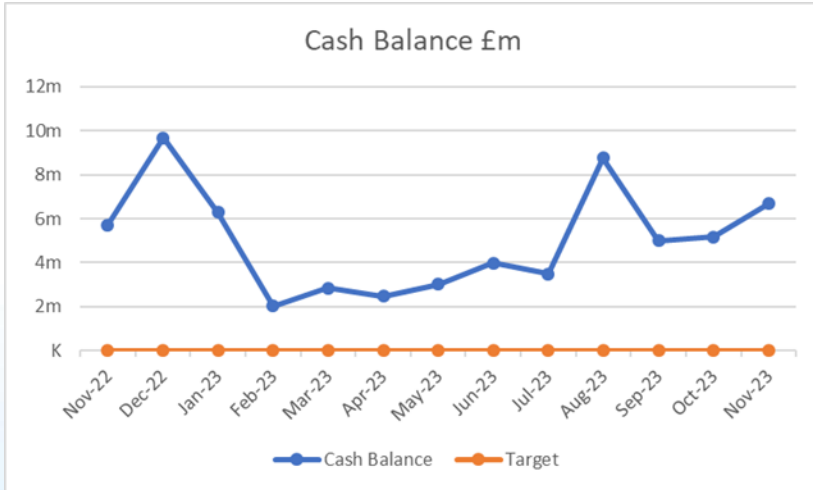
Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	<p><u>Inpatient Mortality</u></p> <p>The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>Close to 100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner who then refer cases back to the UHB where further consideration of any elements of care is required. Approximately 33% of ME cases in UHW and 38% of cases in UHL are referred back to the UHB. This compares to national rates of between 16%- 64% from hospital sites across Wales and an average referral rate of 46.6% in quarter 1 of this financial year</p> <p><u>All Cause Mortality</u></p> <p>Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death.</p>		<p>Mortality</p>
Infection Control	<ul style="list-style-type: none">Between April '23 and Dec '23 there 80 cases of C'difficile. The current rate is 21.10 cases for 100,000 population which is 33% lower than the equivalent period in 2022/23. The RE rate is 25.00 cases per 100,000 population, the current CAV rate is 16% below the RE. CAV is currently on trajectory to achieve the reduction expectation whilst also having the lowest rate across the 6 acute UHBsBetween April '23 and Dec '23 there 127 cases of SAUR bacteraemia. The current rate is 33.50 cases for 100,000 population which is 18 more cases than the equivalent period in 2022/23. The RE rate is 20.00 cases per 100,000 population, the current CAV rate is 68% higher than the RE. CAV is not on trajectory to achieve the RE and has the 2nd highest rate across the 6 acute UHB'sBetween April '23 and Dec '23 there 277 cases of E.coli bacteraemia. The current rate is 72.02 cases for 100,000 population which is 14% higher than the equivalent period in 2022/23. The RE rate is 67.00 cases per 100,000 population, the current CAV rate is 12% higher than the RE. CAV is not on trajectory to achieve the RE and has the 3rd lowest rate across the 6 acute UHB'sBetween April '23 and Dec '23 there 16 cases of P. aeruginosa bacteraemia which is 20% less than the equivalent period in 2022/23. The RE is 18 cases, the current CAV number is 32% less than the RE. CAV is currently on trajectory to achieve the RE and has the 3rd lowest rate across the 6 acute UHB'sBetween April '23 and Dec '23 there 92 cases of Klebsiella sp. Bacteraemia which is 9% less than the equivalent period in 2022/23. The RE is 58 cases, the current CAV rate is 22% higher than the RE. CAV is not on trajectory to achieve the RE and has the 2nd highest rate across the 6 acute UHB's.	Apr-23 – Dec-23	<p>c.diff</p> <p>s.aureus</p> <p>E.Coli</p> <p>Klebsiella</p> <p>p.aeruginosa</p>

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Priority	Performance Summary	Reported Period	Data															
Deliver 2023/24 Draft Financial Plan	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none">• Brought forward underlying deficit of £40.3m• 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 <p>This resulted in a 2023-24 planning deficit of £88.4m.</p> <p>The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:</p> <ul style="list-style-type: none">• Planned Deficit @ Month 6 £88.400m• 10% Improvement required £8.840m• Recurrent Covid Legacy Funding £20.300m & Inflationary Uplift £25.100m• Non recurrent Inflation Uplift £10.100m & Energy Funding £7.600m• Revised Financial Forecast Deficit £16.460m <p>At month 8, the UHB is reporting an overspend of £17.393m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £10.974m (eight twelfths of the revised forecast year end deficit of £16.460m).</p>	Nov-23	<table><tr><th></th><th>Month 8 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>10.973</td><td>16.460</td></tr><tr><td>Savings Programme</td><td>2.295</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>4.124</td><td>0.000</td></tr><tr><td>Financial Position £m (Surplus) / Deficit £m</td><td>17.393</td><td>16.460</td></tr></table>		Month 8 Position £m	Forecast Year-End Position £m	Planned deficit	10.973	16.460	Savings Programme	2.295	0.000	Operational position (Surplus) / Deficit	4.124	0.000	Financial Position £m (Surplus) / Deficit £m	17.393	16.460
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Financial Position £m (Surplus) / Deficit £m	17.393	16.460																

Delivery of recurrent £32m savings target	<p>At month 8, the UHB has identified £34.462m of green, amber and red savings against the £32m savings target, however £3.572m are classified as red schemes. The month 8 position includes a Savings Programme deficit of £2.295m.</p> <p>The month 8 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.460m.</p> <p>The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £16.460m with the risk of non-delivery of savings shown in Graph 1 and the progress of reducing the risk via identification of schemes in Graph 2</p>	Nov-23	<p>Graph 1 – Profile of Savings Delivery</p> <p>Graph 2 - Progress of Identification of Schemes</p>
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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.	Nov-23	<div><p>Performance against Capital Resource Limit £m</p><table><caption>Performance against Capital Resource Limit £m</caption><tr><th>Month</th><th>Annual Capital Resource Limit (CRL) (£m)</th><th>Cumulative Charge against CRL to Date (£m)</th></tr><tr><td>May-23</td><td>20</td><td>2</td></tr><tr><td>Jun-23</td><td>20</td><td>4</td></tr><tr><td>Jul-23</td><td>20</td><td>6</td></tr><tr><td>Aug-23</td><td>20</td><td>8</td></tr><tr><td>Sep-23</td><td>20</td><td>9</td></tr><tr><td>Oct-23</td><td>20</td><td>10</td></tr><tr><td>Nov-23</td><td>20</td><td>10</td></tr></table></div>	Month	Annual Capital Resource Limit (CRL) (£m)	Cumulative Charge against CRL to Date (£m)	May-23	20	2	Jun-23	20	4	Jul-23	20	6	Aug-23	20	8	Sep-23	20	9	Oct-23	20	10	Nov-23	20	10																		
Month	Annual Capital Resource Limit (CRL) (£m)	Cumulative Charge against CRL to Date (£m)																																											
May-23	20	2																																											
Jun-23	20	4																																											
Jul-23	20	6																																											
Aug-23	20	8																																											
Sep-23	20	9																																											
Oct-23	20	10																																											
Nov-23	20	10																																											
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 December was 97.42% and improvements are illustrated in the graph to the right.	Dec-23	<div><p>Public Sector Payment Compliance</p><table><caption>Public Sector Payment Compliance</caption><tr><th>Month</th><th>PSPP (%)</th><th>Target (%)</th></tr><tr><td>Dec-22</td><td>94.50</td><td>95.00</td></tr><tr><td>Jan-23</td><td>94.20</td><td>95.00</td></tr><tr><td>Feb-23</td><td>94.00</td><td>95.00</td></tr><tr><td>Mar-23</td><td>95.00</td><td>95.00</td></tr><tr><td>Apr-23</td><td>97.00</td><td>95.00</td></tr><tr><td>May-23</td><td>97.42</td><td>95.00</td></tr><tr><td>Jun-23</td><td>97.20</td><td>95.00</td></tr><tr><td>Jul-23</td><td>97.10</td><td>95.00</td></tr><tr><td>Aug-23</td><td>97.20</td><td>95.00</td></tr><tr><td>Sep-23</td><td>97.30</td><td>95.00</td></tr><tr><td>Oct-23</td><td>97.20</td><td>95.00</td></tr><tr><td>Nov-23</td><td>97.10</td><td>95.00</td></tr><tr><td>Dec-23</td><td>97.42</td><td>95.00</td></tr></table></div>	Month	PSPP (%)	Target (%)	Dec-22	94.50	95.00	Jan-23	94.20	95.00	Feb-23	94.00	95.00	Mar-23	95.00	95.00	Apr-23	97.00	95.00	May-23	97.42	95.00	Jun-23	97.20	95.00	Jul-23	97.10	95.00	Aug-23	97.20	95.00	Sep-23	97.30	95.00	Oct-23	97.20	95.00	Nov-23	97.10	95.00	Dec-23	97.42	95.00
Month	PSPP (%)	Target (%)																																											
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Dec-23	97.42	95.00																																											
Remain within Cash Limit	<p>The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £16.460m revised 2023/24 forecast deficit.</p> <p>Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.</p>	Nov-23																																											
Maintain Positive Cash Balance	<p>The closing cash balance at the end of November 2023, was £6.682m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p> <p>The UHB's working cash assumption for 2023-24 is based on the following key assumptions :-</p> <ul style="list-style-type: none">Welsh Government support for movements in working capital from the 2022-23 Balance Sheet which is 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.Approval of the UHB's formal request for Strategic Cash support. for the £16.460m revised 2023/24 forecast deficit.Timely confirmation of unconfirmed Cash Limit allocations (circa £82m @ month 8 (includes the 2023_24 pay award & Covid allocations)) <p>Discussion is ongoing with Welsh Government to provide cash support for these these</p>	Nov-23	<div><p>Cash Balance £m</p><table><caption>Cash Balance £m</caption><tr><th>Month</th><th>Cash Balance (£m)</th><th>Target (£m)</th></tr><tr><td>Nov-22</td><td>5.5</td><td>0</td></tr><tr><td>Dec-22</td><td>9.5</td><td>0</td></tr><tr><td>Jan-23</td><td>6.5</td><td>0</td></tr><tr><td>Feb-23</td><td>2.0</td><td>0</td></tr><tr><td>Mar-23</td><td>2.5</td><td>0</td></tr><tr><td>Apr-23</td><td>2.2</td><td>0</td></tr><tr><td>May-23</td><td>2.8</td><td>0</td></tr><tr><td>Jun-23</td><td>4.0</td><td>0</td></tr><tr><td>Jul-23</td><td>3.5</td><td>0</td></tr><tr><td>Aug-23</td><td>8.5</td><td>0</td></tr><tr><td>Sep-23</td><td>5.0</td><td>0</td></tr><tr><td>Oct-23</td><td>5.2</td><td>0</td></tr><tr><td>Nov-23</td><td>6.7</td><td>0</td></tr></table></div>	Month	Cash Balance (£m)	Target (£m)	Nov-22	5.5	0	Dec-22	9.5	0	Jan-23	6.5	0	Feb-23	2.0	0	Mar-23	2.5	0	Apr-23	2.2	0	May-23	2.8	0	Jun-23	4.0	0	Jul-23	3.5	0	Aug-23	8.5	0	Sep-23	5.0	0	Oct-23	5.2	0	Nov-23	6.7	0
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Nov-23	6.7	0																																											

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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%	<table><tr><td>Jan-23</td><td>Feb-23</td><td>Mar-23</td><td>Apr-23</td></tr><tr><td>59%</td><td>56%</td><td>44%</td><td>70%</td></tr></table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	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	Jul-23	90%	90.2%	<table><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></tr><tr><td>89.40%</td><td>88.10%</td><td>89.20%</td><td>90.20%</td></tr></table>	Apr-23	May-23	Jun-23	Jul-23	89.40%	88.10%	89.20%	90.20%
Apr-23	May-23	Jun-23	Jul-23										
89.40%	88.10%	89.20%	90.20%										
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	Jul-23	90%	46.7%	<table><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></tr><tr><td>50.30%</td><td>49.10%</td><td>47.30%</td><td>46.70%</td></tr></table>	Apr-23	May-23	Jun-23	Jul-23	50.30%	49.10%	47.30%	46.70%
Apr-23	May-23	Jun-23	Jul-23										
50.30%	49.10%	47.30%	46.70%										
46.	Number of patient experience surveys completed and recorded on CIVICA (Total partial/full survey completions, including SMS, Bedside and bespoke)	Nov/Dec-23	Month on month improvement	 4993									



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Dec-23	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	92 16	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> ; <i>S.aureus</i> (MRSA and MSSA)	Dec-23	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	72.07 cases per 100,000 population 33.50 cases per 100,000 population	Not on trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Dec-23	25 cases per 100,000 population	21.10 cases per 100,000 population	On trajectory to achieve the reduction expectation rate								
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	Jul-23	95%	58.12%	<table><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></tr><tr><td>58.04%</td><td>58.12%</td><td>58.66%</td><td>58.83%</td></tr></table>	Apr-23	May-23	Jun-23	Jul-23	58.04%	58.12%	58.66%	58.83%
Apr-23	May-23	Jun-23	Jul-23										
58.04%	58.12%	58.66%	58.83%										
52	Number of ambulance handovers over 1 hour	Nov-23	0 (Mar 24)	1740	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>1728</td><td>1810</td><td>1853</td><td>1740</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	1728	1810	1853	1740
Aug-23	Sep-23	Oct-23	Nov-23										
1728	1810	1853	1740										
53.	Number of patient safety incidents that remain open 90 days or more	Jan-24	12-month reduction trend	 5,153									



Report Title:	Integrated Performance Report: Business Continuity Patient Flow: Lessons Learnt				Agenda Item no.	6.8b
Meeting:	Public Board		Public	X	Meeting Date:	18-01-2024
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive Title:	Chief Operating Officer Executive Director Strategic Planning					
Report Author (Title):	Head of Emergency Preparedness Resilience and Response					

Main Report

Background and current situation:

On Tuesday 7th November the Health Board formally declared a Business Continuity incident following a period of sustained operational pressure.

The purpose of this paper is to provide a summary of the situation, rational for calling a Business Continuity incident; as well as a summary of what went well and the learning from the two debriefs that have occurred.

The paper provides a series of recommendations to support education and understanding should a Business Continuity incident be called in the future.

As noted above, following a continued period of operational pressure over a number of weekends, the Health Board formally declared a Business Continuity incident on 7th November 2023. A timeline leading to the Level 5:25 risk score is provided below.

The preceding weekend had been particularly challenging:

Weekend Plan

- The Health board went into the weekend with 26 surge beds:
- **13 beds** for medicine (inclusive of 3 patient transfers to UHL)
 - **9 beds** for surgery (based on patients transferring to C6 and 3 to UHL)
 - **4 Flex Beds** in UHL

Summary of Saturday 4th November

- The Health Board's escalation level remained at Level 4:10 across the day
- There was a change to surge numbers owing to Infection Control, plans not enacted or available (i.e. inter site transfers)
- EU escalation in to the evening was:
 - 21:00 4:20
 - 23:00 4:16
 - 01:00 4:10
 - 03:00 3:15

Summary of Sunday 5th November

- The Health Board's escalation level remained at Level 4:10 across the day
- Poor profile for the day
- Surgical Surge plan enacted at 1pm
- Owing to the pressure ring fenced beds such as Stroke were utilised for medicine capacity, a one patient was held in Recovery for 24 hours (albeit a complex patient) and no ITU or PTU capacity was created
- While 4:10 was declared in line with the formal metrics for the escalation level and risk score, feedback from the site manager was that system in reality was more 4:20

- EU escalation across the day remained at Level 4 fluctuating between risk scores of 15 to 20

It is also worth noting that on Friday 3rd November the Health Board's escalation level did not deescalate from 4:10 which was declared at the 08.30 OPAT meeting.

Furthermore, the previous 3 weekends were also significantly difficult with high levels of escalation and limited weekend surge capacity. All of these factors combined with a period of sustained pressure led to an extremely congested site on Monday 6th November 2023.

As a result of the challenges above a level 4:15 was declared at the OPAT 08:30 meeting on Monday 6th November.

Timeline for 6th November:

- 08:00 early Escalation of position by Head of Operations Patient Site and Flow Services
- 09:30 site position discussed by Head of Operations Patient Site and Flow Services with Director of Planned and Specialist Care
- 11am extraordinary meeting with Medicine Clinical Board
- Ongoing dialogue between Head of Operations Patient Site and Flow Services and Director of Planned and specialist Care
- Directors of Operations and Directors of Nursing asked to attend the 15:30 OPAT meeting
- Extra ordinary 18:00 meeting called which included the triumvirate. from all Clinical Boards
- Discussion over Internal Incident or Business Continuity were discussed at the 18:00 meeting
- The 18:00 meeting reviewed the Night plan
- The 18:00 meeting also reviewed the triggers for a Level 5 risk rating 25.

The OPAT report for 08:30 on Tuesday 7th November declares 5:25 Business Continuity / Internal incident, at this point EU were reporting a 4:20 in line with the area holding a high level of risk as the whole Health Board system was under sustained pressure.

The sitrep for the 8:30 OPAT meeting shows that the Health Board reported a minus 49 bed balance following the 07:00 handover from site colleagues. The trigger for declaring an Internal Incident or Business Continuity is a bed position of minus 50. The sitrep clearly demonstrates a very poor discharge profile, therefore there was no line of sight to an improved position from the minus 49 bed balance.

Paint Site and Flow Services worked with Clinical Board Structures to deescalate the position over the next 48 hours.

Following de-escalation, the 5:25 Business Continuity / Internal incident was stood down. A hot and cold debrief have been undertaken to identify key learning.

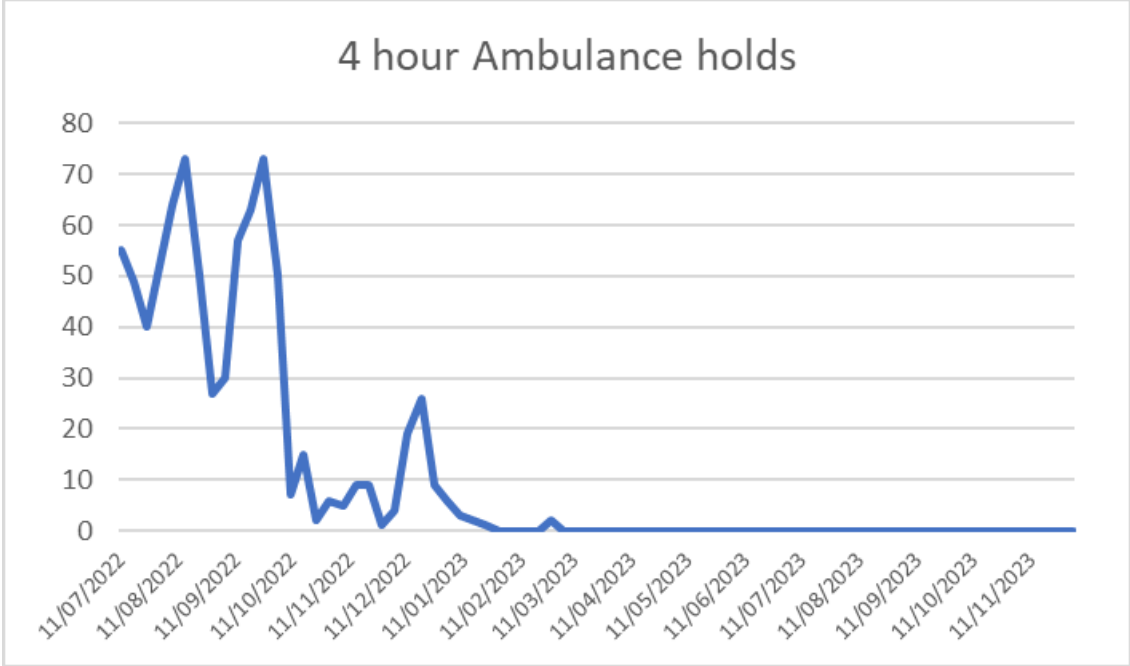
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

A hot and debrief occurred to gain learning from the process, however, it is important to note what worked well during the incident:

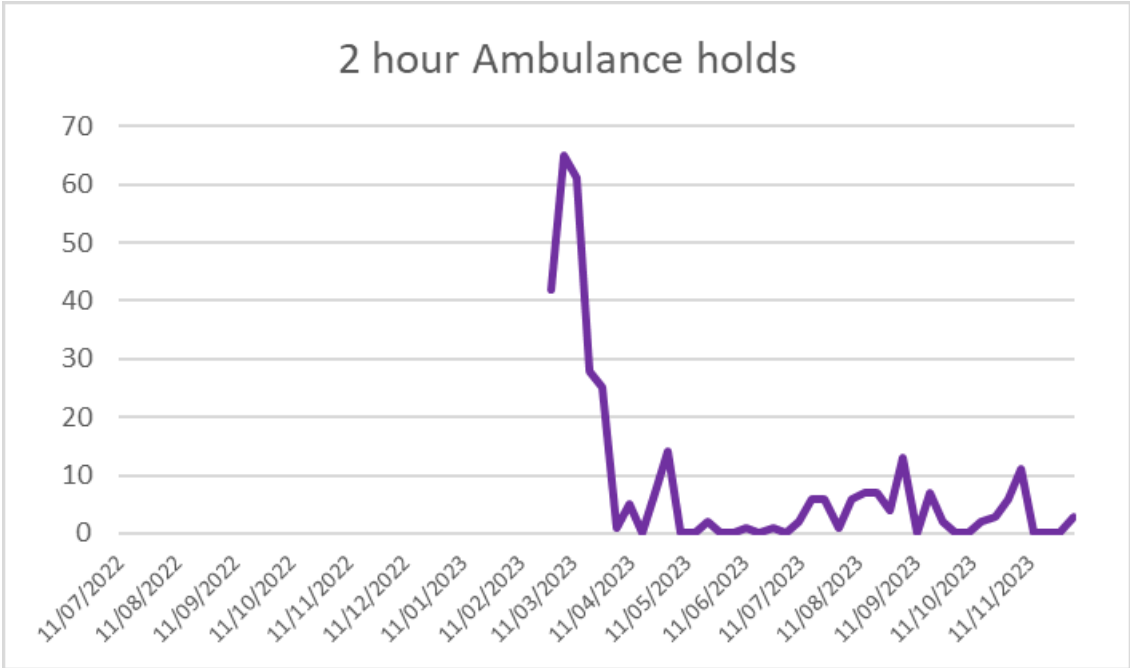
- There was positive and consistent clinical engagement throughout the incident and during the recovery phase
- There was an increase in discharges across the week which led to a positive weekend plan for 10th – 12th that provided a surge plan of 56 beds across the two sites
- The increase in discharge profile ensured de-escalation of the Emergency Department
- The increase in discharge profile allowed for the delivery of the key safety metrics around zero tolerance to 2 hour Ambulance Holds and patients within the Emergency Department for more than 24 hours.

It is imperative to note that prior to this incident, significant progress has been made to support patient safety within the Emergency Department and across the Health board:

The retrospective hot report for 2023 shows that Zero Tolerance to 4-hour ambulance holds was fully implemented:

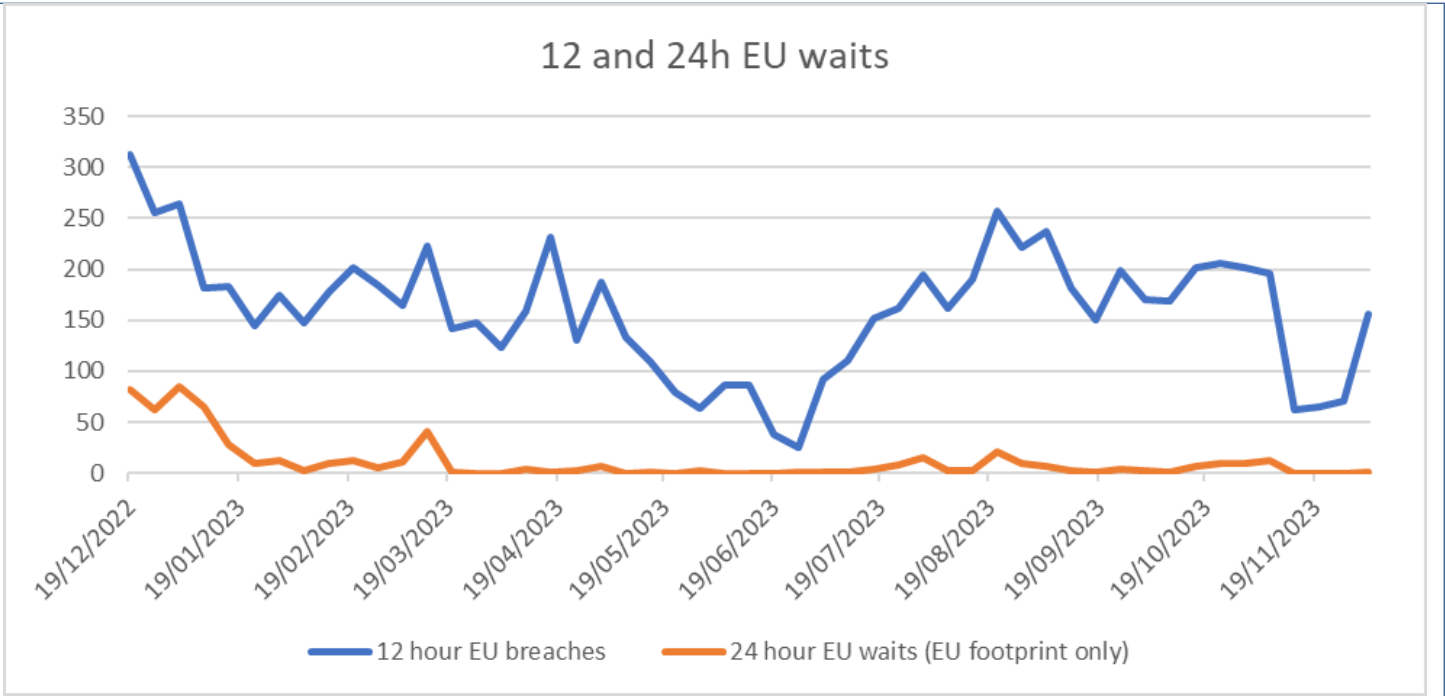


With further progress made in 2023 to 2 hour holds:



The graph below shows the improvements to 24 and 12 hour patients within the Emergency Department:

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Given the progress shown through the retrospective hot spot report for 2023, the Organisation has become less tolerant of a congested Emergency Department.

Demonstrating that the period discussed in this paper was significantly challenging and it is important to ensure lessons are shared to support further improvements to patient safety.

The hot debrief occurred on the 9th November and the formal (cold) debrief on 27th November.

The hot debrief was well attended by key colleagues and stakeholders who had supported discussions across the time period referenced This debrief captures immediate learning for the rest of the week to support an improved position; as well as a robust discussion on the Triggers and Escalation leading to the Level and Risk Score declared on the sitreps.

The themes from both debriefs are discussed in the table below:

Feedback Theme	Overview
Communication	<p>It is acknowledged that the Executive Team were not briefed as well as they could have been.</p> <p>The communications team should have been asked to join the response in OPAT to support them being sighted on the ongoing position.</p> <p>It was recognized that the Communications that were developed were not signed off in a timely way.</p> <p>There were different messages filtering through the Health Board.</p>

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	<p>The press story run by Wales Online used English Terminology.</p>
<p>Partnership Working with Local Authority</p>	<p>The Head of integrated discharge actively liaised with Cardiff and Vale Local Authority colleagues to ensure awareness of business continuity incident, plus to also seek support to increase discharges.</p> <p>However, this feedback was not included in the discussions across the day, so this was completed in isolation; even though a crucial element to supporting de-escalation.</p> <p>Additionally, the communications were seen by partner organisations as potentially critical to their response, although they were not designed as such.</p>
<p>Battle Rhythm</p>	<p>Senior Cover was provided across the Health Board Sites; however, no formal incident structure was stood up, i.e. Gold, Silver and Bronze.</p> <p>Standby BCI was not utilized, this may have alerted clinical and non-clinical staff that the Health Board was in a higher level of escalation than usual.</p> <p>All clinical boards were engaged in the structure that was run through OPAT, attendance from all triumvirates was consistent throughout the incident.</p>
<p>Terminology and understanding of Roles</p>	<p>Senior Clinical Colleagues have fed back that they were unclear about what some of the language used on the day meant; especially when the Health Board had been under pressure for a sustained period of time.</p> <p>As a formal structure was not implemented colleagues struggled to understand their role.</p> <p>Senior Consultants were unsure what value cancelling activity would provide to the immediate</p>
<p>Business Continuity for Patient Flow</p> <p>Saunders, Nathan 06/02/2024 11:21:22</p>	<p>Not all Clinical Boards had clear action cards to follow for 5:25, a critical incident owing to patient flow pressures.</p> <p>It was unclear which Health Board Business continuity process was being followed.</p> <p>A set of consistent actions were undertaken at Clinical board level to support de-escalation of the position.</p>

	<p>However, it has been noted that there is not a consistent approach to escalation actions in line with the triggers used by OPAT to declare the UHB's escalation level.</p>
Recovery	<p>While the Health Board came out of the 5:25 level, UHW did not recover below a level 4.</p> <p>The Health Board is still experiencing periods of sustained pressure, readily declaring 4:10 -20 at OPAT meetings.</p> <p>OPAT together with the Clinical Board Teams worked consistently across the week to support a more robust weekend plan (10th-12th November), as a result the weekend following the incident was supported by a much-improved surge position.</p> <p>This in turn supported a more positive position on Monday 13th November; highlighting the importance of robust weekend planning.</p>

The action table below highlights the areas to improve a future response to an internal incident or Business continuity:

Feedback Theme	Action	Time Line
Communication	<ol style="list-style-type: none"> 1. Action Cards to be revised (EPRR Team/CJ) 2. Cascade Tree to be implemented at Clinical Board level (EPRR Team/CB Teams) 	<ol style="list-style-type: none"> 1. 31st January 2024 2. 16th February 2024
Partnership Working with Local Authority	<ol style="list-style-type: none"> 3. 3.Develop Action Card for Integrated Discharge Services (DW/CR) 4. Ensure Communication with LA colleagues 5. Understand requirements for joined up working when BCI incidents are called (operational pressure, adverse weather etc) 	<ol style="list-style-type: none"> 3. 31st January 2024 4. Ongoing 5. 31st January 2024
Battle Rhythm	<ol style="list-style-type: none"> 6. Agreement to stand up formal structures in future, as it is easier to 	<ol style="list-style-type: none"> 6. Ongoing 7. 29th February 2024 8. 31st January 2024 9. February 2024

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	<p>stand down if not needed (Gold)</p> <p>7. Develop a clear alert to ensure the whole system knows the UHB is in a standby BCI (TH/CR/CM)</p> <p>8. Complete a training needs assessment (EPRR Team)</p> <p>9. Implement training (EPRR Team)</p>	
Terminology and understanding of Roles	<p>10. BCI training to be reimplemented</p> <p>11. Develop an understanding of what cancelled activity would provide each CB with (CR/CBs)</p> <p>12. Review of the Day to Day escalation actions to ensure that the extreme levels of pressure can be supported (TH/CR)</p> <p>13. Develop a series of clear clinical actions for Senior Colleagues (TH/CR/CM)</p>	<p>10. Rolling programme from 8th January 2024</p> <p>11. 29th February 2024</p> <p>12. 31st March 2024</p> <p>13. 31st March 2024</p>
Business Continuity for Patient Flow	<p>14. Identify one lead for BCI for each CB (DOO)</p> <p>15. Re-establish the BCI monthly meetings (EPRR Team)</p> <p>16. Review of BCI action cards and Plans (Leads and EPRR Team)</p> <p>17. Understand what are the day to day escalation requirements to keep the sites at a lower level of escalation; linking to length of stay (TH/CR/CM)</p>	<p>14. January 2024</p> <p>15. Complete – monthly meetings from 13th December 2024, with an operational group also being established</p> <p>16. Ongoing</p> <p>17. 31st March 2024</p>

The tables above recognises the learning and actions required to support the Business Continuity process going forward, however, the feedback sessions also recognised the maturity of actions being discussed and the hard work of all teams to support patient flow and safety in order to de-escalate from 5:25.

The EPRR team would like to acknowledge teams for their positive participation in the debrief sessions, this was welcomed by the team.

Given the volume of learning it recommended that the Major Incident Plan is taken through a Table Top Exercise, this exercise will allow for the testing of the plan before Executive Board re-sign off in May 2024. The exercise will also allow for the testing of some elements of learning from this paper.

Given the ongoing pressure within the Health Board System and the fact winter pressures are ongoing, it is proposed that this exercise is planned for March 2024.

In the interim, the Head of Emergency Preparedness Resilience and Response and the EPPR Manager will progress with the actions above, ensuring that the Buisness Contuinty meetings collate revised actions cards for Level 5:25.

Should the Health Board face another Business Continuity / Internal incident, the Head of Emergency Preparedness Resilience and Response will support the response, ensring oversight of the actions and learning above, with the aim of preventing similar themes from occuring again.

Recommendation:

The Board is requested to:

- a) **Note** the learning from the debrief
- b) **Support** the requirement to run a Table Top Exercise in March 2024 to Test the Major Incident plan inclusive of the learning from this incident
- c) **Support** a Table Top Exercise of the BCI plan following completion of both the actions within this paper, and the Major Incident Exercise noted above.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	X	Long term		Integration		Collaboration	X	Involvement	X
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Impact Assessment:

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

Risk: Yes/No

n.a

Safety: Yes/No

n.a

Financial: Yes/No

n.a

Workforce: Yes/No	
n.a	
Legal: Yes/No	
n.a	
Reputational: Yes/No	
n.a	
Socio Economic: Yes/No	
n.a	
Equality and Health: Yes/No	
n.a	
Decarbonisation: Yes/No	
n.a	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Report Title:	Standing Orders Amendment			Agenda Item no.	7.1
Meeting:	Board Development	Public	X	Date:	25 January 2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

Standing Orders are provided by direction from Welsh Government (WG). They look to cohere the myriad legislative and policy requirements and powers that the organisation has into a coherent, overarching document.

Those elements of Standing Orders that are directed by WG are not typically altered. However, scope is given for each Board to determine other delegations not specified by WG. These are captured in Schedule 2 of Standing Orders and a scheme of delegation.

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

Currently, financial decision making is framed by the WG direction within Standing Financial Instructions such that contracts worth in excess of £500,000 need to be notified to WG and in excess of £1m need WG approval.

Within that framework, the current delegations within CAVUHB are:

Delegation	Delegated financial limit £'000
Reserved for Board	>£500
Chief Executive	500
Directors	125
Officers below Director level	Max 75

(table 1)

In light of the impact of inflation and a desire to place decision making at the most appropriate level, it is proposed that these delegations are amended to:

Delegation	Delegated financial limit £'000
Reserved for Board	>1,000
Chief Executive	1,000
Director of Finance	500
Directors	250
Officers below Director level	100

(table 2)

The reporting/approval requirements to WG will remain.

There is no cost associated with this change but there is an anticipated efficiency as decision making happens at a more appropriate level and the prevalence of Chair's Actions should reduce. Assurance remains available through the strict procurement processes that apply to such financial

decisions and the normal process of briefing and discussion at SLB or appropriate forum. The Finance and Performance and Audit committees are at liberty to request such information as required should additional assurance be required.

Recommendation:

The Board is requested to:

- **Approve** an amendment to Standing Orders and the Scheme of Delegation from table 1 to table 2.

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

Approval/Scrutiny Route:

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Report Title:	Cardiothoracic Return to UHW: UHW works to C3 Link – PACU / ITU		Agenda Item no.	7.2
Meeting:	UHB Board	Public	<input checked="" type="checkbox"/>	Meeting Date: 25 th January 2024
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Director of Capital, Estates and Facilities			
Main Report				
Background and current situation:				
<p>The purpose of this report is to advise the Board of the capital implications associated with the upgrade of the C3 link ward at the University Hospital of Wales site and seek approval for £1.92m to be allocated from the 2024/25 Discretionary Capital Programme and to enter into the associated contracts for the delivery of the scheme.</p> <p>The capital cost figures included within the document have been prepared following a comprehensive procurement process in line with the UHB Standing Financial Instructions.</p> <p>This project will facilitate the return of Cardiothoracic services to UHW, which remains, a key objective for the UHB and is an enabling phase for future service priorities.</p> <p>The Board had previously approved a figure of £750,000 for these works in the Discretionary Capital Programme for 2023/24. During the design works it became apparent that further upgrades to the facilities medical gas, Isolated Power Supply (IPS) and Uninterrupted Power Supply (UPS) systems, along with a significant relocation of the supporting new ventilation equipment and ductwork, would be required, in addition to the proposed refurbishment of the C3 link ward and supporting areas. These costs have resulted in a significant increase in the out turn tendered costs of the final scheme.</p> <p>The scheme which was planned to be complete in the 23/24 financial year has not commenced for a number of reasons but mainly due to the fact that there are several other phases of works to be undertaken to enable the C3 Link to be vacated. The consequence of the phased approach is that this, particular scheme cannot commence on site until April 2024 and the funding has been identified in the Draft Capital Programme attached in Appendix 1.</p> <p>The £750k allocated in 2023/24 for the scheme has been returned to the discretionary capital budget, which has enabled the progression of a number of other pressing priorities, including the upgrade of the UHW tunnels, essential improvements to Pentwyn Health Centre and the procurement of Wi-Fi equipment to improve the infrastructure at UHW.</p> <p>The £1.9m allocated from the 2024/25 budget will reduce the availability of funding to progress some schemes, but the programme for the next financial year is not yet fixed and is subject to an on-going prioritization process prior to submission to the Senior Leadership Board and for approval by the Board. However, in discussion with the Chief Operating Officer and the Operational Planning team, this scheme remains a priority to ensure the return of the service at the earliest possible opportunity. The designation of the area from a clinical perspective has changed, subsequent to the tendered works being returned. The initial design was to allow for a PACU facility, however the requirement going forward, is for an ITU area. It is believed that the change in end use can be accommodated within the tendered figure of £1.92m.</p> <p>Due to the restrictive footprint of the current C3 link ward area, the proposed reconfiguration will not meet current WHTM/WHBN compliance, but will be a significant improvement compared to existing facilities and will meet approvals of Infection Control.</p>				

A summary of the projected capital costs is shown below:

	£
Works costs (inclusive of contingencies)	1,429,000
Fees	163,200
Non-works costs	20,000
Equipment	15,000
Risk provision (included in works cost)	0
VAT	292,800
Total Gross	1,920,000

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

- The scheme has been developed to deliver improved ward facilities and to facilitate the repatriation of the Cardiothoracic services to UHW following their relocation to UHL during the COVID19 pandemic
- The scheme remains a priority for the Chief Operating Officer and the Clinical Board.
- The funding for the scheme has been identified in the Draft Capital Programme for 2024/25

Recommendation:

UHB Board are requested to:

A) NOTE the works required to significantly improve the existing facilities to enable to repatriation of Cardiothoracic Services to UHW

B) APPROVE

1. the outturn cost of £1.92m (inclusive of VAT) to be funded from the 2024/25 Discretionary Capital Programme
2. the awarding of the construction contract to ET&S Construction Services Ltd at a value of £1.715m (inclusive of VAT) under the terms and conditions of the NEC 4 Option A form of contract
3. the appointment of Consultants, subject to agreement, to the sum of £163,200 (inclusive of VAT) under the terms and conditions of the appropriate Framework

C) RECOMMEND that the Health Board enter into the above said contracts, items 2 & 3.

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 <i>Please tick as relevant</i>						
Prevention	✓	Long term	✓	Integration	Collaboration	Involvement
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>						
Risk: Yes Lack of capital funding to deliver the scheme has implications on clinical service delivery.						
Safety: Yes The scheme improves the current clinical environment.						
Financial: Yes/No						
Workforce: Yes/No						
Legal: Yes/No						
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: Yes/No						
Equality and Health: Yes/No						
Decarbonisation: Yes Although not been specifically, new equipment installed will be more energy efficient.						
Approval/Scrutiny Route:						
Committee/Group/Exec			Date:			
Capital Management Group			18/12/2023			

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Capital Funding

	Description	NEC Reqd	Cost		
			Major Capital	Funded Disc Cap	O'Turn
			£k	£k	£k
Major Capital Construction					
	Rookwood reprovision at Llandough		(750)		(750)
	EFAB		(4,056)		(4,056)
	Park View WBH		(1,174)		(1,174)
	Tertiary Tower Infrastructure (BJC)		(1,765)		(1,765)
	Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales		(1,982)		(1,982)
	Mortuary (BJC)		(3,635)		(3,635)
	Lift Upgrade (BJC)		(9,026)		(9,026)
	Electronic Switchgear, UHW		(1,320)		(1,320)
	Replacement Boiler, University Hosptial Llandough		(670)		(670)
	Diagnostic Equipment		(540)		(540)
Major Capital Total			(24,918)	0	(24,918)
Discretionary Capital & Sale of Properties					
	Discretionary Capital Allocation			(14,871)	(14,871)
	EFAB 30% Contribution			1,217	1,217
Discretionary Capital & Sale of Properties Total			0	(13,654)	(13,654)
TOTAL CAPITAL ALLOCATION			(24,918)	(13,654)	(38,572)

COMMITTMENTS:

		Major Capital	Discretionary Capital	Total	Comments
Major Capital Construction					
	Rookwood reprovision at Llandough	750		750	
	EFAB	4,056		4,056	
	Tertiary Tower Infrastructure (BJC)	1,765		1,765	
	Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales	1,982	850	2,832	Works from 23/24
	Refurbishment of Mortuary UHW (BJC)	3,635		3,635	
	Lift Upgrade (BJC)	9,026		9,026	
	Electronic Switchgear, UHW	1,320		1,320	
	Replacement Boiler, University Hosptial Llandough	670		670	
	Diagnostic Equipment	540		540	
	C3 Link (formally CITU)		1,920	1,920	
Major Capital Business Cases					
	Park View Wellbeing Hub (FBC)	1,174		1,174	Funded WG
	CAVOC Theatre (OBC)				Awaiting Approval for FBC
	Hybrid/MTC Theatres (FBC)				Awaiting Approval Construction
	SARC				Awaiting Approval for FBC
	Wellbeing Hub Cogan (OBC)				
MAJOR CAPITAL COMMITMENTS		24,918	2,770	27,688	
Annual Commitments:					
	UHB Capitalisation of Salaries		500	500	
	UHW 2 Capitalisation of Salaries		200	200	
	UHB Director of Planning Staff		165	165	
	UHB Revenue to Capital		1,215	1,215	
Business Cases funded via Discretionary Capital					
	BMT (SOC)			0	
	Wellbeing Hub CRI (OBC)			0	
	Ward C3 South ITU (SOC)			0	
Statutory Compliance:					
	Fire Risk Works		200	200	
	Asbestos		400	400	
	Gas infrastructure Upgrade		300	300	
	Legionella		450	450	
	Electrical Infrastructure Upgrade		150	150	
	Ventilation Upgrade		500	500	
	Electrical Backup Systems		250	250	
	Upgrade Patient Facilities		350	350	
	Dedicated Team		200	200	
Other					
	Backlog Estates		500	500	
	Lift 8 & 9 UHW		156	156	
	Biochemistry Cooling UHW completion of project from 23/24		170	170	
				0	

Report Title:	Whitchurch Land Transfer to Velindre NHS Trust			Agenda Item no.	7.3
Meeting:	UHB Board	Public	√	Meeting Date:	25 th January 2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	√	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 update the Board on the progress of the land transfer of the Whitchurch Hospital site, originally declared surplus by the Board on the 1 July 2014. The report seeks approval to transfer the land, subject to Welsh Government approval, to Velindre NHS Trust.

The Board will be aware of the ongoing works associated with the new Velindre Cancer Centre. The previous requests for land requirements associated with the development and the recent instruction from the Welsh Government, relating to the requirement to provide habitat licences on the Whitchurch site, to enable Velindre to meet Natural Resource Wales requirements. These licenses allowed Velindre to achieve the appropriate planning conditions for the new Velindre Cancer Centre.

A plan of the Whitchurch site is shown below in relation to the developable land (Fig 1) previous to Velindre and Welsh Government requests and the land now available (Fig 2).

Fig 1. – Current Land Ownership

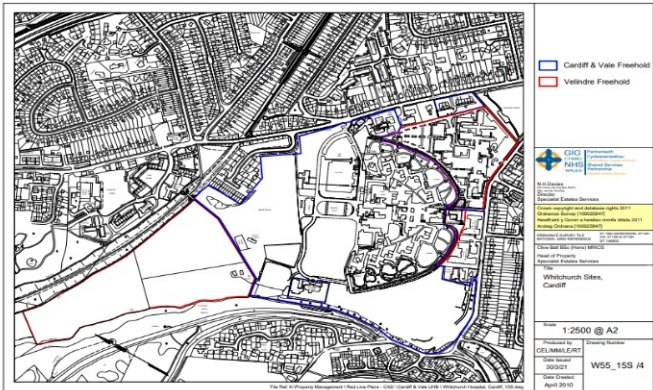
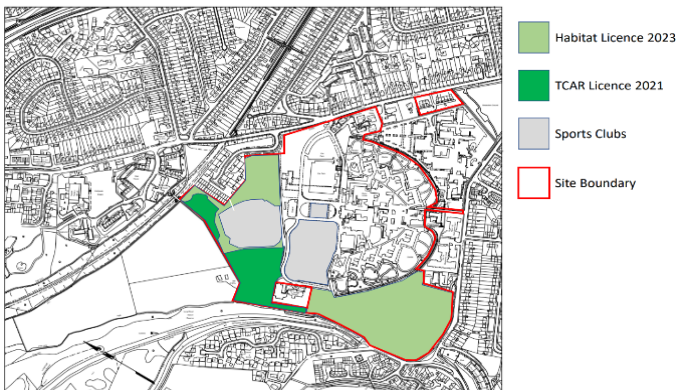


Fig 2. – Non-Developable Land

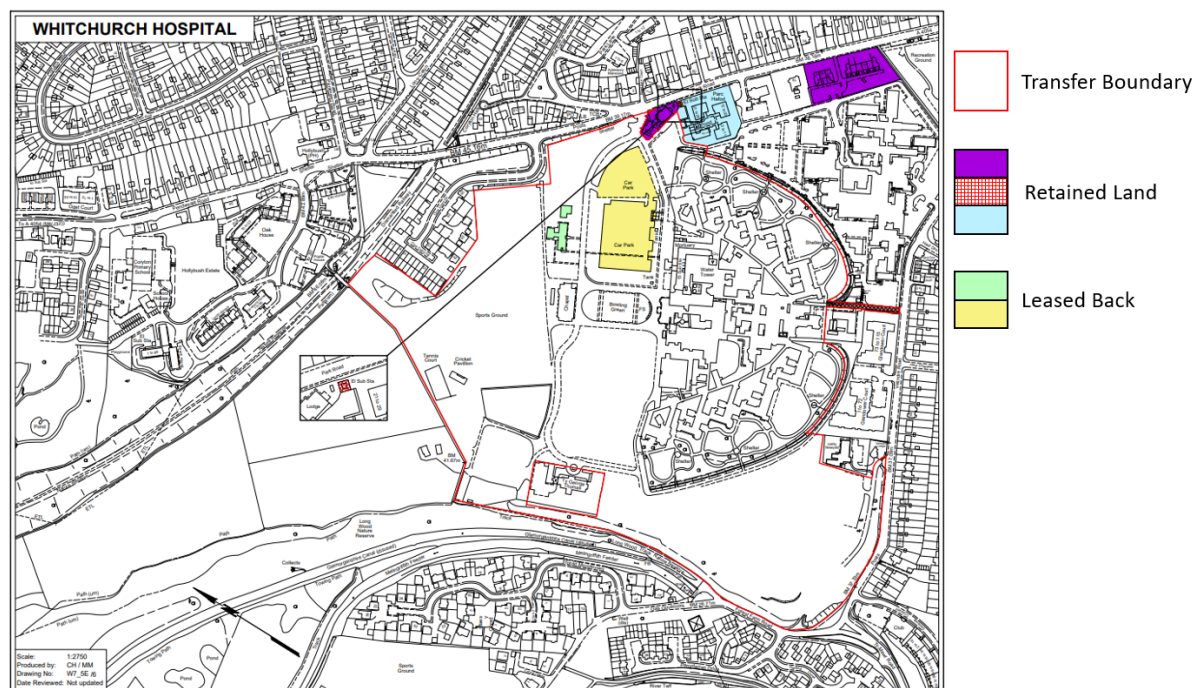


As can be seen the UHB have lost a large proportion of developable land and are still receiving ongoing requests for access and services across the site.

The land transfer provides Velindre with access to all areas of the site without the need to seek further approval from the UHB. The benefits for the UHB are that it removes a derelict part of the estate that poses a significant risk and continues to cost significant resources to manage and secure.

The land transfer will be undertaken under a net book transfer between the two Health Boards. The land transfer will still enable the UHB to have access to the N&W Locality Team building and car parking, as part a lease back provision, the Whitchurch lodge building will not be transferred. This is shown below on Fig 3.

Fig 3. – Transfer Plan Showing Retained Parcels



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

- The developable land at Whitchurch has been eroded due to the contribution of land to the Velindre NHS Trust to aid in the delivery of the new Cancer Centre.
- Completing the process of the land transfer diligence as outlined in a letter received from the Health Minister, instructing that both parties discuss the land transfer and to provide future agreements to the Welsh Government.
- The removal of the derelict site from the UHB assets, a site that has deteriorated due to the fact the UHB has been prevented from marketing the site sooner due to the works associated with the new Velindre Cancer Centre.
- The Land Transfer will be completed under a net book value transfer between two Health Boards.
- Legal advice has been sort from Hugh James LLP in the production of the Heads of Terms and contracts; whilst NWSSP Specialist Estates have overseen the process.

Recommendation:

UHB Board are requested to:

APPROVE

1. the request to write to the Welsh Government to seek approval of the Land Transfer between the two Health Boards.
2. the land transfer of the Whitchurch Site to Velindre NHS Trust, upon receipt of approval of the transfer from the Welsh Government.

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	√
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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: 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:
Capital Management Group	

Saunders, Nathan
06/02/2024 11:21:22

Report Title:	Corporate Risk Register			Agenda Item:	8.1	
Meeting:	Board Meeting	Public	x	Meeting Date:	25 January 2024	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Risk and Regulation Officer					
Main Report						
Background and current situation:						
<p>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.</p> <p>The Register includes 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.</p> <p>The assurance map is a check against those corporate risks that seeks to set out the 3 lines of defence in operation and from which risk and assurance of that risk is tested/derived.</p> <p>Digital Health and Care Wales have identified a number of risks that initially sat within their remit and after discussion an agreement has been reached that local level management is the appropriate forum for these risks, therefore mitigation and ownership no longer sits with DHCW. These risks are rated low and will be transferred onto the Digital Risk Register.</p> <p>Appendices:</p> <ol style="list-style-type: none"> 1. Corporate Risk Register 2. Assurance Map – <i>which can be located in the Board’s supporting documents folder on AdminControl for Board Members and the Cardiff and Vale University Health Board’s website for the public.</i> 						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<p>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.</p> <p>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 Monthly Clinical Board Review Meetings. Clinical risk is addressed through the clinical safety and excellence group governance framework.</p> <p>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.</p>						

Risks are discussed and assessed through various mechanisms within Clinical Directorates and Boards and within corporate areas. They are amalgamated in the most appropriate way into grouped risks (where necessary) in the register at Appendix one. The register as presented is a collection of those outputs and so new additions should be treated as draft submissions – a clearing/moderation process will form part of the ongoing build work around corporate risks.

The risks presented in the register can be viewed through a lens of cause and effect. There is an identifiable pattern from a cause perspective that predominantly falls into estate and infrastructure risks with a proportion that also fall under the umbrella of workforce.

Three new additions have been added by Children and Women and are highlighted in yellow. Eleven risks have again been added by Capital, Estates and Facilities bringing the total of 30 risks on their risk register over the last two Board meetings.

To note that some of the risks within the Corporate Risk Register are amalgamations of separate risks. 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.

More work is required, led by DCG, to establish a coherent structure of risk moderation and engagement across the Health Board and we are looking at software solutions that will enable us to better integrate and coordinate risk across the whole organisation. Work is ongoing to work with Clinical Boards and other areas to refine the risk register in parallel to Clinical Board reviews etc.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The presence of risk registers in CB and Corporate planning functions e.g. Capital and Investment decisions.
- 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.
- Mapping of risk across departments and directorates and aligning it to the evolving strategy and planning work.

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	x

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

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

Prevention	x	Long term		Integration		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 management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processes and procedures.

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

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Clinical Board/Corporate Directorate	Risk Reference	Date risk added	New Risk/s Added January 2024	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
					Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital Estates and Facilities	1	31.03.2021 M-34-36 & Estates 30		Obsolete Medical Gas and Air Delivery Equipment and Plant Risk/Issue: Helipad Main Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems Ambulatory Care Medical Air Plant supplied and installed by another with no medical gas certification (As above) Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems Impact: Quality of Air supplied & Not compliant Risk / Issue: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates. Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change. Obsolete equipment and currently out of compliance with overdue unspction. Impact: Equipment failure leading to Loss of Service and interruption of supply. This would adversely impact on patients	5	5	25	Regular maintenance being carried out <										

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	8	9/09/2023, E16		Risk issue: during maintenance and testing works for operation POET (power outage emergency test) an issue was encountered in electrical sub station 2A where the automatic changeover system to start the low voltage generator is not functioning. Maintenance and re-testing has been carried out on numerous times however has not resolved the issue. The equipment cannot be directly replaced due to the age of the panels and equipment is now obsolete. In the event of an unplanned power outage the changeover system will not work and will require manual switching by Estates staff. Sub 2A provides power for a number of essential areas including Main Operating Theatres, Dy theatresand recovery, SDEC, Mortuary, Cath labs A B and C, sections of the LGF tunnels and other essential plant.	5	4	20	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss	5	4	20	Bid to WG for funding under EFAB scheme or BJC funding for 2024	5	1	5	Oct-23	Finance and Performance Quality, Safety and Experience	Capital Assets Patient Safety Urgent and Emergency Care
	9	8.11.2023 E1A		Risk/Issue: Lifts urgently require replacement. A phased approach has been adopted with the following lifts to be reviewed: Maternity Lifts 8 & 9 All to be considered. With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift AP's and carry out Audits on Lift condition & management systems etc Impact: Failure of lifts restricts public and staff movement around site.	4	5	20	Maintained on a best endeavours philosophy until scheme to replace these lifts is conducted. Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system.	4	5	20	Put a replacement plan in place for lifts To research and obtain quotes for service of a Lift AE.	4	1	4		Finance and Performance Quality, Safety and Experience	Capital Assets Patient Safety
	10	8.11.2023 Estates '6, M17, M18, Estates 111		Risk/Issue: UHW HSDU / Main Theatres / Main CIAT Chiller Plant. Chiller Plant pipework severely corroded. Chiller HSDU is 22 years old and failing with new spare parts now unavailble Main theatres plant circuits constantly breaking down. Chillers will require to be renewed in the near future Impact: Failure leading to loss of cooling to department.	5	4	20	Regular maintenance being carried out. Actions currently being progressed.	5	4	20	prepare plans to renew the Chiller	5	1	5		Finance and Performance	Capital Assets Patient Safety Staff Wellbeing
	11	M31, M32		Risk/Issue: Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. SPS walk in Drugs fridge in UHW Pharmacy stores GF is old and requires renewing due to being unreliable and parts difficult to obtain. Impact: Loss of refrigerated drugs causing interruption to service	5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required	5	1	5		Finance and Performance	Capital Assets Patient Safety
	12	8.11.2023 M51		Risk/Issue: Biochemistry Lab at UHW over heating due to increased equipment and failure of existising cooling systems. Impact: Potential closure of Lab and service loss.	4	5	20	Temporary Cooling installed to keep Lab to correct temperature.	4	5	20	prepare plans to renew air conditioning units and/or install new AHU.	5	1	5		Finance and Performance	Capital Assets Patient Safety
	13	8.11.2023 Estates 93		Risk/Issue: Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through Gaps in control – Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Failure to provide on distribution strategies standby generators resilience of N+1 automatically Switch Panelboard in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2	4	5	20	None specified	4	5	20	None specified	4	1	4		Finance and Performance	Capital Assets Patient Safety
	14	8.11.2023 Estates 112		Risk/Issue: Both DSS4 Maternity HV substation double doors and LV switchroom single door are made fro slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	5	4	20	Monitor condition until planned replacement	5	4	20	Replace both sets of doors to metal/steel type with securefixing and locks, with CLIQ key system.	5	1	4		Finance and Performance	Capital Assets Patient Safety
	15	8.11.2023 Estates 116		Risk/Issue: 4 main (only 2 visible)Chimney flues (A,B&C Tower block) support cable stays rusted away (these are designed to give support in adverse weather preventing extra stress / strain on flue / chimney structure)	4	5	20	controlled access to area, base supports appear to be in good condition	4	5	20		4	1	4		Finance and Performance	Capital Assets
	16	8.11.2023 Estates 122, B4, B10		Risk/Issue: Roofing sheets, rusted through S.W corner of A block, to A Block Link - Several holes and sheeting could be affected by inclement weather Plant room roofs at UHW are showing signs of degradation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk UHL Staff Restaurant Major Roof Leaks into servery and dining area. Possible Food Standards Agency (EHO) Food Hygiene rating could be affected/contaminated food	5	4	20	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration) Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss Temporary repairs/additional cover sheets installed	5	4	20	Put in a plan to formally monitor roof in A block and carry out full structural survey of all roofs including lift plant room roofs Consideration to replace roof covering and roof lights ASAP	5	2	10		Finance and Performance	Capital Assets Staff Wellbeing
	17	8.11.2023 Estates 124		Risk/Issue: Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route. Major risk if tree roots cause unseen damage to pipework which would disrupt oxygen supply to hospital.	5	4	20	We have emergency manifold system for any emergency scenario, but not for longevity to maintain oxyegn demand for hospital. This concern has also be raised by the MGPS Authorising Engineer as a potential point of failure.	5	4	20	Investment and plan to replace and redirect the main oxygen pipework run into the hospital.	5	1	5		Finance and Performance	Capital Assets Patient Safety

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	18	8.11.2023	19	Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023	5	4	20	Current O and M contract is in place until December 2023. Internal discussions are being held to develop proposed solutions.	5	4	20	Discussions are in progress with Clarke Energy regarding future options and the provision of an O and M temporary bridging contract until 31/3/23. There will be no warranty/breakdown provisions with this agreement. Risk rating has been upgraded.	5	2	10		Finance & Performance	Capital Assets
	19		8.01.2024	CFPU Risk: The return of listeria within the high risk kitchen and not enough patient provisions being produced to satisfy demand; Impact: Food production capacity reduced due to new food safety measures and controls required as identified by the food safety assurance manager. 4 hours to blast freeze compared to 2 hours previously. New enzyme treatment shock treatment cleaning process takes 3 hours per day insted of previous 1 hour per day. CFPU unable to increase provisions of patient frozen meals to provide a contingency levels should equipment fail.	5	4	20	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction.	5	4	20	All rotas to be checked/reviewed and amended accordingly. Coninue to monitor production against patient demand, continue to be flexible with delivery schedules - continue to order limited products from external supplier to provide opportunity of increasing production	5	2	10		Quality, Safety and Experience	Patient Safety
	20		8.01.2024	Health & Safety: CEF Issue: The continuing deterioration of Whitchurch Hospital (building structure). Ongoing issues of trespass and material thefts. Damage to asbestos materials. Damage to wooden floors to allow access to the basement. Risk/Potential Impact: Based on a recent incident at the facility there is a foreseeable risk of further structural failures to the building infrastructure. Injuries to the trespassers/ exposure to asbestos to both trespassers and thieves during their presence on site.	5	4	20	The site is currently monitored externally by an onsite security team (with dogs). The onsite security team do not enter the building. Externally the site is also monitored by localised CCTV cameras feeding back to a central control point. The CCTV cameras are solar powered.Planned site visits (internal) are carried out by the assurance and compliance team. There is no lone working permitted on the site. The site is surrounded by pallisade fencing. Structural engineer attended during the last site visit. Experienced personnel only enter the building. PPE is mandatory. Security screens have been istalled to the G/F windows and doors.	5	4	20	C&VUHB are actively involved in removing Whitchurch Hospital from its property portfolio. Until then the current control measures will remain in place.	5	1	5		Health & Safety	Capital Assets
	21		8.01.2024 SDH 07, 08, 11; 3PD UHL 05, 07, 11, 12	PFI: Risk Issue for St David's Hospital: A - Financial Requirement for the ongoing management of St Davids post handover; B - Joint UHB/PFI Expiry Plan; C - Recruitment of workforce as necessary Impact: A - Financial requirement associated with the ongoing operaton of the site post PFI; B - A joint plan including strong governance structure is required to oversee the end of the PFI. This does not exist at the moment; C - Should there be insufficient resource available via TUPE, the UHB will need to employ staff to deliver services. PFI: Risk Issue for UHL: A - 3PD Transition - Potential End Term Payment; B - Financial Requirement for the ongoing management of Accommodation and Nursery post handover; C - Joint UHB/3PD Expiry Plan; D - Recruitment of worforce as necessary; E - UHB resource to manage transition process. Impact: A - UHL 3PD requires payment of sum to 3PD partner in the region of £1.2m; B - Financial requirement associated with the ongoing operation of the site post 3PD; C - A joint plan including strong governance structure is required to oversee the end of the 3PD. This does not exist at the moment; D - Should there be insufficient resource available via TUPE, the UHB will need to employ staff to deliver services; E - Should there be insufficient resource available to effectively manage the transition process, the UHB will be at a disadvantage in negotiations and preparedness.	5	4	20	St David's Hospital: C - Linked to PFI SDH H 05. Llandough Hospital: A - Valuation being undertaken. Contracts being reviewed by specialist D - Linked to 3PD UHL 05.	5	4	20	St David's Hospital A - Post PFI financial model required. Llanough Hoospital: A - Ongoing contract review; B - Post 3PD financial model required.	5	1	5		Finance & Performance	Capital Assets
	22			There is a risk of patient harm due to the progression of conditions from benign to malignant disease due to increased waiting times for surveillance and planned recall endoscopy procedures. Context: Significant reduction in endoscopy activity throughout COVID period (as per national guidance), to support local redeployment of workforce to staff COVID areas and due to IP&C measures leading to reduced turnaround time between Aerosol Generating Procedures (AGPs). Previous series of SI's related to surveillance backlog Impact: Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards	5	5	25	Clinical validation of surveillance waiting list completed until the end of 2021 Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification Some high risk surveillance patients started to be listed for procedures	5	4	20	DMT to utilise BIS risk surveillance cube to prioritise patients & reduce potential harm Admin team to send patient risk letters for delayed surveillance cases to manage patient risk DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG 27.04.2022 Update; Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date. Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk	5	2	10	Aug-23	Finance & Delivery Quality, Safety and Experience	Patient Safety Cancer Planned Care
23			Due to workforce and capacity constraints across Gastroenterology & Endoscopy the ability to deliver a robust Gastroenterology service to meet competing demands of the speciality and service i.e. emergency/acute gastroenterology; Endoscopy activity to meet cancer diagnostic/therapeutics/surveillance as well as planned care within speciality components of gastroenterology , there is a risk of patient harm due to delayed diagnosis and treatments of cancer and benign diseases; a risk of not fulfilling commissioned activity and income generation and an inability to fulfill training needs for trainees in line with HEIW junior doctor training; Impact; patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	5	5	25	Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management	5	4	20	7.02.23 - HR to support the Agenda for Change process to adopt the all Wales Clinical Endoscopist JD to be able to assimilate staff across	5	2	10	Aug-23	People and Culture Committee Quality, Safety and Experience	Patient Safety Cancer Workforce Planned Care	

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	24			There is a risk of patient harm due to inpatients at UHL suffering from a new stroke event not receiving timely assessment for Thrombolysis. There are multiple pathways for inpatients, dependent on location and time of day, which can cause delays to accessing treatment which could result in adverse outcomes.	5	5	25	Emergency medical team available at all times although these may not be stroke specific Stroke CNS available in hours to be able to respond immediately at UHW site	5	4	20	Redesign of inpatient thrombolysis pathways. Implementation and promotion of inpatient thrombolysis pathways. Review of workforce to support all stroke patients.	5	2	10	Oct-23	Quality, Safety & Experience Finance and Delivery	Patient Safety Workforce Urgent and Emergency Care
	25			Context: Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers form 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern and media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC Risk: Delays in offering nutrition to patients in whom there is no alternative with complications creates a nubmer of risks including death and increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with a HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations which creates a risk of reputational harm and regulatory breaches. Impact: Potential harm including death; multiple concerns and media coverage; not meeting national guidelines	5	5	25	Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated. UHB agreed to cover some additional sessions at risk, pending approval of WHSSC business case for additional staff.	5	4	20	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment.	5	2	10	Oct-23	Quality, Safety & Experience Finance and Delivery	Patient Safety Workforce
	26	01/05/2023		Issue - Inadequate midwifery and medical staffing on obstetric assessment unit. Risk/Impact - risk of harm to patients due to the inability to implement a robust evidenced based obstetric triage system and patient review.	5	5	25	1. 3 MW allocated on shift when possible, 2.Telephone Triage MW 4 days out of 7 when no AL , 3.Senior obstetric staff allocated to delivery suite, theatres/T2, Antenatal Clinic, Ante/Postnatal wards provide support to OAU when requested by junior staff	5	5	25	BSOTS audit	5	3	15	Oct-23	Quality	Patient Safety Capital Assets
	27			Issue - Ongoing Lift Failure - 7, 8 & 9 Risk/Impact - Serious harm to women and babies from risk of entrapment or potential delays in emergency treatment due to lifts failing on demand	5	5	25	Lift refurbishment completed at the end of 2020. Failure occurred in December 2020 resulting in damage to doors requiring a 3-month repair time. Current maintenance contract in place however, this hasn't proved to be adequate mitigation. Maintenance contract to be moved to OTIS from Thyssen to overcome the high level of new equipment failures.	5	4	20	Maintenance contract has moved to OTIS from Thyssen. Review a system to best instigate a method for calling lifts for high risk patients which would have to be controlled by the Estates function. Conduct a 24-hour walk-through survey of lift operations to determine any specific times when certain tasks are more likely to be undertaken such as waste management or housekeeping (Action: Estates team) Continue to be escalated to Clinical Board.The contractor has been instructed and they are mobilising (ordering equipment etc) with a view to start on site in March (providing lift 7 is sorted) The installation will take 3 months for lifts 8 install. 1 month settle period for lift to bed in.The 3 month install of lift 9. Initial risk rating increased in view of recent incident where all lifts were out of action. Estates now send SLT lift report daily. Lift 73 was back in action but is now out of action again.	5	2	10	Oct-23	Finance and Delivery Quality, Safety and Experience	Patient Safety Maternity Capital Assets
	28	7.11.2023		Issue - Fetal medicine capacity shortfall and breach of ASW 5 day referral standard. Risk/Impact - due to fetal medicine capacity shortfall and breach of ASW 5 day referral standard, there is a risk of harm to compromised fetuses and reduced options for termination of pregnancy if delayed beyond 21+6 weeks. Delayed termination beyond 24 weeks means patients have to register the baby as a stillbirth and since criteria for termination is stricter after 24+0 weeks some women mayt be denied that option after 24+0 weeks which they could have had if seen earlier ie potential for wrongful life litigation.	5	4	20	Fetal medicine lead is keeping accurate data regarding breach figures, along with demand and capacity data. Clinics are being overbooked to absorb urgent referrals and active triage to allow joint shared care with local delivery where possible.	4	4	20	The fetal medicine service is actively triaging on a daily basis and managing patients locally where possible and declining to accept referrals when safe to do so. A locum consultant with appropriate experience is providing 2 clinic sessions a week. Extra additional clinics are being put on where possible and will continue to be explored, however this is not always possible due to consultant availability and there still not being enough sessions available to meet the demand on the service. The fetal medicine service will continue to try manage the risk by vigilant triaging to pick off the highest risk cases and trying to manage joint care with local units when possible. Additional clincial space (current antenatal phlebotomy room) is being prepared to reduce crowding in clinics and improve efficiency. 2 Fetal Medicine Consultant posts have been approved for appointment in 2023. For obs lead and CD discussion around job planning fetal medicine consultants to fetal medicine. One substantive fetal medicine consultant appointed March 2023, was previously in the locum post. Business case has been submitted to WHSCC - awaiting response.	5	3	15	Monthly	Quaity, Safety and Experience	Patient Safety Exacerbation of Health Inequalities Maternity Planned Care
	29	02/2023		Issue - Obstetric Staffing Level Challenges Risk/Impact - A) treatment delay and thus need for more invasive treatment. Increased risk of complications (admission for haemorrhage, additional surgery, infection and additional psychological trauma). B) Poor service data quality, underreporting of clinical workload, loss of funding, prolonged or insufficient clinical governance projects C) Treatment delay, vital info previously gathered unavailable at the point of care – risk of clinical errors, failing to promptly diagnose complications D) Confidentiality at risk when paper files get lost in transit. E) Risk of legal challenges and implications due to non-compliance with statutory abortion framework. Particular legal risk: non-reporting of abortion treatment	5	4	20	1.ANC lead consultant and ANC manager aim to maximise efficiency and safety of clinic appointments system by weekly review of clinic workload – often staffing shortages only apparent a few days before a clinic. 2.Directorate fund extra paid sessions at short notice to help ANC capacity – the staff doing these extra sessions are mainly the existing consultants at the expense of SPA time and this long term contributes to stress, and reduces consultant capacity to contribute to many other activities including RCA writing etc.	5	4	20	1.Clinical board must support directorate to allow funding of either more consultant sessions for ANC to facilitate cross covering, or appoint associate specialists to provide continuity and fill the rota gaps: business case devloped and has been approved in Jan 2023 for additional workforce investment. 2.Clinical board must support directorate to fund appropriate experienced administrative staff to ensure clinics are appropriately booked and organised to minimise cancellations and errors. Recruitment taking place to boost administrative support.	5	1	5	Oct-23	Finance and Delivery Quality, Safety and Experience	Patient Safety

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Children and Women	30	01.12.2022, 7.11.2023		Issue - Paper Based Clinic Records - PAS Service Risk/Impact - A)Treatment delay and thus need for more invasive treatment. Increased risk of complications (admission for haemorrhage, additional surgery, infection and additional psychological trauma). B)Poor service data quality, underreporting of clinical workload, loss of funding, prolonged or insufficient clinical governance projects C)Treatment delay, vital info previously gathered unavailable at the point of care – risk of clinical errors, failing to promptly diagnose complications D)Confidentiality at risk when paper files get lost in transit. E)Risk of legal challenges and implications due to non-compliance with statutory abortion framework. Particular legal risk: non-reporting of abortion treatment	4	5	20	1 close collaboration with Emergency Gynae team for managing complications 2. hand-checking of records entered 3. referral to BPAS in case of delay into second trimester 4. e-mails and phone calls from either end to ensure receipt of paper files across sites (not working after 4 pm) 5. overtime paid to admin staff to catch up with HSA4 report	4	5	20	1. A)Emergency team has little or no access to clinical notes B) hand-checking of clinical data rarely possible and of doubtful efficacy 2.BPAS treatment is at a cost and further grief to women who have to undergo a second assessment 3. A)Notes are very frequently lost during transit, much time wasted searching and re-creating notes B) delay of reporting is down to 6 months – still very far away from statutory two weeks. Business case now approved, arranging implementation date with IT. IT currently building software but not ready yet.	42	8		Monthly	Quality, Safety and Experience	Patient Safety
	31	04/2021		Issue - Inadequate Emergency Gynaecology Facilities Risk/Impact - 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 and patients waiting to be seen in the corridor due to lack of designated area and staff to review and triage patients	4	5	20	Ongoing review of additional workforce to support	4	5	20	Regular review of all controls and assurances	4	2	8	Oct-23	Finance and Delivery Quality, Safety and Experience	Patient Safety
	32	08/01/1900		Issue - UK wide shortage of Paediatric & Neonatal Intensive Care Capacity Risk/Impact - There is a risk that C&YP who are admitted or waiting to be admitted to the CHFW will suffer harm due to the increased demand for PCCU and NICU bed. If children require care in either critical care areas and we are at maximum capacity for the number of nurses we have, then we have to review children that can be moved out of each area, which depends on ward capacity also. In addition to this we review children that can go to local DDH's. We often cancel elective admission to critial care which can lead to more complex surgery later and longer hospital admission times.	5	5	25	1. Daily huddles and deployment of nursing resource based on risk. 2. Staff moved wherever possible throughout the day to respond to changing circumstances and level of risk. 3.Bank and Agency requested on every shift, own staff offered enhanced overtime. 4. Daily medical ward round, to assess patients needs for ongoing impatient care. 5.Senior nurse engagement with external agencies, to expedite DTOC. 6.Education and support of practice educators for staff moved to the critical care areas.	5	4	20	1.Increased numbers of suitably trained staff in critical care areas. 2. Increased numbers of staff on wards to allow rotations to critical care areas 3. Better flow through critical care with timely discharges back to DGH's. 4.Childrens hospital discharge co-ordinator.	5	2	10	Oct-23	Quality, Safety and Experience	Patient Safety Maternity
	33	1.02.2023	8.01.2024 [OG 11 incorporated]	Issue - Publication of UK Maternity & Neonatal Services Report (Ockenden) detailing standards and requirements Risk/Impact - 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. This includes: Insufficient Staffing resulting in an inability to learn from adverse events and specifically undertaking learning from adverse events within a timely manner to ensure any learning is embedded into practice and to mitigate/avoid reoccurrence of any themes identified	4	5	20	Patient safety investigatory monthly meetings review our root cause analysis investigation and identify any learning and actions. Online datix system for reporting incidences. New system in place AMaT to monitor actions. Regular Maternity/Neonates Oversight Group chaired by Executive Nurse Director	4	5	20	Regular review of all controls and assurances	4	2	8	Monthly	People and Culture Quality, Safety and Experience	Patient Safety Workforce
	34	1.10.2023, 7.11.2023		Issue - Waiting times for C&YP awaiting ND Assessment Risk/Impact - There is a risk of harm and poor patient experience as a result of current waiting times for CYP awaiting ND Assessment. Waiting times are currently significantly high and also the increase in referrals, currently significantly exceeds capacity.	4	5	20	1. Review of top 10 long waiters every week. 2. Additional WG funding in place to increase capacity 3. Review of current service model	4	5	20	1. Weekly DMT meetings to continue. 2. Continued monthly team meeting 3. Review triage 4. Review pathways 5. Review expedite criteria 6. Ensure representation at WG national meetings 7. Consider as part of empower multi agency meeting	4	1	4	Monthly	Finance & Performance Quality, Safety & Experience	Patient Safety Planned Care
	35	08/01/1900		Issue - UK wide challenges in recruitment, retention and wellbeing of staff (predominantly Nursing & Midwifery) Risk/Impact - There is a risk of morbidity & mortality to patients as a result of insufficient medical and nursing/midwifery staffing levels. This has been made significantly worse by post COVID-19 pandemic and the need to staff additional capacity services. Also, only one outtake of newly qualified nurses and midwives per year, and limited recruitment pool in paediatrics	4	4	16	Ongoing communications between Directorates & Clinical Board Regular Directorate Staff Planning Meetings to review/address gaps Regular review of rotas Request use of Bank & Agency, Overtime, Locums where necessary Staff Movement where possible/required based on level of risk/mitigation	4	5	20	Regular review of all controls and assurances across Directorates for area specific related risks/mitigations	4	2	8	Monthly	People & Culture Quality, Safety & Experience	Patient Safety Workforce
	36		8.01.2024	Issue - Lack of room space in Antenatal Clinics Risk/Impact - delay in review of new gestational diabetic patients in medical antenatal clinics due to lack of room space	4	5	20	Clinic midwives and other staff do there best to squeeze as many patients in as possible	4	5	20	1. Dedicated GDM antenatal clinic run by consultant Obstetrician, diabetic specialist nurse and specialist clinic midwives is required to take some of this clinic capacity at UHL 2. Appointment of specialist midwife for diabetes	4	1	4	Monthly	Quality, Safety & Experience	Patient Safety Health Inequalities

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	37		8.01.2024	Issue - Lack of appropriate Fetal Monitoring Capability on Delivery Suite Risk/Impact - risk of inadequate monitoring and the missed opportunity to identify fetal compromise in labour if monitors were to fail. There is also the risk of inadequate storage of fetal heart tracings and the inability of the Health Board to use these in cases of litigation.	5	4	20	Clinical Engineering maintaining equipment	5	4	20	Success of capital bid Evaluate if lease available for monitors	5	1	5	Monthly	Quality, Safety & Experience	Patient Safety Health Inequalities Maternity
	38		8.01.2024	Issue - Euroking System Capability - UK Wide Alert Risk/Impact - Data Overlay of any previous medical/surgical history for patient data	4	5	20	1. Staff are aware of the system issues and advised not to review historic surgical/medical assessments 2. Issues escalated to IG/Legal/Procurement/CNIO/Digital Maternity Cymru 3. Data dictionary obtained and to commence full risk assessment for CAVUHB 4. Pause on any audit/research that includes overlayed data points 5. Storage of documentation against future archive to mitigate future claims 6. Daily contact with Supplier to reconnect access to server	4	5	20	Continue project work for procurement and implantation of new maternity system. Continue urgent request with Euroking for reconnecting server access to continue support.	4	1	4	Monthly	Quality, Safety & Experience	Health Inequalities
CD&T	39			Estates Risks The fabric of the estate is suboptimal to delivery of modern, safe and sustainable healthcare. Significant aggregated risks across the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. Radiopharmacy - failure to meet the requirements of the regulator (MHRA) with potential for improvement notices or closure from the regulator - regional impact on delivery of diagnostic services 3. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank, impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation. 4. Health Records - inadequate storage capacity across departments including therapies and Laboratories, security of the Health record, potential for data loss, health and safety risks, difficulties in tracking of medical records 5. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 6. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 7. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 8. UHL Main Occupational Therapy Department and Physiotherapy dept in UHL and old hydro area- Fabric of building is deteriorating , room unusable , leaks throughout the area .Patient records damaged as a result . Poor condition of portacabins. Area condemned due to risk of roof collapse - toilet, cleaners room, fire exit, accessible via main office. situation to be escalated on the estates risk register now. 9. Variable closure of UHL hydrotherapy due to imbalances in chemistry and pool temp to the spinal and neuro rehab patients which impacts on their rehabilitation . Unable to utilise the additional benefits of aqua therapy 10. The viability and sustainability of an ageing facility in PSU at UHL,	5		25	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	20	Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies Engage with TRaMS project for proposed regional solution to Radiopharmacy, progressing following recent MHRA inspection and ceasing production. Engage with Capital Planning with regards to Mortuary refurbishment project, Outline business case developed and submitted to WG, approved Oct 23. Put in place recommendations from internal audit of medical records storage and security,	5	2	10	Dec-23	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety
	40			Equipment Risks - ageing equipment across the clinical board including: •NVA 1 and NVA 2 simultaneous breakdown, affecting both emergency and elective patients, increasing frequency and severity of breakdown affecting both rooms. •Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service . •Ageing Nitrogen generators if breakdown unable to get parts impacting on ability to deliver fully operational service •Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage resulting in inability to use the system to deliver specimens in a timely manner •Pharmacy isolator failure, impacting ability to make 700 doses per week of pre-filled syringes, potential increase risk of error on wards where several dilutions would be necessary or increase cost associated with purchasing from special manufacturer. •Radiopharmacy, risk of failure of 20 year old production cabinets, failure would result in partial or complete cessation of services to CAV UHB and customers in S.E Wales region •Autoclaves in Pharmacy. There is a risk that the autoclaves may fail or fail to sterilize effectively. They are used on a weekly/thrice weekly basis to undertake terminal sterilization. The impact to staff should the pressure valve fail would be catastrophic. A failure to sterilise effectively and if undetected through other assurance means would cause a fatal impact on the patient. The inability to use the sterilizers would have an impact to business and availability of product to customers and patients. •Pharmacy - uses the Tempulog system for continuous temperature monitoring of all refrigerators, freezers and critical ambient areas to assure the appropriate storage conditions for medicines are in accordance with regulatory requirements. Current stock levels of refrigerated medicines are estimated at £950k with £500k being held in one cold room alone. This carries significant risk in the event of a single point of failure. Consequently, there is no longer a maintenance service for the system in the event of break down or replacement parts. It also means that compliance with regulations set out by the MHRA to maintain our MS Specials license at Llandough Aseptic Unit for the manufacture of sterile aseptic products is at risk if medicines particularly high risk sterile injections cannot be guaranteed to have been stored at the correct temperature with resulting patient safety risks. Fluorimeter in biochem needs replacment	5		25	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	20	1. Capital replacement bid to be submitted for air handling and chiller units 2. Medical devices bid approved for replacement nitrogen generators, a/w installation 3. Replacement process for NVA 1 and 2 4. Engage with TRaMS project for proposed regional solution to radiopharmacy and sterile production units 5. Procurement for new temperature monitoring solution, supplier identified for Pharmacy. Lab medicine to review if same supplier could meet needs for labs 6. Capital bid submitted for Fluorimeter	5	2	10	Dec-23	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety

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	41	14.11.2019		Regulatory Compliance and Accreditation Non compliance with regulatory and accreditation requirements leading to: - impact on service delivery and patient safety (potential for cease and desist of service) - reputational risk - financial risk e.g. loss of income, fine for breach of statutory duty - inability to maintain suitable systems, practices and facilities to ensure on-going compliance - increasing requirements from regulators which cannot be met - mismatch in capacity/demand on QMS which leads to failure to deliver activities - patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT - Health and Safety at Work incidents - patient concerns, claims and redress - failure to comply with GDPR and Information Governance	5	5	25	Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services. Incident management, including Root Cause Analysis Concerns management Audit of practice/standards Risk register Service Improvement initiatives Clinical Board Data Integrity Policy and Assessment Standardised QMS approach between directorates Dedicated quality resource in key Directorates	5	4	20	Lack of a single QMS database to enable oversight of compliance (WG procured QMS i-Passport in evaluation phase) Absence of some regulatory roles (e.g. MR Safety Expert, Head of Ionising Radiation) Corporate Medical Records Operational Group not longer standing	5	2	10	Dec-23	Quality Safety and Experience Committee	Patient Safety
	42	1.09.2023		Temporay air handling unit installed in biochemistry lab in UHW to mitigate the longer term issue of replacing whole air conditioning system does not provide adequate air cooling, there is no even distribution of cool air, the laboratory is not maintained at a consistent temperature. The temporary ducts are brining in significant amounts of dust into the lab, with potential to affect semsitive immunoassays, with potential to p[ro]duce erroneous results. The high air flow from the ducts can affect the track in the centrifuges. The temporary air handling unit has failed leading to high temperatures affecting staff morale and inability to provide certain tests as business continuity plans were instigated involving the switch off of certain analysers to reduce overall temperature. Mobile air conditioning units are alos in use to try and maintain cooler temperatures but come with risk in electrical load and the ducting becoming hot	4	5	20	1. Two closed windows replaced with ones that open 2. Mobile air conditioning units rented and installed 3. Oestradiol and Gentamicin have been referred and the Architect turned off 4. In event of total failure all work has business continuity plans 5. Some parameters specifically susceptible to high temperaturescan have re-run rules applied on main automated system to mitigate some potential erroneous results 6. working on short term plan to ensure the air conditionioing system is being serviced/ maintained with regular diagnostic reports so prevenatable actions can be taken. 7. Portable units ordered 8. Filters being fitted to ducting to reduce dust and debris	4	5	20	PIE submitted in June to replace air conditioning system. A contingency back up should be included. Update contingency documents to include manufacturers recommendations for running conditions and when to remove equipment from service Complete non-conformities/ recommendations from reagent storage unit	4	2	8	Oct-23	Quality Safety and Experience	Capital Estates Capital Assets Workforce Staff Wellbeing
	43	Sep-21		Critical Care - Nursing Workforce There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	25	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	20	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	10	Aug-23	Quality, Safety and Experience and People and Culture	Patient Safety Staff Wellbeing Workforce Critical Care
	44	08/2022		Critical Care - Bed Capacity Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care present a risk of avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	25	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	20	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board.Seek funding for expansion and refurbishment. Clarify commissioning arrangements	5	2	10	Aug-23	Quality, Safety and Experience Finance and Delivery	Patient Safety Critical Care

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Specialist Services Clinical Board	45			Critical Care - Estates There is a risk of patient and staff harm due to aging and obsolete estates and equipment coupled with reduced capacity within the Critical Care Directorate. Aggregated Risk following risk of harm in the following areas: - HCID Level 2 and 3 (Reduced Capacity) - Sub-standard Heating, Ventilation and Air Circulation - Isolation Facilities - LTV unit - Substandard Infrastructure and plumbing leading to flooding - Obsolete Pendants System providing medical gasses.	4	5	20	Prioritisation of clinical need, use of neighbouring facilities and acquiring temporary mobile structures.	4	5	20	Business cases to be developed to secure renovation and replacement funding.	4	2	8	Aug-23	Finance and Delivery	Capital Assets Patient Safety Critical Care
	46	01/01/2021		Haematology and Immunology - Clinical Environment There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	25	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved. A number of options for the relocation of the service have been explored over the past 10 years but have not been successfully adopted. The directorate and Clinical Board are currently working with Estates and Operational Colleagues as part of the Health Board's Acute Sites Master Plan work to develop plans for relocation to the current Outpatient site at UHW.	5	4	20	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	5	Aug-23	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
	47	14/06/2021		Neurosciences There is a risk of patient harm due to Epilepsy Telemetry Service facilities for patients with intractable epilepsy being used by another clinical service (Medical Clinical Board post COVID).	5	5	20	Discussion ongoing between Clinical Boards to allow service to be accessed. A partial service has been restored - 1 bed on C4 South.	5	4	20	Neurosciences has requested to relocate stroke into C4S, returning C4 N to Stroke (medicine) which will reduce staffing constraints on running an isolated service	5	1	5	Aug-23	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
Finance	48	Apr 22		Risk: The submitted IMTP has a planned deficit of £88.4m for 2023/24 and the Health Board does not have a plan to achieve its revenue statutory breakeven duty without reliance on WG financial support. There is a risk of failure to have a three year IMTP approved by the Welsh Ministers due to an inability to achieve its revenue statutory break even duty.	5	4	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	5	4	20	Development of plan to address the deficit in line with WG expectations in 2023/24 and continue to plan to break even in FY25 and FY26.	5	2	10	Aug-23	Finance and Delivery	Financial Sustainability Delivery of IMTP 22-25
	49	April 22		Risk: Due to a planned deficit of £88.4m for 2023/24 there is a risk of failure to achieve an Approved Three year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.	5	4	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board Work continues to address the recurrent deficit in the UHB's financial position.	5	4	20	Developing a plan to address the £88.4m deficit is underway.	5	2	10	Aug-23	Finance and Delivery	Financial Sustainability Delivery of IMTP 22-25

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Digital Health	50	06/08/2011		Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Software - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns. -A thorough third party assessment for any suppliers who wish to connect to our network or host UHB data.	5	4	20	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns. Compliance with/completion of Cyber Resilience Unit Recommendations. September 2022 : Two of the 4 roles have been appointed to. The remaining posts are in the recruitment process. Jan 2023 - We have successfully appointed a Cyber Security Manager and we anticipate a start date mid February. One of their main priorities will be to implement the improvement action plan May 2023 update - Cyber Security Manager post to be re-advertised. Second phishing simulation email sent to all staff in March 2023. New malware incident SOP developed. June '23: Update being submitted to private meeting of DHIC on 15.08.23, including performance matrix agreed at the last DHIC meeting in May 2023 December'23: Further phishing simulation conducted in October 2023. Cyber Security Manager post successfully rebanded to an 8a for re-advertisement. Attack Surface Reduction (ASR) Rules currently being tested prior to UHB wide deployment. Implementation of the cyber security improvement plan in accordance with our compliance with the NIS Directive.	5	3	15	Aug-23	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
POC	51	05/07/2023		Domiciliary medication administration/support Risk: Sufficiency of domiciliary medication administration/support arrangements. Source of uncertainty/cause: Currently Cardiff and Vale LA policy is that support with medication/administration support packages are only commissioned or provided by domiciliary care workers utilising a Monitored dosage system (MDS). Community Pharmacies are not required under their contract to supply MDS for this purpose and there are less pharmacies now willing to provide this service for individuals who do not require it as part of reasonable adjustment arrangement to support them independently managing their own medication. Consequence: 1. Inability or significant delay in being able to discharge patients with medication support needs with increased risks associated with extended hospitalisation in terms of deconditioning and independence. 2. Impact on staffing resources across the system trying to source Community Pharmacy willing to provide MDS's for patients requiring support. 3. Increased pressure on Community Pharmacies willing to support MDS provision	4	5	20	1. Relying on good will of community pharmacies to provide medication in MDS/MAR 2. Secondary care and primary care teams working together to negotiate provision of MDS for individual patients if discharge is looking to be delayed 3. Local Authority have produced a Regional medication policy to allow administration and commissioning of medicines by care workers out of original packs with a Medicines Administration Record (MAR) chart	4	5	20	Agree funding route for National Community pharmacy MAR service and investment for staff to deliver the other aspects of the LA policy - business case and options appraisal not supported by UHB Commissioning of Community pharmacy MAR service from Cardiff and Vale community pharmacies once funding source identified Care workers need to be trained to administer medication from original packs with a MAR chart	4	2	8	Aug-23	Quality Safety and Experience	Patient Safety
	52	01/09/2023		There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients due to a high number of vacancies in the nursing team. This particularly affects the administration of medication, the assessment of new arrivals and the ongoing triage and care of unwell patients.	5	5	25	Senior management colleagues are working clinically. Clinicians are being drawn from the in-house mental health, substance misuse and pharmacy teams to support the administration of medication. Efforts to recruit to vacant posts are ongoing. A recruitment event was recently held. Agency nurses have been utilised. Pharmacy Technicians have been recruited to dispense medication. Overtime payments are offered to staff. Regular support is being provided by PPDNs to train and support new staff. Working with the Governor and prison service to manage prison daily regime to support reduced capacity within health care.	5	4	20	Continue efforts to recruit nursing staff. Explore further skill mix options to diversify workforce. Some GP advice provided by CAV247 to prison health care staff when absence/limited GP cover.	5	3	15	Oct-23	Quality Safety and Experience	Patient Safety
Strategic Service Planning	53	05/07/2023		Business Continuity The business continuity planning with in the HB is at risk due to •Out dated plans, no central repository for plans, •No central register of plans •Departments writing plans in isolation •EPRR long term sickness, •Plans being reliant on backup generator power to maintain services in a power failure when large parts of UHW is not covered This is likely to lead to services not being maintained during and following an incident, increased risk to patient and staff safety, reputation, etc.	5	5	25	There are existing plans in place	5	4	20	EPRR team will continue to support BC Ops have a Single point of contact	5	3	15	Aug-23	EPRR Strategic Oversight Group	Workforce

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Mental Health	54	17/08/2023		Due to Severe High Risk Eating disorders getting timely access to inpatient beds for refeeding or medical stabilisation there is a risk of patient safety	4	5	20	SHED seservice working with this group and escalating concerns	4	5	20	Escalated to COO	4	2	8	Oct-23	Quality Safety and Experience	Patient Safety
	55	8.11.2023		Pendine, Pentwyn, Gabalfa, Park Road, CAU, Hamadryad - damp issues, water leakage from roofs, poor facilities such as meeting rooms and limited office space. Lack of panic alarms, uncontrolled access to clinic rooms due to lack of internal lockable doorways - poor wireless signal. Fire Officer has recommended CAU shuts due to estates and fire risks. Alternative accomodation will be required.	5	4	20	Workplace inspections. Currently allocating internal funding for minor refurbis to manage the problems in the short term.	5	4	20	Escalated to COO	5	2	10	Oct-23	Quality Safety and Experience	Patient Safety
Surgery	56	01/03/2023		Due to staffing and operational pressures within the Children's hospital, Paediatric scoliosis theatre lists are being cancelled repeatedly. This is due to requiring PACU service, which is currently not available in Childrens hospital, and limited HDU provision due to emergency admissions taking priority.	4	5	20	implementation of new process in both HDU and the ward. This will require medical input, training of nursing staff, and recruitment of nursing staff. Ring fencing of capacity is essential. All day list for scoli now agreed	4	5	20	implementation of blue sky model in both HDU and the ward. This will require medical input, training of nursing staff, and recruitment of nursing staff. Ring fencing of capacity is essential	4	2	8	Oct-23	Quality Safety and Experience	Patient Safety
	57	19/07/2023		The core function of the Resuscitation Service is unable to fulfilled at all times. The recommended standards are not being met in terms of staffing. The Quality Standards for Resuscitation Services across the UK state that there should be 1 Resuscitation Practitioner (RP) for every 750 clinical members of staff within the Health Board. Training and attendance at 2222 calls is currently being compromised. The current situation places all members of the resuscitation service under a great deal of pressure as their workload is increased significantly. Training is annual and cyclical across all levels of need from basic life support through to all of the advanced courses; Training is prioritised as per guidelines. The footprint of the resuscitation service is UHB wide, encompassing community also, RP's have to visit all sites, and we are very limited with the amount of time we give to the community. The main sites are so huge the demand and priority stays there. We are currently full for training for the remainder of this year. Despite variations in the way that training is delivered eg cascade training.	5	5	25	Robust SOPS/Procedures and Policies are in place for the Resuscitation Service but we are uable to mitigate or meet the demand requested, particularly in terms of training. There is an urgent need to appoint 'One whole-time equivalent Resuscitation Officer/Practitioner as per Quality Standards for every 750 members of clinical staff.	5	4	20	The Quality Standards document has been RAG rated. There is an urgent need to appoint 'One whole-time equivalent Resuscitation Officer/Practitioner as per Quality Standard for every 750 members of clinical staff. This also must include appointment of designated Paediatric Resuscitation Practitioners Depending on geographical distribution of the organisation, more than one Resuscitation Officer/Practitioner may be required to fulfil this requirement for adequate and additional responsibilities relating to resuscitation.' 50% of a RP time should be spent training; the remainder of the time should include other responsibilities such as audit, governance commitments, DNACPR, clinical responsibilities, planning, finance etc. The organisation must also appont a board member/exec lead who has responsibility for Resuscitation Services.	5	1	5	Oct-23	Quality Safety and Experience	Patient Safety
	58	01/09/2023		Service requirement for Centralisation of OG will require a 24/7 rota for provision of care for major UGI patients in South Wales. The impact will be a reduction of workforce for provision of GS on call for the UGI half of the rota.	5	5	25	Interim arangements in place which are monitored on a regular basis	5	4	20	Workforce plans need across the network with appropriate investment/pathways and resource	5	2	10	Oct-23	Quality Safety and Experience	Patient Safety
	59	01/09/2023		Failure of ventilation air handling unit (AHU) unit within Terminal Sterilisation Unit at UHW compromising ability to maintain aseptic conditions. The AHU has been deemed end of life, and is in need of replacement. Due to the age of the AHU, it is no longer working as it should. It does not meet air change requirements for class 8 clean room conditions. There are regular breakdowns which are costly, and disruptive to the service HSDU provide to the UHB. If the AHU were to fail completely, this would result in HSDU having to move processing offsite until the AHU was replaced.	4	5	20	1) System alarmed to warn of issues as they arise. 2) Planned preventative maintenance programme in place. 3) Environmental monitoring undertaken to ensure that air quality is being maintained.	4	5	20	Clarify escalation and awareness	5	2	10	Oct-23	Finance and Delivery	Patient Safety Capital Assets
	60	24.10.2023, 7.11.2023		Patients Lost to Follow Up (LTFU): There are 6109 ophthalmology patients that require follow up, 4222 of these do not have a date to come in (figures transient but correct at time of writing RA). Review of a random sample has indicated that the cause of this is not limited to capacity and demand but also a result of patients that should also have been discharged safely, incorrectly being listed for follow up they do not require. Depending on their condition and pathway, categories of these patients that do require a follow up they have not received will be at risk of irreversible, permeant loss of vision. Patients LTFU is a theme of patient concerns raised in Ophthalmology and Datix submissions. Review of these and the patients is ongoing to determine whether any are nationally reportable incidents.	5	5	25	1. List of patients affected generted to use as a traackr and broken down into speciality pathay (condition) for validation. 2. List reviewed with CD for clinical oversight to stratify risk and prioritise accordingly. List also to be crossed checked for any eye casualty attendance. 3. Valitadation of lists in progress. 4. Scaper tool to eview discharge notes Mandate patient outcome recording	5	4	20	1. As per controls and assurances. 2. Validation of all patients on list and follow up arranged as per prioritisation. 3. Weekly review tracker to be compiled and monitor trajectory. 4. Review clinical outcome form usage with clinicians	5	2	10	Oct-23	Finance and Delivery Committee	Patient Safety Capital Assets

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Report Title:	Local Partnership Forum Report			Agenda Item no.	8.2.1
Meeting:	UHB Board	Public	<input checked="" type="checkbox"/>	Meeting Date:	25 January 2024
Status (please tick one only):	Assurance	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				
Main Report					
Background and current situation:					
<p>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.</p> <p>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.</p> <p>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.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>Key items discussed at the meeting held on 12 December 2023 can be summarised as follows:</p> <p>The Executive Director of Strategy and Planning provided an update report to the Forum on behalf of the Chief Executive. Key points included:</p> <ul style="list-style-type: none"> • She expressed thanks to staff for their continued efforts under continued operational pressures • There are 3 important areas to note in terms of service delivery. These include continuing the improvements made in the emergency and unscheduled care pathway, making progress on our commitment to improving planned care and making progress in the cancer pathway. • There is also a requirement to achieve a challenging financial improvement programme. Achievements have been made by reducing expenditure on temporary overtime staffing costs and there is focus on reshaping workforce over time to reflect what we need into the future. Stricter measures are expected to be in place for the last quarter in order to ensure we deliver against the requirements set by Welsh Government. • A Joint Executive Meeting (JET) with Welsh Government was held at the end of October 2023 and concerns had been expressed over our ability to deliver what we have committed to in our Annual Plan. There continues to be a focused attention on maternity and obstetrics • The last quarter of the year is expected to be challenging as we move into Winter but we are confident in the plans that we have in place. There are however some unknowns in terms of the proposed industrial action with the BMA. • The planning guidance for next year is yet to be received but the ministerial targets will remain a priority and there is an expectation that there will be a focus on diabetes and sustainability. It is anticipated that SLB will need to recommend some difficult decisions to the Board as the plans are finalised. • The condition of our Estates and our digital infrastructure remain very high on our Board assurance framework and risk log. It is recognised that colleagues are having to work around 					

the fact that our Estate is not fit for purpose in many areas and presents many challenges, and the Executive team continue to raise the condition of our estate with WG.

Staff representatives commented on the importance of taking a compassionate approach when delivering difficult messages and requested that the Executives champion this as it makes a difference to the staff doing their day job.

The Head of Equity and Inclusion was in attendance as part of the engagement process for the Strategic Equality Plan (SEP). It was noted that the SEP is a set of objectives and actions outlining the work that is required to meet our Public Sector Equality Duty and that the UHB is bound under the Equality Act (2010) to develop Strategic Equality Objectives every 4 years. The objectives focus on ensuring that CAVUHB delivers exceptional, accessible and inclusive care to its patients, whilst also providing an inclusive environment for all staff. In addition, over the last two years, Welsh Government have published two action plans specifically targeted at reducing inequalities within society- the Anti-racist Wales Action Plan and the LGBTQ+ Action Plan- demonstrating a clear direction in Wales towards creating a more equal, equitable, inclusive and fairer society. The objectives from 2020-2024 were discussed and a number of examples of what has been done to meet these objectives were provided. The LPF was asked to consider what the key issues to be considered when shaping our SEP objectives for 2024-2028 were, and how to communicate the Strategic Equality Objectives & Plan in a way that people will understand. Initial comments received included:

- The importance of capturing the recent anti-racist audit by Diverse Cymru
- The current lack of inclusivity on the careers page of the UHB website
- The need to ensure that we're representative of our communities and the importance of inclusive recruitment.
- The problems caused by some staff still not being provided with UHB email addresses
- The TU view that they would like to have a clear message from the Health Board around an intention to tackle prejudice, with the language used being really important
- That if we want people to get involved and engaged, we need to be clearer about them being listened to and be clear on how we measure this.

It was agreed that the Head of Equity and Inclusion would attend a Staff Side (Trade Union) meeting in the near future to discuss this in more detail.

Trade Union members asked for a clear and urgent message from the Health Board around tackling discrimination head on. They also stated that if the Health Board want people to get involved and be engaged we need to be clearer about them being listened to and how we will measure this.

The Assistant Director of Communications delivered a presentation on the People and Culture Communications Plan. She noted that good internal communications increase retention and productivity, and it also builds trust and confidence. The draft People and Culture Communications Plan has been written in line with the Shaping our Future Wellbeing and is based around the strategic objectives but mainly focusing on 'Putting People First'. It is a dynamic Plan and includes the strategic aims of outstanding quality, delivering in the right places and acting for the future. It focusses on recruitment and retention but also awards and good news. It also encompasses compassionate leadership along with our values and behaviours. The plan is constantly evolving and it reacts to the operational elements of the day. The analytical data and algorithms used to drive communications and engagement were shared with the Forum. The Executive Director of People and Culture highlighted the importance of partnership working in spreading messages widely.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by the Board. The Employment Policy Sub Group minutes from 27 September and the Staff Benefits Group report were also received.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	
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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

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	
The Strategic Equality Plan 2024-28 was considered at this meeting	
Decarbonisation: Yes/No No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
n/a	

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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	21 November 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/november-2023/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 19 September 2023 subject to **one updated clarification**.

The Welsh Ambulance Services NHS Trust (WAST) provider report at EASC 23/093 (last bullet point). Jason Killens updated the Committee that no decisions had been made and WAST continued to be in discussion with the provider (SALUS) which was expected to conclude in the next week or so. Discussions were progressing well and a more substantial update would be provided at the next meeting.

PATIENT STORY - the first time at an EASC meeting

Professor David Lockey introduced a video with a patient story 'A step too far - Donna's story'.

Members noted:

- EMRTS provides a national service with four bases that respond across Wales
- the service is coordinated from the EMRTS Critical Care Hub with each 999 call screened and triaged to identify the need for the highly specialised advanced care provided
- in the patient story, the crew from the nearest base at Caernarfon was already busy and therefore the Welshpool crew came straight to the patient from Ysbyty Gwynedd where they had just handed over a patient
- not all incidents relate to high trauma such as road traffic accidents, this was a fall from standing at home in the garden
- the patient had a severe lower limb open fracture and a fractured arm
- that the triage decision making for resource dispatch was based on the information the public are providing from scene
- the service provided advanced decision making, early antibiotics, advanced analgesia, sedation and a direct flight to definitive care
- the patient was taken to the Stoke Major Trauma Centre for restoration of the blood supply to the limb and for the open fracture to be dealt with, this required orthopaedic and plastic surgery

- the work of the EMRTS Patient Liaison service was identified, which provides support to patients and relatives, including follow-up visits at varying intervals during recovery. The aim of liaison is to provide explanations about what has happened at the scene whilst giving emotional support to both patient and relative. Also, information gained helps to improve the service provided.

Members noted the reduction in terms of hours for the patient to receive definitive care when attended by the service.

The Chair thanked David Lockey for leading the session and reflected on the powerful story about an incident which could happen to anyone.

On behalf of the Committee, the Chair also thanked Donna for sharing her story to help others understand how the service works and explaining the life and limb saving benefits for patients.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Stephen Harray highlighted a number of key areas. Members noted:

- 999 call volumes in September 2023 were slightly lower than the same period last year but with an increase in the number of incidents responded to
- work to "shift left" as much as possible with hear and treat at a higher rate than the same period last year, with WAST working with colleagues from the Six Goals for Urgent and Emergency Care Programme to progress opportunities identified
- work to re-categorise calls, with some amber calls moving to the red category
- disappointing performance against the 8 minute standard
- amber incidents in September 2023 were 5.6% higher than the same period last year
- the increased acuity of incidents presenting to the system
- the IMTP commitments in terms of ambulance handover delays not being met, with total hours lost increasing since June.

Members agreed:

- the historical data indicated an increased demand to come over the next period which was concerning
- the recent Chief Executive meeting had discussed ensuring WAST had access to any Same Day Emergency Care services across Wales
- the need for WAST staff and Emergency Department staff to continue to work collaboratively, this included access to diagnostic services and ensuring the early release of patients who did not require further treatment
- the need to focus on the role of clinical hubs and progressing the opportunities identified
- to focus efforts on the 4hour red lines, these had increased significantly in some areas
- to monitor the above over the next 6-8 weeks with the EASC Team providing more regular updates including site by site and regional perspectives.

Members noted:

- concern at the level of red calls and the recent increase in these and the variability in the amount of ambulance handover hours lost
- that these increases did not reflect the number of patient admissions
- the importance of SDEC (and access to the services for WAST staff) and other alternatives to ED
- the need to consider what could be done for the large number of elderly people within the population to improve the quality of the service
- the pending Christmas season and the need for preparation of the post-Christmas period
- Cardiff & Vale UHB were a net exporter of ambulance resources to other parts of south east Wales; whilst this was good in terms of patient safety, there was a need to address the balance as patient flow improves
- there was a need to reflect the actions and opportunities being taken across the system in the Integrated Commissioning Action Plan (ICAP) process
- the red incidents verified incidents was shared by Jason Killens – with breathing difficulties increasingly significant in recent weeks and the impact of this on the system
- increased WAST resource hours available across all resource types, more total hours, less overtime, less absences and the work undertaken by WAST to sustain higher levels of production in readiness for winter.

Members agreed:

- the increase of red calls relating to breathing difficulties and the need to consider progressing a respiratory plan at pace
- to progress discussions with the Primary Care and the Six Goals for Urgent and Emergency Care National Programmes regarding virtual wards for acute respiratory illness / infection
- to review the work undertaken in England that identified an over-triage rate in relation to respiratory and the opportunity to include conversion to conveyance and admission rates in relation to respiratory red calls
- to consider alternatives to the medical model at the front door, a nurse/therapy model was suggested.
- Stephen Harrhy agreed to send a note following the meeting in relation to the points raised above. This would include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate these efforts.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received. In presenting the report, Stephen Harrhy highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Members noted:

- The WAST plan for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months
- 7 cases identified by WAST as requiring joint investigation in September 2023
- An increased number of patients were waiting over 12 hours for an ambulance response in September 2023 compared to July and August 2023

- The return of spontaneous circulation (ROSC) rates was 22.1% which was felt to reflect the impact of the CHARU service
- The number of patients that self-presented at ED with a high triage category, with 323 patients self-presenting at a category 1 triage level (concern re missing earlier intervention)
- The Review of Remote Clinical Services; the recommendations had been accepted by WAST and the Review had been presented at EASC Management Group. An implementation plan for the recommendations would be presented at the next EASC Management Group meeting and an update provided at future EASC meeting.

Members raised:

- The timing of the work between WAST and HB colleagues to understand the level of harm within the system and to develop additional processes to assure the Committee, it was confirmed that this would be presented in early 2024.
- The need to work together in order to consider prevention of future death notices received from the HM Coroner and the different approaches of different HM Coroners, this required an all-Wales review and including HM Coroners themselves. The EASC Team would coordinate and present findings to a future meeting of the Committee.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- EASC Commissioning Frameworks – the delay in progressing the development of a long-term strategy for the Non-Emergency Patient Transport Service (NEPTS) Commissioning Framework due to the resourcing requirement of the EMRTS Service Review over recent weeks
- The formal approval of the EASC Integrated Medium Term Plan (IMTP) and the need for quarterly updates against progress
- The progress against each of the IMTP commitments as set out in the IMTP Tracker
- The Quarter 2 Update against the EASC Commissioning Intentions 2023-24 as presented at the EASC Management Group meeting in October.

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. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:

- The second Phase of engagement closed on 12 November 2023 (it had been extended for an additional week)
- A reminder that following receipt of the EMRTS Service Development Proposal in November 2022, Members asked the CASC and the team to undertake further scrutiny of the work.
- In December 2022, it was agreed that the work start afresh led by the Chief Ambulance Services Commissioner (CASC)
- The (then) Community Health Councils (now Llais) asked for a formal engagement process for at least 6 weeks.
- The engagement process has been delivered in three phases

1. Phase 0, from October 2022 to March 2023
2. Phase 1, took 14 weeks, from March 2023 to June 2023
3. Phase 2, which reported back information as promised at the public meetings (in Phase 1). This phase presented factual information and took 5 weeks from 9 October to 12 November 2023 and utilised a number of ways to engage with the public.

- Phase 2 engagement comprised in-person drop-in sessions, in person large public meetings and online or virtual public meetings.
- The in-person sessions and meetings were supported with a comprehensive set of bilingual engagement materials which were available on the EASC Website. These included presentations, FAQs, plain language or easy read versions, and also included the full technical details as requested in Phase 1.
- The large public meetings were held using the same format as Phase 1, the CASC gave a short presentation which gave an overview of the work and then held a comprehensive question and answer session until all present had asked what they needed to
- Phase 2 provided factual information which was not assessed or interpreted – it was stressed throughout the process that no decision had been made, although members of the public were very sceptical about this
- All in-person drop-in sessions had bilingual members of staff present to assist and explain the work to date
- Accessible public venues had been chosen, many high schools with the supporting audio-visual equipment readily available.
- Simultaneous translation into Welsh was provided at every session and the meetings were professionally recorded for note taking purposes
- Meetings took place, led by the CASC with various stakeholders including elected representatives at national, regional and local levels; with staff groups, the Wales Air Ambulance Charity and health board Stakeholder Reference Groups
- Swansea Bay UHB raised concerns in relation to the process followed at the EASC Management Group on 19 October 2023; an initial response had been sent with a follow up meeting planned for late November
- Attendance by CASC at the BCUHB Board meeting on 26 October 2023 and a planned meeting with Powys at the end of November 2023
- Ongoing discussions had taken place with Llais with the approach to Phase 2 discussed in July 2023. Llais staff also attended some of the large meetings and drop-in sessions held
- The public were also asked to evaluate the sessions provided to ensure effectiveness in how the process was delivered
- Communications packs were provided to all health boards and NHS Trusts and Local Authorities in Wales and included the organisers of the social media campaign groups and all media sources
- All media requests had been obliged and statements to all media enquiries made.

Current position and next steps:

- Responses had been provided from members of the public and they were being replied to and themes captured
- The options developed would be shortlisted and assessment undertaken using the previously agreed evaluation Framework.

It was proposed that:

1. EASC Members nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC.
2. That the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made.

Members noted:

- Work was continuing with the All-Wales Communications, Engagement and Service Change leads in health boards; information had also been shared with the Directors of Governance / Board Secretary peer group and updates provided to Llais
- All bilingual information had been updated and managed on the EASC website and regular stakeholder updates were being distributed
- Risks identified included the significant concerns from the public particularly for those living close to the Caernarfon and Welshpool bases
- Emails had been received from Llais notifying that they had concerns about the process although no formal information had yet been received
- The Equality Impact Assessment had been updated, processed by CTMUHB and was available on the website.

Comments from Members included:

- Thanking the CASC and the EASC Team for the substantial work undertaken
- Interest in the position of Llais and would welcome an update at the next meeting
- Welcoming the opportunity to take information back to health boards for further consideration before any decision made at EASC.

The Chair wanted to record that the work to deliver the EMRTS Service Review had taken a lot of time and effort by a small team of staff; the CASC and the EASC Team were thanked for the comprehensive way they had undertaken the formal engagement process and their approach in appearing in front of audiences for many weeks, it was felt that this would pay dividends as the work drew to a close. In terms of the efforts made, it would be hard to say that any views had not been taken fully into consideration.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.

Jason Killens introduced a presentation on WAST's Integrated Medium Term Plan (IMTP) Ambitions / Strategy. In presenting, Rachel Marsh highlighted a number of key areas.

Members noted:

- Timely to look ahead now, thinking of next year's WAST IMTP and updating and refreshing the WAST strategy document
- Range of ambitions including providing the right care or advice, in the right place, every time
- Patients at the centre
- Series of enablers focussing on staff, innovation and technology and collaboration

- Fundamentals including quality, clinical led and delivering exceptional value
- System pressures driving the need for change and impacting on patient and staff safety
- Innovative staff group, looking to do more
- The WAST offer to transform care and improve the current model
- Partnerships as a fundamental part
- Alignment with Six Goals for Urgent and Emergency Care Programme
- Indicative impact of the changes included in the WAST offer including reduced cancellations, increased closure of more calls; meeting patient needs closer to home, more patients treated at home or referred to community services, protected emergency response for critically ill patients, better staff experience and ultimately more timely service for patients to reduce harm
- The next steps included seeking support from commissioners for pump-prime funding to increase the pace of change; and enablement of the integration of WAST with health board community services to achieve the potential of a once for Wales approach.

Members agreed:

- There was scope to do more outside of the hospital department, this would need to be a joined up clinically-led approach and clinically designed. It would also involve digital solutions to ensure the right mechanisms to make the required significant stepped change for the benefit of patients (and staff)
- WAST were heavily involved in the work to develop the 'Safe at Home' model in C&VUHB, there were lots of lessons from this that would be helpful for the system including the use of technology and therefore the need to work closely with digital leads. It was noted that Connected Support Cymru working with Welsh Government and DHCW colleagues could help in this regard
- The need for local buy-in
- To consider how commissioning could enable more of this; a legacy issue for the new NHS Wales Joint Commissioning Committee.

Members noted:

- The WAST meeting with BCUHB Executive Team on Wednesday 22 November 2023 would consider how to progress the potential opportunities and ensure the right structure was in place to facilitate and progress the issues identified. Similar discussions could be arranged with other Executive Teams to consider the more local approach to change
- The importance of a coordinated approach to get the balance correct across the system.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harray. The report highlighted key areas which included:

- Meetings with Welsh Ambulance Services NHS Trust (WAST)
- Meeting with Health Boards
- Six Goals for Urgent and Emergency Care Programme
- Resource Capacity
- Connected Support Cymru

- Transfer, Discharge and Repatriations
- NEPTS Vision (Strategic Direction)
- Commissioning Intentions 2024-25
- Review of National Commissioning
- Data linking.

Members particularly noted:

- Connected Support Cymru – including the IT requirements and also staff working for St John Cymru who could report back from the scene (when with a patient) and, if unable to access the right community service, develop options to stay with the patient until the service was available. This work would be evaluated and had been extended to the end of March 2024.
- Transfer, Discharge and Repatriation – an appropriate task and finish group would be developed to further this work including ambulance and the Adult Critical Care Transfer Service to develop into the future
- Commissioning Intentions for 2024 would be developed, building on the existing versions but adapting in line with the resource envelope (the same as for health boards) and would work with the 111 Service to ensure a combined arrangement
- The letter from the Welsh Government highlighting the expectation that the functions of the Chief Ambulance Services Commissioner would be including within the structure of the team supporting the new Joint Commissioning Committee.

EASC FINANCIAL PERFORMANCE REPORT MONTH 7 2023/24

The EASC Financial Performance Report at Month 7 in 2023/24 was received. Stacey Taylor presented the report and Members noted no variances within the plan; the position showed £21k underspend. Members noted ongoing work with WAST in relation to ongoing arrangements on recruitment and overtime.

Further discussions would take place with the Welsh Government on financial options and Members recognised the huge opportunities in the new Joint Commissioning Committee to explore further the utilisation of resources and value-based healthcare. Further information would be shared and developed in due course.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD IN AUGUST 2023

Members noted the Chair's summary of the EASC Management Group meeting which took place on 19 October 2023.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved: EASC Management Group notes 22 June 2023

EASC GOVERNANCE

The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework

- Closure of the Welsh Language Commissioner investigation
- EASC Key Organisational Contacts
- Assurance Report Audit and Risk Committee at Cwm Taf Morgannwg UHB 24 October 2023.

Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework.
- The Welsh Language Commissioner was satisfied with the approach taken and had closed the investigation
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The short summary (for assurance) of the latest Audit and Risk Committee meeting which took place on 24 October 2023.

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 - Note to be sent to capture key issues during the meeting to include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate the efforts
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process
- In relation to the EMRTS Service Review, EASC Members were asked to nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC. Anticipated that the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made.

Matters requiring Board level consideration

- To acknowledge the continued 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 – especially in relation to the quality of services patients receive
- Output from the EASC meeting in December for further discussion at the Board prior to decision making at EASC.

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes		No	✓
Date of next meeting	21 December 2023			

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 21 NOVEMBER 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 21 November 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 19 September 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Financial Savings Update

Members received a presentation on WHSSC's saving plan forecast.

Members **noted** the presentation.

4. Draft Integrated Commissioning Plan (ICP)

Members received a report and a presentation offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within the wider NHS Wales situational context.

Members **noted** the report and the presentation.

5. Chair's Report

Members received the Chair's Report and **noted**:

- **Chairs Action** – the Chair's Action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years; and
- **Key Meetings attended.**

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Cochlear Implant and Bone Conduction Hearing Implant – Update** - The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wished to work in partnership with CVUHB to develop the outreach support. The remaining elements of the Designated Provider process are in progress to ensure that the HB is able to meet the service criteria. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the Joint Committee; and
- **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award** - Congratulations to James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug.

Members **noted** the report.

7. Paediatric Surgery Update

Members received a report which considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the Joint Committee in January 2024. The report also made a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options).

Members (1) **Noted** the report and the steps taken to date, (2) **Approved** the continued outsourcing of paediatric surgery cases in 2023/24, (3) **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with

the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but **did support** the ambition to do so; and (4) **Supported** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.

8. Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)

Members received a report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval.

Members (1) **Noted** the report, (2) **Noted** the feedback from the WHSSC IPFR engagement process with key stakeholders, (3) **Supported** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval, (4) **Noted** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), (5) **Noted** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, (6) **Noted** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and (7) **Approved** the proposed changes to the WHSSC IPFR Panel ToR.

9. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks

Members received a report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

Members (1) **Noted** the report, (2) **Approved** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and (3) **Approved** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

10. Gender Identity Services for Children and Young People Update

Members received a report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the

development of regional services, options for Welsh patients and identify any potential financial risks.

Members (1) **Noted** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, (2) **Noted** the mobilisation timescale and the risk of increased waiting times for children and young people as a result, (3) **Supported** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, (4) **Noted** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25, (5) **Supported** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).

11. Audit Wales – WHSSC Committee Governance Arrangements Update

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (4) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

12. WHSSC Integrated Performance Report – August 2023

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

13. Financial Performance Report – Month 6 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 6 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 6 for WHSSC was an

underspend against the ICP financial plan of (£5.171m), the forecast year-end position was an underspend of (£9.076m).

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Annual Report 2022-2023.

15. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Kidney Network (WKN).



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



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LOCAL PARTNERSHIP FORUM MEETING
Thursday 12th October 2023 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Bill Salter	UNISON
Peter Hewin	BAOT/UNISON
Karina Mackay	BDA
Fiona Kinghorn	Executive Director of Public Health
Jonathan Pritchard	Assistant Director of People Resourcing
Lianne Morse	Deputy Director of People and Culture
Mike Jones	Independent Member – Trade Union
Paul Bostock	Chief Operating Officer
Rachel Pressley	Head of People Assurance and Experience
Steve Gauci	UNISON
Fiona Salter	RCN
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Katherine Davies	RCN
Mathew King	Head of Service, Podiatry
Matt Phillips	Director of Corporate Governance
Robert Mahoney	Deputy Director of Finance
Jonathan Pritchard	Assistant Director of People Resourcing
Jonathan Strachan Taylor	GMB

In Attendance

Ashleigh O’Callaghan	Head of Strategic Planning
Dr Sian Griffiths	Consultant in Public Health Medicine
Sarah Hill	RCN Rep

Apologies

Catherine Phillips	Executive Director of Finance
Abigail Harris	Executive Director of Strategic Planning
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Fiona Jenkins	Executive Director of Therapies and Health Science
Suzanne Rankin	Chief Executive
Janice Aspinall	RCN
Julia Davies	Unison
Mathew Thomas	Unison
Lorna McCourt	Unison
Ceri Dolan	RCN
Joe Monks	UNISON
Rhian Wright	RCN

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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LPF 23/052 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting. Dawn Ward (DW) introduced Sarah Hill to the meeting who would be observing as a new RCN rep. Apologies for absence were noted.

LPF 23/053 DECLARATIONS OF INTEREST

There were no declarations of interest made in respect of agenda items.

LPF 23/054 MINUTES OF THE PREVIOUS MEETING

Minutes of the previous meeting on 10th August 2023 were received and agreed as an accurate record subject to the following changes:

Peter Hewin (PH) queried a typing mistake on Page 6 of the previous minutes, reference **LPF 23/046**.

Data has demonstrated higher rates of excess deaths and years of life lost are found in areas of increased depravity.

PH explained that the wording depravity should have read deprivation.

PH raised a matter arising from the previous minutes reference **LPF 23/042** and the IP&C guidance around respiratory infections and staying off work for 48 hours once symptom free. The TU opinion is that this represents a medical suspension.

Paul Bostock (PB) confirmed this would be applied and would be communicated across Clinical Board management teams.

LPF 23/055 ACTION LOG

The action log was noted and the following updates provided:

- LPF 23/042: RG discussed with IM&T who explained that there are more requests for licences than originally thought. They are prioritising the Welsh Nursing electronic records. RG suggested that as timelines have not been provided, an IM&T rep to attend WPG for further discussion
Action: LB.

LPF 23/ 056 CHIEF EXECUTIVE'S REPORT

Paul Bostock (PB) gave an update in Suzanne Rankin's absence. Key points included:

- He expressed thanks to staff for their continued efforts under continued operational pressures.
- Winter pressures – there is a focus on improving the quality, safety and the experience for patients and staff. Despite pressures, we are seeing improvements in the service and care that patients are receiving.
- The AGM was held last month and approx. 350 people attended the live stream. There was also good engagement at the Public Board meeting last week. PB offered thanks for the support and a request to continue to encourage people to join and be a part of these events.

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- Workforce reshaping – PB explained the workforce has grown over the last 2/3 years by about 2000 staff and that conversations are continuing to ensure we are fit for purpose going forward. This is the reshaping process, not reducing staff. PB reiterated the need to look ahead and move forward with where we need to be over the next 2-3 years.
- Financial position - The financial position in the Health Board is still challenging but this is also the case across Wales. The First Minister is due to make an announcement next week on the state of the finances in Wales. PB explained that half of the money that comes from the UK treasury into Wales goes on Health. However, Health is responsible for three quarters of the Welsh deficit and the challenge this year is to reduce the £88.5m deficit and to generate £32m worth of savings - we are behind on this currently. There has been a fantastic effort in reducing agency spend for nursing staff of approx. £700,000 in a month. The spend on medical agency remains high and requires additional focus in this area. Rate cards have been introduced for consultants.

DW commented that she recognises the financial pressures the Health Board is facing and referenced the comment from Suzanne Rankin in the last LPF meeting around the swell in the workforce over the pandemic and the need to reduce 200 to 300 roles over the next 2/3 years. DW added that they recognise the hard work put in by the Health Board to make as many of the temporary contracts as possible substantive. DW queried if the plan to reduce roles over the next 2/3 years is still correct but also questioned how the unions will know when this is happening.

DW also commented on the Corporate Vacancy Scrutiny panel (CVSP) process. The TUs are not involved in this process but understand there is a sign up from the Health Board to commit to filling clinical posts where they're justified. DW referenced the paper presented by Jason Roberts, Safe Staffing Act, where there was a challenge from the TUs as the ward managers don't always have their supernumerary time protected for administration work.

PB responded that he and Jason Roberts agreed last week that 2 days a week supernumerary time would be reinstated.

In terms of the CVSP, PB reminded the forum that enhanced scrutiny has been put in place but clinical posts under a Band 6 are not considered.

Lianne Morse (LM) explained that prior to the pandemic clinical boards always had their own vacancy scrutiny panels. This stopped during the pandemic and we did see growth then. As an organisation, we are bringing that scrutiny back into place. Since the Clinical Boards have put the panels back in place, there are fewer posts coming through to the corporate panel. If managers are able to justify why the post is needed, the posts are being approved. LM added that for Capital Estate and Facilities roles, if they are replacements they go through automatically and are not held.

RG added that reshaping is one of the themes of the People and Culture plan and this was always going to happen to ensure the right workforce is there for the patient.

Robert Mahoney (RM) explained to the group that he occasionally sits on the CVSP and reiterated that the emphasis is reshaping and giving due consideration to the recruitment process. RM advised that recruiting managers are asked to answer a set of standard questions. Approval can be delayed because the questions haven't been answered. Once answers are received, the majority of posts are approved. The set of questions are:

1. What has been considered to absorb the work without the post?
2. What skills mix changes have been considered/implemented?

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3. % vacancy and sickness rate in the team?
4. Impact if not recruited ?
5. Will this increase your current run rate?

PH made an observation about one of the questions asked by the CVSP; namely, what efforts have been made to absorb the work elsewhere. PH expressed his concern over what this means in practice. PH also added that he understands the reshaping agenda but had asked Suzanne Rankin at the last meeting how the TUs are to engage with this. PH explained that SR's response was to refer to Matt Phillips and the governance framework. PH commented he takes the point made by RG that its part of the People and Culture Plan reshaping agenda as well and asked again how do the trade unions best engage with the reshaping agenda, particularly the development of new roles? He also queried finances as there has been a lot of discussion at the Wales Partnership Forum level around tensions between some of the offers in the pay deal and the financial pressures that health boards are operating under. The initiatives in the pay deal are widely agreed to be cost saving in the long run but maybe don't give short term wins. The suggestion was that we need to be looking at those locally as a health board as well as at the All Wales level. PH requested if this could be added for discussion at the next meeting.

Action: RP

RG responded by explaining that the Heads of People and Culture and Jonathan Pritchard (JP) are linking very closely with the clinical boards and as this progresses will see how it works operationally. RG asked JP and the Heads of People and Culture to connect with the TUs about the reshaping work taking place.

Action: JP

In relation to the question of the absorption of work elsewhere, RM expressed the opinion that although he understands the concern raised, he felt that what is being asked and challenged is right. RM explained that the panel is asking whether the overall capacity of your workforce has been looked at and if any capacity has been created which could possibly allow reorganisation and reabsorption of some of this work? RM reiterated the panel are not saying to lose people and give their work to somebody else.

DW commented on the importance of strategic workforce planning and expressed concern over the level of expertise in this area, particularly among managers. PB agreed with the point that some capability building is required within some of our teams in order support them and develop their workforce planning skills.

LM made the group aware that there has been a realignment of the Heads of People & Culture to the Clinical Boards and that they are currently supporting with the annual plan, and making sure we've got good baseline workforce plans in the short term. The next step will be to look at the medium to long term as we are mature with our capability.

RG added that we are awaiting a response from the All Wales audit report into workforce planning which is expected within the next couple of months.

LPF 23/057 WINTER PLAN:

PB presented the Winter Plan and discussed the main points:

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- The key factor that might impact upon winter is not the increase in the number of people requiring a hospital stay but their acuity as the people who come in are sicker and are staying longer. Other issues include public expectations and financial restraints. Staff morale can also be an issue and there may be further industrial action.
- In the worst case scenario, the UHB anticipates being 90 beds short this Winter, last year it was 150. This improvement can be attributed to:
 - an 80% improvement in the amount of time that patients are waiting to be handed over from ambulance staff.
 - Fewer patients being admitted into inpatient beds as treated within the same emergency care service.
 - There are 3000 less patients waiting over 2 years for planned treatment and 500 patients less waiting over 62 days for cancer treatment.
- PB described the measures that would be taken to find the equivalent of 90 beds.
- Focused work is taking place to reduce the length of time that patients are staying in hospital. This will help to improve patient experience, create some capacity within the hospital and not stretch staff as much as last year.
- The Winter Vaccination strategy emphasises the importance of having the vaccinations for flu and Covid. Fiona Kinghorn (FK) reiterated the importance of encouraging staff to have their vaccinations.
- Joanne Brandon (JB) outlined that the winter comms and engagement plan including some work with the media who are invited to a round table event.

PB thanked the LPF who have been helpful and supportive of this plan.

DW thanked PB for his level of engagement with the TUs and recommended the Winter roadshow to TU colleagues. She explained how it had been interesting to hear some of the questions, collaborative approaches and offers coming through in the discussions at the Winter Roadshow.

DW asked if there would be a requirement for some temporary workforce, noting that PB has talked about a reduced agency workforce of 50%, or if there be an increase in the bank shifts. PB explained that there would be the need for some temporary workforce. There is some additional short term capacity as we are getting ready to use C5 for the move back of cardiothoracic in the Spring and this facility will be used for the winter surge. This would require additional staffing but it is less than last year. It is hoped that next year, a plan will be presented that does not require additional capacity.

Steve Gauci (SG) noted that staff morale and well being are central to the success of a Winter plan. He asked how are we going to mitigate this issue in a meaningful and measurable way and how we can promote compassionate leadership. He gave the example of the conditions that many staff have to work in.

RG explained that we have put a proposal to the organisation around a Compassionate Leadership programme. This approach involves staff by ensuing we listen to what they're saying, act upon this feedback and then co-design the proposal with them. RG also commented on the importance of the staff survey, noting that only 22% completed the last survey which doesn't provide a feel for the total organisation. In terms of other support available, RG added that the financial well-being/cost of living group has been nominated for an award externally. Feedback concerning Wage Stream has been really positive, and the Well-being services and Staff Haven is available. RG reiterated the importance for feedback to be shared.

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Ashleigh O'Callaghan (AoC), Head of Strategic Planning, delivered a presentation on the Annual Plan. The main points included:

- The IMTP is an integrated plan which aligns performance, service, finance, workforce, digital, estates and the wider corporate teams into one plan, it is medium term across a 3 year timescale.
- The IMTP is a tactical plan that helps us understand how to deliver strategy whilst remaining responsive to operational issues.
- Each year the health board is required to submit a 3 year IMTP to the Welsh Government (WG). An annual plan is required if organisations are unable to provide a financially balanced plan. This year, C&V UHB submitted an annual plan due to its financial deficit.
- NHS Wales Planning guidance includes the priorities that WG expect to see addressed within the plans.
- Although guidance is received from Welsh Government, the IMTP should be our own plan and owned by everyone.
- The value of the plan is achieved through the process - through conversations around our ambitions, connecting with clinical boards, the testing of the plans and making decisions- rather than the document itself.
- Milestones are in place to develop a Board approved plan by March.
- In terms of 2023/2024, Clinical Boards have been developing a 1st draft of their delivery plans which focus on what we can do differently due to financial and workforce challenges, where we need to invest, and how we can reallocate resources to invest in priorities.
- The 1st draft Clinical Board plan sets out the key priorities and has been developed with the Heads of P&C and Finance business partners. It is essentially a refresh of this years plan, but has been developed in the context of needing to ensure workforce well-being, quality and patient experience, financial sustainability and workforce reshaping. Clinical Boards have been asked to assess if their priorities are Tier 1,2 or 3.
- A Clinical Board Template has been issued this year. The aim is to capture the objectives and measures.
- Corporate areas have also been developing their plans for next year and are currently working on funnelling that information into a prioritised plan.
- Senior Leadership Board is scheduled to take place on 16 November with the aim of testing priority areas and programmes to make sure they are set up to deliver what has been identified as priority.
- Monitoring the plan takes place internally through the Clinical Board reviews for operational elements and the monthly Integrated Performance Report. The different Committees will also monitor specific parts of the plan. A quarterly Board report describes our progress against the plan milestones and an annual internal audit of our process takes place to make sure it's robust. As the Health Board is also in enhanced monitoring for planning and finance, we also have a series of meetings with the Welsh Government.

AoC asked if having Lunch & Learn sessions on the plan would be helpful to discuss plan development with staff and how best they can be involved in the process. TU reps welcome this idea and sought the opportunity to get involved at a Clinical Board level.

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Dr Sian Griffiths (SG), consultant in Public Health Medicine, provided a presentation on Amplifying Prevention & the role of the UHB. Main points included:

- Background –Amplifying Prevention stems from the Director of Public Health Report in 2021, the aim is to identify some collective action to address the inequities. Topics identified included childhood immunisation, bowel screening and Move more Eat well.
- Move More Eat Well issues – unhealthy weight increases the risk of type 2 diabetes, cardiovascular disease etc. Being a healthy weight and moving more and eating less improves well being, education attainment and productivity. This is delivered through working with schools and other partners to ensure best practise around food and physical activity within the workplace.
- Childhood immunisations - vaccination is a key Public Health intervention in reducing the risk of serious illness and disease. There is a low and declining uptake in some of our population groups and geographical areas. New communications materials have been developed.
- Bowel screening: Screening programmes were paused during the pandemic, which have impacted uptake. Poor uptake is associated with communities experiencing deprivation and where there are high ethnic minority populations. Work has taken place on communication resources.
- Communication & Engagement – Joined up working with the communication teams is taking place to amplify messages.
- Role of the UHB – we have a key leadership role and are asked to think how we can contribute to amplifying prevention further, using the employment cycle eg promote childhood vaccination when people are going on maternity leave. How we can promote childhood vaccination and bowel screening within the work of our organisation?

DW queried whether there would be greater uptake if there were opportunities for time out and made reference to part of the pay deal ask whereby health staff could be given fast track access to screening facilities. DW added that Making Every Contact Count training was discussed during the staff representatives pre-meeting and asked if this could be refreshed, with particular reference made to those staff who work with the more vulnerable groups.

LPF 23/060 INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report was received by the LPF and the following points were noted:

- **Population Health**
FK highlighted work is taking place on a Health Protection sustainable plan which includes work on Health Inclusion. She suggested bringing the plan back to LPF once it has been signed off.

• People

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LM noted that the sickness absence data in the integrated performance report for July was inaccurate. It showed 4% and it should have been 6%. For the September data, the improvement is continuing for many of the KPIs including sickness and turnover. However, there has been a dip in the number of appraisals for the past 2 months. These are discussed at the Clinical Board Reviews and with corporate departments. RG requested that staff are encouraged to ask for their appraisals.

- **Operational Performance**

DW asked when the Community Diagnostic hubs would be opened. PB explained the date is to be determined but it will be some time over the Winter. As an interim measure, to create additional capacity and not stretch staff, there will be mobile unit at UHL which will be staffed and provided by the private sector through subcontracting. The next step is to find a location in Cardiff to develop a diagnostic centre. Will update will further information once known.

- **Quality and Safety**

DW asked how Duty of Candour is reported and noted there were 8409 incidences reported. RG explained it would come under the remit of the Executive Nurse Director and reported through Datix.

RG requested DW and the staff representative members of the Forum to keep herself and PB informed around concerns regarding staff burnout as they are looking at the cultural work and improvement work needed. DW agreed to provide RG with some reflections. She noted that the Integrated Performance Report is high level and the TUs are trying to correlate the information with staff issues on the ground.

LPF 23/061 STAFF BENEFITS GROUP REPORT

LPF noted the report from the Staff Benefits Group.

LPF 23/062 ANY OTHER BUSINESS

DW reiterated PHs request to add the non pay element of the previous pay deal on the agenda for discussion at the next meeting.

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LPF 23/063 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Tuesday 12 December 2023 at 10am with a staff representatives pre-meeting at 8.45am.

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Minutes of the Quality, Safety & Experience Committee

Held on 25th October 2023

Via MS Teams

Chair:		
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Present:		
Akmal Hanuk	AH	Independent Member – Community
Mike Jones	MJ	Independent Member – Third Sector
In Attendance		
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Abigail Holmes	AH	Director of Midwifery and Neonatal Services
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Kinghorn	FK	Executive Director of Public Health
Meriel Jenney	MJ	Executive Medical Director
Mathew King	MK	Interim Assistant Director of Therapies & Health Science
Matt Phillips	MP	Director of Corporate Governance
Aled Roberts	AR	Assistant Medical Director, Clinical Effectiveness & Safety
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Francesca Thomas	FT	Head of Corporate Governance
Observers		
Nathan Saunders	NS	Senior Corporate Governance Officer
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Ceri Phillips	CP	UHB Vice Chair / Committee Chair
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences

QSE 23/10/001	Welcome & Introductions The Committee Vice Chair (CVC) welcomed everyone to the meeting in English & Welsh.	ACTION
QSE 23/10/002	Apologies for Absence Apologies for absence were noted.	
QSE 23/10/003	Declarations of Interest No declarations of interest were raised.	
QSE 23/10/004	Minutes of the Committee meeting held on 26.09.23 The minutes of the Committee meeting held on 26.09.23 were received. The Committee resolved that: a) The minutes of the meeting held on 26 September 2023 were approved as a true and accurate record of the meeting.	
QSE 23/10/005	Action Log following the Meeting held on 26.09.2023	

	<p>The Action Log following the Meeting held on 26.09.2023 was received.</p> <p>It was noted that two actions in progress (<u>QSE 23/04/007</u> and <u>QSE 23/03/007</u>) would have updates provided in today's meeting.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 26.09.2023 was noted.</p>	
QSE 23/10/006	<p>Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
	Items for Review & Assurance	
QSE 23/10/007	<p>Quality Indicators Report</p> <p>The ADQPS presented and summarised the Quality Indicators Report and coinciding slides to provide assurance in relation to a number of quality, safety, and patient experience priorities. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 25/10/2023 for Agenda item 2.1.</p> <p>Regarding the falls prevention work, the CVC asked what work had been undertaken over the previous 3 years.</p> <p>The ADQPS responded that:</p> <ul style="list-style-type: none"> - The COVID pandemic had interrupted work undertaken on the falls framework which had started in 2019/2020. Social distancing had interrupted simulation training for real-time incidents and events, and a Falls Lead had only been recruited around 3 months prior. - Within the previous 12 months, the UHB had refreshed the entire agenda of the Falls Delivery Group to focus on several key areas of the strategy. - The national picture had changed dramatically over the previous 18 months – e.g. the UHB had worked in partnership with Health Technology Wales to develop fall sensors. <p>The EDPH highlighted that accessibility across C&V for falls preventative work within the helped the UHB's strategic intent on keeping people healthy at home. She added that this type of intervention at scale would start to impact on outcomes.</p> <p>The ADPE continued with the report and provided the Committee with a summary of the Quality Indicators Report around Patient Experience and Concerns.</p> <p>The IM-C highlighted the large amount of work being undertaken by a small team to analyse the data, and asked if they would receive further help.</p> <p>The ADPE responded that they had been in discussions with Cedar around the analysis of feedback. She added that discussions had been had nationally around Civica, and that CAVUHB might be a little further ahead in their analysis in comparison with the national picture.</p> <p>The IM-C asked if there was a possibility to use patient walkrounds as a means to obtain staff feedback.</p> <p>The ADPE responded that the data presented at this meeting was just a snapshot of the wider portfolio of feedback they had received. She explained that they undertook environmental walkrounds with Estates colleagues in which they speak to staff, as they aimed to be more proactive, rather than just waiting for complaints or incidents.</p> <p>The SSIPM stated that they had recently established the Patient At Risk Team (PART) which was embedded within the organisation, and whether they had yet received any feedback on this team. She added that as part of the Ward Accreditation Improvement</p>	

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	<p>Programme, they collated staff voices on the wards which was reported via the Tendable audit.</p> <p>The ADPE responded that there had been concerns over the name 'call for concerns' in Wales, and it had been changed to 'call for clinical concerns' on the posters. She explained that there had been a low number of calls around feedback on the team, but that it was still early days.</p> <p>The EMD added that they had recently invested in PART to make it a 24/7 service, and that there was further communications work to be done.</p> <p>The Committee resolved that:</p> <p>a) The assurance provided by the quality indicators and the actions underway to drive the necessary improvements was noted.</p>	
<p>QSE 23/10/008</p>	<p>Children & Women's Waiting List Update</p> <p>The COO presented the report which provided an update on the volume of waiting lists within the Children & Women Clinical Board, and highlighted that:</p> <ul style="list-style-type: none"> - This group of services had seen a huge increase in demand. - The Mental Health Summit held in September with Primary Care, Children & Young People and Adults Mental Health to talk through some issues and agree a way forward. - Significant efforts had been made to address some of the demand and to increase capacity. - The number of Children Looked After across C&V had increased to 1400, compared to 1280 pre-COVID. - The number of patients waiting for initial health assessments, and the backlog of assessments, had both decreased, and there had been some progress made within the eating disorders waiting lists. - They were unsure how long this demand would continue for. <p>Regarding Children Looked After, the END added that:</p> <ul style="list-style-type: none"> - The number was being monitored through Executive Oversight and their monthly meetings with Clinical Boards; - They had put resource in to try and reduce this number, and whilst they had halved the backlog of health assessments, there was still a considerable amount of work to do. <p>The CVC asked how feasible it was as a mitigation to ask nurses / health visitors to complete one of the two annual assessments, as these teams were already under significant pressure.</p> <p>The END responded that there was an overlap between the health visitors and the Flying Start health visitors (who focused on this group of children). They were undertaking a whole system review to see what could be done to relieve some of their work to free up the health visitors to undertake these assessments.</p> <p>The EDPH commented that the increased awareness of neurodevelopmental disorders within communities had contributed to demand. In addition, she stated that there had been increased emotional mental health issues within the community due to the larger societal and socio-economic challenges at play (especially post-COVID), and she did not see the demand abating for several years.</p> <p>Regarding surgery and outpatients, the COO summarised the challenge they faced:</p> <ul style="list-style-type: none"> - General Paediatrics Surgery had been commissioned by WHSSC, and everything else (Orthopaedics, ENT, etc) was commissioned by the Health Board <p>WHSSC had requested for a contract to deliver 36 week waiting times for surgery (maximum 1 year), while other patients had waited much longer.</p>	

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	<ul style="list-style-type: none"> - The UHB made the decision that they could not have some patients waiting 3-4 years whilst general surgical patients were treated quicker by WHSSC, which had resulted in the UHB being placed into escalation with WHSSC - A conversation was had the previous Monday with WHSSC on how to achieve a more equitable service - They wished for no children to wait longer than 2 years by December, in line with ministerial ambitions. They could not give more capacity to WHSSC at the expense of other Health Board patients. - For outpatients, the UHB had enough capacity. For surgery, they were working from a clinical priority perspective, regardless of speciality and starting with the longest waiters. - WHSSC had asked the UHB to review the patients on the waiting lists, however they had been clear that this would be done from a clinical priority perspective. <p>The EMD added the following:</p> <ul style="list-style-type: none"> - Because they were the Children's Hospital for Wales (CHfW), more complex patients came from elsewhere. - They had been having clear and open discussions with WHSSC, and the same was needed with other Health Boards in a collaborative effort to get this right. - Fundamentally, some of the challenges were around the workforce and the difficulties in recruiting and retaining staff. <p>The COO stated that overall, the waiting lists had reduced, and by the end of March 2025 no children would wait over 2 years for surgery, regardless of their specialty. Conversations were needed around how to fairly allocate the capacity they had, and to be clear on the criteria for accepting patients from other Health Boards.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> a) The content of the paper and the actions taken to mitigate the risks associated with child health assessments was noted. 	
QSE 23/10/009	<p>Maternity Thematic Review</p> <p>The END and DMNS presented the report which summarised the key themes and findings from a number of recent reports, to demonstrate the actions being taken to make improvements to the organisation. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 25/10/2023 for Agenda item 2.3.</p> <p>The IM-TS noted that staffing issues were highlighted when he visited the post-natal ward the previous week. He asked whether they had offered staff the opportunity to retire and return, or if staff could use bank once they retired. Additionally, he asked if the UHB captured the reasons for midwives leaving the organisation once they had achieved a Band 6 role.</p> <p>The DMNS agreed that they had significant staff shortages, and responded that:</p> <ul style="list-style-type: none"> - This year they had increased their commissioning and had employed 35wtes. - The majority of their midwives did retire and return, and they had explored other roles that they could come back to (e.g. elective work) to build flexibility within the workforce. - Andy Jones had undertaken a large piece of work around why midwives have left, and he had obtained a huge amount of data. They had looked at how to make Cardiff an attractive place to stay for their career, as many students had relocated after their two years had finished once they had received their Welsh bursary. <p>The COO highlighted that this was a 2-3-year programme, and while they still had a lot of work to do, they were aware of what work was needed.</p> <p>The CVC asked for a periodic update to return to the committee.</p> <p>The END explained that the Maternity Neonatal Oversight Group met monthly, and the first meeting was two weeks prior. He confirmed that they would bring regular reports to</p>	

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	<p>this Committee, and they had agreed that they would bring a 6-12 monthly summary to the Board.</p> <p>The QSE Committee resolved that:</p> <p>a) They would continue to have oversight of maternity and neonatal services, and noted the report.</p>	
QSE 23/10/010	<p>Specialist Clinical Board Assurance Report - <u>South Wales Trauma Network Verbal Update</u></p> <p>The COO provided a verbal update, and summarised the following:</p> <ul style="list-style-type: none"> - A formal review of the Major Trauma Centre (MTC) had been postponed until Q4 next year, which would be led by WG and the Trauma Network. - As a result of demands, they had created capacity potentially at the risk of some other services the UHB would provide. - Some of the funding excluded from the business case they have had to request back – for example, they had insufficient radiology resource. - The team would attend the Senior Leadership Board (SLB) in November to provide an update. <p>The COO suggested that the team come to the QSE Committee to provide an update on what the MTC had achieved over the previous 3 years, and on their future plans.</p> <p>The CVC responded that she would speak to the UHB Vice Chair outside of the meeting to determine what the most appropriate governance route would be to review this work.</p> <p>The CVC asked whether there were any risks or challenges in light of the formal review being postponed until the following year.</p> <p>The COO responded that they were aware of the hotspots, particularly in imaging radiology, however they were able to provide the service.</p> <p>The QSE Committee resolved that:</p> <p>a) The South Wales Trauma Network Verbal Update was noted.</p>	
Items for Approval / Ratification		
QSE 23/10/011	<p>Policies - <u>Interoperative Cell Salvage Policy and Procedure</u></p> <p>The EMD provided assurance that they had just been inspected by the Human Tissue Authority (HTA), and that their policies were not highlighted as an issue.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The Intraoperative Cell Policy and Procedure was approved; 2) The full publication of the Intraoperative Cell Salvage Policy and Procedure in accordance with the UHB Publication Scheme was approved. 	
Items for Noting & Information		
QSE 23/10/012	<p>Minutes from Clinical Board QSE Sub Committees</p> <p><u>Clinical, Diagnostics & Therapies Minutes for 14.07.2023 & 22.09.2023</u></p> <p>The QSE Committee resolved that:</p> <p>a) The minutes from the Clinical, Diagnostics & Therapies Meeting from 14.07.2023 and 22.09.2023 were noted.</p>	
QSE 23/10/013	<p>Items to bring to the attention of the Board / Committee:</p> <p>No items were raised.</p>	
QSE 23/10/014	Agenda for Private QSE Meeting	

	<div>i) <i>Private Minutes</i></div> <div>ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i></div>	
<div>QSE</div> <div>23/10/015</div>	<div>Any Other Business</div> <div>The IM-C asked for a verbal update around the increased rates of sepsis, as there seemed to be a growing concern.</div> <div>The EMD responded that the PART team enabled a clear pathway for patients who had deteriorated (which included sepsis), and they had recently advertised for a Clinical Lead for Sepsis who would lead the Sepsis Group. The EMD noted that there were no immediate causes of concern which had been brought to her attention.</div> <div>The IM-C highlighted that the Chief Medical Officer had referred to the culture, and that when people present to A&E, they were sometimes not being investigated as they struggled to express their symptoms. He suggested that this be picked up by the People and Culture Committee.</div> <div>The EMD responded that they were working hard to be transparent through Freedom to Speak Up (F2SU) and raising concerns. The EMD suggested that the cultural issue would be to support the workforce through these challenging times.</div>	
	<div>Date & Time of Next Meeting:</div> <div>28th November – tbc - via MS Teams</div>	

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Minutes of the Quality, Safety & Experience Committee

Held on 28th November 2023

Via MS Teams

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Akmal Hanuk	AH	Independent Member – Community
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Keith Harding	KH	Independent Member - University
Mike Jones	MJ	Independent Member – Trade Union
In Attendance		
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Angela Hughes	AH	Assistant Director of Patient Experience
Claire Beynon	CB	Deputy Director of Public Health
Meriel Jenney	MJ	Executive Medical Director
Matt Phillips	MP	Director of Corporate Governance
Aled Roberts	AR	Assistant Medical Director, Clinical Effectiveness & Safety
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Francesca Thomas	FT	Head of Corporate Governance
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Louise Platt	LP	Director of Operations - Medicine
Jane Murphy	JM	Director of Nursing - Medicine
Sian Rowlands	SR	Head of Quality & Clinical Governance - Medicine
Alun Tomkinson	AT	Clinical Board Director for Surgery
Rebecca Aylward	RA	Deputy Nurse Director (DND)
Matthew McCarthy	MM	Interim Head of Safety, Quality & Organisational Learning
Katherine Prosser	KP	Quality & Governance Lead - Medicine Clinical Board
Richard Skone	RS	Deputy Executive Medical Director
Observers		
Nathan Saunders	NS	Senior Corporate Governance Officer
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Fiona Kinghorn	FK	Executive Director of People & Culture

QSE 23/11/001	Welcome & Introductions The Committee Vice Chair (CVC) welcomed everyone to the meeting in English & Welsh.	ACTION
QSE 23/11/002	Apologies for Absence Apologies for absence were noted.	
QSE 23/11/004	Declarations of Interest No declarations of interest were raised.	
QSE 23/11/005	Minutes of the Committee meeting held on 25.10.23	

	<p>The minutes of the Committee meeting held on 25.10.23 were received.</p> <p>The Committee resolved that:</p> <p>a) The minutes of the meeting held on 25th October 2023 were approved as a true and accurate record of the meeting.</p>	
<p>QSE 23/11/006</p>	<p>Action Log following the Meeting held on 25.10.2023</p> <p>The Action Log following the Meeting held on 25.10.2023 was received.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 25.10.2023 was noted.</p>	
<p>QSE 23/11/007</p>	<p>Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
Items for Review & Assurance		
<p>QSE 23/11/008</p>	<p>Medicine Clinical Board – Assurance Report</p> <p>The DO-M introduced the patient story about a 95-year-old lady to demonstrate the positive impact that digital technology and AI can have on a patient's journey, and summarised that:</p> <ul style="list-style-type: none"> - CVUHB was the first Health Board to pilot the technology VISIONABLE (which started on 04.09.2023) in collaboration with WAST – the paramedic could contact the stroke consultant on call to discuss a patient - A 95-year-old lady with a suspected stroke was taken through the VISIONABLE app – it was determined that she had had a waking stroke, where they were unsure when she had had her stroke. - The paramedic was advised to take the patient through the A&E department into recess and CT scanned. - A waking stroke patient would not usually be thrombolysed - However, because of the new Perfusion CT scan (which Brainomix formed a part of), the Consultant received the scan on his phone to review, and they could make the decision whether to thrombolyse or not. - In this case they made the decision to thrombolyse the patient – she had since been discharged home. <p>The IM-C asked if there was a specific type of phone required to use the technology.</p> <p>The CBD-S explained that the images were high-resolution and that most modern phones could support these images. He added that consultants on-call at home could still receive the images and advise on the care of a patient. The CBD-S commented that their thrombolysis and thrombectomy rates had improved significantly over the previous 2 months.</p> <p>The DO-M noted that to date they were at 23.5% for thrombolysis, and their thrombectomy was at 7.8%.</p> <p>The CBD-S noted that this technology was life-changing, as the patients otherwise would have very prolonged length of stays and complicated discharge packages, and in some cases the patients would not have survived.</p> <p>The EMD asked how patients got referred, and whether it was available to only C&V patients.</p> <p>The DO-M responded that both VISIONABLE and Brainomix were only available at present within CVUHB.</p> <p>The EMD asked whether there were plans to widen this in the long-term.</p>	

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The DO-M responded that SBUHB and BCUHB had gone live in the middle of November, and that CTMUHB and ABUHB would follow shortly.

The END highlighted that this technology was life-changing, and that if they got the stroke pathway right, it could have a huge impact on patient experience and quality.

The EDTHS provided congratulations to the whole team.

The IM-U informed the Committee that he was a stroke survivor himself, and he commended the care he had received in the stroke unit the previous January.

The CC noted that an underlying principle of the Committee was to aspire to excellence, and to achieve an A standard rating in SSNAP would demonstrate this.

The DN-M introduced the Assurance Report, and provided the following summaries:

National Reportable Incidents:

The DN-M highlighted that:

- Medicine had a high number of NRIs
- It was important to review these and feedback to the families in a timely manner - the main aim was to ensure that the NRIs did not become overdue
- The NRI's were cross clinical board and were very complex, however some would be downgraded after fact-finding
- They currently had 4 overdue, and 2 were near submission.
- Another risk was that they had an increasing gastro NRIs regarding delay of treatment, surveillance and cancer diagnosis – all of which was a large piece of work being undertaken by the Medicine Clinical Board to put plans in place
- They had managed 4-5 COVID potential healthcare acquired deaths, which had previously been managed by the COVID team
- Whilst they were concerned about the rise of NRIs, they did not have a high proportion overdue - they hoped to keep to 3 minimal
- They provided assurance that they were investigating and learning – they had started to use AmAt.

The END provided assurance that this had been discussed in great detail in their Executive Review the previous week, and that all of the Executives were aware of the NRIs. He noted concern over the increase in the number of overdue NRIs, as at the end of an NRI investigation was a family waiting for answers.

Staffing:

The DN-M highlighted that:

- Their nursing and retention plan contained 12 specific actions to maximise opportunities to recruit and retain staff.
- They had issues over the previous year's validation of vacancies – each directorate had undertaken a large piece of work to track their vacancies.
- New roles had been introduced over the previous year (specifically the Assistant Practitioner Band 4 role) – in some areas, they had received good results although it was still in the early stages.
- In response to the HIW report in EADU the previous year – the lead nurse had led a specific piece of work around recruitment and retention, and they had received excellent results. They had invested in the Senior Nurse for Education who focused on staff training and obtained feedback from new starters and staff.
- In October 2022 their turnover in ED was 16.31%, and this year it was 8.32%
- The Preceptorship Programme started 18 months ago with 12 nurses – all staff had been retained, and a second programme was underway at present
- They had also trained AMPs to aid with succession planning.

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	<p><u>Patient Experience</u></p> <p>The DN-M highlighted that:</p> <ul style="list-style-type: none"> - The Civica system was praised as it provided live feedback, and it had been used to triangulate data and undertake diagnostic reviews on wards - A good action plan had been uploaded onto AmAt which was being worked through. <p>The CC commended the emphasis on learning and improvement which had been evident throughout the report. He asked to what extent they had engaged with the Improvement Team.</p> <p>The DO-M responded that they had worked with the Improvement Team in a number of areas – notably around A1 and A2.</p> <p>The END stated that they had a positive discussion around quality and safety in the previous Executive Review.</p> <p>The ADQPS highlighted the learning around the NRIs, and that they used a thematic approach to investigation and reviewing them to find commonality. They used this information to look at similar issues across the Welsh Health Boards.</p> <p>The EMD commented that this work aligned with Mortality work, which would be discussed later in the meeting.</p> <p>Regarding IPC and how increased lengths of stay impact upon increased infection rates, the CC asked what Clinical Boards were doing to address these issues.</p> <p>The DN-M responded that there had been notable issues within the University Hospital of Llandough (UHL) due to the layout of the wards (Nightingale Wards).</p> <p>The END noted that he had reported to the Board around healthcare acquired infections across the organisation, where there had been mixed progress. Through 2024 there would be a focus on a zero-tolerance approach for any infection.</p> <p><u>Mortality and Clinical Audits</u></p> <p>The HQCG-M highlighted that:</p> <ul style="list-style-type: none"> - The analysis of the mortality data was crucial, and it was important to ensure it was accessible to all clinicians and staff - In conjunction with BIS colleagues, a dashboard had been developed which provided more information on mortality data within EU and ward areas. - By the following committee, they hoped to share some data. <p>The CC noted that there had been a degree of fiction around mortality rates due to the lack of data.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The assurance provided by the Medicine Clinical Board in this report and the steps being taken to improve quality, safety and patient experience across Medicine were noted. 	
<p>QSE 23/11/2023</p> <p><i>Saunders Mortality</i> <i>06/11/2024</i></p>	<p>Quality Indicators Report – Deep Dive on Mortality</p> <p>The AMD-CES presented the report which set out the key sources of mortality information and how it was used to ensure the safety of the services provided by the Health Board. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 28/11/2023 for Agenda item 2.2.1.</p> <p>The EMD added that:</p>	

	<ul style="list-style-type: none"> - They were proactively providing Executive oversight to ensure that any action plans were in place and completed. - Over the previous few years, all in-hospital deaths had been reviewed to further learning - this was a step change in the service provided across Wales so there was better scrutiny at local level. <p>The CC asked how they planned on getting into the space of being better than average.</p> <p>The EMD responded that the COO had led on a number of summits which looked in detail at the pathways of care for some of the most vulnerable patients. They were undertaking deep dives and overviews to improve mortality data/outcomes in 2 years' time.</p> <p>The AMD-CES agreed with the EMD's comments and added that a lot of data was collected internally.</p> <p>The IHSQO Interim Head of Safety, Quality & Organisational Learning commented that the medical examiners valued feedback from families around their end of life care and treatment.</p> <p>The CC noted that they were in a good place to work proactively rather than reactively.</p> <p>The QSE Committee resolved that:</p> <p>a) The assurance provided by the UHB mortality rates reported were noted.</p>	
QSE 23/11/010	<p>Outstanding Actions from the Ombudsman's Annual Letter</p> <p>The ADPE presented the report which provided a summary of the outstanding actions which came from the Ombudsman's annual letter. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 28/11/2023 for Agenda item 2.3.</p> <p>The CC thanked the team for the thorough report.</p> <p>The QSE Committee resolved that:</p> <p>a) The contents of the report was noted.</p>	
Items for Approval / Ratification		
QSE 23/11/011	<p>Healthy Eating Standards for Hospital Restaurant and Retail Outlets</p> <p>The DDPH introduced the report and summarised the following:</p> <ul style="list-style-type: none"> - Since 2016, C&V had a 75% healthy eating offer in the restaurants and retail outlets the UHB had control over for visitors and staff. - The report detailed the robust audit conducted over the previous years - In 2023 their compliance had dipped below the 75% - colleagues in the Capital, Estates & Facilities team had found compliance challenging due to staffing difficulties and the inability to pay it proper attention. - The proposal agreed was that for a 12-month period, they would reduce the compliance level to 60%. <p>The IM-CE acknowledged that the team were being pragmatic in the context of the current climate. She asked what discussions had been had with their suppliers in terms of their pricing mechanisms.</p> <p>The DDPH recognised this was a challenge, and conversations were ongoing with the suppliers and those who manage the tills to provide them with more detailed information and ensure this was automated going forward. She added that their ambition was to get back to the 75% compliance level.</p> <p>The QSE Committee resolved that:</p>	

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	<p>1) The temporary changes to the Standards and the plan to be back up to the original compliance of 75% by December 2024 was noted;</p> <p>2) The revised Standards (in the Appendix) was approved.</p>	
	Items for Noting & Information	
QSE 23/11/012	<p>Minutes from Clinical Board QSE Sub Committees</p> <p>The END noted the minutes for PCIC (26.09.2023), Children & Women's (26.09.2023), and Specialist (02.10.2023) were available for the Committee members to view.</p> <p>The QSE Committee resolved that:</p> <p>1) The minutes from the Clinical Board QSE Sub-Committees were noted.</p>	
23/11/013	<p>Child Practice Review Report</p> <p>The END introduced the report and summarised the following:</p> <ul style="list-style-type: none"> - The lengthy report followed the sad death of a 17-year-old looked after child in C&V - The report was already in the public arena and press - For assurance, any child and adult practice reviews were brought to QSE - There was no action or requirements for the UHB. <p>The QSE Committee resolved that:</p> <p>1) The contents of the report was noted.</p>	
QSE 23/11/014	<p>Items to bring to the attention of the Board / Committee:</p> <p>No items were raised.</p>	
QSE 23/11/015	<p>Agenda for Private QSE Meeting</p> <ul style="list-style-type: none"> i) <i>Private Minutes</i> ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i> iii) <i>Prison (Confidential Discussion)</i> 	
QSE 23/11/016	<p>Any Other Business</p> <p>The CC thanked Keith Harding for his work as he was leaving at the end of the month.</p> <p>The CC informed the Committee that due to the schedule of the meetings, the preparation of the papers had become problematic. From 2024, the meetings would move to a 6-week schedule.</p>	
	<p>Date & Time of Next Meeting:</p> <p>19th December - 2pm-5pm - via MS Teams</p>	

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**Minutes of the Public Finance and Performance Committee Meeting
Held on 18 October 2023 at 2.30pm
Via MS Teams**

Chair:		
John Union	JU	Independent Member – Finance
Present:		
Charles Janczewski	CJ	UHB Chair (left at 3.30pm)
Ceri Phillips	CP	UHB Vice Chair (left at 3.30pm)
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Andrew Gough	AG	Deputy Director of Finance – Strategy
Angela Hughes	AH	Assistant Director of Patient Experience
Rob Mahoney	RM	Deputy Director of Finance – Operational
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – Information Communication & Technology
Keith Harding	KH	Independent Member – University
Abigail Harris	AH	Executive Director of Strategic Planning
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director

Item No	Agenda Item	Action
FPC 23/10/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 23/10/002	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 23/10/003	Declarations of Interest No Declarations of Interest were noted.	
FPC 23/10/004	Minutes of the Finance and Performance Meeting held on 20 September 2023 The minutes of the meeting held on 20 September 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 20 September 2023, were held as a true and accurate record of the meeting.	

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FPC 23/10/005	Action Log following the Finance and Performance Committee meeting on 20 September 2023 The Executive Director of Finance advised the Committee on Action FPC 23/09/13 and noted that the benefits realisation piece of work would go through the Investment Group (IG) but not until later in the winter period. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	
FPC 23/10/006	Chairs Action since previous meeting There had been no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
FPC 23/10/007	Financial Report – Month 6 The Deputy Director of Finance for Operational (DDFO) presented the Financial Report – month 6 and highlighted the following: <ul style="list-style-type: none"> At month 6, the Health Board was reporting an overspend of £51.3m which comprised of £5.747m in unidentified savings, £1.352m of operational overspend and the planned deficit of £44.2m. The annual planned deficit of £88.4m remained the same as set out in 2023/24 financial plan. The total operational and savings programme deficits and the profile of the additional savings actions on the total variance. It was noted that if schemes were delivered in line with the profile, the reported deficit would peak at month 6 before turning the curve on a trajectory to hit the £88.4m planned deficit. COVID 19 Expenditure – it was noted that the forecast cost at Month 6 was a reduction of £3.0m against the £34.2m included within the Financial Plan and was included within the Health Boards savings plans. Risks – it was noted that the risks had not changed and the key risk which fed the 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. Savings Programme – it was noted that at month 6, the Health Board had identified £36.046m of green, amber and red savings against the £32m savings target, however £6.707m were classified as red schemes. <p>It was noted that the month 6 Savings Programme deficit was expected to be recovered, supported by a number of additional actions as the year progressed, enabling the Health Board to deliver its planned deficit position of £88.4m.</p> <ul style="list-style-type: none"> Profile of Savings Delivery – The Committee was presented with 2 graphs which showed the cumulative forecast impact of the additional actions and the monthly impact and it was noted that a number of the additional actions 	

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	<p>were still in red and that progress was being closely monitored through the Sustainability Board.</p> <p>The CC asked how often red schemes were converted into savings.</p> <p>The Deputy Director of Finance – Strategy (DDFS) responded that by looking at data from the previous years, a 50% translation was observed from red, to amber and then green but noted it would be harder to compare 2023/24 data because a different approach was being taken around the sustainability Board and groups set up during the financial year but noted they would expect a greater translation given the focus put on the schemes by the groups.</p> <ul style="list-style-type: none"> • Forecast Additional Savings – The Committee were presented with the current cumulative profile of identified and red schemes up to the savings target of £32m and it was noted that the impact of successfully delivering the agreed £16m additional actions would meet the £32m target in month 10 and allow additional savings of £4.046m to address the operational deficit to deliver a breakeven position. • Savings Schemes – The Committee were presented with the overall progress in the identification of savings schemes. <p>The DDFO concluded the section of the Financial Report noting that whilst the Financial Team had hoped to be in a slightly better place on the profile towards the savings against the deficit of £88.4m, the Health Board were not far off and enhanced discussions were taking place between the Chief Operating Officer (COO) and Clinical Boards.</p> <p>The CC asked if the reduction in use on agency staff had continued to reduce.</p> <p>The DDFO responded that it had continued and had started to be reflected in the delegated Clinical Board position.</p> <p>The Assistant Director of Patient Experience (ADPE) noted that caution would be required around the reduction in nursing costs because the impact on quality and safety could not be compromised.</p> <p>The Executive Director of Finance (EDF) noted that full assurance could not be provided to the Board or the Finance & Performance Committee that the Health Board would deliver on the £88.4 deficit and noted that there was a lot of work go get there and that work would continue on that.</p> <ul style="list-style-type: none"> • Cashflow Forecast – The DDFO advised the Committee that they had received an extended report on the cashflow forecast for month 6 and noted that the cash balance at the end of September 2023 was £4.998m with a forecast deficit of £100.888m at year end pending confirmation of cash support. <p>It was noted that due to the significant requirement for strategic cash support in 2023/24, combined with the timing of pay award cash flows and the level of outstanding allocation, the Health Board would review the schedule of payments to suppliers from November 2023 onwards if additional cash support was not confirmed which would impact the Public sector Payment Policy (PSPP) performance and from December 2023 onwards the Health Boards cashflow would be severely impaired.</p>	
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	<p>The DDFO advised the Committee that Welsh Government (WG) had been engaged in a review of public sector finances since summer 2023, in light of the challenging financial environment.</p> <p>He added that WG had expected to confirm further funding to the Health Board later in the week which should hopefully address the immediate cash flow concerns identified.</p> <p>The DDFO summarised that the Health Board maintained its £88.4m forecast deficit, had identified £36m of savings which was over the original £32m target and some of those savings had to be converted from red and amber schemes into green to give confidence of savings on the tracker.</p> <p>He added that the Health Board increasingly required confirmation of strategic cash support and outstanding allocations to maintain its cash position and performance.</p> <p>The Finance and Performance Committee resolved that at Month 6:</p> <ul style="list-style-type: none"> a) The reported year to date overspend of £51.300m and the forecast deficit of £88.400m was noted b) The financial impact of forecast COVID 19 costs which was assessed at £44.264m was noted. c) The month 6 operational overspend against plan of £1.352m was noted. d) The progress against the savings target, with £36.046m (113%) of schemes identified at Month 6 against the £32m target was noted. e) The request to Finance Committee for recommendation to Board for approval of the Health Boards application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit was noted. 	
<p>FPC 23/10/008</p>	<p>Welsh Government Strategic Cash Support Request</p> <p>The Welsh Government Strategic Cash Support Request information was received.</p> <p>The DDFO advised the Committee that a Technical update note issued by WG on the 8th November 2022 confirmed that the cash implications of the Health Boards operational deficit were a separate issue to the annual movement of working balances cash exercise.</p> <p>He added that Health Boards were required to submit an Accountable Officer letter (once requirements were established) in support of a request for Strategic Cash Support.</p> <p>It was noted that WG were expected to confirm that application requests should be submitted by close of play Monday 20th November 2023 and the Committee was advised that the Health Board intended to submit a formal request for strategic cash support in line with its forecast deficit through an Accountable Officer Letter in line with the Welsh Government timetable against the reported forecast deficit of £88.4m.</p> <p>The DDFO concluded that the request would need to be received by the Board.</p> <p>The Finance Committee noted that:</p> <ul style="list-style-type: none"> a) The Health Boards working cash balance requirement of £12.487m identified in the September 2023 Welsh Government Monitoring return was noted. 	

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	<p>b) The ongoing work to assess any requirement working cash associated with the Health Boards Capital expenditure programme was noted.</p> <p>c) It was recommended that the Board approve the Health Boards application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit of £88.4m</p>	
<p>FPC 23/10/009</p>	<p>Operational Performance</p> <p>The Operational Performance update was received.</p> <p>The COO advised the Committee that he would take the report as read but would highlight points where appropriate which included:</p> <p>Urgent & Emergency Care.</p> <p>It was noted that pressures in all areas had started to ease following ward moves and reconfiguration of the University Hospital Wales site over the summer period and the relevant teams continued to analyse breaches to better understand and improve patient flow processes.</p> <p>The Committee was advised that the focussed work on ambulance handovers through the year had 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 Health Board commitments.</p> <p>It was noted that August 2023 saw an improvement in Health Board compliance against the Sentinel Stroke National Audit Programme (SSNAP) measures for the Stroke Pathway with the percentage of patients directly admitted to the stroke unit within 4-hours increasing to 65% and remained significantly above the all Wales average.</p> <p>The COO added that the Health Boards SSNAP grade had improved to B for the period April-June 2023, which was a significant 8-point improvement from the previous quarter and a reflection of the hard work undertaken by the teams but noted that there were still a number of challenges in increasing the number of patients thrombolysed which remained an area of continued focus, whilst working with colleagues from the NHS Executive.</p> <p>The Committee was advised that a large Health Board wide piece of work would be undertaken around Length of Stay (LoS) because the Health Board's LoS data was not where it needed to be and the COO noted that the delay in the work starting was due to the need to ensure that the communication and language around it was correct.</p> <p>The COO added that there would be a particular focus on 7-day and 21- day LoS and noted that an improvement had been observed in October 2023 and noted that a summary would be provided at the November meeting.</p> <p>Planned Care</p> <p>It was noted that more focus was required on the 52 week waits as there were still too many patients waiting for a year or more for an outpatient appointment.</p> <p>The COO noted it was not a Health Board wide issue and that the operational team were working with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.</p>	

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The Committee was advised that as of October 2023 there were 348 patients who had waited over 3 years for an outpatient appointment and of those, 18 had waited over 4 years.

The COO noted that the Delivery Unit (DU) had requested that those 18 patients be given a date and an update would be provided to the DU the following Friday.

It was noted that an Outpatient Improvement plan would be launched and that the use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways would be an important tool in the management of follow-up services and the Health Board would continue to develop their use across services.

Diagnostics

It was noted that the waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy however it was hoped that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs.

The COO advised the Committee that in relation to Endoscopy, the service had an improvement plan in place, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait.

The UHB Chair asked if the COO was confident that waiting lists were validated.

The COO responded that he was not confident that they were accurately validated but added that there was a plan in place to ensure validity of waiting lists by March 2024.

Dental

The Committee was advised that the Health Board were undertaking a deep dive into the provision of General Dental Services within Cardiff and the Vale and it was noted that Dental services were going through a period of reform as Welsh Government assessed the impact of contract reforms on the provision of services and access to primary care dentistry.

The COO advised the Committee that the deep dive would be received at the next meeting in November.

Mental Health Services Update

The COO advised the Committee that a Mental Health Community Summit had been held on September 6th 2023 with over 40 participants from Primary Care, Children & Women's and Mental Health Clinical Boards in attendance.

It was noted that the summit included:

- Broad discussion on the pathways of care across the system which resulted in a conversation around requirement of excellent alignment in the need to simplify pathways for patients and utilise primary care more appropriately.
- A review of the current model and pathways undertaken by patients
- A preferred model for Adult services which would streamline the service and would make it clearer which patients see who and when.

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	<ul style="list-style-type: none"> • A review of the current pathway for Children, Young People and Family (CYPF) • Next steps for CYPF and a number of pathways. <p>The COO concluded that a repeat summit would be held approximately 6 to 8 weeks after the first one with the following actions completed:</p> <ul style="list-style-type: none"> • Pathway redesign across primary care and mental health services which would aim to achieve a single point of access • Review the best pathway for ADHD service • Review the policy of the services the Health does and does not provide <p>He added that the above actions would be underpinned by:</p> <ul style="list-style-type: none"> • Standardised demand and capacity assessment • Redistribution of the workforce to new pathways • Improved communications for patients and referrers <p>The COO concluded that a detailed outlook on Mental Health services would be provided to the Committee in 2024.</p> <p>The Finance Committee noted that:</p> <p>a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 23/10/010</p>	<p>Cancer Deep Dive</p> <p>The Cancer Deep Dive was received.</p> <p>The COO advised the Committee he would take the report as read and noted that the report forewarned the Committee that performance would dip and get worst before it got better and that he would explain to the Committee the reasoning for that.</p> <p>He added that the plan developed with Clinical Boards was to see continuous improvement in the percentage of patients treated within the standard and an aim to exceed 75% by the end of September 2023 in line with the 62-day single cancer pathway.</p> <p>The Committee was provided with the aims for the service which included:</p> <ul style="list-style-type: none"> • 90% of patients to have had their first contact within 14 days. • 85% of patients to have had their diagnosis by day 28 <p>The COO advised the Committee that at the end of August 2023, the confirmed cancer performance was 66.4%, and the September 2023 performance, which would be confirmed at the end of October 2023, was likely to see a deterioration as mentioned.</p> <p>The Committee were provided with the 2 main reasons for the deterioration which included:</p> <ul style="list-style-type: none"> • The endoscopy waiting list where 30% of patients on the single cancer pathway were waiting for endoscopy. 	

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	<ul style="list-style-type: none"> An increase in referrals. It was noted that colorectal and skin referrals had increased exponentially. <p>The COO concluded that whilst it was disappointing that cancer services were not where they should be, the issues had been identified and the teams knew what would be needed to address the demand.</p> <p>The CC thanked the COO and noted it was reassuring to see the actions outlined within the report and the relatively short timescales identified.</p> <p>The Finance Committee noted:</p> <ol style="list-style-type: none"> The reasons for the performance not reaching the standard including endoscopy, demand increases and challenges within the urology pathway were noted. The approach to setting upper limits for the longest waiting patients for each tumour site was noted. The likely outcome of performance not reaching the standard before March 2024 was noted. 	
	Items for Approval/Ratification	
FPC 23/10/011	<p>Electronic Prescribing and Medicines Administration</p> <p>The Electronic Prescribing and Medicines Administration was received.</p> <p>The EDF advised the Committee that the case had been through the Investment Group and the relevant other forums.</p> <p>She added that the capital was being covered by WG and that the revenue was being covered in the short but that the Health Board would need to cover it in the future.</p> <p>It was noted that a lot of work had been undertaken around benefit realisation and that the case needed to be prepared for WG funding.</p> <p>The EDF concluded that the case would not progress if the WG funding was not agreed.</p> <p>The COO provided assurance to the Committee that a strong conversation had been held around the case at various forums and highlighted that there had been a little bit of nervousness around the digital capability of the Health Board to support it and so a sense check around digital would be required.</p> <p>The Finance Committee noted that:</p> <ol style="list-style-type: none"> The Electronic Prescribing and Medicines Administration was approved for recommendation to the Board. 	
FPC 23/10/012	<p>Paediatrics Infectious Diseases case</p> <p>The Paediatrics Infectious Diseases business case was received.</p> <p>The COO advised the Committee that the case was supported by WHSSC however conversations had been held around priorities and so various iterations of the case had been seen with the relevant updates.</p>	

	<p>He added that the case was something the Health Board would want to support to help sustain the current services and to be able to offer the service to the rest of Wales.</p> <p>The DDFS advised the Committee that the case came with a £678k revenue consequence which meant that the Health Board would need to pick up its commissioner share which would be circa 33% across paediatric specialised services.</p> <p>The EDF asked if the DDFS could confirm that the case was in the planned investments for 2023/24 or if it was in addition to those.</p> <p>The DDFS responded that the in-year cost was held at just over £300k which was part of the approved WHSSC Integrated Commissioning Plan (ICP) for 2023/24.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Paediatrics Infectious Diseases business case was approved for recommendation to the Board following circulation of papers to relevant Independent Members</p>	
	Items for Information and Noting	
FPC 23/10/013	<p>Monthly Monitoring Returns – Month 6</p> <p>The Month 6 Monitoring Returns were received.</p> <p>The Finance and Performance Committee resolved that:</p>	
FPC 23/10/014	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
	Review and Final Closure	
FPC 23/09/015	Items to be referred to Board / Committee	
	<p>Date & time of next Meeting</p> <p>Wednesday 22 November 2023 at 2pm via Teams</p>	

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**Minutes of the Public Finance and Performance Committee Meeting
Held on 22 November 2023 at 2.30pm
Via MS Teams**

Chair:		
John Union	JU	Independent Member – Finance
Present:		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member – Information Communication & Technology
Andrew Gough	AG	Deputy Director of Finance – Strategy
Keith Harding	KH	Independent Member – University
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Jason Roberts	JR	Executive Nursing Director
Matthew Temby	MT	Director of Planned and Specialist Care
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Suzanne Rankin	SR	Chief Executive Officer

Item No	Agenda Item	Action
FPC 23/11/010	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 23/11/011	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 23/11/012	Declarations of Interest No Declarations of Interest were noted.	
FPC 23/11/013	Minutes of the Finance and Performance Meeting held on 18 October 2023 The minutes of the meeting held on 18 October 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 18 October 2023, were held as a true and accurate record of the meeting.	

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FPC 23/11/014	Action Log following the Finance and Performance Committee meeting on 20 September 2023 The Action log was received The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	
FPC 23/11/015	Chairs Action since previous meeting There had been no Chair's Actions taken since the last meeting	
	Items for Review and Assurance	
FPC 23/11/016	Financial Report – Month 7 The Deputy Director of Finance for Operational (DDFO) presented the Financial Report – month 7 and highlighted the following: <ul style="list-style-type: none"> • At month 7, the Health Board was reporting an overspend of £16.021m made up of a planned deficit of £9.602m (7 twelfths of the revise planned annual deficit control total of £16.4m) along with unidentified savings and operational pressures of £6.419m • The revised planned deficit control total was issued by Welsh Government (WG) on 20 October 2023 which followed: <ul style="list-style-type: none"> - Planned Deficit @ Month 7 £88.400m - 10% Improvement required £8.840m - Recurrent Covid Legacy Funding £20.300m - Recurrent Inflationary Uplift £25.100m - Non-recurrent Inflation Uplift £10.100m - Non-recurrent Energy Funding £7.600m <p>The Committee received a graph which showed the total variance forecast and reported that the Health Board had “turned the curved” with an improved in-month position of 6.419m over and above the plan deficit compared to a forecast position of £6.264m.</p> <p>The DDGO advise the Committee that the challenge would be to maintain the downwards trajectory as the Health Board moved into a very challenging part of the financial year.</p> <p>The UHB Chair thanked the DDFO for providing the Committee with the clear graph and asked what level of confidence he had that the Health Board could recover and get back on track and to what timeframe.</p> <p>The DDFO responded that the profile the finance team had set themselves was undertaken at month 3 when the original forecast was put in that whilst it was pleasing that the Health Board had turned the curve, there was still the gap in the £32m savings programme that needed to be closed and but the Health Board were also experiencing operational pressures as of month seven that would need to be addressed and so to maintain the forecast position and downward trajectory, the savings gap had to be closed and get on top of operations challenges.</p>	

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	<ul style="list-style-type: none">• At month 7, the Health Board was reporting an operational deficit of £3.956m, a deterioration from the month 6 position due to:<ul style="list-style-type: none">- Continued medical pressures within the Medicine Clinical Board- Increased overtime usage in the month- Pressures observed in Primary Care which would be focussed upon as the Health Board moved into month 8 of the financial year. <p>The DDFO advised the Committee that the deterioration in position had been offset by a commissioning surplus based on the Health Boards LTA performance at month 7, so equally, whilst the Health Board needed to address the deteriorating operational positions in a number of its clinical boards, it would be important to maintain the operational surplus and grow it if possible as the Health Board moved through the rest of the year to help address some of the operational pressures.</p> <ul style="list-style-type: none">• The Core Financial Plan – Month 7 Position reported an overspend of £16.021m. £9.602m of that being seven months of the revised forecast deficit and there was a £2.463m deficit on the Savings Programme, being seven months of red schemes profiled into the position. There was also a £3.956m of operational deficit in delegated and central positions.• At month 7, the Health Board had identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m were classified as red schemes. The month 7 position included a Savings Programme variance of £2.463m. <p>The DDFO advised the Committee that the month 7 Savings Programme deficit was expected to be recovered, supported by a number of additional actions as the year progressed, enabling the Health Board to deliver its revised planned deficit position of £16.640m.</p> <p>He added that a number of actions were being taken to recover the month 7 operations and CRP deficit which included but were not limited to:</p> <p>Limit catalogue for non-clinical and non-pay expenditure Eliminate non-clinical agency with exception process Eliminate non-clinical overtime Enhanced vacancy review</p> <p>It was note that reducing premium pay expenditure across all staff groups was a large component of savings and that significant actions were taken during August 2023 to ensure the opportunities were realised.</p> <p>The DDFO advised the Committee that no stone was being left unturned in the Health Boards attempts to deliver the revised control total and delivering the savings programme would be a “must do” if the Health Board were to hit the revised £16.460m deficit control total.</p> <p>He added that in addition to the Savings target included in the Health Boards initial plan, the Health Board was required to reduce in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by WG in October 2023.</p> <p>It was noted that the additional 10% Improvement required for the Health Board to meet the WG revised target control was planned to be realised through the review, management and scheduling of specific expenditure programmes and that £5.4m of green and amber opportunities had been identified to date against the £8.8m target.</p>	
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The DDFO advised the Committee that Key schemes included energy price reductions against the Health Boards original plan, coupled with maintaining slippage against a number of WG allocations.

He added that as already noted, delivery against the revised planned deficit control total of 16.4m posed a significant challenge and whilst the Health Board had turned the corner in-month and was starting to get on the forecast trajectory, there was not yet firm savings identified to deliver the position in full to the core savings requirement and the additional savings.

The DDFO advised the Committee that it was important to note that hitting the revised deficit control total was also predicated on a number of anticipated WG allocations being confirmed.

- Public Sector Payment Compliance – It was noted that the Health Boards public sector payment compliance performance was above the target of 95%. Performance for the month to the end of October was 97.36% and improvements were illustrated in graph 6 within the report received by the Committee.

The CC noted that the Committee had looked at cash requirements prior to the additional support by WG, the 16m versus the 88m and asked if that assumed the other payments would come through the normal course of cash allocation.

The DDFO responded that it would and resource level would be increased and that would be cash backed and so the strategic cash assistance the Health Board would be requesting would now relate to the revised deficit control total of £16.4 million.

The UHB Chair noted that the Health Board was rapidly moving towards the end of the financial year and it had been recognised that the pressures would increase if there was further slippage on the Health Boards savings plans and the attempts to recover costs.

He added that he knew that colleagues were looking closely at certain parts of the organisation to establish why things were not perhaps going quite to plan and asked for further comment about how successful the executive performance reviews were.

The COO responded that the reviews were now known as “executive reviews” and that there was a section on finance within them.

He added that during the reviews, finance is discussed but noted that a much bigger meeting was held every month for 90 minutes with Clinical Board Directors, Directors of Nursing and Directors of Operations where the finance discussion was very focused and dedicated.

The Finance and Performance Committee resolved that at Month 7:

- a) The revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure was noted.
- b) The reported year to date overspend of £16.021m and the forecast deficit of £16.460m was noted.
- c) The financial impact of forecast COVID 19 costs which is assessed at £44.264m was noted.
- d) The month 7 operational overspend against plan of £3.956m was noted.

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	<p>e) The progress against the savings target, with £35.861m (113%) of schemes identified at Month 7 against the £32m target was noted</p> <p>f) The delivery of the forecast was also predicated on the confirmation of all outstanding income streams was noted</p> <p>g) The request to Finance Committee for recommendation to Board for approval of the UHBs application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit was noted.</p>	
<p>FPC 23/11/017</p>	<p>Welsh Government Strategic Cash Request Submission 2023/24</p> <p>The Welsh Government Strategic Cash Support Request information was received.</p> <p>The DDFO advised the Committee that the paper detailed the requirement required by the close of play on 23 November 2022, one day following the Finance & Performance Committee meeting.</p> <p>He added that the following application requirements were in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:</p> <ul style="list-style-type: none"> • All applications for Strategic Cash Support were required to be made to the Chief Executive NHS Wales • All applications were to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the Health Board and the actions management were taking to mitigate the cash support requirement; • All applications were to be made by the Accountable Officer of the Health Board. <p>The Committee was advised that Further to the strategic cash support, the Health Board was also forecasted that it would require an additional increase in its cash limit due to the in-year movement in working balances brought forward to the balance sheet which was expected to be £12.497m related to the 2022/23 revenue resource limit where funding was not cashed back.</p> <p>It was noted that in addition, work was ongoing to assess any working capital requirement in respect of Capital expenditure and that the current assessment was that cash support up to £7m would be required.</p> <p>The DDFO concluded that there were 2 points to consider which included:</p> <ul style="list-style-type: none"> • Board approval was required for the strategic cash request of £16.460m • A review of the Health Boards cash limit and any working capital requirement in respect of capital expenditure was being monitored through the monitoring returns with WG <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The Health Boards minimum working cash balance requirement of £12.487m was noted. b) The ongoing work to assess any requirement working cash associated with the Health Boards Capital expenditure programme was noted c) It was recommended that the Health Boards Board approve the Health Boards application to Welsh Government for £16.460m Strategic Cash Support in support of its revised 2023/24 forecast deficit. d) The Chairs Action to approve the Health Boards application to Welsh Government for Strategic Cash Support in lieu of formal Board approval was approved. 	

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<p>FPC 23/11/018</p>	<p>Operational Performance</p> <p>The Operational Performance update was received.</p> <p>The COO advised the Committee that he would take the report as read but would highlight points where appropriate which included:</p> <ul style="list-style-type: none"> • Although October 2023 continued to be challenging in terms of waiting times at the Emergency Department (ED), the Health Board had managed to reduce ambulance handover delays and were ahead of what had been outlined in the Health Board IMTP commitment. • The improvements resulting from the significant number of ward moves and redesign of the Health Board's Emergency Care footprint in July 2023 were taking time to fully imbed and would have impacted performance, however analysis had continued to assess breaches and to better understand and improve flow processes. • September 2023 saw further improvement in compliance against some key SSNAP measures for the Stroke Pathway and the percentage of patients directly admitted to the stroke unit within 4-hours increased to 67.9% and remained significantly above the all Wales average. • The Health Board continued to experience challenges in increasing the number of patients thrombolysed and it remained an area of continued focus • The Health Board did not deliver the 75% standard compliance with the 62-day single cancer pathway standard as had been originally intended, however performance in August 2023 increased to 66.4% and had remained above 60% since February 2023. <p>It was noted that a deep dive on Cancer had been submitted to the Finance and Performance Committee in October 2023.</p> <ul style="list-style-type: none"> • The waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy and it was hoped that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs. It was noted that Endoscopy capacity had been focused on Cancer, Urgent and long waiting surveillance patients. <p>The UHB Chair noted that the although not at the 75% standard for Cancer, the upward trajectory in figures from August 2022 to August 2023 was pleasing to note.</p> <ul style="list-style-type: none"> • The numbers of patients waiting on waiting lists had increased in October 2023 and focus on long-waiting cohorts had continued and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions. <p>It was noted that the Health Board remained on track to deliver its commitments to eliminate 3-year Outpatient waits, and reduce 3- and 2-year treatments waits in line with Ministerial ambitions.</p> <p>The COO advised the Committee that a deep dive on waiting lists would be received by the Committee at a future meeting.</p>	<p>PB/MT</p>
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Dental Deep Dive

The COO advised the Committee that at the Board meeting held in September 2023, a deep dive into dental was committed and the Director of Planned and Specialist Care (DPSC) provided the Committee with an update.

The Committee received a presentation on General Dental Services.

The DPSC advised the Committee that the Dental Contract Mechanism, the waiting lists and the performance standards were a complex system within dental services.

The presentation received provided information on the population of Cardiff and the Vale and the percentage of that population who were accessing dentistry from 2006 to 2023:

- As the population increased between 2006-2023 central funding from WG had not increased proportionately which had resulted in a steady drop in access until 2020.
- 2020 saw a significant drop in access as a result of the Covid-19 pandemic
- 2023 demonstrated 10% lower than the pre-pandemic position impacted by:
 - An untested new contract variation which had implications for access
 - An increase in dental need as a result of limited access during the pandemic.

It was noted that in March 2022, WG issued direction to all Health Boards in Wales to restart Dental Contract Reform to March 2024, using an action learning approach previously adopted for the reform programme and that the aim of the WG direction and reform was to continue and adapt alternative measures and take the time to assess the impact through a 'test and modify' approach to ensure change was taking NHS dentistry in the direction needed.

The DPSC advised the Committee that as of October 2023, 75% of the Health Boards dentists had moved to dental reform and 25% remained under the previous activity only measure.

He added that it was in that area where the complexity had come in, because the Health Board were not actually measured against awaiting timed or a waiting list, it was measured against quality and activity.

The Committee were presented with 2-year comparative data which showed that the Health Board were sitting at 48% which equated to 37,128 units of activity and that the estimated end of year activity would be 77,244 units of activity which would meet the 95% standard.

It was noted that the Centralised Dental Waiting List (CDWL) was established in May 2021 to establish the capacity gap in access to NHS Dental Services, an indicator of demand and a pathway for patients to access general dental services in an equitable manner.

The Committee was advised that the CDWL was not a list of patients with a specific oral health need as many of the patients would be healthy and simply want regular check-ups.

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	<p>The DPSC noted that Cardiff and the Vale University Health Board was the only Health Board with a fully monitored and managed CDWL with other Health Boards demonstrating similar access issues, but limited ability to measure the size of the problem.</p> <p>He added that the establishment and management of the CDWL had been positively received by WG however there were no core standards under which the waiting list was to be managed or RTT measures.</p> <p>The Committee was presented with the commissioning challenge observed by the Health Board.</p> <p>It was noted that the operational team had looked at both the total waiting list the Health Board currently had and noted that if it were to meet 60% of the population having access to NHS dentistry or 80% of the population getting access to NHS dentistry there was between a £2m and £20m challenge in terms of commissioning requirement to provide those services.</p> <p>The DPSC advised the Committee that after discussions with PCIC, 3 areas were identified which included:</p> <ul style="list-style-type: none"> • A forensic review of the current cost and volume contract in PCIC • Development of an options appraisal for commissioning • Engagement with WG through the IQPD mechanism and be open about the challenges <p>The Committee were presented with the work undertaken with Llais Wales (Llais) where key issues identified by Llais were received and the action taken which included:</p> <ul style="list-style-type: none"> • How the Health Board communicated with patients and the public • How patients could know which service was right for them • Access to an NHS dentist and urgent care • What to expect when placed on CDWL <p>The action noted that the PCIC Dental Contracting Team had committed to work in partnership with Llais to review and develop updated patient information by January 2024</p> <p>The DPSC presented the Committee with a summary of all of the points received which were outlined in the recommendations of the covering report.</p> <p>The UHB Vice Chair noted that the dentistry information had been very complex and was something that “foxed” the great and good in measuring who was waiting for dental care. He asked to what extent the waiting lists for the Health Board had been validated.</p> <p>The DPSC responded that an annual data cleanse took place to validate the waiting lists.</p> <p>The UHB Chair responded and noted that an annual data cleanse may not be the most appropriate way of validating the waiting lists and asked for more focus to be placed around that and a more regular look.</p> <p>The DPSC responded that he would look into that.</p>	
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	<p>The Finance and Performance Committee is asked to NOTE the year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) the commissioning arrangements and performance standards for GDS within CAV were noted b) The issue of the required commissioning levels including funding of dental services to meet demand which would need to be raised with Welsh Government were noted. c) The year to date position and overall improvement in performance and projected outturn against GDS performance standards for 2023-24 was noted d) The increasing CDWL position, action taken to validate the list annually and 100% achievement of placing patients who require urgent dental care within 24 hours while allocation to an NHS dentist was noted. e) The additional quality measures and actions taken by the PCIC Dental Contracting Team to support access to GDS was noted. f) The actions being taken by the team following feedback from Llais to improve patient communication and awareness of access to dental services in CAV were noted. g) A Board development session was recommended undertaken by the PCIC Dental Contracting Team to allow for an in-depth discussion and understanding of the contract, constraints and additional actions being taken to support access to NHS Dental services 	
<p>FPC 23/11/019</p> <p>Saunders, Nathan 06/02/2024 11:21:22</p>	<p>Length of Stay Update</p> <p>The Length of Stay Update was received.</p> <p>The COO presented to the Committee a slide pack entitled “When Can I Go Home – Reducing the time our patients are in hospital”.</p> <p>He added that the Health Board were trying to reposition the phrase “Length of Stay” to “When can I go home”.</p> <ul style="list-style-type: none"> • What was the problem? – The culture, systems and processes were causing people to spend too long in hospital which was leading to avoidable harm, loss of independence and deterioration on overall health and wellbeing. • What did the evidence find? <ul style="list-style-type: none"> - 117,000 excess bed days compared to peers (top 25%) - 288 beds could be used differently or used to resource intermediate care - 35% of patients stayed longer than 21 days - Local Authority delays only accounted for 11.6% of bed capacity • What were the aims? - People under the Health Boards care would spend 117,000 fewer days in hospital within three years, and there would be no more than 23% of acute beds filled with patients with a stay of over twenty-one days (super-stranded) saving them from harm, loss of independence, and deterioration of overall health and well-being • What would the outcomes be? 	

- Fewer ward moves for people
 - Rightsizing capacity to deliver "right bed first time"
 - Better experience leading to improved overall satisfaction
 - Less waits for an inpatient bed due to flow challenges – "do today's work today"
 - Decongest the emergency unit
 - People get home in an appropriate timeframe
- **Why was that important?**
 - People have a poor experience and outcome if they stayed in hospital longer than absolutely necessary and generally did not want to be there.
 - The longer people stay in hospital the more chance they would catch a hospital acquired infection.
 - Staying too long in hospital leads to deconditioning both physically and mentally.
 - People ending up in the wrong place have protracted stays in hospital
 - Hospital beds are the Health Boards most expensive resource
- **What was the approach?**
 - To define the Programme purpose in the context of its contribution to the relevant strategic objective(s)
 - To define measurable objectives and outcomes – aligned to the strategic priority/ties and specific strategic milestones
 - To define the Programme context and scope
 - To develop a Blueprint which described the desired future state (e.g. Digital Roadmap)
 - To define Critical Success Factors – i.e. what needed to be in place to deliver the Programme purpose (often relates to strategic fit, achievability, affordability and value for money)
 - To develop a Programme timeline with key milestones to provide a clear critical path
 - To develop clear Programme governance arrangements for planning, reporting, delivery and assurance
 - To develop and maintain Programme benefits and risks registers.

The COO advised the Committee that there had been some operational challenges for the Health Board where a Business Continuity had been announced and noted that learning had come from those challenges which included:

- Ensuring the right people were working on the wards and supporting staff
 - Patient level reviews – individual patient plans
 - A weekend planning team
 - Consistent metrics – evidence based decision making
- **What do we need to focus on?**
 - Patients and Family involvement:
 - What is wrong with me?
 - When am I likely to go home?
 - What is going to happen next?
 - What can I do to help myself get better?
 - What matters to me? – patient, carer, family will know and help understand situation
 - What support out of hospital is needed

The COO added that the teams needed to be focussed on as well and included medical staff, ward nurses and therapies staff.

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The Committee was presented with some key areas where those staff could provide focus which included but were not limited to:

- Early recognition of illness
- Senior doctor driven with early treatment and recovery
- Safe prompt discharge planning upon admission
- Does every patient know the when they are going home (PDD)
- What does the patient need next?
- Be aware of admissions to ensure timely assessment to identify needs and plans
- Review goals and actions with senior decision makers regularly
- Utilise community colleagues to support discharge planning and management of risk

It was noted that focus was also required on the integrated discharge and hub and flow team who would:

- Ensure the right patient get to the right bed
- Aim to have a First Point of Contact Officer (FPOC) at every board round
- Challenge regarding home first
- Provide links between health and social care
- Provide support for complex discharges
- Guidance around the mental capacity act
- Education re Clinically optimised/D2RA/POCD
- Assess patients who would benefit from a non acute bed

The COO advised the Committee that there was a Plan in place to cover 9 wards over a period of three months in the first instance – defined by and agreed with clinical boards following a task and finish group who would support teams with inputs, outputs and outcomes.

The Committee were presented with what commitment was required from the Ward team board rounds where it was identified that an “ABC” approach would be taken:

A – Basic structure:

- Do the team have a consistent board round day/time?
- Are they well attended?
- Do they capture actions?

B – Flow Framework:

- Is there a clinical plan in place?
- Are actions and owners assigned?
- The use of D2RA pathway
- Is Red2Green used effectively?

C – Well led:

- Check-in with everyone at the beginning
- MDT Safety brief at the beginning
- Keep to time and focus
- Challenge delays and decisions

- **What will be communicated and engaged?**

External:

- Reduce time patients spent in hospital through educational information and guidance.
- Target the most impacted patient demographic to reduce hospital stay.

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	<p>Internal:</p> <ul style="list-style-type: none"> - Inform all staff and specific teams of how they could help to reduce patient length of stay in hospital. - Personal Responsibility - UHB Value - Clinical Board commitment - Share point information page (directory of services) <ul style="list-style-type: none"> • How we will that be communicated and engaged? - Communication strategy developed for both internal and external engagement - Roadshows & engagement events - Media support: Round table discussions for winter - Listen and learn sessions led by clinical board champion - Social media <p>The COO concluded that it would be a programme led approach and noted that it had been received by the Senior Leadership Board the previous week and reviewed by Clinical Board Directors and that there was an excitement around the changes in work methods over the 3 year plan.</p> <p>The Finance Committee noted:</p> <p>a) The Length of Stay Update was noted</p>	
	Items for Approval/Ratification	
FPC 23/11/020	<p>Park View Health Centre – Declaration of Surplus and Disposal</p> <p>The Park View Health Centre – Declaration of Surplus and Disposal information was received.</p> <p>The DDFO advised the Committee that the information has been received by the Capital Management Group and the Senior Leadership Board and discussed in detail.</p> <p>He added that the purpose of the report was to update the Finance and Performance Committee of the current position in relation to the future requirement of the former Park View Health Centre Site and for the Committee to make a recommendation to the Board to declare the land surplus to requirement.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) That there was no requirement to retain the Park View site marked in green on the report to support the development of the Wellbeing Hub @ Ely and it was noted. b) To declare the area identified as surplus to requirement which was approved. c) The disposal of the site via the WG Land Transfer Protocol to South Wales Police for the purpose of the development of a new Police Station for the area and was approved. 	
FPC 23/11/021	<p>Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility</p> <p>The Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility information was received.</p>	

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	<p>The DDFO advised the Committee that the purpose of the report was to request that the Finance and Performance Committee recommended that the Board approve to enter into an agreement with the Vale of Glamorgan (VoG), for the provision of new clinic facilities at Broad Street, Barry, replacing the current existing clinic premises.</p> <p>He added that upon inspection of the Broad Street land title, it became evident that a restrictive covenant, to the benefit of VoG, governed the use of the site which stated “the Secretary of State covenants with the Council not to use the property described in the first Schedule hereto other than for purposes connected with the provision of health facilities”.</p> <p>It was noted that the covenant restricted any permitted use of the site except to the delivery of healthcare which resulted in an impact upon the value of the land in any future disposals.</p> <p>The Committee was advised that discussions had taken place between the VoG and the Health Board with advice from both NWSSP Specialist Estates Services and NWSSP Legal and Risk and a set of draft Heads of Terms (HoTs) had been agreed in principal which were outlined in detail within the report.</p> <p>It was noted that in order to meet the VoG timescales, approval to proceed was required as soon as possible.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) It was recommended that Board approve:</p> <ul style="list-style-type: none"> i) the declaration of Broad Street Clinic as surplus and the subsequent disposal under the Wales Land Transfer Protocol. ii) the income from the sale of Broad Street Clinic will need to be ring fenced to finance the fit out of the new facility. iii) the two Heads of Terms; <ul style="list-style-type: none"> - Proposed Acquisition by the Vale of Glamorgan Council of the Broad Street Clinic Site. - Proposed Lease for new Accommodation for relocated Broad St Clinic to be located within Site B Redevelopment and the signature thereof. iv) the issuing of the report to Board for affixation of the UHB Seal to the resultant lease documentation. <p>b) It was recommended that the board supported:</p> <ul style="list-style-type: none"> i) the transfer of services into the new facility and the likely increase in revenue consequences associated with running costs, against the cost of the existing facility. 	
	Items for Information and Noting	
<p>FPC 23/11/2022</p> <p>Saunders Nathan 06/12/2024 11:21:27</p>	<p>Monthly Monitoring Returns – Month 7</p> <p>The Month 7 Monitoring Returns were received.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Month 7 Monitoring Returns were noted.</p>	

FPC 23/11/023	Any Other Business No Other Business was discussed.	
	Review and Final Closure	
FPC 23/11/024	Items to be referred to Board / Committee	
	Date & time of next Meeting Wednesday 13 December 2023 at 2pm via Teams	

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