

Public Board Meeting

Thu 28 March 2024, 09:30 - 14:30


Woodland House - Nant Fawr 1,2 & 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 25 January 2024**
0 min
Charles Janczewski
 4 Public Board Minutes 25.01.24.pdf (15 pages)

09:40 - 09:40 **5. Actions – following meeting held on: 25 January 2024**
0 min
Charles Janczewski
 5 Action Log - Public Board.pdf (1 pages)

09:40 - 13:20 **6. Items for Review and Assurance**
220 min
Charles Janczewski

6.1. Patient Story – Franks Story
Jason Roberts
15 minutes

6.2. Chair’s Report & Chair’s Action taken since last meeting
Charles Janczewski
10 minutes

 6.2 Chairs March Board Report.pdf (12 pages)

6.3. Chief Executive Report
Suzanne Rankin
15 minutes

Saunders Nathan
21/03/2024 12:15:52

📄 6.3 Chief Executive Report.pdf (7 pages)

6.4. Board Assurance Framework

Matt Phillips

10 minutes

📄 6.4 BAF_Cover Report Board.pdf (2 pages)

📄 6.4a Board Assurance Framework.pdf (74 pages)

6.5. Chairs' reports from Committees of the Board:

1. *Finance & Performance 17.01.24 & 21.02.24*
2. *People & Culture 23.01.24*
3. *Mental Health Legislation & Mental Capacity Act 30.01.24*
4. *Audit & Assurance 06.02.24*
5. *Quality, Safety & Experience 13.02.24*
6. *Digital & Health Intelligence 20.02.24*

📄 6.5.1 Finance & Performance Chairs Report 17.01.2024.pdf (5 pages)

📄 6.5.1b Finance & Performance Chairs Report 21.02.2024.pdf (5 pages)

📄 6.5.2 P&C Chairs Report 23.01.2024.pdf (4 pages)

📄 6.5.3 MH Chairs Report 30.01.2024.pdf (4 pages)

📄 6.5.4 Audit and Assurance Chairs Report 06.02.2024.pdf (4 pages)

📄 6.5.5 QSE Public Chairs Report from 13.02.2024.pdf (3 pages)

📄 6.5.6 DHIC Chairs Report 20.02.24.pdf (3 pages)

6.6. Break – 10 minutes

6.7. Integrated Performance Report:

60 minutes

Sian Griffiths / Paul Bostock / Rachel Gidman / Jason Roberts / Catherine Phillips

- Public Health
- Operational Performance
- People & Culture
- Quality, Safety & Experience
- Finance

📄 6.7 IPR Corporate Header.pdf (8 pages)

📄 6.7a Integrated Performance Report March 2024 v0.31.pdf (33 pages)

6.8. Strategic Planning, Commissioning and Partnership Update

Abigail Harris

15 minutes

📄 6.8 Strategic Planning, Commissioning and Partnership Update.pdf (8 pages)

6.9. Integrated Annual Plan Quarter 3 Report

Abigail Harris

10 minutes

📄 6.9 Integrated Annual Plan 2023/2024 Quarter 3 Report.pdf (3 pages)

📄 6.9a Integrated Annual Plan Quarter 3 Report.pdf (31 pages)

6.10. Estates Update

Catherine Phillips

15 minutes

📄 6.10 Estates Risk Update - March 2024.pdf (10 pages)

Saunders, Nathan
21/03/2024 12:15:32

6.11. Findings of the Bevan Commission – A Conversation with The Public Report

Abigail Harris

10 minutes

-  6.11 Bevan Commission Findings.pdf (4 pages)
-  6.11a A-Conversation-with-the-Public_National-Report_Bevan-Commission_with-annexes.pdf (111 pages)
-  6.11b Co-production, Consultation & Engagement Framework.pdf (20 pages)

6.12. Staff Survey Results

Rachel Gidman

10 minutes

-  6.12 Staff Survey Positioning Paper.pdf (4 pages)

6.13. Break for Lunch – 30 minutes

13:20 - 14:30
70 min

7. Items for Approval / Ratification

7.1. Annual Plan Approval of 2024/25 Annual IMTP

Abigail Harris




20 minutes

Appendices can be located in the Supporting Documents Folder.

-  7.1 Integrated Annual Plan Board Cover Report v2.pdf (6 pages)

7.2. Decarbonisation Plan

Abigail Harris

-  7.2 Decarbonisation Action Plan Paper.pdf (4 pages)
-  7.2a Decarbonisation Action Plan 2024-25 - Final.pdf (30 pages)
-  7.2b EHIA - Decarbonisation Action Plan.pdf (19 pages)

7.3. All Wales Capital Prioritisation

Abigail Harris / Catherine Phillips

15 minutes

-  7.3 All Wales capital prioritisation cover paper (Replacement).pdf (9 pages)

7.4. Joint Commissioning Committee

Matt Phillips

5 minutes

-  7.4 Joint Commissioning Committee Cover Report.pdf (7 pages)

7.5. Water Safety Control Measures

Catherine Phillips

5 minutes

-  7.5 Provision of Water Safety Cover Report.pdf (3 pages)
-  7.5a Water_Safety_Control_Measures_-_Proc_Report_.pdf (19 pages)

7.6. Strategic Equality Objectives & Annual Equality Reports

Saunders Nally
21/03/2024 12:15:52

Rachel Gidman

10 minutes

Appendices can be located in the Supporting Documents Folder.

 7.6 SEO & Reports - March 2024.pdf (3 pages)

7.7. Saving Lives – TV Series

Joanne Brandon

5 minutes

 7.7 BBC Saving Lives.pdf (4 pages)

14:30 - 14:30


0 min

8. Items for Noting and Information

8.1. Operation POET

Catherine Phillips

 8.1 Operation POET Cover Report.pdf (3 pages)

 8.1a Appendix 1 Operation POET.pdf (14 pages)

8.2. Structured Assessment

Matt Phillips


 8.2 Structured Assessment 2023 Report.pdf (44 pages)


8.3. Corporate Risk Register

Matt Phillips

 8.3 CRR Board Report.pdf (3 pages)

 8.3a Detailed Corporate Risk Register - March 2024 2.pdf (8 pages)

 8.3aa Detailed Corporate Risk Register - March 2024.pdf (7 pages)

 8.3b Assurance Map March 2024.pdf (4 pages)

8.4. Three Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act – Caveated Report

Jason Roberts

 8.4 SBAR three yearly report.pdf (2 pages)

 8.4a WG 3 yearly report CV 3.pdf (21 pages)

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

Matt Phillips

1. Local Partnership Forum – 08.02.2024

 8.5.1 LPF Board Briefing 08.02.2024.pdf (3 pages)

8.6. Committee, Advisory Group and Joint Committee Minutes:

Matt Phillips

1. Audit & Assurance 07.11.23

2. People & Culture 14.11.23 & 23.01.24

3. Mental Health Legislation & Mental Capacity Act 31.11.23

4. Finance & Performance 13.12.23 & 17.01.24

5. Quality, Safety & Experience 19.12.23

6. Stakeholder Reference Group 28.11.23

7. NHS Wales Shared Services Partnership Committee 18.01.24

Saunders Nather
21/03/2024 12:15:52

- 8. *Local Partnership Forum 12.12.23*
- 9. *Emergency Ambulance Services Committee 17.01.23*

- 📄 8.6.1 Audit Committee Minutes 07.11.2023.pdf (11 pages)
- 📄 8.6.2a People & Culture Committee Minutes 14.11.2023.pdf (10 pages)
- 📄 8.6.2b People & Culture Minutes 23.01.24.pdf (9 pages)
- 📄 8.6.3 MH Committee Minutes 31.10.2023.pdf (8 pages)
- 📄 8.6.4a Finance & Performance Committee Minutes 13.12.2023.pdf (7 pages)
- 📄 8.6.4b Finance & Performance Committee Minutes 17.01.24.pdf (7 pages)
- 📄 8.6.5 QSE Minutes 19.12.2023.pdf (7 pages)
- 📄 8.6.6a SRG 28.11.23.pdf (7 pages)
- 📄 8.6.6b SRG 24.01.23.pdf (6 pages)
- 📄 8.6.7 NWSSP 18.01.2024.pdf (5 pages)
- 📄 8.6.8 LPF minutes 12.12.23.pdf (8 pages)
- 📄 8.6.9 EASC Minutes 17.01.23.pdf (15 pages)

8.7. Emergency Medical Retrieval and Transfer Service (EMRTS) Review

Appendices for this item can be located in the Supporting Documents Folder.

- 📄 8.7 EMRTS Cover Paper for Board.pdf (2 pages)
- 📄 8.7a EMRTS Service Review health board template report v2.pdf (10 pages)

14:30 - 14:30 9. Agenda for Private Board Meeting:

0 min

Charles Janczewski

- i. *Approval of Private Board minutes*
- ii. *Covid Inquiry Update*
- iii. *Blood Inquiry Update*
- iv. *Accountability Letter*
- v. *Approval of Private Committee minutes*

14:30 - 14:30 10. Any Other Business

0 min

Charles Janczewski

14:30 - 14:30 11. Review of the meeting

0 min

Charles Janczewski

14:30 - 14:30 12. Date and time of next meeting:

0 min

Charles Janczewski

14:30 - 14:30 13. Declaration

0 min

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

Saunders Nathan
21/03/2024 12:15:52

**Minutes of the Public Board Meeting
Held On 25 January 2024
Woodland House, Nant Fawr 2 & 3**

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategy & Planning (<i>left at 11.30am</i>)
Akmal Hanuk	AH	Independent Member – Local Community
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Mike Jones	MJ	Independent Member – Trade Union
Lianne Morse	LM	Assistant Director of People & Culture
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
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
John Union	JU	Independent Member – Finance
In attendance:		
Stephen Allen	SA	Regional Director - Llais
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Lani Tucker	LT	Chair of the Stakeholder Reference Group
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:		
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Meriel Jenney	MJ	Executive Medical Director

Saunders, Nathan
21/03/2024 12:15:52

Item No	Agenda Item	Action
UHB 24/11/001	Welcome & Introductions The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh. He welcomed the newly appointed Chair of the Stakeholder Reference Group, the newly appointed Executive Director of Public Health and noted that it was the last meeting being attended by the Regional Director of Llais (RDL) due to retirement. He thanked the RDL for their support during their tenure as an associated member of the Board.	
UHB 24/11/002	Apologies for Absence Apologies for absences were noted.	
UHB 24/11/003	Declarations of Interest No Declarations of Interest were noted	
UHB 24/11/004	Minutes of the Meeting Held on 30 November 2023 The minutes from the Board meeting held on 30 November 2023 were received. The Board resolved that: a) The minutes from the Board meeting held on 30 November 2023 were approved as a true and accurate record of the meeting.	
UHB 24/11/005	Action Log The Action Log was received. The Board resolved that: a) The Action Log was reviewed and noted.	
UHB 24/11/006	Patient Story – Steven's Story The Patient Story was received. The Board were played a video which outlined Steven's experience with the Prepare Well Team to help manage osteoarthritis in his knees following an active lifestyle. The video outlined information and the timeframe around the knee replacement Steven received and their journey from prehabilitation to rehabilitation. The Executive Director of Therapies and Health Sciences (EDTHS) advised the Board that knee surgery was an area which had moved forward over the past few years and highlighted the team working between radiographers, therapies and local authority colleagues as Steven's rehabilitation had taken place in a leisure centre environment. She added that the patient being seen in that manner reduced the chances of a hospital acquired infection and that it was pleasing to note that Health Care was moving forwards.	

	<p>The RDL asked if there was a possibility for patients to have longer access to the Prepare Well Team to help manage conditions.</p> <p>The EDTHS responded that it was bespoke to each patient and noted that 6 weeks tended to meet most needs for individuals, however because of the leisure centre environment, a number of patients had also taken it upon themselves to join the leisure centre to help support themselves where appropriate.</p> <p>She added that the Health Board worked closely with the leisure centres and their staff.</p> <p>The CEO noted that the change in pathways was a positive thing to observe and noted that due to some adjustments in technique, patients often could go home on the same day if able which was a huge step forward.</p> <p>The UHB Chair concluded that he was amazed by the progress made in some areas of the NHS.</p> <p>The Board resolved that:</p> <p>a) The Patient Story was noted.</p>	
<p>UHB 24/11/007</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 and Committee Membership - The appointment of Claire Beynon as Executive Director of Public Health and the new Chairs of the Audit & Assurance Committee and Finance & Performance Committee were noted. • Board Development Session – 14 December 2023 – It was noted that the Board had continued its strategy work at the last Board Development session and had discussed potential delivery mechanisms that centered on defined portfolio areas, Senior Responsible Officers (SROs) and programmes of work. • New Year's Honours List – The remarkable achievements of Dr Hamsaraj Shetty (MBE), Professor Antony Johansen (MBE) and Versha Sood Mahindra (BEM) were noted • Housekeeping, Linen and Waste Services – The UHB Chair highlighted a recent visit undertaken to the Housekeeping, Linen and Waste Services team and noted that it was clear to see that the teams provided first class support to the Health Boards wards and community services by meeting the huge demand for Housekeeping, Linen and Waste services. <p>He thanked the team for the marvellous contribution they continued to make to the Health Board on behalf of the Board.</p> <ul style="list-style-type: none"> • Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting were noted. • A question was received from the public: 	

Saunders Nathan
21/03/2024 12:15:52

	<p><i>“We were very pleased to see progress on the request to funding from Welsh Government for the purchase of the Redlands GP Surgery in Penarth, but ask if it was recognised this was only part of the solution to the acute pressure on GP surgery provisions in Penarth.</i></p> <p><i>Would the Health Board encourage the strategic planners to widen their discussions beyond the Vale Council and the NHS?”</i></p> <p>The Executive Director of Strategic Planning (EDSP) responded to that the purchase of Redlands GP Surgery in Penarth was one piece of the puzzle in relation to the development of services in the Vale of Glamorgan and noted that the purchase was a short-term measure whilst work was undertaken around the planning of a wellbeing hub in the area.</p> <p>She added that engagement with the cluster and wider community would take place to ensure the correct premises and facilities would be developed and noted that the engagement suite of work had started and were advancing quite significantly.</p> <p>The Board resolved that:</p> <ul 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 24/11/008</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 and levels of assurance of the important work ongoing across the Organisation which included:</p> <ul style="list-style-type: none"> • Winter Plan – It was noted that that Winter Plan had been executed effectively thus far as demonstrated by the data and corroborated by the positive feedback. • Junior Doctor Industrial Action - it was noted that at the time of writing the report, the Health Board had approached the planned BMA Junior Doctor Industrial Action and it was noted that work with colleagues had been undertaken across the Health Board collaboratively and respectfully as it headed into the challenging period. <p>The CEO advised the Board that a number of Live Team sessions leading up to the planned Industrial Action were held to help the Senior Management Teams to understand colleague concerns and to answer questions.</p> <p>Assurance was provided that the Health Board had prepared in detail for the Industrial Action to ensure that team priorities were clear and how oversight and escalation opportunities and the approaches that would mitigate the absence of Junior Doctor colleagues could be provided.</p> <p>The CEO advised the Board that the financial implications from the industrial action had not been finalised but would be shared with the Board once it had.</p>	

Saunders Nathan
21/03/2024 12:15:52

	<ul style="list-style-type: none"> Christmas Period - The CEO thanked all of the teams and colleagues who worked hard over the very busy Christmas and New Year period. <p>She added that 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 and thanked for them for working systematically and diligently through those pressures.</p> <ul style="list-style-type: none"> Finance Position Update – Assurance was provided by the CEO that a key priority of the Senior Leadership Team remained the achievement of the financial control total set for the planned deficit of £16m deficit. <p>It was noted that a more detailed outlook would be provided during the Integrated Performance Report as well as taking a look at the next financial year.</p> <ul style="list-style-type: none"> Planning 2024-2025 – it was noted that an extensive discussion had been held with the Senior Leadership Board (SLB) on 11 January 2024 where the Annual Plan Priorities were discussed, with the benefit of having the financial allocation. <p>The CEO added that it enabled the SLB to look ahead and prioritise against key workstreams and set actions to form the 24/25 Annual Plan.</p> <p>The Independent Member – Local Community (IMLC) asked if it was the Health Boards preparedness or less patients attending hospital which had led to the success of the execution of the winter plan.</p> <p>The Chief Operating Officer (COO) responded that 25% more people attended Accident & Emergency (A&E) on the first day of striking and that the Health Board had managed to maintain a number of the metrics such as ambulatory waits and handovers.</p> <p>He added that he was confident that the Health Board could hold the level of performance observed.</p> <p>The RDL asked if there would be a public engagement process in the planning process for the Health Boards priorities in 2024/25.</p> <p>The CEO responded that a lot of the prioritisation was around reconfiguration of Health Board services and noted that a large number of stakeholders would be engaged during the process and that where there was a clear requirement on patient experience, then the relevant bodies would be engaged.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Strategic Overview and Key Executive Activity to provide assurance described in the report were noted. 	
<p>UHB 24/11/009</p> <p>Saunders Nathan 21/03/2024 12:15:52</p>	<p>Strategic Planning, Commissioning and Partnership Update</p> <p>The Strategic Planning, Commissioning and Partnership Update was received.</p> <p>The EDSP advised the Board that they had received the NHS Wales Planning Guidance for 2024-2027 which provided a summary on three areas which included:</p> <ul style="list-style-type: none"> Golden Threads of planning which included but were not limited to; 	

	<ul style="list-style-type: none">- Recognition of external factors being the most challenging circumstances since the inception of the NHS and the recognition that it was likely to continue.- Improvement of population health outcomes.- Children’s access to specific and universal care and services- Quality and value-based approaches to care <ul style="list-style-type: none">• Ministerial Priorities which included but were not limited to;<ul style="list-style-type: none">- Enhanced Care in the Community- Primary and Community Care- Urgent and Emergency Care- Planned Care and Cancer- Mental Health, including Child and Adolescent Mental Health Services (CAMHS)• Value & Sustainability - the implications for the short and medium-term transformation and sustainability programmes. <p>The EDSP advised the Board that in the February 2024 Board Development session, the Board would be considering the draft IMPT/Annual Plan and would receive the final draft plan for consideration and approval at the March 2024 Board meeting.</p> <ul style="list-style-type: none">• Regional Planning – a number of ongoing engagements were received by the Board and the EDSP highlighted some which included:<ul style="list-style-type: none">- Ophthalmology regional programme; An engagement exercise had been undertaken regarding the medium-term plans for a regional approach to cataract surgery. The feedback would be used to help the Health Board shape the next stage of the programme and the proposals for a regional cataract service building on the current regional approaches that had been established utilising the temporary theatres at UHW.- Stroke regional programme; Discussions were taking place to firm up proposals for a joint out of hours rota (as was in place prior to the pandemic) for stroke services. <p>Work on the options for achieving the national stroke standards and the national service specification continued to be refined and would be tested out in a clinical workshop due to take place later in January 2024. Work was currently being completed to analyse the phase 1 stroke patient survey to inform the Health Boards planning and Liaisons were engaged in the work due to the requirement for the Health Board 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.</p> <p>The EDSP advised the Board that the colleague leading on the stroke work had sadly passed away and a moment of reflection would be taken before continuing with the valued work.</p> <ul style="list-style-type: none">• Shaping Our Future Hospital Programme – it was noted that following the Infrastructure Investment Board which took place on 13th November 2023, work had been progressed to scope the master planning work agreed with Welsh Government (WG). It was noted that several meetings had taken place with WG officials, and it was anticipated that the master planning scope would be signed off in January 2024 to	
--	---	--

Saunders Nathan
21/03/2024 12:15:52

	<p>enable resources to be requested and the procurement process to commence, alongside the firming up of the clinical service planning assumptions.</p> <p>It was noted that a further update would be provided at the Board meeting held in March 2024.</p> <p>The UHB Vice Chair noted that it was good to hear about the developments around regional planning and the financial models and asked how the Health Board could ensure that they would be adequately compensated if the Cardiff and Vale services were being used on patients outside of Cardiff and the Vale.</p> <p>The EDSP responded that principals had been agreed across the region and noted that there was a responsibility to the local population as well as regional which required the Health Board to think differently.</p> <p>She added that in terms of financial arrangements, the Health Board had a provider and a commissioner and that being transparent in costs would be key.</p> <p>The UHB Vice Chair added that if there was an extended Length of Stay (LoS) for an “out of area” patient, would the Health Board be compensated.</p> <p>The Executive Director of Finance (EDF) responded that learning was ongoing from that sort of scenario and that there would be standards to work to and conditions put in place.</p> <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. An update to be received on Shaping Our Future Clinical Services and Hospitals Programme at the February Board development session was agreed. The final draft IMPT/Annual Plan for 2024 – 2027 would be brought to the Board in March for consideration and approval was noted. 	
<p>UHB 23/11/009</p>	<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 the BAF provided the Board with information on the key Strategic Risks that could impact upon the delivery of the Health Board’s Strategy and comprised of 15 risks with 3 broad groups in which the risks had been ordered within the BAF which included:</p> <ul style="list-style-type: none"> • Patient Safety & Operations Risks (e.g. Patient Safety, Maternity, Critical Care etc.) • Workforce Risk (e.g. Culture, Wellbeing) • Corporate (e.g. Finance, Estates, IMTP) <p>He added that no net risk scores have altered since the last meeting.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> The 15 risks to the delivery of Strategic Objectives detailed on the attached BAF for January 2024 were reviewed and noted. 	

Saunders Nathan
21/03/2024 12:15:52

<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> <ul style="list-style-type: none"> • People & Culture Committee – The Independent Member – Third Sector (IMTS), Chair of the People & Culture Committee advised the Board that the Committee was still relatively new and noted that focus was held on the 3 risks which had been assigned to the Committee. • Charitable Funds Committee – The Independent Member – Finance, Chair of the Charitable Funds Committee advised the Board that he would take the report as read and noted that the Health Charity was undergoing a refresh which would be received in its final draft at the March 2024 meeting prior to being received by the Trustees. <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>Public Health:</p> <p>The Executive Director of Public Health (EDPH) advised the Board that she would take the paper as read and noted an outbreak of measles which had resulted in further efforts to provide catch-up vaccinations.</p> <p>The IMTS noted their concern at the Healthy Weight figures presented within the report.</p> <p>Operational Performance:</p> <p>The COO advised the Board that he would take the paper as ready and would highlight key areas for noting which included:</p> <ul style="list-style-type: none"> • Urgent & Emergency Care – it was noted that there was a continued 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 the Health Board continued to meet its commitment on reducing the number of lost hours. <p>It was noted that there was also an ongoing focus and work being undertaken by the Emergency Unit (EY) and patient flow teams which had led to a significant reduction in average handover time and 1-hour handovers in December 2023 and Early January 2024, in the context of a very challenging national picture.</p> <ul style="list-style-type: none"> • Cancer Performance – it was noted that in terms of the Health Boards compliance with the 62-day single cancer pathway standard, performance in October 2023 had increased to 64.7% as work continued through the longest waiting patients. <p>It was noted that in January 2024, particular challenges had been observed with endoscopy which had impacted the upper and lower GI pathways and that those challenges were being addressed with improvements noted in the endoscopy backlog.</p>	

Saunders Nathan
21/03/2024 12:15:52

- Planned Care – it was noted that the Health Board had delivered the 104-week waiting standard at the end of December 2023 with 3780 patients waiting over 2 years.

The COO noted that in terms of patients waiting over 3 years, 176 patients were waiting across 2 specialities (spinal and urology) and 22 patients were currently waiting over 4 years which were complex spinal patients.

He added that the focus was to have those patients cleared by the end of March 2024 but noted there was a caveat on that with the ongoing industrial action.

- Diagnostics – it was noted that the waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy.

The COO noted that it was anticipated that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs and noted that in October 2023 a reduction was observed in the number of patients waiting over 8 weeks for MRI and CT.

He added that the service had 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.

- Mental Health – it was noted that demand for adult and children's Mental Health services remained significantly above pre-Covid levels, which included an increased presentation of patients with complex mental health and behavioural needs.

It was noted that Part 2 of the compliance remained challenged with an improvement trajectory being shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance.

It was noted that a full demand and capacity review had taken place and the team had a number of key actions including job plan and pathway reviews to better align the service to demand.

The COO advised the Board that a deep dive on mental health performance would be received by the Finance & Performance Committee at its March meeting.

The IMTS noted that the report identified 3 vacancies within Mental Health and asked if anything was being done to Fastrack the recruitment and noted that some of the cases identified were of a high complexity and asked if the right capacity was there.

The COO responded that everything was being done to try and fill the vacancies but noted it was difficult to find the people with the right skills for the roles.

The UHB Chair added that the ability to recruit into those specialist posts was very challenging and noted that there were a number of organisations across Wales looking for the same thing.

The COO added that in terms of the complexity, some of the Childrens mental health complexities were a legacy of the Covid-19 pandemic and that the team would look at them and come back and provide a deep dive.

Saunders Naeem
21/03/2024 12:16:13

- Industrial Action – it was noted that as forecasted the Health Board saw a drop in cancer compliance to 64.4% in January, as a result of the Junior Doctors Industrial Action, where 121 cancer appointments were lost.

The COO added that the ability to sustain services would be testing with some of the key specialities in the Medicine Clinical Board.

People & Culture:

The Assistant Director of People & Culture (ADPC) advised the Board that she would take the report as read and would highlight key areas for noting which included:

- 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) had fallen from a high of 13.66% at Nov-22 to 11.80% at Sep-23 and it was noted that Clinical Boards were working on a range of measures to improve staff retention.
- Sickness – it was noted that sickness absence was improving and had fallen to below 6% in December 2023.
- The compliance with Valued-based Appraisal (VBA) had 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.

It was noted that the rate for Sep-23 was 67.81% and 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.

The ADPC noted that it was anticipated an improvement would be observed as the Health Board moved out of the winter months.

- A reduction in Variable Pay Spend – it was noted that the reduction had been as a result of the workforce sustainability programme linked to the People & Culture plan.

It was noted that there was more work to be undertaken for 2024/25 and the plan to continue the reduction was currently being developed.

The Committee was advised that the People & Culture Committee received a progress report at every meeting to see how the People & Culture plan was being embedded across the Organisation and noted that the Clinical Boards attended each meeting to bring updates on that.

The IMF asked if any work was undertaken with universities around future planning. The ADPC responded that the team engaged with the universities, specifically through Health Education and Improvement Wales (HEIW) to identify skill gaps and where support could be provided.

The COO noted that using winter as an excuse for low VBA rates was not a good excuse and noted that Clinical Boards would need to increase the compliance rate.

Saunders N
21/03/2024 12:05:52

<p>Saunders Nathan 21/03/2024 12:15:52</p>	<p>The UHB Chair agreed and noted that if some areas in the Health Board could achieve over 90% of compliance then others should be able to follow suit.</p> <p>Quality and Safety:</p> <p>The Executive Nurse Director (END) advised the Board that he would take the report as read and noted that he would highlight key areas which included:</p> <ul style="list-style-type: none">Concerns – it was noted that the current concerns response compliance was 76% against the Welsh Government target of 75% which was positive to see.Duty of Candour – it was noted that Duty of Candour was still being embedded into and across the Organisation and an internal audit had been undertaken to identify further work on reporting on the outcomes of the Duty of Candour.Patient Feedback – Civica – it was noted that Civica had gone live on Friday 28th October 2022 and the Health Board were currently surveying up to 1000 patients daily via text and that 600 had been chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. <p>It was noted that as of the end of November 2023, the Health Board had sent 128,508 texts and were seeing a response of 18% and that was higher than many organisations, a strong focus would be placed on improving that position.</p> <ul style="list-style-type: none">Patient Safety – Nationally Reportable Incidents (NRIs) – it was noted that the number of overdue NRIs was at 34 and that November and December 2023 saw high NRI reporting for the Health Board.Patient Safety –Incident Queues – it was noted that there were 5153 incidents which had been open for more than 90 days which did not reflect a timely incident management process. <p>The END added that the figure in November 2023 was 4832.</p> <ul style="list-style-type: none">He added that work would be undertaken by the patient safety team to support clinical boards in reviewing and closing patient safety incidents in Q4 with an aim to reduce overdue incidents by 25%.Infection Control – it was noted that between April 2023 and Dec 2023 there had been 80 cases of C'difficile and that the current rate was 21.10 cases for 100,000 population which was 33% lower than the equivalent period in 2022/23. <p>The END added that the Reduction Expectation (RE) was 25.00 cases per 100,000 population and that the current Health Board rate was 16% below that RE.</p> <p>It was noted that work was ongoing and that the Health Board was on trajectory to achieve the RE whilst also having the lowest rate across the 6 acute University Health Boards in Wales.</p> <ul style="list-style-type: none">Mortality – The Deputy Medical Director (DMD) advised the Board that he would take the report as read and noted that the Crude Inpatient Mortality chart received by the Board demonstrated continued inpatient mortality in line with the five-year average for the same reporting period.	
--	--	--

	<p>He added that the Quality, Safety & Experience Committee received detailed mortality data at each meeting and would continue to do so.</p> <p>It was noted that nearly 100% of inpatient deaths were now going to medical examiner which meant that they were getting an extra level of scrutiny.</p> <p>Finance:</p> <p>The EDF advised the Board that at month 8, the Health Board was reporting an overspend of £17.393m 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> <p>It was noted that the forecast year end position was amended in October 2023 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 and that additional actions were progressing to recover the month 8 operational & CRP overspend and deliver the 10% improvement required to enable the Health Board to deliver the revised £16.460m control target deficit.</p> <p>The EDF added that the Health Board had done very well on its savings and that there was only £2m left to save to hit the target.</p> <p>It was noted that Welsh Government had published its Draft Budget for 2024-25 on the 19th December 2023 which outlined:</p> <ul style="list-style-type: none"> - 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 came from reshaping Welsh Government spending plans, which would be on top of the additional £425m made available in October 2023 and represented an increase of more than 4% in 2024-25. <p>The IMTS noted that a number of the performance measured identified within the Integrated Performance Report stated “work in progress” so was unsure what that meant.</p> <p>The UHB Chair added that he supported that statement and noted that “in progress” was unhelpful to the Board.</p> <p>The Board resolved that:</p> <p>a) The contents of the report was noted.</p>	
<p>UHB 23/11/012</p> <p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>Standing Orders</p> <p>The Standing Orders were received.</p> <p>The Director of Corporate Governance (DCG) advised the Board that Standing Orders were provided by direction from Welsh Government and looked to cohere the myriad legislative and policy requirements and powers that the organisation had into a coherent, overarching document.</p>	

	<p>He added that currently, financial decision making was framed by the WG direction within Standing Financial Instructions such that contracts worth in excess of £500,000 needed to be notified to WG and in excess of £1m needed WG approval and that in light of the impact of inflation and a desire to place decision making at the most appropriate level, it was being proposed that the delegations were amended.</p> <p>The Board resolved that:</p> <p>a) The amendment to Standing Orders and the Scheme of Delegation from table 1 to table 2 received by the Board was approved.</p>	
<p>UHB 23/11/013</p>	<p>Cardiothoracic Return to UHW</p> <p>The Cardiothoracic Return to UHW information received.</p> <p>The COO advised the Board that a Cardiothoracic Return to UHW had been planned for a while and had an original budget of £750k which had now increased.</p> <p>He added that the purpose of the report was 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 sought 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 EDF advised the Committee that the proposal had been scrutinised by both the Financial teams and the Operations teams.</p> <p>The Regional Director of Llais (RDL) noted that the report mentioned that due to the restrictive footprint of the current C3 link ward area, the proposed reconfiguration would not meet current WHTM/WHBN compliance, but would be a significant improvement compared to existing facilities and would meet approvals of Infection Control and asked what that meant.</p> <p>The EDF responded that in terms of building regulations and standards, the Health Board did not need those anymore and noted that the teams had worked hard with clinical teams to make sure it was the best and optimum solution.</p> <p>The Board resolved that:</p> <p>a) The works required to significantly improve the existing facilities to enable to repatriation of Cardiothoracic Services to UHW were noted.</p> <p>b) The outturn cost of £1.92m (inclusive of VAT) to be funded from the 2024/25 Discretionary Capital Programme was approved.</p> <p>c) 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 was approved</p> <p>d) 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 was approved.</p> <p>e) The Board RECOMMENDED that the Health Board enter into the above said contracts.</p>	

Saunders Nathan
21/03/2024 12:15:52

UHB 23/11/014	Whitchurch Land Transfer to Velindre NHS Trust <p>The Whitchurch Land Transfer to Velindre NHS Trust information was received.</p> <p>The IMCE declared an interest in the item and left the meeting.</p> <p>The EDF advised the Board that the purpose of the report was 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.</p> <p>She added that the report sought approval to transfer the land, subject to Welsh Government approval, to Velindre NHS Trust.</p> <p>The EDF advised the Board that it was important to note that the land transfer would be undertaken under a net book transfer between the two Health Boards and that the land transfer would still enable the health Board to have access to the N&W Locality Team building and car parking as part of a lease back provision and that the Whitchurch lodge building would not be transferred.</p> <p>The RDL asked if the retained land would be used for the North Cardiff Wellbeing Centre.</p> <p>The EDF responded that it was the Health Boards intention to use that land for the North Cardiff Wellbeing Centre and that the whole area identified in the report was what the Health Board would own at the end of the transfer which would be used for North Cardiff provision.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The request to write to the Welsh Government to seek approval of the Land Transfer between the two Health Boards was approved. b) The land transfer of the Whitchurch Site to Velindre NHS Trust, upon receipt of approval of the transfer from the Welsh Government was approved. 	
UHB 23/11/026	Corporate Risk Register <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	Chair's Reports from Advisory Groups and Joint Committees: <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. 	

Saunders Nathan
21/03/2024 12:15:52

	<p>Committee / Governance Group Minutes</p> <p>The Committee / Governance Group Minutes were received.</p> <p>The Board resolved that:</p> <p>a) The Committee / Governance Group Minutes were noted.</p>	
	<p>Any Other Business</p> <p>No other business was received.</p>	
	<p>Agenda for Private Board Meeting:</p> <p><i>i. Approval of Private Board minutes</i></p> <p><i>ii. Covid Public Inquiry Update</i></p> <p><i>iii. Industrial Action Contingency Planning – Junior Doctors</i></p> <p><i>iv. Implications of GMS contract negotiations on service delivery</i></p> <p><i>v. Fire Prosecution Update (verbal)</i></p> <p><i>vi. Approval of Private Committee minutes</i></p>	
	<p>Date & time of next Meeting:</p> <p>Thursday 28 March 2024 – Woodland House, Nant Fawr room 1,2 & 3</p>	

Saunders, Nathan
21/03/2024 12:15:52

ACTION LOG
Following Public Board Meeting
25 January 2024
(Updated for the meeting being held 28 March 2024)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS / COMMENT
Actions					
UHB 23/01/018	Board Champions	Report to be provided at the end of each year to detail the work undertaken by Board Champions.	28.03.2024	Rachel Gidman/Matt Phillips	COMPLETED <i>On Forward Plan for March Meeting</i>
UHB 24/11/009	Strategic Planning, Commissioning and Partnership Update	Shaping Our Future Hospitals Programme Update to be provided at March Board to include Estates/Infrastructure update.	28.03.2024	Abigail Harris	COMPLETED <i>On Forward Plan for March Meeting</i>
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHB 23/11/011	Integrated Performance Report: QSE	Mortality Data to be presented to the Quality, Safety & Experience Committee	26.02.2024	Meriel Jenney/Richard Skone	COMPLETED <i>On Forward Plan for March Meeting</i>
Actions referred <u>FROM</u> Committees of the Board/Board Development					

Saunders Nathan
21/03/2024 12:15:52

Report Title:	Chair's Report to Board			Agenda Item no.	6.2
Meeting:	Board	Public	X	Meeting Date:	28 March 2024
		Private			
Status (please tick one only):	Assurance	Approval	X	Information	X
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

- A. The Board will wish to note the resignation of Professor Meriel Jenney as Executive Medical Director, with effect from 28 March 2024, when Meriel enters the next chapter of her life and takes up retirement. Meriel has been a first-class member of the Board and has made a very full contribution during her term of office. She has held a number of operational, clinical and leadership roles during her long association with Cardiff and Vale University Health Board in addition to a number of voluntary positions and trustee roles and more recently with a charity developing The Children's Cancer Centre in Sierra Leone. Meriel will be very much missed and I would like to express my thanks for her remarkable contribution to healthcare. I am grateful to Dr Richard Skone who has been appointed as the Interim Executive Medical Director for a 4-month period while recruitment processes are underway to appoint Meriel's successor.
- B. I would like to congratulate and welcome Susan Lloyd-Selby as the new Independent Board Member representing Local Authorities. Susan is a Councillor for Vale of Glamorgan Council and has a background in social care. She is passionate about improving the interface between health and social care
- C. The Board will wish to note the Appointment of Akmal Hanuk to Vice Chair of People and Culture Committee

2.2 Board Development Session – 29 February 2024

- The Board Development Session held on 29th February provided Board members with the opportunity to consider and discuss a series of significant issues and developments including:
- The Draft Annual Plan for 2024-25. There was general agreement that the proposed Annual Plan was achievable, credible and deliverable . It included a clear intention to deliver a sustainable balanced budget within two years.
 - Six Goals Improvement Programme. It was encouraging to hear that Welsh Government viewed the Board as an exemplar, with highly impressive schemes and performance.

- Medical Examiner. The presentation and discussion around Medical Examiner reviews represented a key aspect in relation to the role of mortality indicators within the context of quality and safety.
- Healthcare Inspectorate Wales. Actions and responses to recommendations from recent key Healthcare Inspectorate Wales reports provided insight in terms of progress made and emphasised the importance of the quality and safety agenda.

2.3 Diary Highlights since the last Board Meeting

March- NHS Chairs Meeting with the Minister for Health and Social Care

As I was unable to attend the full day meeting with the Minister, my Vice Chair, Ceri Phillips attended on my behalf and the following topics framed the discussion with the Minister:

- Digital Transformation
- Planned Care
- Governance and Accountability
- NHS Executive Update
- Chairs Draft Objectives for 2024/25
- Integrated Medium Term Plans/Annual Plans

Paediatrics & Community Care

It is important to celebrate the fantastic work that continues to be undertaken by our colleagues and teams across all areas of the Health Board on a daily basis. I would like to share with Board the wide ranging services provided by our Paediatrics & Community Care Teams. The work they do is incredible in supporting children, young people and their families across a wide range of services which I have outlined below.

Children, Young People & Family Health Services (CYPFHS)

CYPFHS provide services to promote and support a healthy start in life for children, young people and their families as they grow and develop, to ensure that they are able to reach their full potential and be physically and emotionally healthy. The team work closely in partnership with other organisations to provide support to families and to safeguard the health and wellbeing of children and young people in Cardiff and the Vale of Glamorgan. The service provides integrated care services to children with disabilities and complex needs, those with developmental difficulties, behavioral difficulties and emotional wellbeing and mental health concerns, as well as children and young people (CYP) in special circumstances such as those in care.

The wide range of services have been aligned into three care groups illustrated below.

Saunders, Nathan
21/03/2024 12:15:52



Early intervention and prevention care group – In addition to the introduction of Health Hubs, the School Nursing team have developed a ‘parent line’ and ‘chat health’ service for young people to support the early intervention strategy in addition to appointing a Inclusion Specialist Nurse and Emotional Wellbeing Nurses to improve health outcomes for children and young people.

Their hard work has not gone unnoticed as the Paediatric Immunisation Team were runners up in the prestigious Health Service Journal Patient Safety Awards for the development of a digitalised e-consent platform for school aged children. In addition to this, the Health Visiting team have introduced skill mix to support the Healthy Child Wales Programme compliance and ensure a sustainable workforce model. There has also been a service re-modernisation within the Children Looked After team with the introduction of specialist Health Visitors to improve the delivery and timeliness of health assessments for under 5’s, in line with statutory requirements. It has also been great to see that Llygad, the Early Years’ Psychology informed service have developed a support group for parents/carers of children with additional Learning needs.

Complex Needs and Disability care group – There has been a significant amount of improvement and transformation work within the Neurodevelopmental service to create a sustainable clinical service model, centred on patient recorded experience and continuous service improvement. Acknowledging the long waiting lists, the service introduced ‘Community Connector’ roles to support families awaiting diagnosis. In order to improve the Attention deficit hyperactivity disorder (ADHD) and Autism management the team are now applying a whole systems approach and a wider use of professional mix to deliver assessment and treatment intervention.

Within the Children’s Community Nursing Service, with an increase in children and young people with complex health needs, it was recognised that there was a need to remodel the home-based continuing care model and look at alternative provision. This includes the feasibility of a respite facility for children with complex health needs, to improve patient flow, experience and sustainability. As such, the children’s Care Closer to Home team are working with the Shaping Change team to look at the expansion of the service and clinical pathways to support early discharge and hospital avoidance. The team have also introduced a Child & Adolescence Learning Disability Service (CALDS) to support school aged children with a Learning Disability who have emotional or behavioural needs. The successful introduction of the Wellchild parent trainer suite in Llandough Children’s Centre also provides opportunities for parents/carers to learn clinical skills to care for their children and young people at home and demonstrates another milestone of the good work undertaken by the team.



Emotional Wellbeing & Mental Health care group- This service has been transformed since its repatriation into the health board. There has been a growth in the workforce and creation of new services such as Schools In-Reach, Intensive Home Treatment team and expansion of the Crisis team. In November 2021, the Eating Disorder Team was established to address the long waits for CYP. In May 2022, children and young people were waiting 55 weeks to be seen, however since the transformation there is no longer a waiting list. There has been significant restructuring to the delivery of services to form one assessment team to sustainably meet the Part 1A of the mental health measure target. A single point of access has been developed through the emPOWER project with regional partners ensuring there is no wrong door for a child or young person. This has led to significant improvements in waiting times for children awaiting a mental health assessment. The team are currently reviewing intervention pathways and developing a psychoeducation offer for Children and young people. This service has strengthened by the development of The Hangout in Cardiff which is outlined further in the Chief Executive's Board report.

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 **26** documents since as listed below;

Seal No.	Description of documents	Background Information
1051	Whitehead Building Services Ltd	2nd Generation Mechanical Framework (South Wales. The Framework is expected to expend in the region of £24m in the six-year tenure (including the 2 years extension).
1052	Lorne Stewart PLC	2nd Generation Mechanical Framework (South Wales. The Framework is expected to expend in the region of £24m in the six-year tenure (including the 2 years extension).
1053	FP Hurley & Sons Ltd	2nd Generation Mechanical Framework (South Wales. The Framework is expected to expend in the region of £24m in the six-year tenure (including the 2 years extension).
1054	Allied Mechanical Engineering Ltd	2nd Generation Mechanical Framework (South Wales. The Framework is expected to expend in the region of £24m in the six-

		year tenure (including the 2 years extension).
1055	Gibson Specialists Technical Services Ltd	2nd Generation Mechanical Framework (South Wales). The Framework is expected to expend in the region of £24m in the six-year tenure (including the 2 years extension).
1056	Severn Insultation Co Ltd	2nd Generation Asbestos Remediation Framework (South Wales). The Framework is for a period of four years with the option to extend for a further 1+1 years, with contracts as per the NEC4 suit family. The estimated value of the Framework is £3.3 million excluding VAT for the six-year tenure (including the 2 years extension).
1057	Bond Demolition Ltd	2nd Generation Asbestos Remediation Framework (South Wales). The Framework is for a period of four years with the option to extend for a further 1+1 years, with contracts as per the NEC4 suit family. The estimated value of the Framework is £3.3 million excluding VAT for the six-year tenure (including the 2 years extension).
1058	MSS Environmental	2nd Generation Asbestos Remediation Framework (South Wales). The Framework is for a period of four years with the option to extend for a further 1+1 years, with contracts as per the NEC4 suit family. The estimated value of the Framework is £3.3 million excluding VAT for the six-year tenure (including the 2 years extension).
1059	Shield Environmental Services	2nd Generation Asbestos Remediation Framework (South Wales). The Framework is for a period of four years with the option to extend for a further 1+1 years, with contracts as per the NEC4 suit family. The estimated value of the Framework is £3.3 million excluding VAT for the six-year tenure (including the 2 years extension).
1060	Woods Building Services Ltd T/AS AA Woods	2nd Generation Asbestos Remediation Framework (South Wales). The Framework is for a period of four years with the option to extend for a further 1+1 years, with contracts as per the NEC4 suit family. The estimated value of the Framework is £3.3 million excluding VAT for the six-year tenure (including the 2 years extension).
1061	Whitehead Building Services Ltd	2nd Generation Electrical Framework . 5th February 2024 to 4th February 2028, with a 2-year extension option £10.8 million excluding VAT, or £12.96 million including VAT
1062	Amberwell Engineering Services Ltd	2nd Generation Electrical Framework . 5th February 2024 to 4th February 2028, with a 2-year extension option £10.8 million excluding VAT, or £12.96 million including VAT

Saunders, Nathan
21/03/2024 12:15:52

1063	J W Bowkett Electrical Installation Ltd	2nd Generation Electrical Framework . 5th February 2024 to 4th February 2028, with a 2-year extension option £10.8 million excluding VAT, or £12.96 million including VAT
1064	Lorne Stewart PLC	2nd Generation Electrical Framework . 5th February 2024 to 4th February 2028, with a 2-year extension option £10.8 million excluding VAT, or £12.96 million including VAT
1065	ARC Electrical Systems Ltd	2nd Generation Electrical Framework . 5th February 2024 to 4th February 2028, with a 2-year extension option £10.8 million excluding VAT, or £12.96 million including VAT
1066	TSF Contracts Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1067	John Weaver (Contractors) Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1068	BECT Building Contractors Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1069	2D Buildings Contractors Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1070	ET&S Construction Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is

Saunders, Nathan
21/03/2024 12:15:52

		estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1071	Knox & Wells Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1072	John Weaver (Contractors) Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1073	Bect Building Contractors Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1074	2D Buildings Contractors Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1075	ET&S Construction Ltd	2nd Generation Building Framework (South Wales). the framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.
1076	Purchase of Land at Redlands Surgery, Cardiff	Heads of Term and transfer of land Redlands Surgey, Redlands Road, Penarth, CF64 3WX £75,000 if applications are approved Between Redlands Surgery, Peter Lewis, Michael Davies and CAVULHB

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

Date Signed	Type of Document	Background Information
-------------	------------------	------------------------

17.01.24	NEC4 - DC23072 - Hot Well Tanks	£327,033.50 ex VAT VAT non-reclaimable total value £392,440.20
17.01.24	NEC4 - DC23075 - UHL Staff Restaurant Roof Replacement	£100,710.44 ex VAT VAT non-reclaimable total value £120,852.53
17.01.24	NEC4 - DC23092 - Concourse lighting upgrade	£31,719.72 ex VAT VAT non-reclaimable total value £38,063.70
17.01.24	NEC4 - DC23033 - Heulwen Ward Roof	£88,136.52 ex VAT VAT non-reclaimable total value £105,763.82
17.01.24	Licence to occupy on a short-term basis Project: Relating to the Podiatry Room at Llanrumney Health Centre	Value: Nil cost
17.01.24	Licence to occupy Rockwood Hospital, Cardiff for S4C Filming	Income generation of £4,500
17.01.24	Extension of existing compound licence with Aldi Project: Relating to works to be undertaken on land at Park View Health Centre	Income generation of £1,499
17.01.24	PICCOS Brunswick Long-Form Collaboration Agreement PICCOS study – CVUHB R&D reference 8237E, NIHR Grant Award 151274	Total Collaboration agreement amount: £1,940,674.21 Total retained by CAVUHB for own costs £419,316.11
23.01.24	NEC4 Short Contract Cystic Fibrosis - DC23077 New resin footpaths / Cleaning of building / New external timber fencing / Additional kitchen units	£85,067.18 exc. VAT VAT non-reclaimable Total value £102,080.62 inc. VAT
17.01.24	Heads of Term for purchase of Redlands Surgery	£755
06.02.24	NEC4 Short Contract UHW Tower Block 2 B Block Entrance Roof - DC23055	£43,682.75 exc. VAT VAT non-reclaimable Total value £52,419.30 inc. VAT
01.02.24	NEC4 Short Contract Uhl Defective roadway outside Hafan y Coed - DC23031	£51,486.80 exc. VAT VAT non-reclaimable Total value £61,784.13 inc. VAT
09.02.24	Park and Ride Service UHW	£259,325.00 VAT Exempt Contract option (1y +1y +1y) total potential value £777,975.00
13.02.24	Emergency works repair works to medical records flooring	£124,044.00 Ex. Vat
09.02.24	Licence for Alterations - Ty Dewi Sant, Heath Park	Nil
14.02.24	NMW001 - Tunnels Phase 2	£165,357,73 exc. VAT

		VAT non-reclaimable Total value £198,429.28 inc. VAT
14.02.24	DC23120 - UHW Radiology Female Changing Area	£53,640.25 exc. VAT VAT non-reclaimable Total value £64,368.30 inc. VAT
19.02.24	Purchase of Fire Alarm Equipment for Cardiff and Vale University Health Board	£500,000.00 exc. VAT VAT non-reclaimable Total value £600,000.00 inc. VAT
19.02.24	DC23098 UHW Road Line Markings	£538,402.50 exc. VAT VAT non-reclaimable Total value £46,083.00 inc. VAT
04.03.24	DC23018 - UHL Traffic Management Improvement Plan	£87,860.26 exc. VAT VAT non-reclaimable Total value £105,432.31 inc. VAT
26.02.24	DC23032 Barry Hospital Urgent Primary Care Centre	£83,299.08 exc. VAT VAT non-reclaimable Total value £99,958.90 inc. VAT
29.02.24	Genomics - Room 124 Refurbishment	£33,814.26 exc. VAT VAT non-reclaimable Total value £40,577.11 inc. VAT
26.02.24	DC23035 - Microbiology Corridor Flooring	£27,753.77 exc. VAT VAT non-reclaimable Total value £33,304.52 inc. VAT
29.02.24	DC23085 - Pentwyn Health Centre	£125,000.00 exc. VAT VAT non-reclaimable Total value £150,000.00 inc. VAT
27.02.24	DC23108 UHW Pharmacy Robot Room	£35,468.40 exc. VAT VAT non-reclaimable Total value £42,562.08 inc. VAT
03.03.24	Heads of Term Purchase of land at Rhydlafar Drive, Pentyrch, Cardiff	£200,000.00 if applications are approved Additional costs of £650 for Cardiff Councils legal costs and £1000 for future public open space notices
29.02.24	Provision of Water Safety Control Measures	Annual Value £332,600.55 Plus VAT = £399,120.66 Primary Contract Value (3 Years) £997,801.65 Plus VAT = £1,197,361.98 Total Contract Value (5 Years - Inc extension option) £1,664,802.75 Plus VAT = £1,997,763.30
08.03.24	Emergency Works - CRI 54-56 Newport Rd Community Addiction Unit	£124,343.22 exc. VAT VAT non-reclaimable Total value £149,211.86 inc. VAT
06.03.24	DC23128 - UHW Paeds Footprint	£120,180.31 exc. VAT

Saunders, Nathan
21/03/2024 11:15:52

		VAT non-reclaimable Total value £144,216.37 inc. VAT
08.03.24	CRI Links Building Demolition	£199,917.00 exc. VAT VAT non-reclaimable Total value £239,900.40 inc. VAT

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	Chairs Actions Details	Background Information	Date Approved
23.11.23	Funding opportunity for a New GDS practice or an addition to an existing contract in Cardiff and the Vale of Glamorgan – Rumney	Rumney Year 1 £214,000.00 Rumney Year 2 £214,000.00 Rumney Year 3 £214,000.00 Total Contract Value £642,000.00	15.01.24
12.01.24	The All Wales Medical Genetics Service (AWMGS) Illumina Maintenance Contracts	The new contract value is £756,264.23 Excl. VAT = £907,517.09 Incl. VAT,	22.01.24
12.01.24	2nd Generation Mechanical Framework (South Wales)	The Framework is expected to expend in the region of £24m in the six-year tenure (including the 2 years extension).	15.01.24
12.01.24	2nd Generation Building Framework (South Wales)	Framework should be awarded to 15 contractors across three lots, depending on the value of the works, for a period of four years with the option to extend for a further two years at yearly intervals. The total contract value is estimated to be £61.5 million excluding VAT or £73.6 million including VAT.	17.01.24
12.01.24	2nd Generation Asbestos Remediation Framework (South Wales)	The Framework is for a period of four years with the option to extend for a further 1+1 years, with contracts as per the NEC4 suit family. The estimated value of the Framework is £3.3 million excluding VAT for the six-year tenure (including the 2 years extension).	12.01.24
12.01.24	2nd Generation Electrical Framework	5th February 2024 to 4th February 2028, with a 2-year extension option £10.8 million excluding VAT, or £12.96 million including VAT	22.01.24
15.01.24 Saunders, Nathan 21/03/2024 12:15:52	Medtronic Therapy 360 Programme for insulin pumps, CGM, and associated consumables and technology.	Contract Period: 23rd October 2023 – 1st November 2024 (dates pending approval) Contract Value: £1,398,163.20 excluding VAT per annum for 280 patients.	05.02.24
18.01.24	NEC4 Short Contract	Replacing two main boilers at the University Hospital of Llandough in	21.01.24

	UHL Main Boilers 1 & 3 Replacement – DC23074	Cardiff, which are part of the heating and hot water system and are nearing the end of their life £796,964.00 excluding VAT. VAT non-reclaimable total value £956,356.80	
18.01.24	NEC4 Short Contract UHW Sub 2a Electrical Tender – DC23075	Replacement the switchgear in the electrical sub-station 2A at the University of Wales Hospital. £1,034,709.00 exc. VAT VAT non-reclaimable Total value £1,241,650.80 inc. VAT	25.01.24
26.02.24	Re-Fit programme	The project is expected to generate annual cost and carbon savings of £603k and 477 tonnes respectively, with a payback period of 11 years. The total value of the proposed new contract for Refit Phase 3 is £6,924,000.00 inclusive of VAT. This is in addition to the previous contracts for Refit Phase 1 and 2, which had a combined value of £10,932,999.99 inclusive of VAT.	27.02.24
30.01.24	Genomics Shared Archival Storage	Agreed kit for Delivery to Redwood (Cardiff University) £587,710.87 plus vat = £707,653.04 Agreed kit for Delivery to Coryton Cardiff Edge (AWMGS) £130,055.22 plus vat = £156,066.38 Agreed kit for Spectra £639,924.41 plus vat = £767,909.29 Total Contract Value £1,357,690.50 plus vat = £1,689,228.60	02.02.24
30.01.24	DPIF Core Network Hardware	The total contract value is £1,320,508.56 including VAT comprising of £855,731.00 capital costs and £237,143.00 revenue costs	02.02.24
31.01.24	Building refurbishment and Upgrade Framework	Uplift in Value to be approved: £2,709,524.68 Excluding VAT £3,251,429.61 Including VAT Total value of new Framework: £32,709,524.68 Excl VAT £39,251,429.61 Incl VAT	06.02.04

02.02.24	Request for Board approval of the All Wales Individual Patient Funding Request IPFR Policy	Urgent approval needed in order for WHSSC to convene an urgent Individual Patient funding panel	02.02.2024
19.02.24	CP122 - C3 Link UHW	The contract value is £1,428,915.30 ex.vat VAT Non-reclaimable - £1,714,698.36 inc.vat.	20.02.24
07.03.24	Application to apply UHB Seal - 1067 Heads of Term and transfer of land Redlands Surgery, Redlands Road, Penarth, CF64 3WX	£75,000 if applications are approved Between Redlands Surgery and CAVUHB	07.03.24

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	
------------	--	-----------	--	-------------	--	---------------	---	-------------	--

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	Chief Executive’s Report to Board				Agenda Item no.	6.3
Meeting:	Public Board Meeting	Public	x	Meeting Date:	28 March 2024	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					
Main Report						

<u>EXECUTIVE SUMMARY</u>					
<p>As we come to the end of the financial year I am pleased to share with Board a positive level of achievement for 2023-2024 in a number of key priority areas. Our success can be demonstrated through the delivery of the annual plan for 2023-2024 and the delivery of much of what we set out to achieve in the people, quality & safety, operational, financial and other strategically important domains.</p> <p>A foundational achievement for this last year was the successful refresh of our strategy Shaping our Future Wellbeing to 2035 (“the Strategy”), <i>Living Well, Caring Well, Working Together</i> which we completed in the summer. This has allowed us to clarify our shared vision and purpose, reaffirm our organisational values and create the strategic framework for delivery set over short, medium and long term time horizons. Building on this, we have begun to solidify our programmes of work in both strategic and operational environments to allow us to secure, embed and sustain progress in delivery of the Strategy. The first iteration of this work was shared at Board development recently and there will be further opportunity for Board to shape this throughout the next year.</p> <p>I am extremely proud of all our teams and colleagues where despite a challenging environment we have made significant progress and met many of the objectives set out in the annual plan. We are anticipating delivery of the financial control total which has been achieved through a combination of the work of the Sustainability Programme Board which has overseen the achievement of significant savings and the good governance and hard work of many colleagues. It is pleasing to see good progress and to be able to share this with Board and I want to thank colleagues for their commitment and hard work as they continue to support the delivery of the of the Strategy and the annual plan.</p>					
<u>Year End Reflections</u>					
<p>So much fantastic work goes on everyday right across the Health Board but sadly it is not possible to mention every success here but those shared below are indicative of the quality of the work and the commitment from colleagues who respond to the health and care needs of the population in often very demanding circumstances.</p>					
Six Goals for Urgent and Emergency Care					
<p>We have sustained commitment to our objectives under the 6 Goals programme during 2023-2024 and we have seen a real success in many of our areas of work, some of which are highlighted below;</p>					

Medical Same Day Emergency Care (MSDEC)- the MSDEC service has achieved a significant milestone and surpassed the nationally set ambition of seeing 30% of the medical take. From January 2024 MSDEC has achieved seeing >35% of the medical take peaking at around 40% in early January and again in early February.

Hip Fracture Pathway- at the beginning of 2023 we were only achieving admission to specialist ward within 4 hours 2.2% of the time. As of October 2023, we increased that figure to 53.1% which demonstrates a drastic and rapid improvement.

Stroke - we have been awarded the highest rating (A) for stroke performance by SSNAP. This has improved from a D grade one year previously. Performance remains, however variable throughout the week and work is ongoing to develop a sustainable 7-day stroke service.

Urgent Primary Care Centres (UPCC) - we have successfully covered 86% of Cardiff and Vale’s geographical area with UPCC appointments. We intend to maintain this level of coverage along with high levels of utilisation. It is worth noting that we are able to comply with the monthly UPCC performance reporting framework requirements following the evaluation report in December 2023.

Emergency Unit and Ambulance Handover - there has been a significant and sustained improvement in ambulance handover times. We have largely achieved a zero tolerance for 3 hour holds with a very occasional breach. There has also been a marked improvement in 2 hour holds and a clear focus on reducing the number of 1 hour holds. During the first week in January which is widely considered the busiest week across the NHS we were able to average lost handover time per ambulance arrival to 20 minutes.

Planned Care

I am pleased to report that in most cases we have met or exceeded requirements and sustained an improvement trajectory for our planned care services. We have made good progress on reducing the number of our longest waiting patients and in December 2023 we delivered on the Ministerial ambition to have more than 97% of our waiting list waiting less than 2 years for treatment as the table below demonstrates.

104w breach es	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Volum e	3983	4107	4133	4148	4085	4054	4045	4124	3780	3943
% of WL under 104 weeks	96.85 %	96.81 %	96.86 %	96.92 %	96.99 %	97.02 %	97.13 %	97.09 %	97.33 %	97.23 %

Furthermore over the past couple of months we have seen a reduction in the total number of patients waiting for cancer treatment as well as those waiting longer than 62 days. We are currently

ahead of our trajectory for reducing the backlog of patients waiting over 62 days. At the time of writing we have 1740 reportable patients on a single cancer pathway, 143 of who have waited longer than 62 days (reduced from 1979 and 189 in April 2023).

Safe @ home – was launched which is a new multi-agency and multi-professional integrated urgent response service which forms part of our longer-term solutions to address the current gap in our range of intermediate care services. Its aim is to provide an immediate and safe alternative to ambulance conveyance, EU attendance and admission to hospital when it is safe and appropriate to do so. I was delighted to see the launch of this partnership initiative which presents a new opportunity to improve our offering of healthcare and support to our patients in the community.

QuickChange - I was thrilled to discuss the launch of this collaboration between the Local Public Health Team and the Podiatry Team in my most recent Ask Suzanne session with colleagues. This is a tool for classroom based physical activity in school children aged 4-6 years old to encourage strength, balance and mindfulness which the team are aiming to spread and scale further. I am proud to support this opportunity to improve the wellbeing of generations to come and this also reflects our commitment to embedding the sustainability principles set out in the Wellbeing of Future Generations Act.

The Hangout – the importance of mental health support has been significantly highlighted following the pandemic, particularly for young people. It is great that we officially opened The Hangout in September 2023 in partnership with mental health charity Platform. The Hangout is a mental health and emotional wellbeing support and activity hub for young people. It offers young people access to mental health support in a non-clinical setting, whenever they need it. It is even more special to see this come to fruition, as it was the Cardiff & Vale Health Youth Board who first suggested the idea of creating a space like the Hangout. I am proud to support this new initiative which provides an opportunity to redefine how children and young people get mental health and emotional wellbeing support on their terms when they need it.

Substance Misuse - Buvidal Drug - we have seen the roll out of the Buvidal Pilot through our Buvidal Psychological Support Service (BPSS) to treat opioid dependence in patients who are receiving medical, social and psychological support. This has produced good findings, namely that the BPSS has demonstrated an effective model that enables many patients to transform their lives and relieve their dependence on opioids as well as being cost-effective. I am hopeful that further funding can be secured to continue this work.

Florence Nightingale Foundation Academy Member - I was delighted to see that the Health Board became a Member of the Florence Nightingale Foundation (FNF) Academy in August last year, a global initiative that helps develop, support and retain nurses and midwives.

The FNF Academy launched in 2020 with membership providing innovative space for like-minded nurses and midwives to build their confidence to lead — and now we are part of it.

I fully endorse the core principles of the Florence Nightingale Foundation in its relentless pursuit of excellence in healthcare and our collaboration will empower nurses and midwives to reach new heights and deliver even better patient care.

Canolfan Iechyd Genomig Cymru – was officially opened in December 2023 alongside the Minister for Health and Social Services. Funded by Welsh Government, the state-of-the-art facility co-locates 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 is home to world-class clinical and research laboratories and purpose-built clinical spaces. This has been a 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.

Team Celebrations

During the course of the year there have been many events to celebrate our colleagues across a range of professions. This includes *International Day of the Midwife* in May where we celebrated the brilliant midwives, support workers and midwifery students for all they do to support thousands of families every year.

I was also fortunate enough to support *International Nurses Day* during the course of the year to celebrate the incredible work done across the organisation by many wonderful nurses and health care support workers. As a nurse myself, I know how much the profession make such a difference to so many patients, families & loved ones in our hospitals and across the communities that we serve so it was important that we recognise the contribution they make in so many ways.

Paediatric Trauma Unit Children's Hospital for Wales- it was great to see the opening of the new paediatric trauma unit in the summer which was part of the scheduled ward moves across acute sites to improve the way we deliver patient care and provide better working environments for our teams. Well done to all involved, I could see a lot of hard work had gone into the move and refurbishment.

These are just a few of the celebratory events, large and small, and I encourage teams to take the time to celebrate their achievements together and with others and I'm always delighted to join if I can.

SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

FINANCIAL POSITION UPDATE

End of Year Financial Position Update

Further to my last Board report, where I highlighted that the aim of the Senior Leadership Team was to continue to focus on the delivery of the financial control total set for this year's plan I am delighted to share that we are anticipating delivery of our financial control total of £16.5m deficit at year end. This is a great achievement and demonstrates the commitment of the whole CAV team to meet this year's financial plan on target. Teams and colleagues have worked hard to ensure savings have been identified and the plan delivered. We have already begun to focus on the new financial year and requirement to meet an equally challenging control total where I give Board assurance that we

will continue to focus our efforts on delivery for 2024-2025 alongside the ambition to achieve sustainability within 2 years.

PLANNING AHEAD

Looking ahead to 2024-2025, I want to share with Board two key areas of focus for me next year. As I work with the Chair to agree my personal objectives I am keen to prioritise areas of improvement work within two strategic objectives of the refreshed strategy as outlined below;

Strategic Objective - Putting People First

I am keen to work with colleagues right across the organisation to support the delivery of the People and Culture plan, and to expedite areas of work within that plan which set about improving the experience of all colleagues. With this in mind, I am particularly focused on embedding a zero-tolerance approach to bullying and harassment of any kind. This is important because the current experience of some colleagues is unacceptable and not consistent with the organisational values and behaviours. I will support work that leads to an inclusive culture that respects and values all. We will need to build leadership and management capacity and capability to achieve this and I look forward to sharing plans with Board that will enable this work.

Strategic Objective - Delivering in the Right Places

My other key focus will be to ensure that our digital infrastructure is prioritised to enable the delivery of the digital roadmap. I aim to do this by further collaboration and finding routes to secure the necessary investment to speed up the realisation of the benefits of digitisation in transforming ways of working and achievement of new more efficient and effective care models.

I know that the quality of the environments in which we provide care makes a difference to patient experience and outcomes. I therefore want to ensure that the work we are doing to deliver on Shaping our Future Wellbeing in the Community and Shaping our Future Hospitals, alongside the remedial works to address the maintenance backlog of our estate is progressed at pace. I will ensure that colleagues are kept informed of developments by communicating updates on developments to all so that the Board and team are aware and can influence and be involved in the plans.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Industrial Action reflections

I am sorry to have to advise Board that periods of industrial action will continue and we are now expecting Consultants and SAS Doctors to join that action. We recognise colleagues right to take industrial action and our purpose throughout is to ensure the continued safe delivery of care to patients.

I am pleased to share with the Board that during the recent period of industrial action our teams have delivered and supported one another remarkably well to ensure safe continuation of our services with minimised impact on the emergency care pathway, which is a priority area for us. Unfortunately, I must share that the Industrial Action has caused a negative impact and delays in our planned care pathways.

Finally, I would like to acknowledge and thank colleagues for their continued hard work in planning for and during these challenging periods, through effective partnership we have managed to sustain a safe response and I am truly grateful to colleagues for their hard work and commitment.

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
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

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
21/03/2024 12:15:52

Report Title:	Board Assurance Framework			Agenda Item no.	6.4	
Meeting:	Board	Public	x	Meeting Date:	28 March 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:

The key changes to the risks on the BAF from the Board Meeting in January 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.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	✓	Long term		Integration		Collaboration		Involvement	
------------	---	-----------	--	-------------	--	---------------	--	-------------	--

Impact Assessment:

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

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

Reputational: Yes/No

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

Socio Economic: Yes/No

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



Equality and Health: Yes/No

As above



Decarbonisation: Yes/No

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.	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
	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 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

Saunders Nathan
21/03/2024 12:15:52

<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>	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>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 Digital Future	Director of Digital	Digital Health Intelligence Committee	<p>9. Attract, recruit & retain</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> <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

Saunders Nathan
21/03/2024 12:15:52


Saunders, Nathan
21/03/2024 12:15:52

Key Risks

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

Risk	Risk Appetite	Gross Risk (no controls)	Net Risk (after controls)	Change from Jan 24	Target Risk (after actions are complete)	Context	Executive Lead	Committee
1. Patient Safety	Open	25	20	➡	10	<p>Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.</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	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	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 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>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

Saunders Nathan
21/03/2024 12:15:52

						<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. There has also been Executive support to develop a Strategic Outline Case to expand CC infrastructure.</p>		
4. Cancer	Cautious	20	15		10	<p>One of the Health Board's Strategic Objectives The Health strives s 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>At the end of December 2023 the Health Board reached 70% against the single cancer pathway standard. The cancer delivery group has implemented a weekly tracking process with directorates with a particular focus on the start of the pathway. There has been increased volumes of patients treated from the backlog through Q4. Whilst the standard is unlikely to be met in Q4 by the end of Q1 24/25 further improvement is expected.</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

SaundersNathan
21/03/2024 12:15:52

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 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	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. Having a sustainable Urgent and Emergency Care system is central to achieving a number of the Health Boards Objectives. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience Committee

Saunders Nathan
21/03/2024 12:15:52

						<p>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 IMTP4/25 annual plan to further improve on ambulance hand over times and waiting times in the EU dept.</p> <p>Performance for Q3 has been challenging although remains better than the previous year, significant improvements were seen in December in relation to ambulance waits and ED waits which were in contrast to the rest of Wales.</p>		
7. Planned Care <div>Saunders, Nathan 21/03/2024 12:15:52</div>	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. Delivering sustainable</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

				<p>planned care services, including the achievement of NHS performance measures, is a central ambition for the Health Board. 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 SeptemberDecember 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> <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</p>	
--	--	--	--	--	--

SaundersNathan
21/03/2024 12:15:52

						<p>hub. These are designed for sustainable increases to capacity and controls for demand respectively</p> <p>At the end of December 2023, the clinical boards achieved the delivery of the 97% and remain on track for the 99% standards for December and March respectively. 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> <p><u>In respect of the 99% standard for the end of the financial year, the organisation will now not be able to meet this standard. The most likely case for the end of March is to deliver just over 98% of patients being treated in 104 weeks or less</u></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). <u>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. Such inequities are present in Cardiff and Vale UHB area, and are at risk of further deterioration.</u></p>	Executive Director of Public Health	Quality, Safety and Experience Committee
9. Attract, recruit, retain	Open	25	16	➡	10	<p><u>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. The shortages of key professionals and workers in the NHS is well publicised and is a challenge faced by all NHS</u></p>	Executive Director of People and Culture	People & Culture Committee

						<p><u>organisations nationally. The inability to recruit staff with the right skills and experience can be a serious constraint on providing high quality patient care.</u></p> <p>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.</p> <p>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.</p>		
10. Sustainable Culture Change	Open	16	8	➡	4	<p>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.</p>	Executive Director of People and Culture	People & Culture Committee
11. Staff Wellbeing	Open	20	16	➡	5	<p><u>As a result of the global Covid19 pandemic</u>, 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</p> <p><u>Healthcare employees continue to be exposed to unprecedented levels of demand which in a pressurised environment can result in psychological and physical distress. Evidence indicates that, Healthcare workers are at greater risk of developing mental health. The impact of this is unlikely to be experienced equally, with particular groups being affected disproportionately.</u></p>	Executive Director of People and Culture	People & Culture Committee
12. Capital Assets	Open	25	20	➡	10	<p>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</p>	Executive Director of Strategic Planning,	Finance & Performance

						organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Executive Director of Therapies and Health Science, Executive Director of Finance	e Committee
13. Delivery of IMTP 23-26	Open	20	15	➡	10	The Integrated Medium-Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning	Finance & Performance Committee
14. Financial Sustainability	Cautious	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	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 up to a level of	Director of Digital Health Intelligence	Digital Health Intelligence Committee

Saunders Nathan
21/03/2024 12:15:52

						digital maturity that can support our agreed strategic objectives.		
--	--	--	--	--	--	--	--	--

Lines of Defence

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

Key:

- (1) First Line of Defence – Management level assurance
- (2) Second Line of Defence – Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance.
- (3) Third Line of Defence – Independent level Assurance (Internal Audit, Audit Wales, HIW, CHC, Other regulatory or inspection reports) Counter Fraud.

Risk Appetite

Key:

- Avoid:** Avoidance of risk and uncertainty is a key organisation objective
- Minimal:** Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential
- Cautious:** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward
- Open:** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)
- Seek:** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)
- Mature:** Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Saunders Nathan
21/03/2024 12:15:52

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>		

Page 14 of 74
 Saunderson, Nathan
 21/05/2024 12:15:52

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)

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 updated/added:	We have a backlog of investigations, RCA's and concerns and as a result LFE delays
3/11/2210.03.2024	Workforce concerns and adverse media
	Progress has been made against the unmet recommendations of the Ockenden, however some remain unresolved, these include 84-hour obstetric labour ward cover, midwifery recruitment and workforce challenges. Dedicated theatre streams for elective procedures, increasing medicalisation of birth and complexity of women accessing services has resulted in a shift in location in place of birth resulting in geographical and workforce challenges

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 discovery phase has now completed with the improvement phase to commence April 2024. 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. • <u>T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2).</u> • <u>No dedicated elective stream with the increasing caesarean section rates means Procedures are often cancelled or delayed dependant on emergency activity.</u> • • 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 10² 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. <u>For a period of 4 months in 2023. Reopened November 2024</u> • 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.

Page 17 of 74
 Sumners, Nathan
 21/05/2024 12:15:52

<ul style="list-style-type: none">• 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:45	Gross Risk Score:	205 (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 38 Newly qualified Midwives (NQM) and 43 Newly Qualified Paediatrics nurses from Student Streamlining have now joined the UHB• 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		
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. Reviewing current obstetric practice in line with NICE guidance	CR/SZHC/AK	30-09-23Ongoing	This action continues to take place.

Page 18 of 74
Saunders Nathan
21/05/2024 12:15:52

2. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives		AJ	30-11-23Ongoing daily activity	This action continues to take place. <div>Commented [MP(aVU-E)1]: Can this be stood down as in place now?</div>
3. Continued maternity / Neonatology oversight meetings with Executive lead		JR/AJ	30-11-23Ongoing	This action continues to take place. <div>Commented [MP(aVU-E)2]: As above.</div>
4. Ongoing review of job planning and consultant establishment		CR/AT	30-09-23Ongoing	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case approved by Board 30.3.23 <div>Commented [MP(aVU-E)3]: Is this complete? Please delete (track changed) if so.</div>
Impact Score: 5	Likelihood Score: 3	Target Risk Score:		15 15 (high)

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	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Date added:	01/11/22		
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 • Staffed level 3 bed capacity increased by 3 beds from September 2023. • • 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 		

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.⁽³⁾ • Plans implemented to roll out 24/7 PART team • Executive support secured to develop Strategic Outline Case for next phase of CC infrastructure expansion ⁽¹⁾ • - • Project team established to address medium term infrastructure constraints.⁽¹⁾ 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	<p>Development and implementation of a capacity plan to address the 15-bed gap and to meet future predicted annual growth in demand</p> <p>Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow</p> <p>24/7 PART team</p> <p>Development of a fit for purpose critical care unit (UHW2)</p>		
Gap in Assurances	<p>Able to meet the needs of the sickest or highest priority cases.</p> <p>Un-met need not fully understood across the organisation.</p>		
Actions	Lead	By when	Update
1. Implementation of the UHW site masterplan and critical care infrastructure programme <ol style="list-style-type: none"> Medium term development of additional cubicles and support facilities Development of a new unit as part of UHW2 development. Transfer of LTIV services to a bespoke facility in UHL 	AH / PB	31.03.23 29.02.24	<p>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.</p> <p>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).</p> <p>b. Engaged with the Programme Director for UHW2 on future demand for CC to inform planning.</p> <p>c. LTIV/complex care now established on C3L. No current planning to create a bespoke facility in UHL</p> <p>Planning continues in line with the UHB planning process and the All Wales Prioritisation Process. Project mandate for the Strategic Outline Case approved by CMG February 24. To be discussed at SLB for approval in March 24.</p>

			<p>Aim to submit SOC to WG in Q1 24/25.</p> <p>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).</p> <p>b. Engaged with the Programme Director for UHW2 on future demand for CC to inform planning.</p> <p>c. LTiv/complex care now established on C3L. No current planning to create a bespoke facility in UHL</p>
2. Ongoing development of recruitment and retention strategies	JR / RG	31.03.23 Ongoing	<p>This piece of work continues.</p> <p>Additional three beds commissioned and PART team now 24/7 through additional recruitment.</p>
3. Winter Plan	PB	30.11.23 31.08.24	<p>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. Additional planning and mitigation for winter 24/25 will be required due to the co-location of PACU and C3/CCU (as from February 24) to facilitate the capacity required to bring Cardiothoracic Surgery back to UHW. Planning underway to identify suitable space to relocate C3/CCU by the summer of 24/25 in order to facilitate sufficient space for PACU and Critical Care over winter 24/25.</p>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

Commented [MP(aVU-E)4]: Complete now?

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 		

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 placeWeekly cancer delivery group in place with directors of operations owning accountability for improvements in deliveryExecutive 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 cancerUndertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathwayImproved oversight of stages of pathway with particular focus on time to first contact being achieved in 14 days for 90% of patientsRecruitment 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 ManagersBreach 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 placeThe 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		CW	Ongoing	This work is continually ongoing with corrective actions and plans being implemented.
2. Delivery of cancer improvement plan – SCP and backlog – via revised governance structures		CW	Ongoing	Revised aim to meet SCP 75% standard by the end of Q1 2024/254.
3. Implementation of stage of pathway weekly tracking with first 14-day focus		CW	Ongoing	In place for Q4 as part of the cancer governance strucutre
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)	

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 Fragility within stroke services, unable to provide expected levels of care throughout the 7-day week..
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 ≥50% and this measure reached 70% in June 2023.• 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.

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 Team⁽¹⁾• Improving SSNAP Grading for April to grade B, and July to Sep 23 to grade A			
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 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 thrombectomy treatment pathways, 4 hours admit target and nurse assessments. Interdependencies / Risks Capacity and flow, medical support		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.

<p>2. Medical</p> <ul style="list-style-type: none"> Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5) Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions Change of future models include hot clinics for TIA patients to support prevention of Stroke as part of the ongoing Stroke improvement plan. <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. 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 C	<p>6 Front door sessions continue despite no longer continuing with locum SHO cover at SRC based on balance of risk. 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; will require significant investment – business case going to investment group in March.</p> <p>An enhanced shared front door model with Neurology continues to be explored.</p>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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 there is more work required on](#) 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 – overall urgent and emergency care risk](#).

Risk	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.
Date added:	09/05/22
Cause	<p>20 There is 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) postNon-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 Additional pressures and services have been added to the Health Board, including supporting regional partners (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)				

Commented [MP(aVU-E)5]: Is this sufficient to complete this?

Commented [MP(aVU-E)6]: What is the timeline thereafter? Can the delivery dat be updated?

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 Safe at home has now gone live for phase 1. This will aim to accept 6 new patients per day. If successful, phase 2 will be progressed in Q3 24/25.
5. Delivery of redesigned Emergency Department – CDU, Paeds CDU, e-triage	PB		Q4 go live for adult and paeds CDU and e-triage Complete. All areas have gone live – increased footprint for clinical decision units and paed.
1. Develop 6 goals workstream four objectives to transform continuity of care, hospital flow and length of stay	PB	30/09/24	New
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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 2024⁴³. [This was revised by welsh Government to be a standard of no more than 99% of patients waiting longer than 104 weeks by the end of March 2024.](#) 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⁾ 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) <p>Progress on improvement to productivity and efficiency measures has not met the organisational ambitions of improvements that were set through the planned care programme</p>
------------------------	---

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	01.02.24	HVLC lists 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 plans are in development. Activity to begin in Q4. Activity in place for Q4 for MRI and CT, US remains outstanding
3. Develop plan for UHL HVLC lists – to be delivered in 2024/25 (Q1)	RT	01.11.23	Planning continues, the start date is dependent on the move of cardiothoracic services back to UHW which is likely to be JulyQ2 24/25.
4. Revised approach to be developed for 24/25 for the weekly management of planned care by Clinical Boards. , MT, 30.04.24	MT	30.04.24	
5. Review improvement plans for all delivery groups to accelerate changes to productivity measures	MT	30.04.24	
4-6. Weekly patient level tracking with COO's office of the extreme long waiters	MT	01.11.23	In place and continuing

Commented [MP(aVU-E)7]: Can we remove?

Impact Score: 4	Likelihood Score: 2	Target Risk Score:	8 (High)
-----------------	---------------------	--------------------	-----------------

Saunders Nathan
21/05/2024 12:15:52
Page 32 of 74

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 the cost of living crisis will and deterioration in other wider determinants of health will adversely impact 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	<ul style="list-style-type: none">• Health inequalities are well documented across the UK, with a recurrent pattern of worsening outcomes linked to factors such as deprivation and ethnicity; these inequalities are evident for many chronic and acute conditions.• 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• Differential experience of the wider determinants of health across the life course mean that disadvantage experienced in childhood is often compounded and exacerbated through adult life, and often passes inter-generationally. Action is required by a range of partners in Cardiff and Vale from pre-conception and early years onward to mitigate these impacts.• The ‘Inverse Care Law’ has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan, and is one of the wider determinants of health that is within the direct control of the UHB.• The UHB also has a role as an employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents• 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

Saunders Nathan
21/05/2024 12:15:52
Page 33 of 74

	<ul style="list-style-type: none"> — 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 		
Impact	<ul style="list-style-type: none"> • <u>Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps.</u> • 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 and other inclusion health groups • <u>Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps.</u> 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 incidence <u>rease of in</u> suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm. • <u>This is not simply a social injustice issue, h</u>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)) 		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	1. Statutory function The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not		

been properly complied with, they would have the right to instigate a judicial review claim against the UHB.

2. Role as an Employer

- In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner
- Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the People & Culture Committee, Reports/Updates to the Centre for Equality and 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

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 have further identified 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. Importantly this includes This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 ⁽⁴⁾ . Examples include: <ul style="list-style-type: none">— The <u>the</u> 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 groupsCapacity of partner organisations to deliver on plans and interdependency of work<u>Lack of capacity to deliver evidence-based interventions to tackle health behaviours e.g. smoking, diet, exercise and vaccination that impact disadvantaged groups.</u>			
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	March 2024	<u>Suite of preventative actions to tackle inequalities developed with PSB and RPB partnerships. Work with PSB and RPB partnerships on three areas where there are inequalities:</u>

Saunders, Nathan
21/05/2024 12:15:52

		April 2024	<u>smoking, vaccination and obesity.</u>
		Every 6 months	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. The 'Amplifying Prevention' work with Local Authorities has strengthened collective action to address inequalities. Current work is focussing on action to improve uptake of MMR in children.
		<u>June 2024</u>	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. An action plan is in development to support implementation of the 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. Within the UHB
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	Claire Beynon	<p>March 2023 October 2024</p> <p>June 2023 September 2025</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&V UHB teams, and the local survey results are to be discussed at the next C&V UHB 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)

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.	Claire Whiles	31/03/24	
Impact Score: 5	Likelihood Score:2	Target Risk Score:	10 (High)

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 decreaseIncrease in absenteeism and/or presenteeismDifficulty in retaining and recruiting staffPotential decrease in staff engagementIncrease in formal employee relations cases / respect and resolutionTransformation 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 decreaseStaff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.Existing inequalities exacerbatedNot 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 placeCardiff and Vale UHB refreshed strategy: Shaping Our Future WellbeingTalent management and succession planning frameworkValues based recruitment / appraisalStrategic Equality PlanAnti-Racist Action PlanWorkplace Race Equality Standards (2024)Welsh Language StandardsPatient experience score cardsRaising 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		

Page 41 of 74
Saunders, Nathan
21/05/2024 12:15:52

	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 compassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	April – June 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 in 2024/25 . Delay due to All Wales Management and Leadership Competencies development at HEIW, awaiting confirmation of time-frames. ECOD team currently mapping the Leadership and Management Development offer for presentation to Management Executive Team and SLB. This will also include analysis of Bands and Roles that have attended to date.
		March-2024	
		April – June 2024	
		November-2023 – March-2024	
		Jan-March-2024	Gap analysis of attendance and offer to take place in Quarter 1 2024/25. Development to continue (First Steps; Essential Management; Collabor8) while gap analysis takes place. ECOD to develop Leadership and Development TNA to be utilised by clinical boards.
		Jan-March-2024	
		Feb-2024	
		Feb-2024	
		March-2024	The project plan for developing 'leadership principles' within CAVUHB is in development

Page 42 of 74
 21/05/2024 12:15:52
 Saunders Nathan

		<p>Jan - March 2024</p> <p><u>April – June 2024</u></p> <p><u>March – April 2024</u></p> <p><u>April – March 2024</u></p> <p><u>Jan-March-2024April – March 2024</u></p> <p><u>Jan-March-2024 March – April 2024</u></p> <p><u>March – June 2024</u></p> <p>Feb-2024</p> <p>Jan-March-2024</p> <p>Jan-Feb-2024</p> <p><u>April – March 2025</u></p> <p>Feb-March-2024</p>	<p>based upon the findings of the audit advisory report. Engagement in development will take place between December-2023 and March 2024.</p> <p>Education, Culture and OD Team have scheduled 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.</p> <p>The Coaching Network is expanding. The ECOD team are supporting inexperienced 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.</p> <p>ECOD team <u>have formalised and will continue to support</u>are supporting coaches with practical peer supervision sessions. <u>Coaching Supervision Qualification (Level-7) to be reviewed March-2024.</u></p> <p><u>The S</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</p>
--	--	---	--

		<p>Jan-Feb 2024</p> <p>Jan-Feb 2024</p> <p>March – May 2024</p> <p>March – May 2024</p> <p>Jan-March 2024 March 2024</p> <p>Jan-2024</p> <p>Jan-July 2024 May 2024</p> <p>March 2024</p> <p>Jan-May 2024</p> <p>March 2024</p> <p>March 2024</p>	<p>forms part of the management programmes.</p> <p>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.</p> <p>NHS Wales Staff Survey results were released end of Feb 2024. Analysis of findings to follow.</p> <p>The ALAS Culture and Leadership Programme (CLP) discovery phase has been completed. Whole departmental day took place December 14th 2023 continues into the design and delivery phase. The ECOD Team and People Services are continuing to work closely with the Senior Leadership Team, including the Director of Operations, to respond to findings and engage with the workforce to co-design, and deliver, actions.</p> <p>Programme of work to be developed by the ALAS DMT for next 12-18 months with support from P&C Team.</p> <p>The Culture and Leadership Programme has been approved as a consistent approach to support cultural work. The Culture and Leadership Programme Approach continues to roll-out across the UHB, in prioritised areas as identified by the Chief Operating Officer and Executive Team.</p> <p>Lessons learned from implementation are helping a more structured approach in terms of setting expectations of</p>
--	--	--	---

		<p>April – Sept 2024</p> <p>March – June 2024</p> <p>April – September 2024</p> <p>March 2024 – March 2025</p> <p>April 2024 – March 2025</p>	<p>the Senior Team when the SCoping Exercise takes place, noting this is an approach led and driven by the Senior Team of the department, not People and Culture.</p> <p>P&C team working with COO and Executive Team to identify priority areas. Progress made to date:</p> <p>CLP Work currently in progress:</p> <p>Theatres UHL – Discovery phase completed, analysis taking place, completed and reported shared with Senior Team. Team Day scheduled (design) for Feb 2024. Senior Team meeting with P&C Leads to establish plan for cascade and engagement of results, and planning of design phase.</p> <p>ALAS in Phase 3/4 (Design and Delivery)</p> <p>Radiology / Radiography – SMT development plan supported by AD of OD, Wellbeing and Culture. To review NHS Wales Staff Survey findings Feb-March 2024 to identify next steps in cultural work.</p> <p>Children and Women CB – 2 x workshops planned for Obstetrics and Gynaecology based on values and behaviours / ways of working taking place 17th May 2024.</p> <p>Outpatients – discovery phase, survey and focus groups completed. Senior Team being supported by ECOD in planning of design phase, 1 x focus group held, another focus group scheduled Jan 2024</p> <p>Gastro – broader work required. Workplan in development including Executive Nurse Director, Executive Medical Director, COO, Executive Director of P&C. Not currently included in CLP Work.</p> <p>OD -challenges to capacity continue to be being discussed. Agreement of organisational priorities re OD support and</p>
--	--	---	---

Page 45 of 74
 21/05/2024 12:15:52
 Saunders Nathan

		<p>conversations re capacity ongoing. CLP approach will require different levels of support for areas depending on findings and complexity of required intervention. Work to date demonstrating that the OD support and input required following the discovery phase is more than anticipated. This may reduce the number of areas the team are able to support with CLP. CLP toolkit developed to support CLP in CAVUHB. Programme management approach to ensure consistency, measurements and review, and targeted support. Currently being refined via Medical Illustration Team.</p> <p>People and Culture Team are supporting EU with retention and wellbeing work. Scoping of programme underway. Head of ECOD working with DoNjoined retention working group for EU.</p> <p>ECOD team have drafted a toolkit to support CLP in CAVUHB. Programme management approach to ensure consistency, measurements and review, and targeted support. To review to finalise Jan-2024.</p> <p>To support effective evaluation of programmes, HEIW are supporting 1 place on the pilot Kirkpatrick Evaluation programme. Member of ECOD Team attending Kirkpatrick Evaluation Programme to ensure consistent approach to evaluation of OD and development programmes to attend and share learning.</p> <p>To support Team Development, HEIW supporting 1 place on the Affina Team Coach Journey Programme underway – programme to be utilised for Senior Team development within Radiology. Member of</p>
--	--	---

Saunders, Nathan
21/05/2024 12:15:52
Page 46 of 74

			<p>ECOD to be developed in first instance to support cultural / team development.</p> <p>HEIW has funded Retention Lead posts across NHS Wales. In February 2024, the Retention and OD Lead commenced their role within the People and Culture Directorate. With an initial focus on supporting the completion of the Nurse Retention Self Assessment, the role will develop to adapt and implement the retention toolkit across different roles and departments throughout the UHB</p> <p>Clinical Board Executive Review - monthly reviews continue provide the opportunity to examine workforce and performance data, explore 'noise' in the system, develop effective plans to address issues and to highlight areas of good practice. The CB Triumvirate are linked in via the Heads of People and Culture, and the Executive Director of People and Culture, to guidance, support and advice regarding emerging and/or long-standing cultural concerns</p>
<p><u>1.</u></p> <p><u>1-2.</u> Equality, Diversity and Inclusion</p>	Rachel Gidman	<p>Jan— March 2024 <u>March 2024</u></p> <p>May 2024</p> <p>Jan-March 2024May <u>2024</u></p> <p>Jan-March 2024</p>	<p>Engagement plan for development of the Strategic Equality Objectives in draft. Engagement to commence December 2023, plan to be published April 2024. Engagement on the development of the UHB's Strategic Equality Objectives took place between December 2023 and February 2024. 301 people participated in the engagement through completing the form or joining sessions. Draft SEOs to be presented to P&C Committee and Board, and published by 31st March 2024.</p> <p>Equality Strategy Welsh Language Group reviewed. Draft governance proposal agreed in principle by CEO and</p>

Welsh Language Standards being implemented.		May 2024 – August 2024	Exec Director of P&C. Director of Corporate Governance to confirm next steps. Proposal to be presented to P&C Committee May 2024.
		Jan-2024	
		April 2024 – March 2025	A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff.
		Jan—March-2024	Review of capacity and cost to be completed to compare in-house translation to external to identify and realise potential savings. SLA ends August 2024, review to take place April – May 2024.
		December-2023—March-2024	
		Jan-April-2024 April – March 2024	The UHB continues to receive and respond to inquiries from the Welsh language Commissioner's Office, particularly around reception areas, recruitment and data. To minimise future risk, and identify and monitor key actions required, WL Team working closely with Clinical Boards, and capturing lessons learned and developing plans to minimise future risk.
		April 2024 – June 2024	
		April 2024	To further develop working relationships with the WL Commissioner's Office, a meeting has been arranged for to take place in Jan 2024 between the Chair, CEO and EDoP&C and the WL Commissioner. Regular meetings with the WL Commissioner will take place going forward to enable proactive and productive progress around the UHB's achievement of the WL Standards.
		Jan-March-2024 April – September 2024	The Welsh language team are supporting prioritised Clinical

<p>Inclusion - Nine protected Characteristics</p>		<p>Feb-April 2024 <u>April – September 2024</u></p> <p><u>April – September 2024</u></p> <p><u>March 2024</u></p> <p><u>April – June 2024</u></p>	<p>Boards to further understand 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. The Equity, Inclusion and Welsh Language Team have secured <u>additional</u> Welsh Language Training <u>for 2024/25</u>, 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. 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, 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 identification / nominations for mentors, followed by training. Timing and actions will be informed by SEP feedback 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 agreed. Initial priority around data is being implemented with a data campaign and support to complete records on ESR. Slow progress on implementation of the ARAP <u>due to team capacity has been mitigated in the short-term through reallocation of resource within P&C Team until March 2024.</u> Support has been identified Jan-March 2024 from the OD Team to support progress in this area. Long term resource to be discussed. Progress Jan-March has included:</p> <p><u>Review of the action plan</u> <u>Meeting with key stakeholders</u> <u>Re-engagement of leads</u> <u>Scoping exercise around Anti-Racist Training</u> <u>Early stage of communication and engagement plan</u> <u>Resource to effectively deliver the plan longer term remains under review and a potential risk to delivery.</u> <u>Awaiting WRES details from HEIW in terms of dates and requirements. Data exercises ongoing to support this work when needed.</u></p> <p>There has been limited work on the LGBTQ+ action plan development due to capacity. Requirements to be revisited following SEP engagement. <u>The framework for Equality, Health Inequalities and Safety has been agreed.</u></p>
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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~~continue to be 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 an event such as a pandemic in the years following such an event, with estimated recovery time being 5-10 years. 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 † • 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 / <u>moral distress</u>) • 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 environments, 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 monitoring 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 self-referral (EWS), and manager referral (Occ Health) • EWS and Recovery College workshops (on-line) • Stress Risk Assessments 		

	<ul style="list-style-type: none">• Values Based Appraisals including focus on wellbeing• Chaplaincy• Health and Wellbeing Steering group• 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

<p>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.</p>	<p>Nicola Bevan and Lisa Franklin</p>	<p>Jan-FebApril-May 2024</p>	<p>Evaluation of initial commissioning process underway. Review required to simplify process and support managers. Revised draft to be completed for Feb-2024.</p> <p>Requests are currently being assessed on an individual basis as commissioning approach reviewed. Delay in review due to capacity.</p> <p>Requests not going through the approach are being supported where applicable, with involvement from all P&C areas when necessary.</p>
		<p>Jan-March 2024</p> <p>April-June 2024</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 Conflict Values and Behaviours Ways of working Wellbeing & Resilience</p>
		<p>Jan-MarchApril-June 2024</p>	<p>Continued signposting to cost of living support and development of resources in partnership with TU Partners and MaPS.</p>
		<p>Jan-March 2024</p> <p>May 2024</p>	<p>Financial wellbeing pathway developed and available for staff on EWS pages.</p>
		<p>Jan-April 2024</p> <p>April-June 2024</p>	<p>Financial wellbeing communication plan in development for 2024/25.</p>
		<p>March 2024</p>	<p>Continued communication of financial wellbeing support, including Wagestream platform and functionality.</p>
		<p>May - June 2024</p>	<p>Communication drive in Jan-2024 regarding the functionality of</p>

		<p>January 2024</p>	<p>Wagestream with a focus on support available for all staff regarding financial health / support and savings.</p>
		<p>April – June 2024</p>	<p>H&WB Steering Group TORs finalised. <u>Awaiting name of nominated</u> DoDops to <u>be invited to</u> co-chair with EDoP&C. Priorities include:</p> <p>Health and Wellbeing Framework development (led by AD of OD, Wellbeing and Culture)</p>
		<p>Jan-March 2024March 2024</p>	<p>Financial Wellbeing</p> <p><u>Financial Wellbeing packs have been circulated to key leads in primary care and community for cascading through the teams.</u></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. Work <u>requiredhas started</u> with Communications Team to cascade and signpost.</p> <p>Dedicated staff financial wellbeing and Cost of Living web pages <u>have been establishedavailable</u> on sharepoint.</p>

<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>May 2024 Jan-March 2024</p> <p>Jan – March 2024</p> <p>April – May 2024</p> <p>July – September 2024</p> <p>April 2024</p> <p>Jan 2024</p> <p>Feb – June 2024</p>	<p>The Health and Wellbeing Steering Group is now established <u>and meet every 2 months. Awaiting nomination of</u> Co-Chair (DoOps) <u>to be identified</u> to ensure operational focus. TORs to go to P&C Committee for agreement.</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>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. Conversation with MedTriM provider has taken place and developing education for 40 practitioners to support team wellbeing on a peer level. This will also include education of 4 MedTriM ‘Managers’ to ensure infrastructure of support. Conversation planned with CB triumvirates to identify appropriate area for development.</u></p> <p>Support for colleagues experiencing traumatic situations to be reviewed by H&WB Steering Group as part of Framework Development.</p> <p><u>MHCB proposing trial of CISS and TIM, more detail</u></p>
---	----------------------	--	---

Page 55 of 74
 NS Saunders-Nathan
 21/05/2024 12:15:52

		<p>April – June 2024 Jan-March 2024</p> <p>Jan-March 2024 February 2024</p> <p>Dec-Feb 2024</p>	<p>required and meetings planned for April 2024.</p> <p>Review of use of Sustaining Resilience at Work Practitioner (StRaW) approach within C&W CB to be reviewed.</p> <p>P&C Team to review positioning of small team of StRaW Practitioners within P&C and identify area to support within UHB. StRaW Practitioners meeting reinstated within C&W CB, P&C supporting.</p> <p>'My Health Passport' launched in November 2023. Engagement and communication has commenced throughout UHB planned for 2024, to include ongoing evaluation. Utilising existing 'touch point' such as Signposting to be built into Induction, VBAs, Management Development, MAAW.</p> <p>Recent measles outbreak in Cardiff has resulted in the Welsh Government instructing Health Boards to undertake an audit of MMR status of staff based in high risk areas. Information completed and provided.</p> <p>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.</p> <p>Occupational Health (OH) service have reached out to the high 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</p>
--	--	---	--

			<p>contact OH. Planning is being undertaken to prepare for potentially high numbers of vaccinations but this will impact on day-to-day OH services.</p> <p>Immunisation reviews are undertaken routinely as part of the pre-employment process and MMR vaccinations offered where indicated.</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>Jan – March March - June 2024</p> <p>April 2024 – March 2025</p> <p>March 2024 – March 2025 January 2024</p> <p>Jan-March 2024 March – June 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> <p>P&C Team working with <u>and the</u> Communications Team to develop a <u>have developed a</u> People and Culture communication and Engagement Plan. Draft <u>This has been</u> presented to P&C Committee Nov 2023 <u>and is now in place.</u></p> <p>The Financial Wellbeing Working group has now been stood down but will be reviewed regularly by the H&WB Steering Group.</p> <p>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</p>

		<p><u>March – May 2024</u> <u>Jan-March-2024</u></p>	<p>cost of living challenges, and reducing reliance on agency workers. As of <u>27th December</u><u>13th March 2024</u>, <u>10231532</u> employees have signed up, <u>2931</u> awaiting enrolment, and <u>19135</u> have started a savings (build) pot.</p> <p>Further engagement work is planned for <u>early 2024</u> focusing on the financial education, support and savings functionality available to all staff and to highlight benefits available</p> <p>The NHS Wales Staff Survey closed in November 2023. The response rate for the UHB has been confirmed as 21.42%.</p>
		<p><u>Feb-2024</u> <u>March-2024</u></p>	<p><u>HEIW have shared initial findings with the UHB, which includes the overarching results and the results for NHS Wales as a whole. These have been shared with Senior Leadership Board, Trade Union Partners and will be communicated to colleagues in March 2024. More detailed results at directorate level will be made available in April 2024, currently no specific date available. Following receipt of the results, analysis will be undertaken and the results shared with P&C Committee, SLB, Board, LPF and colleagues. An engagement and action plan will be developed to engage and involve colleagues across the UHB. HEIW timings have confirmed initial results to be available Feb-2024, likely on a whole organisation basis.</u></p>
		<p><u>Feb-May 2024</u> <u>March 2024</u></p>	<p><u>HEIW to provide training to enable further analysis of results in March 2024. Delegates have been to be</u></p>

Page 58 of 74
Saunders Nathan
21/03/2024 12:15:52

			identified to support local analysis. Analysis of survey will inform actions into 2024/25. P&C Team so support CB understanding and communication.
<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><u>Jan – March 2024</u> <u>April – June 2024</u></p> <p>February 2024</p> <p><u>Jan-March 2024</u> <u>March 2024</u></p> <p><u>April – July 2024</u> <u>Jan 2024</u></p>	<p>ECOD <u>initial reviewing and shaping Leadership and Management development principles Jan-March 2024 of management development programmes phase 1 completed.</u> ECOD Manager, Wellbeing and Engagement supporting management development delivery <u>to ensure focus on wellbeing of manager and teams.</u></p> <p>Induction sessions supported by Employee Wellbeing Service <u>and continues to include a 1 hour session on Values and Behaviours led by the CEO and DoP&C.</u></p> <p><u>Work being undertaken to develop CAVUHB Leadership Principles (see Culture BAF) will also enhance this. Development of Health and Wellbeing Framework will support and inform leadership development.</u></p> <p>HEIW supported post, Senior Manager for Retention and OD, <u>successfully recruited to. The post will sit within P&C and work in partnership with CBs to form retention plans, utilise toolkit, gather data etc. Individual to commence in post Feb 5th 2024, initial focus on UHB Self-Assessment and benchmarking exercise: now fully operational within the UHB. Current focus on completing the Self-Assessment for the deadline</u></p>

		April – June 2024	<p>of 31st March. Working with key-stakeholders across the UHB, developing networks and influence to support retention across the UHB.</p> <p>Acceler8 Leadership Programme on-pause-until the UHB-leadership principles-have-been-agreed to-ensure-programme-fit-for-purpose.</p> <p>Outline of leadership and management development currently offered has been pulled together to inform next steps conversations with SLB, P&C Committee, LPF and Board.</p> <p>Financial Wellbeing (FWB) lead has worked with P&C leads to ensure Financial Wellbeing is built into moments that matter including staff induction.</p>
5. Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	<p>April 2024</p> <p>May 2024</p> <p>Jan-2024</p> <p>January-2024</p>	<p>Work on evaluation metrics continues to be limited due to capacity within team following a staff member leaving and inability to recruit to role.</p> <p>EWS producing review of 2023 to go to P&C Committee in May 2024.</p> <p>EWS linkinghas linked in with Deputy Director of Therapies regarding dashboard development. Requirement to identify skill development support in this area – linking in with Digital Service and HEIW.</p> <p>D-dashboard development currently on hold due to team capacity and capability (see above). This poses a risk in terms of identifying an effective means of monitoring, evaluation and</p>

		<p>Feb-April-May 2024</p> <p>Jan-June 2024</p> <p>April 2024</p> <p>January 2024</p> <p>January 2024</p> <p>Jan-April 2024</p>	<p>planning of all wellbeing services and interventions.</p> <p>Potential opportunity in 2024 to utilise new Occupational Health database to support EWS and provide an improved and effective referral and appointment system for colleagues. This would also enable report production and analysis of use. however- This will come with an annual cost, paper developed to present proposal to Exec Director of P&C in first instance.</p> <p>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.</p> <p>Schwartz Rounds Steering Group and facilitator network has been established. Dates for 2024 to be agreed in January Steering Group Meeting Programme for 2024/25 has been set and communication of dates has commenced across the UHB. Requirement to identify Communications link to ensure colleagues are aware of, and understand how they can get involved in Schwartz Rounds.</p> <p>Sharepoint page of information around Schwartz Rounds, dates, venues and how to get involved has been drafted, currently in final review before being published in April 2024.</p>
--	--	--	---

Page 61 of 74
 N. Sauniers-Nathan
 21/05/2024 12:15:52

		<p>Feb 2024</p> <p><u>May 2024</u></p>	<p>Following pilot round in October 2023, 2 further rounds have been held:</p> <p>November 2023, UHL, The Day I Made a Difference</p> <p>December 2023, UHW, A Patient I will Never Forget</p> <p>Both have been well attended (between 20 and 40 in attendance).</p> <p>The January 2024 round will be was held on-line, <u>under the theme</u>the theme is: Against All Odds. <u>Over 70 people attended and feedback from the session was very positive.</u> Systems in place to record details of attendees, evaluate the rounds and identify future panel members</p> <p>Schwartz Round Administrator role – currently no capacity to fill role. Risk re Schwartz Round Administrator role – currently not assigned.</p> <p>Organisational approach to Cultural Assessment approved November 2023.</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</p>
--	--	--	--

			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 action plan to be presented to H&WB Steering Group May 2024.
Impact Score: 5	Likelihood Score: 1	Target Risk Score:	5 (Moderate)

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 many 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	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB. The condition of facilities within our main hospitals 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.		
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. This is being updated.• 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 2023/24/25 Capital Plan will be submitted for Board with the IMTP approval in July 2023.• 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. This part of the Capital Management Group agenda.		

Page 64 of 74
Saunders, Nathan
21/05/2024 12:15:52

- 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. Welsh Government has asked all NHS organisations to provide a prioritised capital programme using a weighting framework developed by the Infrastructure Investment Board. The submission date is 31st March 2024. The Health Board's submission has been scrutinised and approved through the interval governance mechanisms and is coming to the Board on 28th March for oversight.
- 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. Discussion with Welsh Government regarding the Shaping Our Future Acute Hospital Programme Business Case is ongoing. We presented to a special Infrastructure Investment Board prior to Christmas where there was agreement to progress testing of options, including a phased approach to developing on the current UHW site. The scope of this work, which is being led jointly with Cardiff University, is currently being finalised for approval by Welsh Government.
- 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. The Tertiary Tower Electrical Supply business case was approved by Welsh Government and the capital works is progressing. This will remove a single point of failure in the electrical system and provide greater resilience. The Vascular MTC Theatres business case is currently being updated to reflect that the original equipment supplier has withdrawn. A new supplier has been identified but the financial case will need to be updated to reflect the preferred solution, and any changes to costs due to the passage of time since the business case was originally approved. The business case for the BMT, haematology, complex cancer and cancer research hub has been submitted to Welsh Government and a team made up of the three partners (Cardiff University, Velindre NHS Trust and Cardiff and Vale Health Board).
- Welsh Government has also provided funding to enable the demolition of the Links Building at CRI which presented a health and safety risk. Additional car parking will be provided temporarily on the space created whilst the longer-term plan (subject to business case approval) for the Health and Wellbeing Centre at CRI comes to fruition.

Current Assurances

- The estates and capital team is in constant dialogue with WG and continues to present have a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. This has proven successful in the closing months of the financial year. A significant amount of end of year funding has been secured, as in previous years, and this has enabled capital investment in critical digital infrastructure in particular.
- 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⁾.

<ul style="list-style-type: none">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 and 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 EquipmentThe Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. Not all business cases in the Welsh Government capital plan will be deliverable and the UHB needs to be mindful of the potential reputational risk of delays between OBC and FBC approvals with supply chain partners.			
Gap in Assurances	<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. <u>In order to carry out a review of the Estates Strategy, a scoping exercise is underway to ensure an accurate picture of current Estates and Infrastructure matters, 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</u>	Catherine Phillips	31.03.24Ongoing	<u>An update on this work was presented to People and Culture Committee and Board in Mar24. 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.</u>	
2. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Abigail HarrisCatherine Phillips.	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 <u>and a programme of work is progressing- Shaping Our Future in the Community Programme Board oversees the capital infrastructure requirements for community based care and a prioritised business case pipeline is in place. This work dovetails with the RPB 10 year capital plan and the Cardiff PSB Asset Management Group.</u>		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)

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 Due to the financial and operational challenges we are facing, final plan which was approved by the Board on 30th March 2023 and submitted to WG was an annual plan rather than a full Integrated Medium-Term Plan. 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. Additional WG funding supporting COVID consequential costs, energy pressures and exceptional non pay inflation have supported the organisation in reducing the 2023/24 deficit control total to £16.5m. 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	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted.		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan <u>and the cancer pathway improvement targets. We have submitted number of proposals against the WG Top Sliced received Welsh Government Planned Care Recovery Fund monies based on bids submitted supporting aimed at plans to improve</u> our waiting times position in line with ministerial priorities. <u>and funding has now been confirmed which will enable our plans to proceed at pace.</u> 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.		

Page 68 of 74
Saunders, Nathan
21/05/2024 12:15:52

	Senior management and oversight arrangements are being has been 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 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⁾</p> <p>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. Whilst delivery plans are in place for all elements of the plan, operational issues impact delivery – for example the impact of junior doctors' strike on planned care activity. Increasing delayed transfers of care (which previously been improving).</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. The assurances on delivery are reported to the Board and subcommittees of 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	310/1206/23	Detailed Plan and supporting information discussed extensively in Board and provided to WG. Additional oversight arrangements now wellbeing established to ensure delivery including Sustainability Programme Board chaired by the Chief Executive.
2. Provide Q1 quarterly 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 Ongoing	This will be presented to Finance & Performance Committee and Board in September 2023Quarterly Annual Progress reports are

			presented to the Board alongside the Integrated Performance Report.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

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 ~~funding which are not funded has supported the financial position reducing the deficit control total to £16.5m. 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, including the remaining COVID Covid consequential impact 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 aligned aligned to the National Value and Sustainability Board.			
Current Assurances	The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1) Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Assurance from internal audit annual review of core financial controls including budgeting and planning. Sustainability Programme Board in place, chaired by the Chief Executive.			
Impact Score: 5	Likelihood Score: 5	Net Risk Score:	25 (Extreme)	
Gap in Controls	No gaps currently identified.			
Gap in Assurances	None identified.			
Actions		Lead	By when	Update
1. The organisation has identified 100 94% of the 2023/24 £32m savings target at the end of December October with further opportunities identified to close the gap. Schemes will be further progressed through Q3 to ensure full delivery.		Catherine Phillips	31/03/2024	Further schemes are being progressed to improve the expenditure run rate entering 2024/25 to be progressed through Q3 to close the savings gap.
2. A 24/25 Savings Plan is required. Work will be carried out across the organisation and coalesced at the fortnightly sustainability		Catherine Phillips/ Paul Bostock	Ongoing	SPB continues to meet with key foci including workforce, medicines

<u>programme board (SPB) and reported to Finance and Planning Committee.</u>			<u>management, length of stay and procurement.</u>
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 with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.		
Date added:	04.10.22 updated 12.09.23 updated 12.02.24		
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 Roadmap to support the strategy shared with DHIC covering 2024/27 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 1-2. Detailed update taken to Feb meeting of DHIC	DT	31.07.23 20/02/24	complete
3. Cyber plans reviewed and further updated to reflect Audit recommendations and Cyber Assessment Framework requirements from the WG Cyber Resilience Unit for 23/24. 2-4. Cyber actions plans presented at DHIC in February as standing agenda item	DT	30.08.23 20/02/24	complete
3-5. 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 4-6. Update on Cyber Implementation plan to be discussed at private meeting of DHIC in October. 7. Board to be apprised of cyber position at private session of Board (Nov 23) 5-8. Further update to board on cyber plans planned for Sept 2024 Board	DT	30.09.23	Complete
	DT	01.10.23	Complete
	DT	30.11.23 Sept 2024	Complete
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

Report Title:	Finance and Performance Committee Chair's Report			Agenda Item no.	6.5.1
Meeting:	Board	Public	x	Meeting Date:	28.03.2024
		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 **17.01.2024**

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 9 - at month 9, the Cardiff and Vale University Health Board (the Health Board) was reporting an overspend of £17.575m comprised of £5.230m of unidentified savings/operational overspend and the revised planned deficit of £12.345m (nine twelfths of the revised forecast year end deficit of £16.460m).

Core Financial Plan – Month 9 Position – As at month 9, the shortfall on the savings plan was £2.181m and the operational overspend in delegated budgets was £3.049m.

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.

It was noted that the total overspend at month 9 was £17.575m with an aim to get back to the target of £16.460m by year end.

The Committee were provided with data around an analysis of the £17.575m overspend at Month 9, between Income, Pay and Non-Pay and also provided with a table that outlined the Summary Financial Position for the period ended 31st December 2023 where it was noted that delivery of the revised forecast deficit of £16.460m would require continuing focus and downward pressure on the Health Boards cost base, the achievement of the full £32m savings programme and restoration of operational financial balance

Total Variance Forecast - The Committee received a graph which outlined the Total Variance Forecast and showed 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 delivered in line with the 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 - it was noted that the report received by the Committee summarised each of the clinical boards as well as some of the central commissioning budgets which demonstrated how the teams effectively slowed the increase in deficit down to the £17.575m.

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.

Risks - the Committee received a summary of the Finance Department's Risk Register which noted that the key risk which fed into the Health Boards 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 £16.46m.

It was noted that the financial impact of the maintaining clinical safety during the Junior Doctors' industrial action had caused an increase in department register score for delegated positions to adequately manage budget pressures.

It was also noted that there was an increased confidence that the Health Boards savings target of £32m would be achieved by year end albeit a high proportion (circa £11m) was non-recurrent in nature.

Savings Programme – Month 9 – it was noted that at month 9, the Health Board had identified £32.590m of green and amber against the £32m savings target.

The month 9 position included a Savings Programme variance of £2.181m due to the shortfall in delivery against some schemes.

The progress of the agreed additional actions and focus on operational pressures was expected to cover the month 9 Savings Programme variance by year end, enabling the UHB to deliver its revised planned deficit position of £16.640m.

Going Further (10%) – The Committee was reminded that in addition to the Savings target included in the Health Boards initial plan, there was a requirement 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.

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 £4.8m of green and amber opportunities had been identified to date, with an extra £1.7m opportunities being worked on.

Cash Flow Forecast - the Committee was advised that the cash balance at the end of December 2023 was £6.623m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support.

It was noted that the Health Board had relayed an accountable officer's letter, on the 22nd November 2023, to formally request the strategic cash assistance in line with the revised forecast outturn. In addition, the Health Board urgently required confirmation and action of outstanding cash allocations.

Capital - the Committee was advised that of the Health Boards approved Capital Resource Limit, 15% was expended at the end of December 2023 and two capital schemes were currently classified as medium risk:

- Genomics – forecast of a potential £0.847m overspend. This was to be managed through the discretionary programme. The overspend was due to a number of factors including inflation, IT spec and the rerouting of drainage
- Eye Care – discussions were ongoing with Digital Health and Care Wales (DHCW) in relation to the future of the asset and the ongoing service provision.

It was noted that the planned expenditure for the year reflected the Capital Resource Limit (CRL) received from Welsh Government dated 22nd December 2023 - £35.959m.

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

The Committee were advised that the Welsh Government published its Draft Budget for 2024-25 on the 19th December 2023 which outlined a number of areas such as:

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

The Committee was advised that the impact of the allocations announcements was being worked through alongside cost pressures and additional commitments to formulate the financial plan for 2024-25.

Operational Performance Report:

The Committee were provided with key updates on:

Urgent & Emergency Care: - it was noted that December 2023 saw a reduction in the average ambulance handover time and that the Health Board continued to meet its commitment on reducing the number of lost hours.

It was noted that the ongoing focus and work undertaken by the Emergency Unit (EU) and patient flow teams had led to a significant reduction in average handover time and 1-hour handovers, in the context of a very challenging national picture.

The Committee was advised that considerable improvement had been made on patients waiting 12 hours in the EU and that whilst October 2023 saw periods of sustained pressure and an increase from September 2023 in the number of patients waiting 12 and 24 hours in the EU, the more recent picture had seen a significant reduction in the number of 12-hour breaches which was reflected in the November and December 2023 data.

Stroke Performance – it was noted that November 2023 saw further improvement in the Health Boards compliance against some key Sentinel Stroke National Audit Programme (SSNAP) measures and the percentage of patients directly admitted to the stroke unit within 4-hours had increased to 63% and remained significantly above the all Wales average.

Hip/Fracture Performance – it was noted that performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) had shown some improvement and that rapid fracture pathway improvements had led to a significant reduction in the median time taken for patients to get to the ward.

It was noted that compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remained well above the National Hip Fracture Database (NHFD) average.

Cancer Performance: – The Committee was advised that performance in October 2023 had increased to 64.7% as the teams continued to work through the longest waiting patients.

It was noted that performance had dipped in November 2023 due to particular challenges with endoscopy which had impacted the upper and lower GI pathways but noted that performance was expected to improve to 62% by the next reporting period.

It was noted that there would be a disruption to the cancer pathway due to the Industrial Action being taken by Junior Doctors and the impact of that disruption was being assessed.

Planned Care – it was noted that the Health Board had delivered the 104-week waiting standard at the end of December 2023. 3970 patients waiting over 2 years.

Diagnostics – It was noted that the waiting list position for Diagnostics had deteriorated, with particular challenges in Radiology and Endoscopy.

It was noted that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would hopefully address radiological backlogs.

The Committee was advised that a deep dive on diagnostics would be received at its February meeting.

Delayed pathways of care and acute ward Length of Stay (LoS): – It was noted that the metrics were included in the productivity and efficiency section of the Integrated Performance Report 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 Committee was advised that reducing the time patients spent in hospital was a current operational focus and was the subject of the most recent 'Ask Suzanne' CEO session.

It was noted that there was ongoing work which focused on patients and family, clinicians, integrated discharge service, hub and flow teams and that it was anticipated that the work would 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.

Mental Health Services: - the Committee was advised that the demand for adult and children's Mental Health services remained significantly above pre-Covid levels, which included an increased presentation of patients with complex mental health and behavioural needs.

It was noted that Part 2 compliance remained challenging and that an improvement trajectory was shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance.

Deep Dive on Outpatients – The Committee received a deep dive on Outpatients which had been requested in the previous meeting and outlined the current performance in outpatient services and the approach to improvement.

It was noted that the organisation set the aim of having no more than 9000 patients waiting longer than 52 weeks by the end of the 2023/24 financial year and the COO advised the Committee that organisation remained on trajectory to achieve that aim.

The Committee was advised that the progress on the numbers of patients waiting longer than they should for follow up appointments had not made the progress required and noted that the planned care programme as part of the overall refresh had reset both ambitions for the next three years as well as improvement actions for standards, productivity and efficiency.

It was noted that through the 2023/24 financial year the focus had been on the delivery of the revised ministerial ambitions of reaching 97% of patients treated in 104 weeks or less by December and 99% by March 2024.

The Committee was advised that the specialties remained on trajectory to meet the less than 9000 ambition by March 2024, however it would be dependent on factors such as junior doctors' industrial action.

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
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

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:

Report Title:	Finance and Performance Committee Chair's Report			Agenda Item no.	6.5.1b
Meeting:	Board	Public	x	Meeting Date:	28.03.2024
		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 **21.02.2024**

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

The Committee noted and discussed the following key points: -

Progress with the development of the Integrated Medium-Term Plan - The Committee was advised that everything was on track with the plan and it was noted that the Board Development members would be discussing the plan in detail at their next meeting which would then be submitted to the Board for approval in March 2024.

It was noted that the plan was being developed in alignment with the service, workforce, and financial planning, and the ministerial priorities and planning guidance and that it would include some difficult choices around priorities and the business cases for investment in key aspects of service delivery.

The Committee was advised that the Health Board had submitted an accountability letter to Welsh Government, confirming that it would meet the control total of £16.460 million deficit by the end of the year.

Financial Report – Month 10 - at month 10, the Cardiff and Vale University Health Board (the Health Board) was reporting an overspend of £17.394m. This was comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (10 twelfths of the revised forecast year end deficit of £16.460m).

Core Financial Plan – Month 10 Position – As at month 10, The Health Board was reporting a month 10 overspend of £17.394m, £13.717m of that being ten months of the revised forecast deficit of £16.460m. In addition to that there was a £1.071m deficit on the Health Boards original Savings Programme, being the shortfall in delivery against the month 10 profile and a £2.606m operational deficit in delegated and central positions.

Covid-19 Expenditure – The Committee was advised that Local Response expenditure was no longer funded by Welsh Government and as such was included within the Health Boards Financial Plan.

It was noted that the forecast cost at Month 10 for Covid-19 expenditure was a reduction of £3.2m against the £34.2m included within the Financial Plan and was included within the Health Boards savings plans

Risks – The Committee was presented with a table that summarised the Finance Department’s Risk Register and noted that the key risk which fed into the Health Boards 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 £16.46m.

It was noted that the financial impact of maintaining clinical safety during the Junior Doctors' industrial action had caused an increase in department register score for delegated positions to adequately manage budget pressures.

Savings Programme - The Committee were presented with 2 graphs that showed the progress of the savings program for the Health Board.

It was noted that enough green and amber schemes had been identified to deliver the £32 million savings target by year end and that some of the schemes were non-recurrent and would impact the financial plan for next year.

The Committee received the progress of the "going further 10%" savings, which were over and above the £32 million savings target for the Health Board.

Cash Flow Forecast – it was noted that cash had been tight due to late and delayed allocations by the Welsh Government and was likely due to difficulties between Welsh Government departments and the need to find additional funding for the NHS.

The Committee was advised that despite those challenges, the Welsh Government had provided additional support to the NHS and the Health Board, which was appreciated, however due to the delays noted, had caused issues with cash and allocation confirmations.

It was noted that more recently, there had been greater confidence as more allocations were confirmed and partial cash drawdowns had been allowed, easing the cash squeeze but nevertheless, the situation remained tight and would require careful management in the last six weeks of the financial year to maintain cash flows and creditor payments.

Public Sector Payment Compliance – the Committee was advised that the public sector compliance had gone down a little in the previous month but still sat above the statutory target set by Welsh Government.

Capital – it was noted that 22% of the Health Boards approved Capital Resource Limit, was expended at the end of January 2024 and assurance was provided that there were firm plans in place to expand all of the capital resource limit by year end.

Operational Performance Report:

The Committee were provided with key updates on:

Urgent & Emergency Care: - it was noted that the Health Board had continued to deliver and had actually exceeded commitments on the IMTP in terms of lost hours from ambulance handovers with around 80% of patients being handed over within 60 minutes and 100% within 120 minutes.

It was noted that 12 hour waits in the Emergency Department was still difficult but the Health Board had been seen an improvement compared to previous years.

The Committee was reminded that there was a zero-tolerance approach to people waiting in ED more than 24 hours.

Stroke Performance – it was noted that December 2023 saw a deterioration in compliance against some key SSNAP measures for the Stroke Pathway but did remain significantly above the all Wales average and was a much-improved compliance for the same period in 2022/23.

It was noted that December 2023 saw the thrombolysis rate reduced to 15.2% from 21.8% in November 2023 but remained above the Wales average.

The Committee was advised that at the recent Integrated Quality, Planning and Delivery (IQPD) meeting with Welsh Government the Health Board presented actions against the key recommendations from a HEIW review into the stroke pathway, including work on stroke/prevention awareness, the emergency pathway, implementation of AI software improving thrombolysis and thrombectomy rates and improvements to the rehabilitation provision.

Length of Stay (LoS) – it was noted that over the last four months, a reduction in the 21-day length of stay was observed, although it had started to creep up again in January and February 2024.

The Committee was advised that the Chief Operating Officer held a “top 20” delay meeting that met with local authority partners and the integrated discharge team to discuss patients LoS and noted that it was a 3-year project to move the issues forward.

Cancer performance – it was noted that compliance with the 62-day single cancer pathway standard had improved in December to 70.2% which was the highest compliance achieved since the launch of the Single Cancer Pathway standard.

The Committee was advised that the 75% compliance standard was achieved for Haematology, Skin and Head & Neck tumour sites and that the Health Board had continued to treat the longest waiting patients as a priority and continued the pathway work to improve times to first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment.

The Committee was advised that there was some risk to the compliance around industrial action.

Planned Care – it was noted that the numbers of patients waiting on a Referral to Treatment (RTT) waiting list had increased in February 2024 and that the teams had continued to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

The Committee was reminded that the Health Board had eliminated 3-year Outpatient waits in September 2023 and had maintained that position.

Mental Health – the Committee was advised that the demand for adult and children’s Mental Health services remained significantly above pre-Covid levels, which included an increased presentation of patients with complex mental health and behavioural needs.

It was noted that 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 had 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 the 80% standard each month since.

The Committee was advised that the teams would be looking at benchmarking against other Health Boards and a deep dive on Mental Health services would be received by the Committee at its March meeting.

Industrial Action – it was noted that there were mixed views about primary care following the recent announcement about the GPs negotiations.

It was noted that some GPs were relieved that an outcome had been reached, while the Local Medical Committee (LMC) and the Medical Advisory group were more concerned about the future of primary care.

The Committee was advised that the Health Board had offered support and it was explained that the industrial action by junior doctors could affect patients and the services commissioned.

Deep Dive on Diagnostics – The Committee received a deep dive on Diagnostics which had been requested in the previous meeting which provided an update on current performance in diagnostics and the approach to its improvement as it was clear that improvement in diagnostic services, in terms of productivity, efficiency and meeting standards for patients, needed an enhanced focus.

The Committee was advised that that the operational team had overlooked diagnostics for quite some time and that the waiting list had grown by over 8000 patients since April 2023 due to a number of factors such as:

- The stopping of outsourcing contracts,
- Shifting capacity to inpatients and cancer
- Delays in recurrent solutions and community hubs
- Procurement challenges.

It was noted that that multiple outsourcing contracts were in place last financial year, but proper demand and capacity work was not done before they were switched off.

It was noted that there had also been delays in recurrent solutions, such as the opening of two new rooms for endoscopy at University Hospital Llandough (UHL) and the recruitment of overseas nursing to support that.

The Committee was advised that there were 8 key hotspots which included cardiac CT and MRI and it was noted that data had not been received in a timely way and that now, a weekly report was received and reviewed by the relevant teams.

It was noted that improvements would be made on Diagnostics but that it would take some time and that more detail would be brought back to the Committee once trajectories had been calculated.

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
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
21/03/2024 12:15:52

Report Title:	People & Culture Committee – Chair’s Report				Agenda Item no.	6.5.2	
Meeting:	Board		Public	x	Meeting Date:	28.03.2024	
			Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the People and Culture Committee meeting held on the 23rd January 2024.

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

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

Staff Story: - The Committee received a Staff Story entitled “My Health Passport”.

Board Assurance Framework Report – Workforce - The Committee were presented with the Board Assurance Framework Report, which focused primarily on staff culture.

The following summary was highlighted:

- A risk to the Health Board was being unable to recruit, attract and retain staff to deliver high-quality services.

It was noted that the risk was due to an increased demand for services, national shortages in certain professions, the impact of COVID and staff burnout, the negative media portrayal of the NHS, and a lack of awareness of the range of professions in the NHS.

Schools and colleges – the recruitment teams had potentially reached over 5000 students through virtual meetings and taster sessions in various departments, generating interest in different career pathways.

Recruitment events were held three times a year in Cardiff City Centre which helped recruit for difficult areas such as housekeeping, catering, and healthcare support workers.

It was noted that the teams would implement a planned framework to widen access to complement the People and Culture Plan. Initial conversations around this framework had recently begun, and it would be brought to a future Board meeting for review.

Key Workforce Performance Indicators (KPIs): - the Committee were presented with a report which provided a summary of the Health Boards position against the People & Culture KPIs.

The Committee asked for information around the data in terms of:

- The sickness and turnover rates, and whether there were any particular hotspots across the Health Board; and

- The increase in the overall health board staffing numbers, and whether this was due to backfilling, new posts, or posts that had gone through a screening process to ensure their feasibility.

The Committee received the following responses:

- Staff in post – a robust scrutiny panel had been in place since August 2023 to look into all posts, and that this was the first month in which they had seen an impact, with only 10 new posts in the previous month. There had been a lot of growth in medical and dental posts, which had always been built into their recruitment plan; and
- Hotspots – Healthcare Support Workers (HCSWs) and registered nurses had always been challenging in terms of turnover and sickness rates, but they had worked hard to reduce this.

Clinical Board Spotlight – CD&T Clinical Board - The Clinical Diagnostics & Therapeutics Board shared a presentation which provided a summary of the Clinical Board from a People & Culture view point.

The data used for the presentation had been pulled from the Electronic Staff Record (ESR), and that it was dependent on staff having populated their personal information.

A paper was being developed to address areas of the People and Culture Plan that had become lean over the years, with the first phase focusing on building workforce planning capacity. It was acknowledged that the organisation was not currently engaging in strategic workforce planning, but rather forecasting, due to a lack of headspace and capability.

Speaking Up Safely Update Paper: The Speaking Up Safely (SUS) Report which provided the Committee with a summary of the new framework, was presented:

- The goal was to create a portal space that was accessible to everyone – however there needed to be a discussion around digital inclusion as there was a difference between the CAV website and SharePoint Online;
- Oversimplifying the process into one place where anyone could go would require someone to apply judgement over the next steps, which could negate the purpose of the framework;
- There were arguments both for and against the F2SU guardians, and England were taking a slightly different approach
- There was concerns around not losing sight of culture and leadership, which was where the real additionality came from.

It was noted that the Health Board was compliant with the legislation; however, the process was not as effective as it could be.

People and Culture Plan End of Year 2 Review: The Progress against the People and Culture Plan (Year 2 Review) which provided the Committee with a summary of the progress made, how they had responded to challenges faced, and the proposed next steps for 2024/25 was presented.

Colleagues were reminded that the People and Culture Plan was to be incorporated and owned by everyone

Health and Safety Update: -

Estates: a presentation was shared which provided the Committee with a summary of the ongoing risks within Estates.

The Health Boards difficult position was acknowledged going forward due to the limited capital and the need to make essential repairs. It was noted that if the organisation was unable to safely provide services in a part of the building, a conversation would be needed around stopping that service or relocating to another part of the real estate.

Policies for Approval

The All-Wales Flexible Working Policy was approved, and the Recruitment of Locum Doctors and Dentists Operational procedure was agreed to be rescinded.

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
21/03/2024 12:15:52

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chair’s Report			Agenda Item no.	6.5.3
Meeting:	Board	Public	x	Meeting Date:	28.03.2024
		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 Mental Health Legislation and Mental Capacity Act Committee meeting held on the 30th January 2024.</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 Capacity Act Monitoring Report and DoLS Monitoring: - The Committee were presented with the Monitoring Report to provide a general update on current issues relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MLA and DoLS indicators included, but were not limited to:</p> <ul style="list-style-type: none"> - Mental Capacity IMCA Referral type; - Mental Capacity Training; - Additional training provision; - Assessing Decision Making Capacity MSc Module; - Quarterly overview from October 2023 to December 2023; and - Consent to Examination and Treatment. <p>The Committee was informed that benchmarking with other Health Boards regarding DoLS compliance and monitoring assurance was difficult, as they did not have meaningful data to compare. It was also highlighted that there had been operational pressures with attendance and training, however frontline staff had explained that the application of mental capacity and DoLS training had been beneficial.</p> <p><u>Consent to Examination and Treatment:</u> - The Committee were provided with further assurance around the work being undertaken on consent to examination and treatment and the action plan going forward.</p> <p>A potential risk was highlighted with their indemnification profile if they were to be seen by the Welsh Risk Pool (WRP) as not being compliant with training expectations. There had been a big commitment made to mandate the training, and the WRP had asked for it to be looked at as part of the compliance around indemnity.</p> <p>It was suggested that the consent to examination and treatment would better fit being discussed in the Quality, Safety and Experience Committee to provide a broader level of assurance and scrutiny.</p> <p>Mental Health Act Monitoring Exception Report: - The Committee were presented with the Exception Report which provided further information relating to the wider issues of the Mental Health Act (MHA). It was noted that they had received one fundamentally defective application and three fundamentally defective reports.</p> <p>The Committee was advised that inductions were undertaken with doctors in Mental Health around Section 136s and 5(2)s; however, the turnover was so high and it was used so infrequently that the information gets lost. It was highlighted that there were posters and information on their dedicated Mental Health Act SharePoint page.</p>					

Regarding the implications for defective applications for the patients, the Committee was advised that the ward would be informed that the patient was no longer detained, and if the patient still met the criteria, another doctor must be called to complete another Section 5(2) form. The patient must be informed that they had not been detained lawfully, and that it would be up to them to seek legal advice if they wished to do so.

The process for individuals who did not attend training was highlighted to the Committee, as in some instances, any detention papers would be unable to be accepted if regular refresher training was not undertaken.

The Committee was informed about an unusual exception where a sentenced prisoner was subject to the civil parts of the MHA. It was noted that a letter from the Director of Mental Health Nursing would be sent to the prison governor, to ask for advice on the process of their investigation into the way the events unfolded.

Right Care, Right Person Update: - The Committee was provided a summary of the Right Care Right Person (RCRP) initiative, and it was highlighted that the UHB was in a good position.

The Committee was informed that there had been no mention of police resources or finances being transferred to Welsh health and local authority partners, which could present some challenges.

The Committee was advised that over recent years, there had been a decline in welfare checks, which had made it more difficult to obtain them. This had led to an almost gradual implementation of the RCRP approach. It was added that transportation had been a long-standing challenge, and that the National Collaborative Commissioning Unit (NCCU) had commissioned St John's ambulance cars across all regions in Wales to help mitigate these challenges.

It was noted that there had been several high-profile cases in the previous weeks which related to welfare checks, conveyancing, and communication.

Section 117 Supreme Court Ruling Implications Update: - The Committee was provided with a summary of the ruling, and the potential implications for Cardiff and Vale UHB were highlighted due to their location and skillset.

The Committee was informed that both cases were likely to be around low secure provision, which could be minimum £250,000 per person per year. As time progressed, the number of cases was expected to increase. Often patients were unknown to CAVUHB and the local services, and so there was disruption between the commissioning arrangements and what CAV can deliver at short notice.

The significance of the Supreme Court landmark ruling was highlighted, as there was no onus on the placing authority to support someone in a placement that may be struggling, and all future bills would fall to the local area.

The Committee was informed that:

- The legal advice obtained had helped to clarify ownership around usual residence, but it was not particularly favourable to CAVUHB and posed as a risk clinically, operationally, and financially.
- There were challenges around the obligations legally/morally/ethically of other Health Boards to properly fund placements to prevent disincentives – however, the legal advice and guidance received was not relevant in any of the challenges or proceedings against the ICBs
- Discussions were ongoing around usual residence and what qualified for ordinary residence in local areas

HIW Annual Report: - The Committee were provided with a summary of the Health Inspectorate Wales (HIW) Annual Report from a mental health perspective. It was noted that immediate assurance was used in Mental Health across Wales, which represented 35% of all HIW immediate assurances, and that there continued to be long-standing access difficulties for people wanting to access mental health services.

The Committee was informed that a mental health HIW annual report was expected within the next few months.

Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report: -

The Committee was presented with the Monitoring report which provided further information on the UHB Mental Health Measure performance. The performance measures included, but were not limited to:

- Part 1: PMHSS
 - Part 1a – target: 28-day referral to assessment compliance target of 80% (Adult)
 - Part 1a – target: 28-day referral to assessment compliance target of 80% (Children & Young People)
 - Part 1b – 28-day assessment to intervention compliance target of 80% (Adult)
 - Part 1b – 28-day assessment to intervention compliance target of 80% (Children & Young People)
- Part 2 – Care and Treatment Planning (over 18)
- Part 2 – Care and Treatment Planning (Children & Young People)
- Part 3 – Right to request an assessment by self-referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The Committee was provided with assurance that work was being undertaken by both Clinical Boards around the 16-25 age group, and that they planned to use the service improvement money from Welsh Government (WG) to address the challenging priorities with significant clinical impact. A big challenge was the alignment and agreement on a pathway between these services to ensure a continuity of treatment.

Sub-Committee Meeting Minutes: - The Committee received the Sub-Committee meeting minutes for noting.

Policies: - The Committee approved the following policies:

- i) Receipt of Applications for Detention under the Mental Health Act Procedure
- ii) Mental Health Review Tribunal Procedure and Guidance

The Board is requested to:

a) Note the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment: <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
21/03/2024 12:15:52

Report Title:	Audit and Assurance Committee – Chair’s Report			Agenda Item no.	6.5.4	
Meeting:	Board	Public	x	Meeting Date:	28.03.2024	
		Private				
Status <i>(please tick one only):</i>	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 Board Members with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on 6 February 2024.

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

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

- **Progress and Update reports from Audit Wales and Internal Audit** – The Internal Audit Progress Report included the findings and conclusions from the eight finalised individual audit reports received by the Committee (further detail provided later in this report) and outlined the five assignments that had been planned to be reported but had not met the November deadline which included:
 - UHL Endoscopy Development
 - Patient Safety Incident Management
 - Financial Management within Clinical Boards
 - PCIC CB Governance
 - Mortality Reviews

The Audit Wales report provided information on the findings from the Auditor General’s 2023 structured assessment work at Cardiff and Vale University Health Board. It was noted that the key focus of the work had been on the Health Board’s corporate arrangements for ensuring that resources were used efficiently, effectively, and economically, with a specific focus on:

- Board transparency, cohesion, and effectiveness;
 - Corporate systems of assurance;
 - Corporate approach to planning, and
 - Corporate approach to financial management
- The **Procurement Compliance report** which included a Chairs Action Review and some Single Tender Actions.

The Committee was provided with the activity where departments had engaged suppliers without Procurement involvement and therefore, had incurred a direct breach of SFI’s.

The report received outlined all SQA/STA (15) requests during the period the 1st August 2023 to 30th September 2023. It was noted that the volume processed was higher than normal activity, as a consequence of the following: -

- Bevan Exemplar initiatives – WG approved
- Year-end Monies/ Capital
- National Programmes

- Trials, Testing and Education Programmes
- Bespoke software support and/or licences
- Specialist Maintenance and Repairs
- Partnership Arrangements
- Compliance / Regulatory Requirements
- Charitable Funds
- Standardisation of goods or services
- Covid-19/ Unforeseen circumstances/Emergencies
- Exemptions

- The **Counter Fraud Report** which detailed the work undertaken by the Counter Fraud Team during the period from 24 October 2023 to 31 December 2023.

A Thematic Engagement Exercise – Good Practice report was also received from the Counter Fraud Team which identified good practice within Cardiff and Vale University Health Board and identified excellent insight into what the counter fraud team felt were the key requirements of a good counter fraud service and, specifically what worked best for the Health Board.

During the engagement process, it was found that Cardiff and Vale demonstrated many features of good practice.

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

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

- Mental Health Clinical Board Governance Arrangements (Reasonable Assurance)
- Capital Systems (Reasonable Assurance)
- Infection Prevention & Control (Reasonable Assurance)
- Technical Continuity (Reasonable Assurance)
- Estates Condition (Limited Assurance)
- Health Roster System (Limited Assurance)
- Alcohol Standards (Limited Assurance)
- Shaping Our Future Wellbeing – Future Hospitals Programme (Advisory)

Audit Wales Annual Report – it was noted that the report received summarised the findings from the 2023 audit work at Cardiff and Vale University Health Board undertaken to fulfil Audit Wales' responsibilities under the Public Audit (Wales) Act 2004. Key messages within the report included:

- Audit of accounts – it was concluded that the Health Board's 2022-23 accounts were properly prepared and materially accurate and therefore an unqualified true-and-fair opinion was issued upon them.
- Arrangements for securing efficiency, effectiveness, and economy in the use of resources. It was noted that Urgent and sustainable action was needed to tackle the long waiting times for orthopaedic services but it had been identified that there was a clear commitment to improve waiting times, however, it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels.

Review of Workforce planning Arrangements – the Committee was advised by Audit Wales that the key focus of the review had been on whether the Health Board's approach to workforce planning was helping it to effectively address current and future NHS workforce challenges.

Saunders, Nathan
21/03/2024 12:15:55

It was noted that the Health Board’s strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements had been looked at.

The key findings of the review found that the Health Board was taking appropriate action to address its significant workforce challenges, however, the Health Board needed to ensure that it had sufficient workforce planning resources so support delivery of the Health Board’s people plan and better understand the impact of the actions it was taking.

Review of the Risk Management System verbal update – the Committee received a verbal update on the discussions held around finding and utilising a system to manage risks across the Organisation.

The Committee was advised that one of the options identified included the use of Audit Management and Tracking (AMaT), an innovative system designed to make auditing easier, faster, and more effective.

It was noted that the Corporate Governance Team were also engaging with the Organisation and sitting in on Clinical Board reviews which is where risks were being discussed.

It was concluded that updates would be shared with the Committee as the investigations into a new system developed.

Timetable for the Production of the 2022-2023 Annual Accounts and Annual Report – The Committee received a report of which the purpose was to provide Members of the Audit and Assurance Committee with the opportunity to discuss and comment upon the draft timetable for the production of the 2023-2024 Annual Report prior to submission to the Board for formal approval.

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
21/03/2024 12:15:52

Report Title:	Quality, Safety & Experience Committee – Chair's Report			Agenda Item no.	6.5.5
Meeting:	Board	Public	x	Meeting Date:	28.03.2024
		Private			
Status (please tick one only):	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality, Safety & Experience Committee meeting held on the 13th February 2024.

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

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

Surgical Clinical Board – Assurance Report: - The Committee were presented with a staff story which provided a summary of a staff member's experience as a breast cancer patient in Cardiff and Vale UHB (CAVUHB). Her story highlighted the importance of communication, and acknowledged that there was room for improvement in obtaining a GP appointment and the expected waiting time for test results.

An assurance report was presented to the Committee which provided a summary of the arrangements, progress and outcomes within the Surgery Clinical Board in relation to the Quality, Safety, and Patient Experience agenda during 2023.

The Committee was informed that most of the equipment incidents reported were from within theatres, and that they had regularly linked in with the Medical Equipment Group. Regarding falls, it was noted that a big piece of work was being undertaken to reduce the length of stay, and that an action plan was in place.

The Committee discussed theatre capacity, as they wanted to get the most value for the large number of patients waiting. Theatres were not operating as desired as they wished for cardiac to return, which was planned for high volume low complexity surgery. They were optimistic this would drive down waiting times once it started in the following summer. The Theatre Delivery Group met fortnightly and had worked on improving and monitoring theatre utilization, and they had increased the number of sessions throughout the year.

The Committee was informed that Value Based Appraisals (VBAs) were monitored weekly at the Operational Delivery Group, and that they had started to see some traction in recent weeks. They were confident that the weekly reporting plan would help them achieve the 85% target for March 2024.

It was noted by the Surgical Clinical Board that one of their top priorities for the following six months would be patients lost to follow-up. In addition, they wished to focus on their risk management process and governance structure.

Medication Safety – Deep Dive: - The Committee were presented with the Medication Safety Deep Dive report and presentation, which provided a summary of the work being undertaken in CAVUHB in relation to medication safety.

The Committee was informed that the electronic prescribing and medicines administration (EPMA) was the essential next step for the Health Board in preventing errors, auditing, and recording drugs usage. They hoped that the EPMA system would provide better data and awareness of issues, such as missed doses. There was the challenge of maintaining knowledge of high-risk medicines and drug alerts, and that the EPMA system would aid this by providing prompts.

Quality, Safety and Experience Framework – effectiveness review: - it was noted that the Committee had been provided with a presentation which summarised the framework at the previous meeting.

The Committee discussed how digital stories were presented, and it was noted that the goal in the following year was to focus on reaching out to underrepresented groups and delivering care within the community.

In terms of the framework's integration throughout the organisation, it was noted that their data, insight, and digital journey was evolving, and that the scrutiny of the mortality data had changed the conversation about the quality of care. In addition, the need to listen to patients and staff and to take actions based on their feedback was emphasized, and that the Duty of Candour should be a fundamental part of an organization's culture.

Learning Committee Update – Verbal: - the Committee were presented with the Learning Committee Update, which provided a summary of the aims of the Organizational Learning Committee to address the cross-cutting themes across the organisation.

The Committee were informed that the work was planned for the end of 2024 as a lot of work was needed to make the initiative run well and be successful from the outset, and the importance of understanding the role of the university and local authorities was highlighted.

Health Protection Plan: - the Committee were presented with the Cardiff and Vale Health Protection Plan, which described their intention to build upon existing relationships and use their experience of the pandemic response to strengthen the regional system in line with the national principles (as set out by Welsh Government).

It was noted that WG saw the year 2023-24 as a transition year from COVID to an all-hazards approach, and that relationships with third sector organisations could be critical.

In terms of what could be expected in 2023-24, the Committee were informed of the importance of being prepared for future pandemics and working well together as organisations. It was noted that measles was currently a concern, but that a lot of planning was being undertaken around this. They were dealing with communicable disease threats and planning for other national priority diseases such as TB, Hepatitis B, and HIV.

Policies: - The Committee approved the following policies:

- i) Intraoperative Cell Salvage Policy & Procedure (UHB 030 & 403)
- ii) Swab Instrument and Needle Count Policy & Procedure (UHB 191)
- iii) Inpatient Welsh Language Policy (UHB 513)

The Committee noted the following policy:

- i) Individual Patient Funding Request (IPFR) Policy

It was noted that there was an ongoing corporate effort to review the management and approval process of policies, and assurance was provided that the issue would be addressed.

Minutes from Clinical Board QSE Sub-Committees and Radiation Protection Group Chair's Report: - The Committee noted the Clinical Board QSE Sub-Committee minutes and the Radiation Protection Group Chair's Report.

Health Inspectorate Wales Annual Report 2022-23: - The Committee noted the Health Inspectorate Wales (HIW) report which provided a summary of their activity over the previous year, as well as themes and trends across Wales.

Any Other Business: - the Committee was informed that there may be a scheduling conflict for the following QSE meeting as it coincided with the planned Industrial Action.

The Board is requested to:

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

Please tick as relevant

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Impact Assessment:

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

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Saunders Nathan
21/03/2024 12:15:52

Report Title:	Digital Health & Intelligence Committee – Chair's Report			Agenda Item no.	6.5.6
Meeting:	Board	Public	x	Meeting Date:	28.03.2024
		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 Digital Health & Intelligence Committee meeting held on the 20.02.2024. The report complements the agenda and the formal minutes of the meeting which will be approved at the next Digital & Health Committee Meeting.</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>Digital Transformation Progress Report – The Committee were presented with the Digital Transformation Progress Report.</p> <p>It was noted that all of the national initiatives had continued and that Electronic Prescribing and Medicines Administration (EPMA) would give the Health Board the opportunity to improve its plan around digital maturity.</p> <p>Joint IMT & IG Corporate Risk Register – The Committee were presented with the joint IM&T Corporate Risk Register and highlighted the following points:</p> <ul style="list-style-type: none"> - 13 joint risks to be discussed in the Private Digital & Health Intelligence Committee - There were concerns around money but a number of risks had reduced - Effective utilisation has a low score as there is now a process and have a digital advisory board to help prioritise work. <p>IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <ul style="list-style-type: none"> - The Committee were presented with the IG Data & Compliance with the following points highlighted: - 316 requests received for medical records per month - Non-health records are compliant with 61 requests - Continue to monitor staff access and remind staff members when accessing clinical systems - Information Governance training figures remain at 76% <p>The need for staff to complete mandatory training as we need to make staff understand this is patient safety critical was highlighted.</p> <p>Digital Services Key Performance Indicators – The Committee were presented with the Digital Services Key Performance Indicators from the Ivanti Management Report and highlighted the following points:</p> <ul style="list-style-type: none"> - 2023 data showed an increase of 50% of requests in 2024 - Ivanti commenced in CAV HB in 2022 - Averaging 3.2 days in 2023 to close an incident - An average of 36,000 requests with 25,000 being resolved by the service desk team 					

- CAV to look into produce an automatic password reset
- The chat function on the self-service desk is another way to connect with IT colleagues
- A high number of Nadex requests were completed by the automation server

Ivanti was introduced in 2022 but 2023 was the first full year of data. The IT Service Desk queues are lower and wait times had dramatically reduced due to the digital self-service.

Framework Policies, Procedures & Controls Update – The framework policies, Procedures & controls updated was discussed and noted.

Information Governance Policy – The information Governance Policy was discussed and 4 national policies were reviewed and had reflected recent changes.

Minutes: Digital Directors Peer Group - The Committee noted the minutes of the 08.08.2023 and 05.09.2023 Digital Directors Peer Group meetings.

The Board is requested to:

a) Note the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

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

Saunders,Nathan
21/03/2024 12:15:52

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.7
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:	Claire Beynon, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report

Background and current situation:

Public Health					
Immunisations					
<i>COVID-19 and influenza</i>					
<ul style="list-style-type: none">• 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 16th February, in Cardiff and Vale UHB, uptake according to PHW is 55.63% which is above the Welsh average of 54.02%.• 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 13th of February is 72.8%, which is in line with the Welsh average of 72.1%. 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.					
<i>Childhood immunisations</i>					
<ul style="list-style-type: none">• 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:<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, and 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 4 in1 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.○ A plan is being developed to train champions that can help with parents in our minority ethnic communities.○ 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.• MMR, since the Welsh Health Circular on Vaccination against Measles [WHC(2024)008], which sets a target for 90% uptake in schools, a plan has been developed to deliver catch-up vaccination efforts in schools with low uptake and delivering MMR alongside the ongoing HPV vaccination campaign. This is accompanied by 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.• Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15: This is below the target of 90%. The move to the one dose schedule will give teams increased capacity to work more proactively to improve practice in terms of improving HPV vaccine uptake in our eligible groups. The HPV vaccination campaign is currently underway among year 8 pupils and we are awaiting the first data on uptake.					
Healthy weight					

- Since the pandemic, healthy weight in reception year children aged 4/5 decreased to 74.6% (2021/22). This is below the English average for the same period (76.5%). There was no Welsh average as only six Health Boards participated during that academic year. Steps are being taken to increase healthy weight locally through the refreshing of the Move More, Eat Well Framework which will include the 0-5 age range going forward. A series of workshops have been held to refresh the healthy weight plan for Cardiff and Vale with a multitude of partners.

Weight management services

- The dietetics led Level 3 weight management services are currently below capacity. To meet level 3 target of 0.5% of BMI > 30 we would need 228 additional capacity; funding source not yet identified for this expansion.

Tobacco

- **Percentage of adult smokers who make a quit attempt via smoking cessation services:**
'Help Me Quit' smoking cessation clinics continue to be delivered in 12 locations across Cardiff and the Vale of Glamorgan with the majority of clinics at capacity. Work is underway to explore options to increase the number of clinics being offered by the team. Group sessions are being utilised where appropriate to make efficiencies.

Regular Help Me Quit communications are shared by the UHB Communications Team to promote smoking cessation services. In 2024/25 we intend to increase demand through advertising, but will need additional capacity to meet this demand. Communications will be shared in March to promote No Smoking Day. The usual peaks in demand for Help Me Quit services are in January (with New Year resolutions and in March following No Smoking Day).

Operational Performance

As we work through the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. January and February saw a notable increase in operational pressures across Wales and we saw the average ambulance handover time remain higher than in December 2023, despite this we continue 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), but increased in January (379). In February the number of 1-hour ambulance handovers reduced to 323. 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 compared to last winter, in the context of a very challenging national picture.

Over past months considerable improvement has been made on patients waiting 12-hours in the EU. After increases reported in December and January we saw a modest reduction in February and our performance remains improved from the same period last year. 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. Reducing the number of patients waiting 12 and 24-hours in the EU remains a priority and has been an area of specific focus for the EU and patient flow teams through some very challenging weeks in January and February.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement against our historic trends. 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 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 well above the national average.

January saw deterioration 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 reduced to 48.2%, but does remain significantly above the all Wales average and much improved from the compliance last January. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022, 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.

January saw our thrombolysis rate reduced to 10.9% from 21.8% in November but remain above the Wales average. At our recent IQPD meeting with Welsh Government the Health Board presented our actions against the key recommendations from an HEIW review into the stroke pathway, including work on stroke/prevention awareness, the emergency pathway, implementation of AI software improving thrombolysis and thrombectomy rates and improvements to our rehabilitation provision. There is work to do to be able to maintain the A grade standard and consistently meet the standards across the whole stroke pathway.

Our compliance with the 62-day single cancer pathway standard improved in December to 70.2%, our highest performance since the development of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January, as a result of the Junior Doctors Industrial Action, where we lost 121 cancer appointments and treatment slots, and patients who chose to start their definitive cancer treatment after the Christmas and New Year period. We continue to treat our longest waiting patients as a priority and continue our pathway work to improve times to first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment. As a result we have seen a sustained reduction in the number of patients waiting over 62 and 104 days for their definitive treatment.

Challenges within endoscopy are being addressed with improvements noted in the endoscopy backlog and the SCP compliance for upper and lower GI cancers. 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 Q2 where we have seen improvements in the monthly compliance for July and September.

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	42.6%	54.8%	57.8%	58.5%	55.1%	61.5%	62.2%	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%
Compliance following quaterly refresh	50.3%	56.9%	60.0%	62.8%	57.5%	62.9%	63.5%	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%

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 have maintained this since then. In December the Health Board delivered on our commitment to reduce the number of patients waiting 2 years for treatment to <3% of the waiting list.

At the end of January there were 3943 patients waiting 2 years for treatment, which represents 2.77% of patients on a waiting list. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands. We are now working towards the March ambition for no more than 1% of the waiting list to have waited over 2 years with a particular focus on key specialties with the highest volumes of long waiting patients. However, due to a number of compounding factors in Q4 we are unlikely to achieve 1%, but are working to ensure the fewest possible number of breaches at the end of March.

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. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. From April 2024 we will only be reporting the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 58,800 patients who are past their target date for a follow-up appointment, of these c600 are over 2 years past their target date as shown below:

Overdue Follow-up Outpatients						
Clinical Board	Months past target date	07/02/2024	13/02/2024	20/02/2024	27/02/2024	05/03/2024
Total	Total overdue	61658	61415	60280	59542	58800
	Over 18 months	2948	2867	2355	1994	1572
	Over 24 months	1271	1258	1022	843	616
Surgery	Over 18 months	1523	1475	1118	897	642
	Over 24 months	643	628	479	402	267
Children & Women	Over 18 months	500	438	518	486	341
	Over 24 months	173	201	174	154	90
Specialist	Over 18 months	464	507	348	271	281
	Over 24 months	196	173	134	72	70
Medicine	Over 18 months	455	441	365	334	302
	Over 24 months	257	254	233	213	187

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments and the impact of the focused work 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 number of patients overdue for follow-up appointments will be an area of significant focus in the coming months.

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 and November saw improvements for MRI and CT, however, the 8-week breach position deteriorated in December, with only a small improvement in January. 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. A separate deep dive into diagnostics was presented to Finance and Performance Committee last month.

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 4 months have seen a reduction in the percentage of our acute beds occupied by patients with a >21-day length of stay, although the number of patients with long lengths of stay has begun to increase as we move into the new year with a small increase noted in January 2024. Reducing the time patients spend in hospital is a current operational focus. 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 the 80% standard each month until January. October 2023 saw the highest recorded number of referrals

and Part 1a performance was expected to deteriorate from January 2024. As forecasted, In January we reported 37.5% compliance with the 28-day standard and expect this performance to fluctuate in the coming months as the service work through the referrals to recover the position. 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 dropped below the 80% standard at 78% in January as a result of a number of factors including workforce challenges and the number of complex cases. 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 which acknowledges the services reduced capacity to deliver interventions within 28 days due to vacancies and sickness. The team are developing a psychoeducation resource and looking to recruit additional support workers to deliver this. A recovery plan will be presented as part of the next round of Executive led Clinical Board Review sessions.

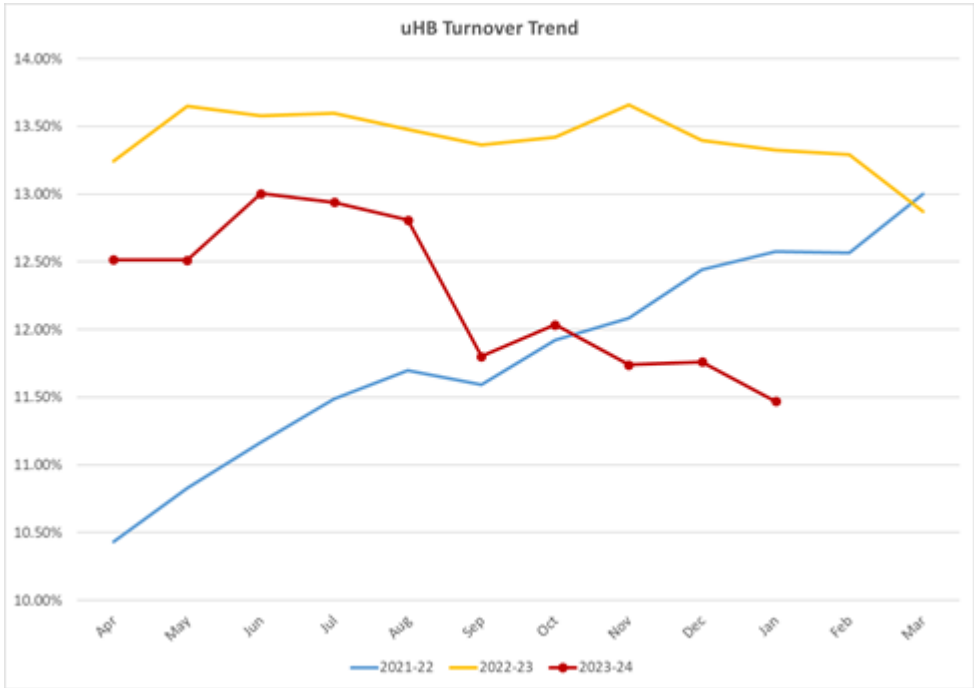
As we move into the new year we currently have a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system. Our primary care teams continue to support practices as required and work has been ongoing at a national level to negotiate changes to the GMS contract for 2023-24. Despite a lack of consensus, there has been a mutual decision to conclude negotiations for this year's settlement which will see a £20m financial investment into GMS across Wales.

People and Culture

The Chief Operating Officer has confirmed the commitment to ensure that all staff working within the Clinical Boards have a meaningful VBA with their manager. Clinical Boards have been made aware of the commitment and the COO is monitoring progress on a weekly basis, in addition to discussing at the Clinical Board review meetings. The reported compliance at the end of Jan-24 was 68.59%, and in the subsequent 3 weeks the compliance has risen to 71.43%.



Staff Turnover continues to reduce, the turnover rate at January 24 was 11.47%, which has been steadily reducing since Nov-22.



Variable pay has reduced over the past 12 months as a direct result of a range of proactive measures being undertaken by the Clinical Boards to reduce our over reliance on temporary workforce.

Quality Safety and Experience

Our dedication centres on establishing a strong Quality, Safety, and Experience (QSE) framework, specifically concentrating on enhancing safety measures and striving for excellence.

The QSE Committee regularly receives a thorough report outlining crucial indicators and the direction of improvement.

Despite the ongoing challenge posed by a significant number of concerns, our performance over the past 30 working days stands at 76%, including early resolutions within 2 working days. Notably,

there is a noticeable increase in concerns related to waiting times and procedural postponements in diagnostic and outpatient services.

In the realm of infection control, there have been reductions in cases of C difficile and P Aeruginosa compared to the previous year. However, there are increases in S. aureus bacteraemia and E coli compared to the corresponding period last year.

The number of patient safety incidents remaining open for 90 days or more is increasing, prompting collaborative efforts between the Patient Safety team and clinical boards to ensure the timely closure of incidents.

Finance

2023/23 Financial Performance

At month 11, the UHB is reporting an overspend of £16.818m. This is comprised of £1.730m unidentified savings/operational overspend and the revised planned deficit of £15.088m (11 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 continue to recover the month 11 operational & CRP overspend and deliver the 10% improvement required to enable the UHB to deliver the revised £16.460m control target deficit.

Saunders, Nathan
21/03/2024 12:15:52

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

March 2024

Saunders Nathan
21/03/2024 12:15:52

Report Contents

1. [Ministerial Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

Saunders Nathan
21/03/2024 12:15:52

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	238 February	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% December	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% December	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	656 December	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	1641 February	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 February	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	11993 January	Hyperlink to section
			3788	Yes	Dec 2023	3943 January	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	29865 February	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	14329 January	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	70.2% December	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	37.5% Jan	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Jan	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	54.0% Jan	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	78% Jan	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	14% Jan	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	85% Jan	
	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

Saunders Nathan
21/03/2024 12:15:52

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)

[Return to Main Menu](#)

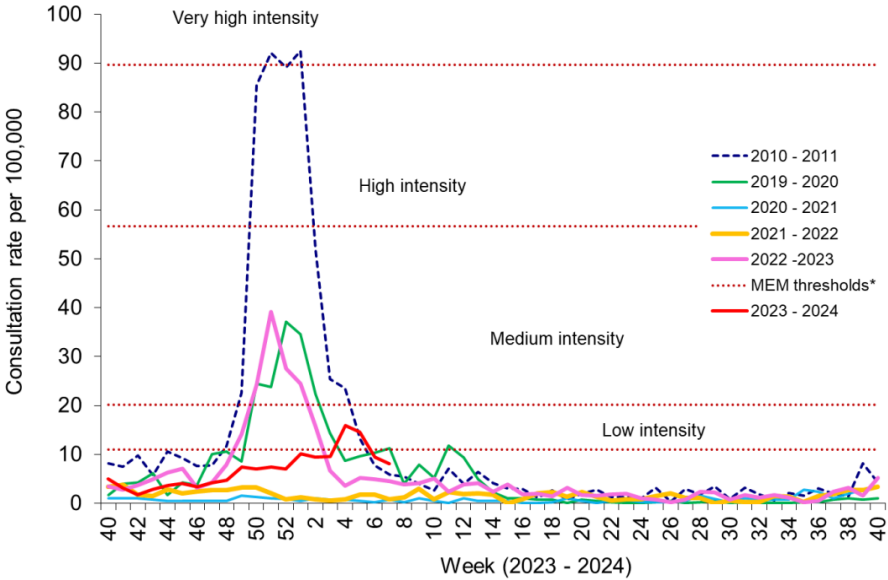
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none">Eligible cohorts have been receiving the COVID-19 Autumn/Winter Booster, with 102,189 doses given in Cardiff and Vale as of the 22nd of February 2024, and 55.63% uptake to date (Wales average 54.02% uptake).As of the 26th of February 2024 UHB COVID-19 Staff vaccination uptake reached 41% with 37% uptake of influenza vaccination. (Target is 75% and the Welsh nationally reported average for this same period with regards to health and social workers uptake of COVID vaccination is 34% vs a performance for Cardiff and the Vale of 43% for the same cohort). A comparator for Influenza vaccination in this cohort is not available.This is delivered as part of the Staff Winter Respiratory Vaccination campaign which has utilised co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres and with opportunistic vaccination through vaccination champions. <p>Surveillance</p> <ul style="list-style-type: none">Influenza activity is currently decliningHospital admissions for COVID-19 have been stable in the past week after declining following a rise in cases in the second half of January; prevalence on lateral flow test/PCR has been declining since the last week of JanuaryThere are currently 0 (zero) Covid-19 outbreaks in hospital, and 2 outbreaks due to flu.1 bed is currently closed due to an incident involving flu; and 2 bed days have been lost due to current outbreaks and incidents16% of C&V UHB staff sickness during January 2024 was due to influenza/COVID-19/respiratory conditions (data for Feb 2024 awaited)Omicron sub-variant JN.1 is now the most prevalent variant in Wales and globallyRSV activity in under 5s remains at low intensity	Week 7	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. 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 https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>  <p>Source: PHW weekly flu/ARI report</p>

Saunders Nathan
21/03/2024 12:15:52

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none">80.01% of children are up to date with vaccination at age 4, which is below the target of 95% and a Welsh average of 84.7%	Q2 2023/24 Jul 2023 – Sept 2023	Below target	<div><p>Cardiff & Vale UHB quarterly COVER trends</p><p>Cardiff and Vale UHB</p><p>Uptake (%)</p><p>95%</p><p>2018q2 2018q4 2019q2 2019q4 2020q2 2020q4 2021q2 2021q4 2022q2 2022q4 2023q2</p><p>Vaccine (age)</p><p>Up to date* (4 years)</p><p>Source quarterly COVER data</p></div>
Health Protection	<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 full implementation by the end of Q4. The Cardiff and Vale Health Protection Plan was approved by QSE on 13th Feb and is being taken through partnership governance processes for final sign off by April 2024.A debrief has taken place following the measles table top exercise held on 19/12/23, and relevant actions identified.	Q4 2023/24	On target	n/a

Saunders Nathan
21/03/2024 12:15:52

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data																																																												
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none">74.6% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data (only six Health Board's participated so no Welsh average; however, the English average for 2021/22 was 76.5%). The healthy weight target for 2022/23 is 75%, data awaited. Data produced annually.40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used.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. <p>Weight management services</p> <ul style="list-style-type: none">% people with body mass index (BMI)>30 who can be treated through:<ul style="list-style-type: none">Level 2 services: 1.6% (target: 1.5%)Level 3 services: 0.2% (target: 0.5%)	Q3 2023/24	<p>Healthy weight:</p> <p>Below target</p> <p>Weight management services:</p> <p>Level 2 above target</p> <p>Level 3 below target</p>	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p> <table><caption>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption><thead><tr><th>Year</th><th>Cardiff and Vale UHB</th><th>Cardiff</th><th>Vale of Glamorgan</th><th>Wales</th></tr></thead><tbody><tr><td>2011/12</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2012/13</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2013/14</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2014/15</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2015/16</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2016/17</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2017/18</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2018/19</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2019/20</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2020/21</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>2021/22</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr></tbody></table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	74.6	74.6	74.6	74.6	2012/13	75.0	75.0	75.0	75.0	2013/14	75.0	75.0	75.0	75.0	2014/15	75.0	75.0	75.0	75.0	2015/16	75.0	75.0	75.0	75.0	2016/17	75.0	75.0	75.0	75.0	2017/18	75.0	75.0	75.0	75.0	2018/19	75.0	75.0	75.0	75.0	2019/20	75.0	75.0	75.0	75.0	2020/21	75.0	75.0	75.0	75.0	2021/22	74.6	74.6	74.6	74.6
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																												
2011/12	74.6	74.6	74.6	74.6																																																												
2012/13	75.0	75.0	75.0	75.0																																																												
2013/14	75.0	75.0	75.0	75.0																																																												
2014/15	75.0	75.0	75.0	75.0																																																												
2015/16	75.0	75.0	75.0	75.0																																																												
2016/17	75.0	75.0	75.0	75.0																																																												
2017/18	75.0	75.0	75.0	75.0																																																												
2018/19	75.0	75.0	75.0	75.0																																																												
2019/20	75.0	75.0	75.0	75.0																																																												
2020/21	75.0	75.0	75.0	75.0																																																												
2021/22	74.6	74.6	74.6	74.6																																																												



Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none">13% of Cardiff and Vale of Glamorgan smoke, one of the lowest prevalence rates in WalesNHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - 5% annually.In Quarter 2 - 0.59% of smokers set a firm quit date. 68% of these quit smoking at 4 weeks (Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks. Quarter 3 data not available – Welsh Gov Q3 reporting due March 24.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 3 2023/24	Smokers setting quit date: Below target	



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

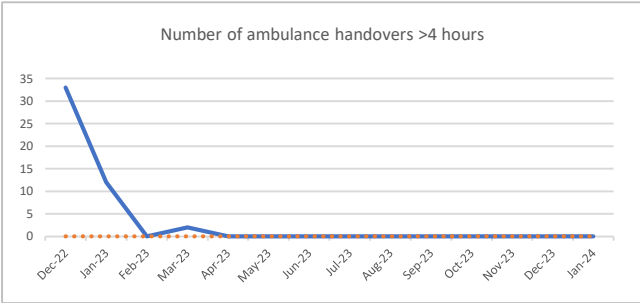
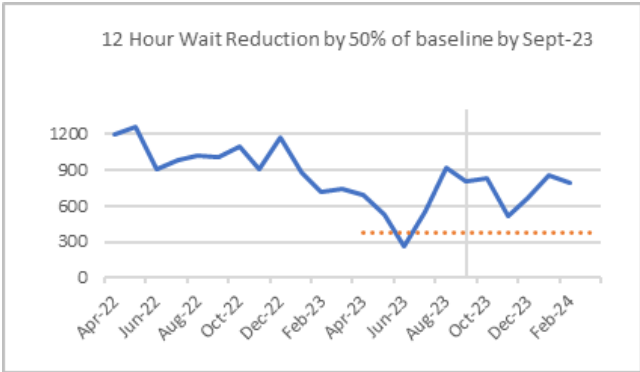
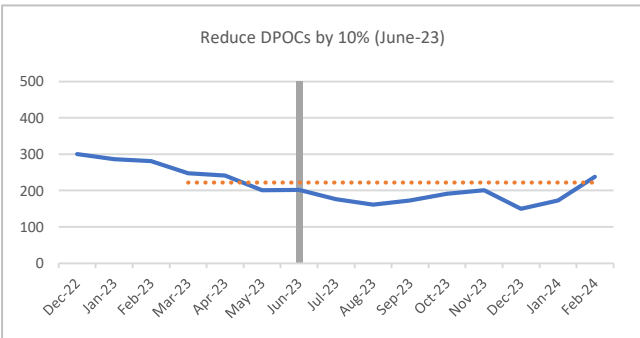
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 Apr 23 to 31 Mar 23	0.8% per quarter	0.6% Below Target	<table><tr><td>Q2</td><td>Q3</td><td>Q4</td><td>Q1</td></tr><tr><td>0.50%</td><td>0.40%</td><td>0.70%</td><td>0.60%</td></tr></table>	Q2	Q3	Q4	Q1	0.50%	0.40%	0.70%	0.60%
Q2	Q3	Q4	Q1										
0.50%	0.40%	0.70%	0.60%										
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% Below Target	<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% Below Target	<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%	72.6% Below Target	<table><tr><td>01/03</td><td>21/11</td><td>27/12</td><td>16/02</td></tr><tr><td>72.80%</td><td>65.10%</td><td>70.90%</td><td>72.60%</td></tr></table>	01/03	21/11	27/12	16/02	72.80%	65.10%	70.90%	72.60%
01/03	21/11	27/12	16/02										
72.80%	65.10%	70.90%	72.60%										
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%	55.5% Below Target	<table><tr><td>Feb-24</td><td>Nov-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>55.50%</td><td>30.96%</td><td>44.20%</td><td>53.19%</td></tr></table>	Feb-24	Nov-23	Nov-23	Dec-23	55.50%	30.96%	44.20%	53.19%
Feb-24	Nov-23	Nov-23	Dec-23										
55.50%	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	Nov-23	90%	19.0%	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>20.60%</td><td>20.80%</td><td>28.30%</td><td>19.00%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	20.60%	20.80%	28.30%	19.00%
Aug-23	Sep-23	Oct-23	Nov-23										
20.60%	20.80%	28.30%	19.00%										
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Oct-23	90%	97.3%	<table><tr><td>Jul-23</td><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td></tr><tr><td>96.40%</td><td>97.50%</td><td>98.10%</td><td>97.30%</td></tr></table>	Jul-23	Aug-23	Sep-23	Oct-23	96.40%	97.50%	98.10%	97.30%
Jul-23	Aug-23	Sep-23	Oct-23										
96.40%	97.50%	98.10%	97.30%										
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Dec-23	95%	96.0%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>96.80%</td><td>95.50%</td><td>95.30%</td><td>96.00%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	96.80%	95.50%	95.30%	96.00%
Sep-23	Oct-23	Nov-23	Dec-23										
96.80%	95.50%	95.30%	96.00%										



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

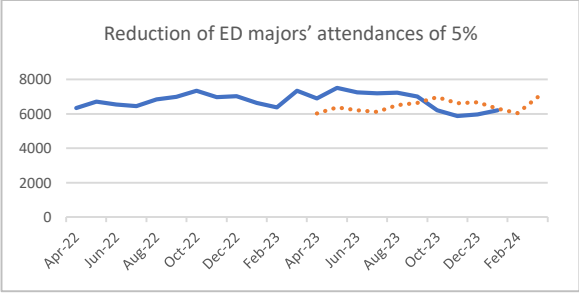
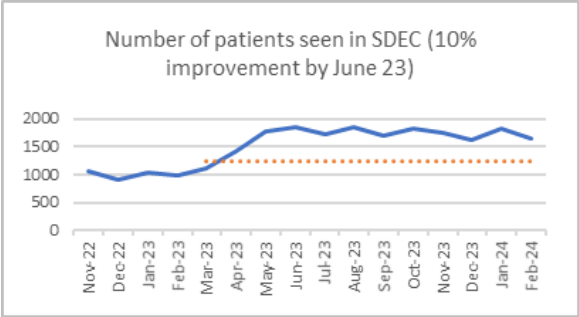
Priority	Performance Summary	Reporting Period	Data
<div>Ambulance Handover</div> <div>Annual Plan Commitments:</div> <div><div><div>Zero 4-hour ambulance delays (June 23)</div><div>Reduce average lost minutes to 30 (Sept 23)</div></div></div>	<div><div><div>The number of ambulance handovers >4 hours has reduced from 230 in November 2022 to zero since April 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, October 10, November 14, 9 in December. This increased to 15 in January but has decreased to 11 in February.</div><div>Average lost minutes per arrival at UHW remains has increased slightly to 22 minutes in January from 17 in December. Average lost minutes per arrival for the Health Board was 19. This performance remains better than our annual plan commitment.</div></div></div>	Feb-24	<div><div>Number of ambulance handovers >4 hours</div></div>
<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 February, 23 patients waited 24-hours in the EU footprint without a stop-clock, an increase from the 17 patients in January</div><div>12-hour ED waits decreased from 861 in January to 792 in February but remains above our IMTP ambition.</div></div></div>	Feb-24	<div><div>12 Hour Wait Reduction by 50% of baseline by Sept-23</div></div>
<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 February 2024 census reported 238 delayed pathways, an increase from January and above our commitment of 217, which we have previously met</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 30% and 57% 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>	Feb-24	<div><div>Reduce DPOCs by 10% (June-23)</div></div>

Saunders Nathan
21/03/2024 12:15:52

1 / 22

158 / 160

Saunders Nathan
21/03/2024 12:15:52

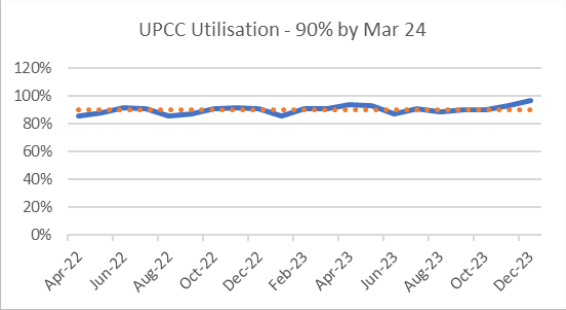
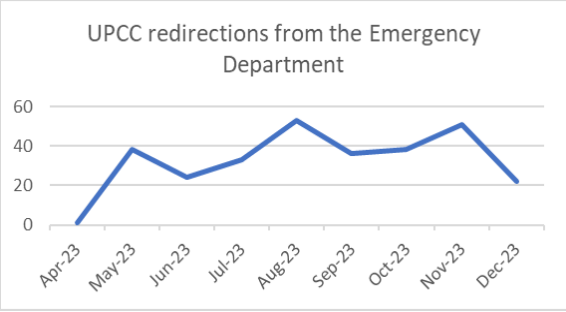
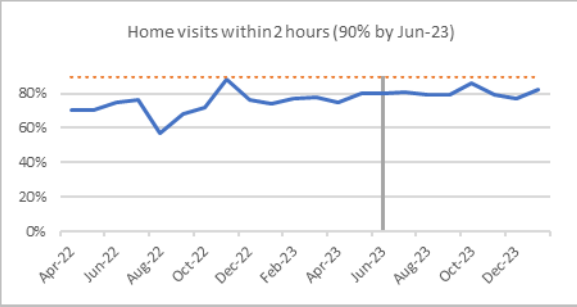
Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment <ul style="list-style-type: none">Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	<ul style="list-style-type: none">In February 2024 we reported 10,598 EU attendances, a decrease from the 11,105 reported in JanuaryThe number of EU Majors attendances in February 2024 was 5933 a decrease from January and below our ambition of 6507.	Feb-24	
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 February 2024 we saw 1,119 patients seen via surgical SDEC and 552 via the medical SDEC. In total 1,641 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. We are reviewing our SDEC reporting in line with next year's national performance framework.	Feb-24	



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reporting Period	Data
<div>Urgent Primary Care</div> <div>Annual Plan Commitments:</div> <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 from September, increasing to 97% in December and remaining high at 96% in JanuaryDelivery 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 currently at 86% coverage of the C&V populationCalls to CAV247/OOH service - Q1 = 93%, Q2 = 87%, Q3 = 88Work 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 Q3 = 112	<div>Jan-24</div> <div>Q3- Dec 23</div>	<div><div>UPCC Utilisation - 90% by Mar 24</div><div>UPCC redirections from the Emergency Department</div></div> <div><div>Home visits within 2 hours (90% by Jun-23)</div></div>
<div>Community Services</div> <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 100% compliant in January 2024 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 2 of 2 patients receiving their visit with one hour.For patients that required an ‘Emergency’ appointment at a primary care center in January the Health Board was 100% compliant, with 4 of 4 patients receiving an appointment within 1 hourThe Health Board was 82% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 98 of 119 patients receiving their visit within 2 hours	<div>Jan-24</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 December 2023 the annualised data shows 33.7% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In December, 68.9% 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.</p>	Dec-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>
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 recent improvements in compliance from our historic trends. In January:</p> <ul style="list-style-type: none">0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 11.1%The percentage of CT scans that were started within 1 hour in January was 51.6%, the All-Wales average was 60.0%The percentage of patients who were admitted directly to a stroke unit within 4 hours was 48.2% in January, the All-Wales average was 22.9% <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>	Jan-24	<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 now a 24/7 service. This expansion is important for 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 was resourced from September 2023 following successful recruitment of staff	Dec-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 177,929 patients awaiting a follow-up outpatient appointment at the end of FebruaryOf these, there were 29,865 patients who were 100% delayed for their follow-up outpatient appointment, a significant decrease noted from December2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway0.8% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	<div>Feb-24</div> <div>Feb-24</div>	<div><div>Reduction in 100% Follow-up delays (Sept-23)</div><table><caption>Reduction in 100% Follow-up delays (Sept-23)</caption><tr><th>Month</th><th>Value</th></tr><tr><td>Nov-22</td><td>50000</td></tr><tr><td>Dec-22</td><td>50000</td></tr><tr><td>Jan-23</td><td>50163</td></tr><tr><td>Feb-23</td><td>50000</td></tr><tr><td>Mar-23</td><td>50000</td></tr><tr><td>Apr-23</td><td>50000</td></tr><tr><td>May-23</td><td>50000</td></tr><tr><td>Jun-23</td><td>50000</td></tr><tr><td>Jul-23</td><td>50000</td></tr><tr><td>Aug-23</td><td>50000</td></tr><tr><td>Sep-23</td><td>50000</td></tr><tr><td>Oct-23</td><td>50000</td></tr><tr><td>Nov-23</td><td>50000</td></tr><tr><td>Dec-23</td><td>50000</td></tr><tr><td>Jan-24</td><td>50000</td></tr><tr><td>Feb-24</td><td>30000</td></tr></table></div> <div><div>% into SOS from Appointment</div><table><caption>% into SOS from Appointment</caption><tr><th>Month</th><th>Value</th></tr><tr><td>Jun-22</td><td>2.9%</td></tr><tr><td>Aug-22</td><td>2.9%</td></tr><tr><td>Oct-22</td><td>2.9%</td></tr><tr><td>Dec-22</td><td>2.9%</td></tr><tr><td>Feb-23</td><td>2.9%</td></tr><tr><td>Apr-23</td><td>2.9%</td></tr><tr><td>Jun-23</td><td>2.9%</td></tr><tr><td>Aug-23</td><td>2.9%</td></tr><tr><td>Oct-23</td><td>2.9%</td></tr><tr><td>Dec-23</td><td>2.9%</td></tr><tr><td>Feb-24</td><td>2.9%</td></tr></table></div> <div><div>% into PIFU from appointment</div><table><caption>% into PIFU from appointment</caption><tr><th>Month</th><th>Value</th></tr><tr><td>Jun-22</td><td>0.8%</td></tr><tr><td>Aug-22</td><td>0.8%</td></tr><tr><td>Oct-22</td><td>0.8%</td></tr><tr><td>Dec-22</td><td>0.8%</td></tr><tr><td>Feb-23</td><td>0.8%</td></tr><tr><td>Apr-23</td><td>0.8%</td></tr><tr><td>Jun-23</td><td>0.8%</td></tr><tr><td>Aug-23</td><td>0.8%</td></tr><tr><td>Oct-23</td><td>0.8%</td></tr><tr><td>Dec-23</td><td>0.8%</td></tr><tr><td>Feb-24</td><td>0.8%</td></tr></table></div>	Month	Value	Nov-22	50000	Dec-22	50000	Jan-23	50163	Feb-23	50000	Mar-23	50000	Apr-23	50000	May-23	50000	Jun-23	50000	Jul-23	50000	Aug-23	50000	Sep-23	50000	Oct-23	50000	Nov-23	50000	Dec-23	50000	Jan-24	50000	Feb-24	30000	Month	Value	Jun-22	2.9%	Aug-22	2.9%	Oct-22	2.9%	Dec-22	2.9%	Feb-23	2.9%	Apr-23	2.9%	Jun-23	2.9%	Aug-23	2.9%	Oct-23	2.9%	Dec-23	2.9%	Feb-24	2.9%	Month	Value	Jun-22	0.8%	Aug-22	0.8%	Oct-22	0.8%	Dec-22	0.8%	Feb-23	0.8%	Apr-23	0.8%	Jun-23	0.8%	Aug-23	0.8%	Oct-23	0.8%	Dec-23	0.8%	Feb-24	0.8%
Month	Value																																																																																				
Nov-22	50000																																																																																				
Dec-22	50000																																																																																				
Jan-23	50163																																																																																				
Feb-23	50000																																																																																				
Mar-23	50000																																																																																				
Apr-23	50000																																																																																				
May-23	50000																																																																																				
Jun-23	50000																																																																																				
Jul-23	50000																																																																																				
Aug-23	50000																																																																																				
Sep-23	50000																																																																																				
Oct-23	50000																																																																																				
Nov-23	50000																																																																																				
Dec-23	50000																																																																																				
Jan-24	50000																																																																																				
Feb-24	30000																																																																																				
Month	Value																																																																																				
Jun-22	2.9%																																																																																				
Aug-22	2.9%																																																																																				
Oct-22	2.9%																																																																																				
Dec-22	2.9%																																																																																				
Feb-23	2.9%																																																																																				
Apr-23	2.9%																																																																																				
Jun-23	2.9%																																																																																				
Aug-23	2.9%																																																																																				
Oct-23	2.9%																																																																																				
Dec-23	2.9%																																																																																				
Feb-24	2.9%																																																																																				
Month	Value																																																																																				
Jun-22	0.8%																																																																																				
Aug-22	0.8%																																																																																				
Oct-22	0.8%																																																																																				
Dec-22	0.8%																																																																																				
Feb-23	0.8%																																																																																				
Apr-23	0.8%																																																																																				
Jun-23	0.8%																																																																																				
Aug-23	0.8%																																																																																				
Oct-23	0.8%																																																																																				
Dec-23	0.8%																																																																																				
Feb-24	0.8%																																																																																				
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 for all long waiting patient groups.In January, 11993 patients had waited 52 weeks for their outpatient appointment, an increase from December and still above our ambition for March 24. We are working with our high volume specialties to reduce this as we move through Q4.	<div>Jan-24</div>	<div><div>RTT > 52 weeks New Outpatient against 8999 target by Dec-23</div><table><caption>RTT > 52 weeks New Outpatient against 8999 target by Dec-23</caption><tr><th>Month</th><th>Value</th></tr><tr><td>Nov-22</td><td>13000</td></tr><tr><td>Dec-22</td><td>12000</td></tr><tr><td>Jan-23</td><td>11000</td></tr><tr><td>Feb-23</td><td>10500</td></tr><tr><td>Mar-23</td><td>10000</td></tr><tr><td>Apr-23</td><td>10500</td></tr><tr><td>May-23</td><td>11000</td></tr><tr><td>Jun-23</td><td>11000</td></tr><tr><td>Jul-23</td><td>11000</td></tr><tr><td>Aug-23</td><td>11000</td></tr><tr><td>Sep-23</td><td>11000</td></tr><tr><td>Oct-23</td><td>11000</td></tr><tr><td>Nov-23</td><td>11000</td></tr><tr><td>Dec-23</td><td>11000</td></tr><tr><td>Jan-24</td><td>11993</td></tr><tr><td>Feb-24</td><td>11993</td></tr><tr><td>Mar-24</td><td>11993</td></tr></table></div>	Month	Value	Nov-22	13000	Dec-22	12000	Jan-23	11000	Feb-23	10500	Mar-23	10000	Apr-23	10500	May-23	11000	Jun-23	11000	Jul-23	11000	Aug-23	11000	Sep-23	11000	Oct-23	11000	Nov-23	11000	Dec-23	11000	Jan-24	11993	Feb-24	11993	Mar-24	11993																																														
Month	Value																																																																																				
Nov-22	13000																																																																																				
Dec-22	12000																																																																																				
Jan-23	11000																																																																																				
Feb-23	10500																																																																																				
Mar-23	10000																																																																																				
Apr-23	10500																																																																																				
May-23	11000																																																																																				
Jun-23	11000																																																																																				
Jul-23	11000																																																																																				
Aug-23	11000																																																																																				
Sep-23	11000																																																																																				
Oct-23	11000																																																																																				
Nov-23	11000																																																																																				
Dec-23	11000																																																																																				
Jan-24	11993																																																																																				
Feb-24	11993																																																																																				
Mar-24	11993																																																																																				
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">In January the Health Board met its commitment to have no more than 3% of patients waiting more than 104 weeks for treatment. We closed January with 3943 patients waiting longer than 104 weeks which accounts for 2.76% of the total waiting list.Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment as we work towards the March ambition.	<div>Jan-24</div>	<div><div>RTT > 104 weeks against 3788 target by Dec-23</div><table><caption>RTT > 104 weeks against 3788 target by Dec-23</caption><tr><th>Month</th><th>Value</th></tr><tr><td>Nov-22</td><td>5500</td></tr><tr><td>Dec-22</td><td>5000</td></tr><tr><td>Jan-23</td><td>4500</td></tr><tr><td>Feb-23</td><td>4000</td></tr><tr><td>Mar-23</td><td>3800</td></tr><tr><td>Apr-23</td><td>4000</td></tr><tr><td>May-23</td><td>4200</td></tr><tr><td>Jun-23</td><td>4200</td></tr><tr><td>Jul-23</td><td>4200</td></tr><tr><td>Aug-23</td><td>4200</td></tr><tr><td>Sep-23</td><td>4200</td></tr><tr><td>Oct-23</td><td>4200</td></tr><tr><td>Nov-23</td><td>4200</td></tr><tr><td>Dec-23</td><td>3943</td></tr><tr><td>Jan-24</td><td>3943</td></tr><tr><td>Feb-24</td><td>3943</td></tr><tr><td>Mar-24</td><td>1263</td></tr></table></div>	Month	Value	Nov-22	5500	Dec-22	5000	Jan-23	4500	Feb-23	4000	Mar-23	3800	Apr-23	4000	May-23	4200	Jun-23	4200	Jul-23	4200	Aug-23	4200	Sep-23	4200	Oct-23	4200	Nov-23	4200	Dec-23	3943	Jan-24	3943	Feb-24	3943	Mar-24	1263																																														
Month	Value																																																																																				
Nov-22	5500																																																																																				
Dec-22	5000																																																																																				
Jan-23	4500																																																																																				
Feb-23	4000																																																																																				
Mar-23	3800																																																																																				
Apr-23	4000																																																																																				
May-23	4200																																																																																				
Jun-23	4200																																																																																				
Jul-23	4200																																																																																				
Aug-23	4200																																																																																				
Sep-23	4200																																																																																				
Oct-23	4200																																																																																				
Nov-23	4200																																																																																				
Dec-23	3943																																																																																				
Jan-24	3943																																																																																				
Feb-24	3943																																																																																				
Mar-24	1263																																																																																				
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 167 in January. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.	<div>Jan-24</div>	<div><div>RTT >156 weeks against 350 target by Sep-23</div><table><caption>RTT >156 weeks against 350 target by Sep-23</caption><tr><th>Month</th><th>Value</th></tr><tr><td>Nov-22</td><td>900</td></tr><tr><td>Dec-22</td><td>950</td></tr><tr><td>Jan-23</td><td>950</td></tr><tr><td>Feb-23</td><td>900</td></tr><tr><td>Mar-23</td><td>850</td></tr><tr><td>Apr-23</td><td>800</td></tr><tr><td>May-23</td><td>750</td></tr><tr><td>Jun-23</td><td>700</td></tr><tr><td>Jul-23</td><td>650</td></tr><tr><td>Aug-23</td><td>600</td></tr><tr><td>Sep-23</td><td>330</td></tr><tr><td>Oct-23</td><td>350</td></tr><tr><td>Nov-23</td><td>350</td></tr><tr><td>Dec-23</td><td>350</td></tr><tr><td>Jan-24</td><td>167</td></tr><tr><td>Feb-24</td><td>167</td></tr><tr><td>Mar-24</td><td>167</td></tr></table></div>	Month	Value	Nov-22	900	Dec-22	950	Jan-23	950	Feb-23	900	Mar-23	850	Apr-23	800	May-23	750	Jun-23	700	Jul-23	650	Aug-23	600	Sep-23	330	Oct-23	350	Nov-23	350	Dec-23	350	Jan-24	167	Feb-24	167	Mar-24	167																																														
Month	Value																																																																																				
Nov-22	900																																																																																				
Dec-22	950																																																																																				
Jan-23	950																																																																																				
Feb-23	900																																																																																				
Mar-23	850																																																																																				
Apr-23	800																																																																																				
May-23	750																																																																																				
Jun-23	700																																																																																				
Jul-23	650																																																																																				
Aug-23	600																																																																																				
Sep-23	330																																																																																				
Oct-23	350																																																																																				
Nov-23	350																																																																																				
Dec-23	350																																																																																				
Jan-24	167																																																																																				
Feb-24	167																																																																																				
Mar-24	167																																																																																				

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

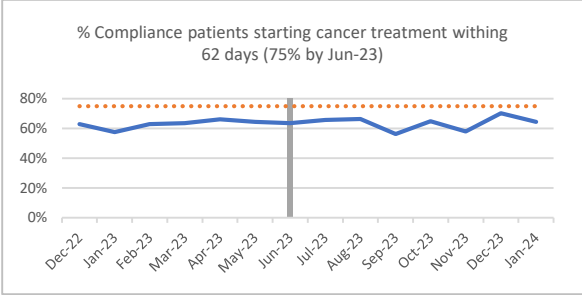
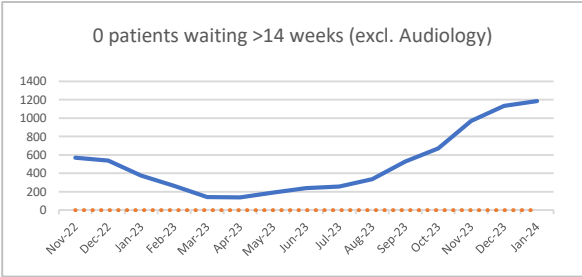
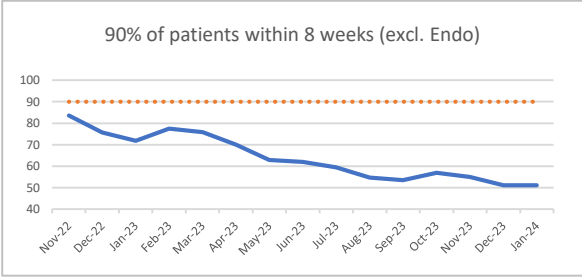
[Return to Section Menu](#)

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. 3537 PIP consultations undertaken in Q3, increased from 2395 in Q1 and 3502 in Q2. There has been an increase to 32% of pharmacies providing PIP services.	Q3- December 2023	<div>PIP consultations<div>Sep-231361Oct-231348Nov-23926Dec-231263</div></div>
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 92% of Practices reporting escalation levels (Average for Q1 and Q2 88%) – Increase in number of practices at level 3 or above (36 practices as at December 23 = 64%)98% achievement of core access standards to in hours GMS	Q3- Dec 2023	<div>Escalation reporting<div>Q188.0%Q288.0%Q392.0%</div></div> <div>Access Standards<div>Q198.0%Q298.0%Q398%</div></div>
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><div>Sep-23Oct-23Nov-23Dec-23</div><div>New99.80%113.90%130.33%139.27%</div><div>New Urgent45.10%52.80%57.00%63.25%</div><div>Historic43.80%51.20%59.58%64.69%</div></div> <div><div>Sep-23Oct-23Nov-23Dec-23</div><div>CDWL volume21,83622,97523,89224,636</div></div>
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, currently 12 practices offer and Optometry Independent Prescribing service (18.75%)	Q3- Dec 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.1,269 Patients appointed (81%), current waiting list of 251.Phase 2 service implemented from November to include post bronchodilator spirometry and reversibility/FeNO testing for patients who are suspected of having asthma. Increased number of clinics in Community from January 2024.	Q3- Dec 2023	

[Return to Main Menu](#)

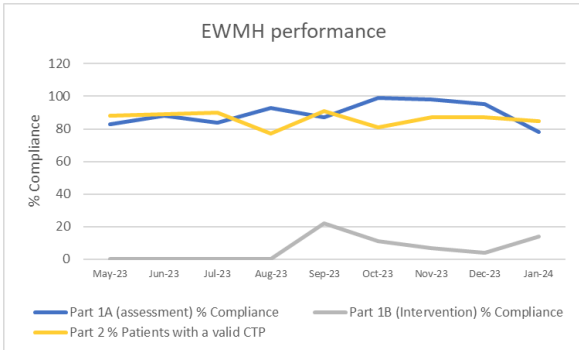
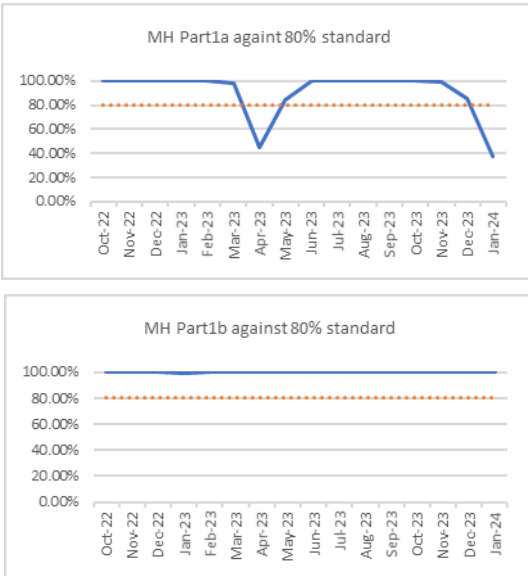
C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reporting Period	Data
<div>Cancer Annual Plan Commitment</div> <div><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)</div>	<div><ul style="list-style-type: none">Our compliance with the 62-day single cancer pathway standard improved in December to 70.2%, our highest performance since the introduction of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January. We continue to address the backlog of long waiting patients. At the time of writing there are a total of 1905 suspected cancer patient on the SCP. 203 have waited over 62 days, of which 70 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>	<div>Jan-24</div> <div>No date</div>	<div></div>
<div>Therapies Annual Plan Commitment</div> <div><ul style="list-style-type: none">0 patients waiting over 14 weeks (excluding audiology) (June 2023)</div>	<div><ul style="list-style-type: none">Excluding Audiology there were 1184 patients waiting over 14-weeks for Therapy in at the end of January. In total there were 1591 patients waiting longer 14 weeks for Therapy, a decrease from November and December due to a reduction in Audiology breaches.</div>	<div>Jan-24</div>	<div></div>
<div>Diagnostics Annual Plan Commitment</div> <div><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)</div>	<div><ul style="list-style-type: none">Excluding endoscopy there were 9197 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of January. In total there were 14329 patients waiting longer than 8 weeks for a diagnostic test, a decrease from December.51% of patients seen within 8 weeks in January (excluding Endoscopy), remaining the same from December.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>	<div>Jan-24</div> <div>No date</div>	<div></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.	Jan-24	
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>This workstream has been realigned with a national focus the 3 Ps programme and delivery of Single Point of Access from Q1 24/25:</p> <ul style="list-style-type: none">Promoting healthy behavioursPreventing deconditioning whilst waitingPreparing for treatment and recovery	Jan-24	



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 dropped below the 80% standard at 78% in January 2024.</p> <p>Part 1b performance increased to 14% but remains low due to additional assessments undertaken to meet Part 1a, high referral levels in June and July 23 and continued workforce challenges. The number waiting continues to increase but the longest wait reduced in January. The number waiting over 16 weeks remains low.</p> <p>There have been data quality issues and a thorough improvement in the capture of data which has further impacted reported performance. The implementation of a new PARIS module has improved data capture.</p>	Jan-24	 <table border="1"><caption>EWMH performance</caption><thead><tr><th>Month</th><th>Part 1A (assessment) % Compliance</th><th>Part 1B (Intervention) % Compliance</th><th>Part 2 % Patients with a valid CTP</th></tr></thead><tbody><tr><td>May-23</td><td>85</td><td>0</td><td>90</td></tr><tr><td>Jun-23</td><td>88</td><td>0</td><td>90</td></tr><tr><td>Jul-23</td><td>85</td><td>0</td><td>90</td></tr><tr><td>Aug-23</td><td>92</td><td>0</td><td>80</td></tr><tr><td>Sep-23</td><td>88</td><td>22</td><td>90</td></tr><tr><td>Oct-23</td><td>98</td><td>10</td><td>82</td></tr><tr><td>Nov-23</td><td>95</td><td>5</td><td>88</td></tr><tr><td>Dec-23</td><td>95</td><td>5</td><td>85</td></tr><tr><td>Jan-24</td><td>80</td><td>15</td><td>85</td></tr></tbody></table>	Month	Part 1A (assessment) % Compliance	Part 1B (Intervention) % Compliance	Part 2 % Patients with a valid CTP	May-23	85	0	90	Jun-23	88	0	90	Jul-23	85	0	90	Aug-23	92	0	80	Sep-23	88	22	90	Oct-23	98	10	82	Nov-23	95	5	88	Dec-23	95	5	85	Jan-24	80	15	85																												
Month	Part 1A (assessment) % Compliance	Part 1B (Intervention) % Compliance	Part 2 % Patients with a valid CTP																																																																				
May-23	85	0	90																																																																				
Jun-23	88	0	90																																																																				
Jul-23	85	0	90																																																																				
Aug-23	92	0	80																																																																				
Sep-23	88	22	90																																																																				
Oct-23	98	10	82																																																																				
Nov-23	95	5	88																																																																				
Dec-23	95	5	85																																																																				
Jan-24	80	15	85																																																																				
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 1335 referrals in January 2024. 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: as forecasted. in January the percentage of Mental Health assessments undertaken within 28 days reduced to 37.5%Part 1b compliance remains at 100%	Jan-24	 <table border="1"><caption>MH Part1a against 80% standard</caption><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>47.50%</td></tr><tr><td>May-23</td><td>87.50%</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><tr><td>Dec-23</td><td>80.00%</td></tr><tr><td>Jan-24</td><td>37.50%</td></tr></tbody></table> <table border="1"><caption>MH Part1b against 80% standard</caption><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><tr><td>Dec-23</td><td>100.00%</td></tr><tr><td>Jan-24</td><td>100.00%</td></tr></tbody></table>	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	47.50%	May-23	87.50%	Jun-23	100.00%	Jul-23	100.00%	Aug-23	100.00%	Sep-23	100.00%	Oct-23	100.00%	Nov-23	100.00%	Dec-23	80.00%	Jan-24	37.50%	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%	Dec-23	100.00%	Jan-24	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	47.50%																																																																						
May-23	87.50%																																																																						
Jun-23	100.00%																																																																						
Jul-23	100.00%																																																																						
Aug-23	100.00%																																																																						
Sep-23	100.00%																																																																						
Oct-23	100.00%																																																																						
Nov-23	100.00%																																																																						
Dec-23	80.00%																																																																						
Jan-24	37.50%																																																																						
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%																																																																						
Dec-23	100.00%																																																																						
Jan-24	100.00%																																																																						

Saunders Nathan
21/03/2024 12:15:52



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	Dec-23	100%	98%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>98.0%</td><td>98.0%</td><td>98.0%</td></tr></table>	Q1	Q2	Q3	98.0%	98.0%	98.0%										
Q1	Q2	Q3																			
98.0%	98.0%	98.0%																			
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%
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%																		
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Dec-23	Reduction by Mar 24	656	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>860</td><td>943</td><td>740</td><td>656</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	860	943	740	656								
Sep-23	Oct-23	Nov-23	Dec-23																		
860	943	740	656																		
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-23	Increase against 22/23	1263	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>1361</td><td>1348</td><td>926</td><td>1263</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	1361	1348	926	1263								
Sep-23	Oct-23	Nov-23	Dec-23																		
1361	1348	926	1263																		
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	Jan-24	80%	78%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>99%</td><td>98%</td><td>95%</td><td>78%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	99%	98%	95%	78%								
Oct-23	Nov-23	Dec-23	Jan-24																		
99%	98%	95%	78%																		
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	Jan-24	80%	14%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>11%</td><td>7%</td><td>4%</td><td>14%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	11%	7%	4%	14%								
Oct-23	Nov-23	Dec-23	Jan-24																		
11%	7%	4%	14%																		
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	Jan-24	80%	37.5%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>100.0%</td><td>99.6%</td><td>85.6%</td><td>37.5%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	100.0%	99.6%	85.6%	37.5%								
Oct-23	Nov-23	Dec-23	Jan-24																		
100.0%	99.6%	85.6%	37.5%																		
17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Jan-24	80%	100%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	100.0%	100.0%	100.0%	100.0%								
Oct-23	Nov-23	Dec-23	Jan-24																		
100.0%	100.0%	100.0%	100.0%																		

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	Feb-24	65%	44%	<table><tr><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td><td>Feb-24</td></tr><tr><td>52%</td><td>56%</td><td>48%</td><td>44%</td></tr></table>	Nov-23	Dec-23	Jan-24	Feb-24	52%	56%	48%	44%
Nov-23	Dec-23	Jan-24	Feb-24										
52%	56%	48%	44%										
19.	Median emergency response time to amber calls	Dec-23	12m improvement trend	01:38:43	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>01:21:44</td><td>01:12:07</td><td>01:13:33</td><td>01:05:54</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	01:21:44	01:12:07	01:13:33	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)	Dec-23	12m reduction trend	19	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>19</td><td>20</td><td>18</td><td>19</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	19	20	18	19
Sep-23	Oct-23	Nov-23	Dec-23										
19	20	18	19										
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Dec-23	12m reduction trend	59	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>72</td><td>64</td><td>61</td><td>59</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	72	64	61	59
Sep-23	Oct-23	Nov-23	Dec-23										
72	64	61	59										
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	Feb-24	95%	64.5%	<table><tr><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td><td>Feb-24</td></tr><tr><td>66.6%</td><td>63.9%</td><td>63.6%</td><td>64.5%</td></tr></table>	Nov-23	Dec-23	Jan-24	Feb-24	66.6%	63.9%	63.6%	64.5%
Nov-23	Dec-23	Jan-24	Feb-24										
66.6%	63.9%	63.6%	64.5%										
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	Feb-24	0 (Mar 2024)	792	<table><tr><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td><td>Feb-24</td></tr><tr><td>518</td><td>665</td><td>861</td><td>792</td></tr></table>	Nov-23	Dec-23	Jan-24	Feb-24	518	665	861	792
Nov-23	Dec-23	Jan-24	Feb-24										
518	665	861	792										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-24	80% (Mar 2026)	64.4%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>64.7%</td><td>58.0%</td><td>70.2%</td><td>64.4%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	64.7%	58.0%	70.2%	64.4%
Oct-23	Nov-23	Dec-23	Jan-24										
64.7%	58.0%	70.2%	64.4%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jan-24	0 (Mar 2024)	14329	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>12230</td><td>13198</td><td>14572</td><td>14329</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	12230	13198	14572	14329
Oct-23	Nov-23	Dec-23	Jan-24										
12230	13198	14572	14329										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Jan-24	Improvement trend	79.74%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>80.03%</td><td>81.40%</td><td>81.59%</td><td>79.74%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	80.03%	81.40%	81.59%	79.74%
Oct-23	Nov-23	Dec-23	Jan-24										
80.03%	81.40%	81.59%	79.74%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jan-24	0 (Mar 2024)	1591	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>1823</td><td>1906</td><td>1804</td><td>1591</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	1823	1906	1804	1591
Oct-23	Nov-23	Dec-23	Jan-24										
1823	1906	1804	1591										





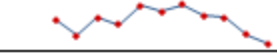
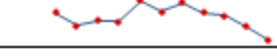
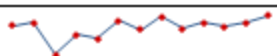


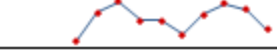

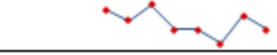
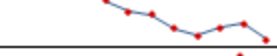


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jan-24	Improvement trajectory towards 0	11993	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>11044</td><td>11561</td><td>11617</td><td>11993</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	11044	11561	11617	11993
Oct-23	Nov-23	Dec-23	Jan-24										
11044	11561	11617	11993										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jan-24	Improvement trajectory towards 0	21866	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>20577</td><td>20758</td><td>21353</td><td>21866</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	20577	20758	21353	21866
Oct-23	Nov-23	Dec-23	Jan-24										
20577	20758	21353	21866										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jan-24	Improvement trajectory towards 0	34817	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>44166</td><td>42904</td><td>34737</td><td>34817</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	44166	42904	34737	34817
Oct-23	Nov-23	Dec-23	Jan-24										
44166	42904	34737	34817										
31	Number of patients waiting more than 104 weeks for referral to treatment	Jan-24	Improvement trajectory towards 0	3943	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>4045</td><td>4142</td><td>3780</td><td>3943</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	4045	4142	3780	3943
Oct-23	Nov-23	Dec-23	Jan-24										
4045	4142	3780	3943										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Jan-24	Improvement trajectory towards 0	29854	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>26471</td><td>28054</td><td>28842</td><td>29854</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	26471	28054	28842	29854
Oct-23	Nov-23	Dec-23	Jan-24										
26471	28054	28842	29854										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Jan-24	80%	78%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>99%</td><td>98%</td><td>95%</td><td>78%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	99%	98%	95%	78%
Oct-23	Nov-23	Dec-23	Jan-24										
99%	98%	95%	78%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-24	80%	19%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>30%</td><td>28%</td><td>22%</td><td>19%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	30%	28%	22%	19%
Oct-23	Nov-23	Dec-23	Jan-24										
30%	28%	22%	19%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-24	80%	62%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>66%</td><td>68%</td><td>63%</td><td>62%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	66%	68%	63%	62%
Oct-23	Nov-23	Dec-23	Jan-24										
66%	68%	63%	62%										



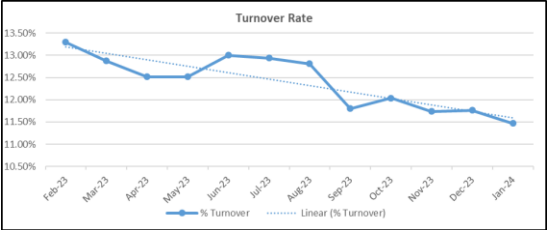

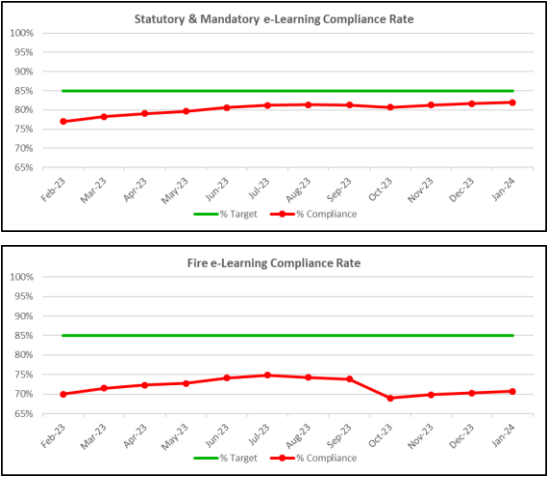
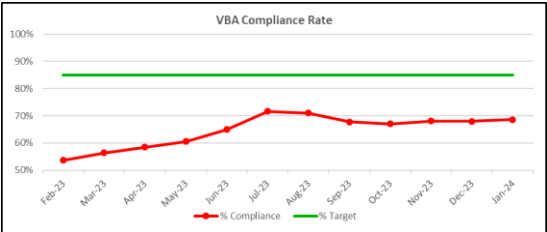
[Return to Main Menu](#)

Productivity and Efficiency measures

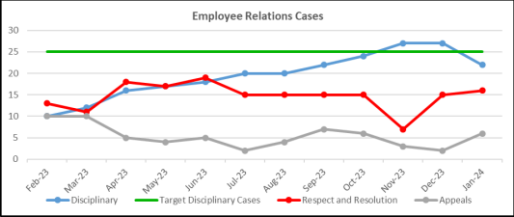

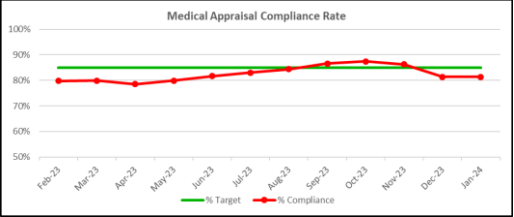
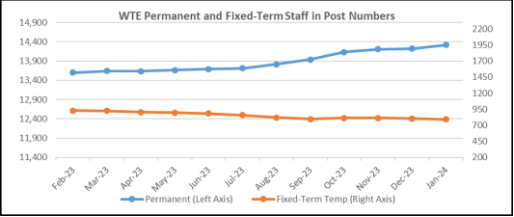

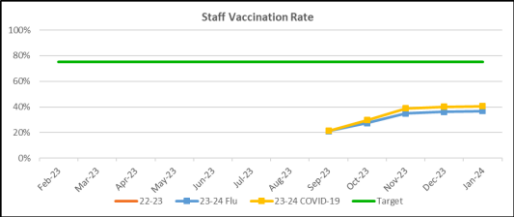
[Return to Section Menu](#)

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	Dec-23	Jan-24	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.8%	10.6%	10.3%	10.4%	
	% 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%	12.2%	13.2%	13.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	79%	69%	58%	
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.4	
	% of theatre session utilisation	95%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%	80%	76%	
	% in session utilisation	85%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%	77%	78%	
	<24 hour cancellations					238	314	344	293	292	255	308	338	322	267	
	% 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	141828	142758	
Inpatient	Delayed pathways of Care - Mental Health	217					43	39	45	36	36	31	41	36	37	
	Delayed Pathways of Care - non-Mental Health						204	178	171	140	124	142	150	114	173	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	

Saunders Nathan
21/03/2024 12:15:52

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Feb-23; the rates have fallen from 13.29% to 11.47% in Jan-24 UHB wide. This is a net 1.82% decrease, which represents 255 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>	Jan-2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be the falling towards more ‘normal’ levels. The monthly sickness rate for Jan-24 was 6.22. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.23% (by comparison with Jan-23, which was 7.10%).</p>	Jan-2024	
Statutory and Mandatory Training	<p>The overall compliance rates rose for Jan-24 to 81.93%, 3.07% 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, Corporate Executives and Children & Women’s are above 80% compliance.</p> <p>The compliance with Fire training was 70.75% for Jan-24. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	Jan-2024	
Values Based Appraisal	<p>VBA compliance was to 68.59% for Jan-24. 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, and was 79.00% for Jan-24.</p>	Jan-2024	

Saunders Nathan
21/03/2024 12:15:52

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 12 months and for 2 months 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.	Jan-2024	
Job Plans	91.98% of clinicians have engagement with job planning and have a job plan in the system, however only 51.56% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	Jan-2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 3 months. At Jan-24 the compliance was 81.39% and has now fallen below the 85% target.	Jan-2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 575 WTE, to 15,109 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	Jan-2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. It has been as high as 10.85% of the total spend on pay, but in Jan-24 was 9.55%. It must however be borne in mind that the total pay bill is increasing.	Jan-2024	
Staff Influenza Vaccination Programme	<p>The 2023-24 winter vaccination programme commenced in Sep-23. So far 36.86% of staff have received the flu vaccine and 40.64% have received the COIVID-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>	Jan-2024	

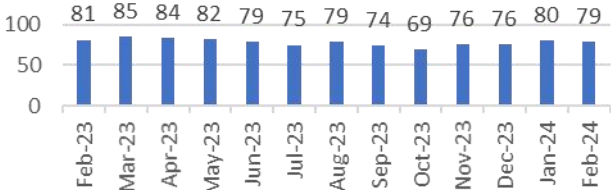
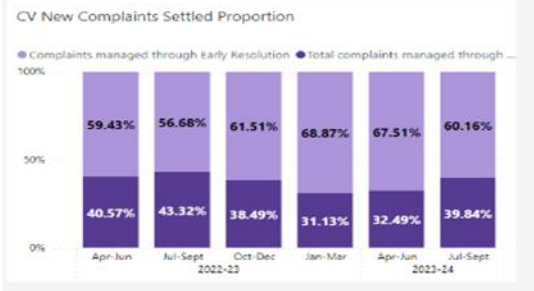
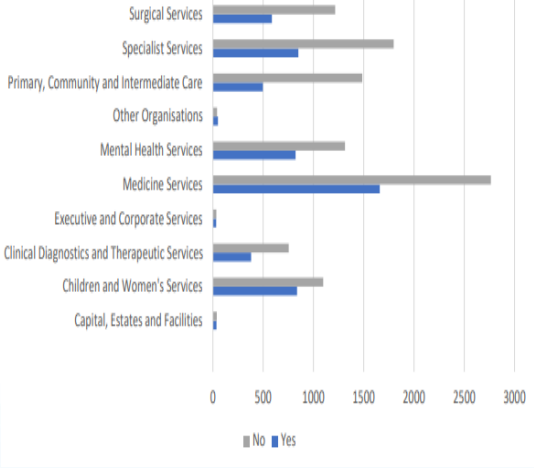
[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
36.	Percentage of sickness absence rate of staff	Jan-24	6%	6.22%	Oct-23	Nov-23	Dec-23	Jan-24
					6.46%	5.76%	6.65%	6.22%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Jan-24	7%-9%	11.47%	Oct-23	Nov-23	Dec-23	Jan-24
					12.03%	11.74%	11.76%	11.47%
38.	Agency spend as a percentage of the total pay bill	Jan-24	12 month reduction trend	1.16%	Oct-23	Nov-23	Dec-23	Jan-24
					1.35%	1.28%	1.33%	1.16%
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)	Jan-24	85%	69.41%	Oct-23	Nov-23	Dec-23	Jan-24
					68.29%	69.20%	68.86%	69.41%



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 days <p>During January and February 24, the Health Board received :</p> <ol style="list-style-type: none">687 ConcernsClosed 642 concerns80% closed within 30 working days (including Early Resolution)35 % closed under Early Resolution (within 2 days including day of receipt)266 Enquiries86 ComplimentsWe currently have 283 active concerns <p>Top 3 themes and trends</p> <ol style="list-style-type: none">Concerns around appointments (waiting times/cancellations)CommunicationClinical Treatment and Assessment	January February 2024	<p>% of concerns closed within 30 working days (including Early Resolution)</p>  <p>CV New Complaints Settled Proportion</p> 
Duty of Candour	<p>Since April 1st 2023, 21,422 incidents have been reported by staff across the Health Board</p> <p>Approximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter.</p> <p>Approximately 65 incidents reviewed per day by the Patient Experience Team</p> <p>We continue to support DOC awareness sessions across Primary and Secondary care</p> <p>Since December we have triggered the DOC on 20 occasions (<i>Ophthalmology incidents accounted for the increased number</i>)</p> <p>We have internally audited the process and compliance</p>		<p>Incident grading changed following review</p> 

Saunders Nathan
21/03/2024 12:15:52

Priority	Performance Summary	Reported Period	Data																																																																																																																										
Patient Feedback – Civica	<ul style="list-style-type: none">From 28th October 2022 and we are surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent 154,384 texts and are seeing a response of 17%.In January, we sent 15,389 texts and had 2561 completions (17% response).In February, we sent 11,052 texts and had 1832 completions (17% response).Of those respondents who were discharged during January/February and answered the rating question, 85% were satisfied with our service.Currently, our response rate is 17% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year.	Jan/Feb-24 (Random) Jan/Feb-24 (MH) Jan/Feb-24 (EU))	<div><table><caption>Random Feedback Data</caption><tr><th>Rating</th><th>Percentage</th></tr><tr><td>0 - Very bad</td><td>1.18%</td></tr><tr><td>1</td><td>0.54%</td></tr><tr><td>2</td><td>0.97%</td></tr><tr><td>3</td><td>1.58%</td></tr><tr><td>4</td><td>1.40%</td></tr><tr><td>5</td><td>3.66%</td></tr><tr><td>6</td><td>2.62%</td></tr><tr><td>7</td><td>6.14%</td></tr><tr><td>8</td><td>13.68%</td></tr><tr><td>9</td><td>16.48%</td></tr><tr><td>10 - Excellent</td><td>51.76%</td></tr></table><table><caption>MH Feedback Data</caption><tr><th>Rating</th><th>Percentage</th></tr><tr><td>0 - Very Bad</td><td>3.36%</td></tr><tr><td>1</td><td>1.68%</td></tr><tr><td>2</td><td>1.68%</td></tr><tr><td>3</td><td>2.94%</td></tr><tr><td>4</td><td>1.68%</td></tr><tr><td>5 - Average</td><td>9.24%</td></tr><tr><td>6</td><td>1.26%</td></tr><tr><td>7</td><td>7.56%</td></tr><tr><td>8</td><td>14.71%</td></tr><tr><td>9</td><td>13.03%</td></tr><tr><td>10 - Excellent</td><td>42.86%</td></tr></table><table><caption>EU Feedback Data</caption><tr><th>Rating</th><th>Percentage</th></tr><tr><td>0 - Very Bad</td><td>4.92%</td></tr><tr><td>1</td><td>2.20%</td></tr><tr><td>2</td><td>3.45%</td></tr><tr><td>3</td><td>3.45%</td></tr><tr><td>4</td><td>3.24%</td></tr><tr><td>5 - Average</td><td>5.02%</td></tr><tr><td>6</td><td>1.57%</td></tr><tr><td>7</td><td>8.16%</td></tr><tr><td>8</td><td>14.75%</td></tr><tr><td>9</td><td>13.70%</td></tr><tr><td>10 - Excellent</td><td>39.54%</td></tr></table></div>	Rating	Percentage	0 - Very bad	1.18%	1	0.54%	2	0.97%	3	1.58%	4	1.40%	5	3.66%	6	2.62%	7	6.14%	8	13.68%	9	16.48%	10 - Excellent	51.76%	Rating	Percentage	0 - Very Bad	3.36%	1	1.68%	2	1.68%	3	2.94%	4	1.68%	5 - Average	9.24%	6	1.26%	7	7.56%	8	14.71%	9	13.03%	10 - Excellent	42.86%	Rating	Percentage	0 - Very Bad	4.92%	1	2.20%	2	3.45%	3	3.45%	4	3.24%	5 - Average	5.02%	6	1.57%	7	8.16%	8	14.75%	9	13.70%	10 - Excellent	39.54%																																																		
Rating	Percentage																																																																																																																												
0 - Very bad	1.18%																																																																																																																												
1	0.54%																																																																																																																												
2	0.97%																																																																																																																												
3	1.58%																																																																																																																												
4	1.40%																																																																																																																												
5	3.66%																																																																																																																												
6	2.62%																																																																																																																												
7	6.14%																																																																																																																												
8	13.68%																																																																																																																												
9	16.48%																																																																																																																												
10 - Excellent	51.76%																																																																																																																												
Rating	Percentage																																																																																																																												
0 - Very Bad	3.36%																																																																																																																												
1	1.68%																																																																																																																												
2	1.68%																																																																																																																												
3	2.94%																																																																																																																												
4	1.68%																																																																																																																												
5 - Average	9.24%																																																																																																																												
6	1.26%																																																																																																																												
7	7.56%																																																																																																																												
8	14.71%																																																																																																																												
9	13.03%																																																																																																																												
10 - Excellent	42.86%																																																																																																																												
Rating	Percentage																																																																																																																												
0 - Very Bad	4.92%																																																																																																																												
1	2.20%																																																																																																																												
2	3.45%																																																																																																																												
3	3.45%																																																																																																																												
4	3.24%																																																																																																																												
5 - Average	5.02%																																																																																																																												
6	1.57%																																																																																																																												
7	8.16%																																																																																																																												
8	14.75%																																																																																																																												
9	13.70%																																																																																																																												
10 - Excellent	39.54%																																																																																																																												
Patient Safety	<p>During January 2024, 1817 patient safety incidents were reported, 77% were reported as <i>no</i> or <i>low</i> harm. Falls were the highest reported patient safety incident category, followed by pressure damage (this was the reverse in December).</p> <p><u>NRI performance January 2024</u></p> <ul style="list-style-type: none">Number of open NRIs – 93 (Dec. 95 were open)Number of NRIs reported – 12 (Dec. 24 were reported)Number of outcomes forms submitted – 12 (Dec. 7 submitted)Number of overdue NRIs – 33 (Dec. 34 overdue) <p>November and December had seen particularly high numbers of NRIs being reported, January was back to the expected average. Of the 12 reported, 5 were reported by Children and Women and 3 of those were due to the addition of MBRRACE criteria to NRI reporting. Surgery reported 4, of these, 1 was a never event – wrong site surgery (wrong site block). We are looking at introducing After Action Reviews as a method to provide more timely review and closure of NRIs, helping to reduce the number that are overdue.</p> <p>There are 4 open Never Events reported between June 2023 and January 2024; these are Administration of Medication via wrong route (1), wrong site surgery (2) and retained foreign object post procedure (1).</p> <p><u>Incident Queues</u></p> <p>There are 5399 incidents which have been open for more than 90 days which does not reflect a timely incident management process. This figure is steadily rising and was 5153 in December and in November was 4832. Work underway with Clinical Boards to reduce this. Raised by WRP and Internal Audit as an area to improve.</p>		<div><div>NRI outcomes completed on time</div><div>Cardiff and Vale UHB Reportable incident outcomes received on time (excluding pressure ulcers) as of 06/02/2024</div><div><div>Completed after deadline</div><div>Completed on time</div><div>Outcome forms received on time (%)</div></div><div><table><caption>NRI Outcomes Data (Feb 2023 - Jan 2024)</caption><tr><th>Month</th><th>Completed after deadline (%)</th><th>Completed on time (%)</th><th>Outcome forms received on time (%)</th></tr><tr><td>Feb 2023</td><td>45.5%</td><td>20.0%</td><td>20.0%</td></tr><tr><td>Mar 2023</td><td>16.7%</td><td>16.7%</td><td>16.7%</td></tr><tr><td>Apr 2023</td><td>16.7%</td><td>16.7%</td><td>16.7%</td></tr><tr><td>May 2023</td><td>16.7%</td><td>16.7%</td><td>16.7%</td></tr><tr><td>Jun 2023</td><td>16.7%</td><td>16.7%</td><td>16.7%</td></tr><tr><td>Jul 2023</td><td>16.7%</td><td>16.7%</td><td>16.7%</td></tr><tr><td>Aug 2023</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr><tr><td>Sep 2023</td><td>0.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td>Oct 2023</td><td>22.2%</td><td>22.2%</td><td>22.2%</td></tr><tr><td>Nov 2023</td><td>66.7%</td><td>66.7%</td><td>66.7%</td></tr><tr><td>Dec 2023</td><td>0.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td>Jan 2024</td><td>50.0%</td><td>50.0%</td><td>50.0%</td></tr></table></div><div><div>CVU UHB Rate of NRIs occurring (by incident date) per 100,000 population as of 06/02/2024 - All incident types</div><div><div>All Wales Rate of NRIs ...</div><div>Rate of NRIs repor...</div><div>Average Rate ...</div><div>95% Outlier</div></div><div><table><caption>CVU UHB Rate of NRIs (Jul 2022 - Jul 2023)</caption><tr><th>Month</th><th>All Wales Rate</th><th>CVU UHB Rate</th><th>Average Rate</th><th>95% Outlier</th></tr><tr><td>Jul 2022</td><td>2.0</td><td>1.5</td><td>2.0</td><td>2.0</td></tr><tr><td>Aug 2022</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Sep 2022</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Oct 2022</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Nov 2022</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Dec 2022</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Jan 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Feb 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Mar 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Apr 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>May 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Jun 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Jul 2023</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr></table></div></div></div>	Month	Completed after deadline (%)	Completed on time (%)	Outcome forms received on time (%)	Feb 2023	45.5%	20.0%	20.0%	Mar 2023	16.7%	16.7%	16.7%	Apr 2023	16.7%	16.7%	16.7%	May 2023	16.7%	16.7%	16.7%	Jun 2023	16.7%	16.7%	16.7%	Jul 2023	16.7%	16.7%	16.7%	Aug 2023	100.0%	100.0%	100.0%	Sep 2023	0.0%	0.0%	0.0%	Oct 2023	22.2%	22.2%	22.2%	Nov 2023	66.7%	66.7%	66.7%	Dec 2023	0.0%	0.0%	0.0%	Jan 2024	50.0%	50.0%	50.0%	Month	All Wales Rate	CVU UHB Rate	Average Rate	95% Outlier	Jul 2022	2.0	1.5	2.0	2.0	Aug 2022	2.0	2.0	2.0	2.0	Sep 2022	2.0	2.0	2.0	2.0	Oct 2022	2.0	2.0	2.0	2.0	Nov 2022	2.0	2.0	2.0	2.0	Dec 2022	2.0	2.0	2.0	2.0	Jan 2023	2.0	2.0	2.0	2.0	Feb 2023	2.0	2.0	2.0	2.0	Mar 2023	2.0	2.0	2.0	2.0	Apr 2023	2.0	2.0	2.0	2.0	May 2023	2.0	2.0	2.0	2.0	Jun 2023	2.0	2.0	2.0	2.0	Jul 2023	2.0	2.0	2.0	2.0
Month	Completed after deadline (%)	Completed on time (%)	Outcome forms received on time (%)																																																																																																																										
Feb 2023	45.5%	20.0%	20.0%																																																																																																																										
Mar 2023	16.7%	16.7%	16.7%																																																																																																																										
Apr 2023	16.7%	16.7%	16.7%																																																																																																																										
May 2023	16.7%	16.7%	16.7%																																																																																																																										
Jun 2023	16.7%	16.7%	16.7%																																																																																																																										
Jul 2023	16.7%	16.7%	16.7%																																																																																																																										
Aug 2023	100.0%	100.0%	100.0%																																																																																																																										
Sep 2023	0.0%	0.0%	0.0%																																																																																																																										
Oct 2023	22.2%	22.2%	22.2%																																																																																																																										
Nov 2023	66.7%	66.7%	66.7%																																																																																																																										
Dec 2023	0.0%	0.0%	0.0%																																																																																																																										
Jan 2024	50.0%	50.0%	50.0%																																																																																																																										
Month	All Wales Rate	CVU UHB Rate	Average Rate	95% Outlier																																																																																																																									
Jul 2022	2.0	1.5	2.0	2.0																																																																																																																									
Aug 2022	2.0	2.0	2.0	2.0																																																																																																																									
Sep 2022	2.0	2.0	2.0	2.0																																																																																																																									
Oct 2022	2.0	2.0	2.0	2.0																																																																																																																									
Nov 2022	2.0	2.0	2.0	2.0																																																																																																																									
Dec 2022	2.0	2.0	2.0	2.0																																																																																																																									
Jan 2023	2.0	2.0	2.0	2.0																																																																																																																									
Feb 2023	2.0	2.0	2.0	2.0																																																																																																																									
Mar 2023	2.0	2.0	2.0	2.0																																																																																																																									
Apr 2023	2.0	2.0	2.0	2.0																																																																																																																									
May 2023	2.0	2.0	2.0	2.0																																																																																																																									
Jun 2023	2.0	2.0	2.0	2.0																																																																																																																									
Jul 2023	2.0	2.0	2.0	2.0																																																																																																																									

Saunders Nathan
21/03/2024 12:15:52

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> <ul style="list-style-type: none">.		

Infection Control	<ul style="list-style-type: none">Between April 23 and January 23, there were 87 cases of C. difficile. The current rate is 20.58 cases per 100,000 population which is 31.5% lower than the equivalent period in 2022/23. The reduction expectation (RE) rate is 25 cases per 100,000 population, the current CAV rate is 19.4% below the RE. CAV is on trajectory to achieve the RE rate while also having the lowest rate across the 6 UHBs.There were 137 cases of S. aureus bacteraemia. The current rate is 32.41 cases per 100,000 population which is 12.9% higher than the equivalent period in 2022/23. The RE rate is 20 cases per 100,000 population, the CAV rate is 47.35% over the RE. CAV is not on trajectory to achieve the RE rate and has the 2nd highest rate across the 6 UHBs.There were 294 cases of E. coli bacteraemia. The current rate is 69.55 cases per 100,000 population which is 11.6% higher than the equivalent period in 2022/23. The RE rate is 67 cases per 100,000 population, the CAV rate is 3.7% over the RE. CAV is not on trajectory to achieve the reduction RE rate and we have the 2nd lowest rate across the 6 UHBs.There were 103 cases of Klebsiella spp bacteraemia which is 10.1% lower than the equivalent period last in 2022/23. The current maximum number needed to achieve the reduction expectation is 58 cases, thus CAV is 55.9% over the RE. CAV is not on trajectory to achieve the RE number, we have the 3rd highest rate across the 6 UHBs.There were 17 cases of P. aeruginosa bacteraemia which is 38.1% lower than the equivalent period in 2022/23. The current maximum number to achieve the RE is 18 cases, thus CAV is 5.7% under the current RE number. CAV is on trajectory to achieve the RE number while also having the 3rd lowest rate across the 6 UHBs.	Apr 23 – Nov 23	
-------------------	--	-----------------	--

Saunders Nathan
21/03/2024 12:15:52

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 11, the UHB is reporting an overspend of £16.818m . This is comprised of £1.730m unidentified savings/operational overspend and the revised planned deficit of £15.088m (eleven twelfths of the revised forecast year end deficit of £16.460m).</p>	Feb-24	<table><tr><th></th><th>Month 11 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>15.088</td><td>16.460</td></tr><tr><td>Savings Programme</td><td>1.082</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>0.648</td><td>0.000</td></tr><tr><td>Financial Position £m (Surplus) / Deficit £m</td><td>16.818</td><td>16.460</td></tr></table>		Month 11 Position £m	Forecast Year-End Position £m	Planned deficit	15.088	16.460	Savings Programme	1.082	0.000	Operational position (Surplus) / Deficit	0.648	0.000	Financial Position £m (Surplus) / Deficit £m	16.818	16.460
	Month 11 Position £m	Forecast Year-End Position £m																
Planned deficit	15.088	16.460																
Savings Programme	1.082	0.000																
Operational position (Surplus) / Deficit	0.648	0.000																
Financial Position £m (Surplus) / Deficit £m	16.818	16.460																

Delivery of recurrent £32m savings target	<p>At month 11, the UHB has identified £32.590m of green and amber savings against the £32m savings target.</p> <p>The month 11 position includes a Savings Programme variance of £1.082 due to the shortfall in delivery against some schemes. This is expected to be recovered, supported by 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 deliver the £32m 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>	Feb-24	<p>Graph 1 – Profile of Savings Delivery</p> <p>Graph 2 - Progress of Identification of Schemes</p>
---	--	--------	---


Saunders Nathan
21/03/2024 12:15:52

Priority	Performance Summary	Reported Period	Data																																																			
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Jan-24	<div><p>Performance against Capital Resource Limit £m</p><table><tr><th>Month</th><th>Annual Capital Resource Limit (CRL)</th><th>Cumulative Charge against CRL to Date</th></tr><tr><td>May-23</td><td>20m</td><td>0m</td></tr><tr><td>Jun-23</td><td>30m</td><td>0m</td></tr><tr><td>Jul-23</td><td>30m</td><td>0m</td></tr><tr><td>Aug-23</td><td>30m</td><td>0m</td></tr><tr><td>Sep-23</td><td>30m</td><td>0m</td></tr><tr><td>Oct-23</td><td>35m</td><td>0m</td></tr><tr><td>Nov-23</td><td>35m</td><td>0m</td></tr><tr><td>Dec-23</td><td>35m</td><td>0m</td></tr><tr><td>Jan-24</td><td>40m</td><td>10m</td></tr></table></div>	Month	Annual Capital Resource Limit (CRL)	Cumulative Charge against CRL to Date	May-23	20m	0m	Jun-23	30m	0m	Jul-23	30m	0m	Aug-23	30m	0m	Sep-23	30m	0m	Oct-23	35m	0m	Nov-23	35m	0m	Dec-23	35m	0m	Jan-24	40m	10m																					
Month	Annual Capital Resource Limit (CRL)	Cumulative Charge against CRL to Date																																																				
May-23	20m	0m																																																				
Jun-23	30m	0m																																																				
Jul-23	30m	0m																																																				
Aug-23	30m	0m																																																				
Sep-23	30m	0m																																																				
Oct-23	35m	0m																																																				
Nov-23	35m	0m																																																				
Dec-23	35m	0m																																																				
Jan-24	40m	10m																																																				
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 February was 96.90% as illustrated in the graph to the right.	Feb-24	<div><p>Public Sector Payment Compliance</p><table><tr><th>Month</th><th>PSPP</th><th>Target</th></tr><tr><td>Dec-22</td><td>94.5%</td><td>95%</td></tr><tr><td>Jan-23</td><td>94.2%</td><td>95%</td></tr><tr><td>Feb-23</td><td>94.0%</td><td>95%</td></tr><tr><td>Mar-23</td><td>95.0%</td><td>95%</td></tr><tr><td>Apr-23</td><td>97.5%</td><td>95%</td></tr><tr><td>May-23</td><td>97.8%</td><td>95%</td></tr><tr><td>Jun-23</td><td>97.5%</td><td>95%</td></tr><tr><td>Jul-23</td><td>97.5%</td><td>95%</td></tr><tr><td>Aug-23</td><td>97.5%</td><td>95%</td></tr><tr><td>Sep-23</td><td>97.5%</td><td>95%</td></tr><tr><td>Oct-23</td><td>97.2%</td><td>95%</td></tr><tr><td>Nov-23</td><td>97.5%</td><td>95%</td></tr><tr><td>Dec-23</td><td>97.0%</td><td>95%</td></tr><tr><td>Jan-24</td><td>96.9%</td><td>95%</td></tr><tr><td>Feb-24</td><td>96.9%</td><td>95%</td></tr></table></div>	Month	PSPP	Target	Dec-22	94.5%	95%	Jan-23	94.2%	95%	Feb-23	94.0%	95%	Mar-23	95.0%	95%	Apr-23	97.5%	95%	May-23	97.8%	95%	Jun-23	97.5%	95%	Jul-23	97.5%	95%	Aug-23	97.5%	95%	Sep-23	97.5%	95%	Oct-23	97.2%	95%	Nov-23	97.5%	95%	Dec-23	97.0%	95%	Jan-24	96.9%	95%	Feb-24	96.9%	95%			
Month	PSPP	Target																																																				
Dec-22	94.5%	95%																																																				
Jan-23	94.2%	95%																																																				
Feb-23	94.0%	95%																																																				
Mar-23	95.0%	95%																																																				
Apr-23	97.5%	95%																																																				
May-23	97.8%	95%																																																				
Jun-23	97.5%	95%																																																				
Jul-23	97.5%	95%																																																				
Aug-23	97.5%	95%																																																				
Sep-23	97.5%	95%																																																				
Oct-23	97.2%	95%																																																				
Nov-23	97.5%	95%																																																				
Dec-23	97.0%	95%																																																				
Jan-24	96.9%	95%																																																				
Feb-24	96.9%	95%																																																				
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>	Feb-24																																																				
Maintain Positive Cash Balance	<p>The closing cash balance at the end of February 2024, was £3.881m.</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.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 £12m @ month 11.	Feb-24	<div><p>Cash Balance £m</p><table><tr><th>Month</th><th>Cash Balance</th><th>Target</th></tr><tr><td>Nov-22</td><td>5.5m</td><td>0m</td></tr><tr><td>Dec-22</td><td>9.5m</td><td>0m</td></tr><tr><td>Jan-23</td><td>6.0m</td><td>0m</td></tr><tr><td>Feb-23</td><td>2.0m</td><td>0m</td></tr><tr><td>Mar-23</td><td>2.5m</td><td>0m</td></tr><tr><td>Apr-23</td><td>2.2m</td><td>0m</td></tr><tr><td>May-23</td><td>2.8m</td><td>0m</td></tr><tr><td>Jun-23</td><td>4.0m</td><td>0m</td></tr><tr><td>Jul-23</td><td>3.5m</td><td>0m</td></tr><tr><td>Aug-23</td><td>8.5m</td><td>0m</td></tr><tr><td>Sep-23</td><td>5.0m</td><td>0m</td></tr><tr><td>Oct-23</td><td>5.2m</td><td>0m</td></tr><tr><td>Nov-23</td><td>6.5m</td><td>0m</td></tr><tr><td>Dec-23</td><td>6.5m</td><td>0m</td></tr><tr><td>Jan-24</td><td>5.5m</td><td>0m</td></tr><tr><td>Feb-24</td><td>3.9m</td><td>0m</td></tr></table></div>	Month	Cash Balance	Target	Nov-22	5.5m	0m	Dec-22	9.5m	0m	Jan-23	6.0m	0m	Feb-23	2.0m	0m	Mar-23	2.5m	0m	Apr-23	2.2m	0m	May-23	2.8m	0m	Jun-23	4.0m	0m	Jul-23	3.5m	0m	Aug-23	8.5m	0m	Sep-23	5.0m	0m	Oct-23	5.2m	0m	Nov-23	6.5m	0m	Dec-23	6.5m	0m	Jan-24	5.5m	0m	Feb-24	3.9m	0m
Month	Cash Balance	Target																																																				
Nov-22	5.5m	0m																																																				
Dec-22	9.5m	0m																																																				
Jan-23	6.0m	0m																																																				
Feb-23	2.0m	0m																																																				
Mar-23	2.5m	0m																																																				
Apr-23	2.2m	0m																																																				
May-23	2.8m	0m																																																				
Jun-23	4.0m	0m																																																				
Jul-23	3.5m	0m																																																				
Aug-23	8.5m	0m																																																				
Sep-23	5.0m	0m																																																				
Oct-23	5.2m	0m																																																				
Nov-23	6.5m	0m																																																				
Dec-23	6.5m	0m																																																				
Jan-24	5.5m	0m																																																				
Feb-24	3.9m	0m																																																				

Saunders Nathan
21/03/2024 12:15:52

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	Dec-23	90%	85.3%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>80.5%</td><td>86.5%</td><td>86.5%</td><td>85.3%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	80.5%	86.5%	86.5%	85.3%
Oct-23	Nov-23	Dec-23	Jan-24										
80.5%	86.5%	86.5%	85.3%										
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	Dec-23	90%	54.4%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>46.3%</td><td>49.6%</td><td>52.0%</td><td>54.4%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	46.3%	49.6%	52.0%	54.4%
Oct-23	Nov-23	Dec-23	Jan-24										
46.3%	49.6%	52.0%	54.4%										
46.	Number of patient experience surveys completed and recorded on CIVICA <i>(Total partial/full survey completions, including SMS, Bedside and bespoke)</i>	Jan/Feb-24	Month on month improvement	<div><div></div>4232</div>	As noted IT issue is affecting returns-being addressed								



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>	Jan-24	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	103 17	Not on trajectory to achieve the reduction expectation number, however less cases compared to the same time 2022/23 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)	Jan-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	69.55 cases per 100,000 population 32.41 cases per 100,000 population	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate. Focusing on further rollout of ANTT and the Exec review of HAI cases								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Jan-24	25 cases per 100,000 population	20.58 cases per 100,000 population	CAVUHB is the only HB 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	Jan-24	0 (Mar 24)	1805	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>1853</td><td>1740</td><td>1737</td><td>1805</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	1853	1740	1737	1805
Oct-23	Nov-23	Dec-23	Jan-24										
1853	1740	1737	1805										
53.	Number of patient safety incidents that remain open 90 days or more	Jan-24	12-month reduction trend	 5,399	Work in progress – number of open over 90 days is increasing month on month								



Report Title:	Strategic Planning, Commissioning and Partnership Update			Agenda Item no.	6.8
Meeting:	UHB Board	Public	X	Meeting Date:	28.03.24
		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 coordinates the planning process in 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>The Annual Plan for 2024/2025 is a substantive item on the agenda.</p> <p>3. Regional Planning</p>					

Saunders, N
21/03/2024 12:15:52

- 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.

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

- An absolute commitment to delivering on the existing regional programmes of work, 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.
- It is recognised that whilst on one level this are three separate actions they are also intrinsically linked and need to be progressed in a co-ordinated and joined up manner.

Proposals are being developed for articulating how sustainable regional planning in South East Wales needs to be envisaged. This allows the development of a scope, planning assumptions and resource requirements for a regional clinical service plan which in turn allows thoughtful and supportive revised governance arrangements to be developed.

Thinking in these areas are being refined and tested through a number of forum (including the chairs regional planning working group) with the intention of holding a wider conversation across a region as part of the planned regional planning clinical summit on the 5th June.

Current regional programme update:

- **Orthopaedics** (Cardiff and Vale UHB lead) –The most recent Programme Board took place on 15th March and colleagues shared learning and best practice from across the regional in relation to pre-operative assessment and surgical site infections.
- **Ophthalmology** (Aneurin Bevan UHB lead) – An engagement exercise regarding the sustainable plan for a regional approach to cataract surgery has been undertaken and the results from this exercise are now informing a regional options appraisal exercise to determine the optimal clinical model and resulting location(s) for the service. **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.

Pathology: A regional options appraisal is being completed to understand the optimal configuration of a SE Wales microbiology service with due consideration being given to the need to proposed similar development in West Wales under the auspicious of the ARCH programme between HDHB and SBHB

Radiology: The project is in the final stages of procuring an external managed partner for a community diagnostic hub(s) (CDH). The initial intention is to site a CDH at the proposed Llantrisant Health Park.

Endoscopy: The project is in the closing stages of procuring an external managed partner for endoscopy services. The intention is to site the service at the proposed Llantrisant Health Park. From a CAVUHB perspective the Health Board will not be looking to immediately commission services from the site due to existing capacity and efficiency gains available within existing services.

Saunders, M. (2024) 21/03/2024 11:53

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) – The programme is currently in the process of recruiting replacement programme and clinical leadership with this being planned to be in place by April 2024. The lack of resources in this area has given rise for the programme approach and timeline to be reconsidered and this exercise has now been completed and agreed by all partners.
- **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 was held on the 23rd of January. This workshop explored desired objectives/priorities/approach for the newly formed regional cancer board which are now being developed into a formal programme plan.

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

Over the last few months, the partnership programme team has been supporting work to address the challenges in maintaining access to Vascular Interventional Radiology in SBUHB.

Due to immediate medical staff workforce pressures in Vascular Interventional Radiology (IR) at SBUHB, a short-term agreement for in-hours support was established with CAVUHB and ABUHB to maintain delivery of vascular services at Morriston Hospital. The in-hours arrangement ended on the 15th February, but an out of hour arrangement remains in place.

A business continuity plan has been implemented to manage the in-hours demand. This will involve a time limited short-term transfer of a small number of patients from SBUHB to CVUHB for treatment, whilst arrangements are put in place to establish locum support and upskill existing staff. In parallel to this further work will be undertaken to strengthen the network arrangements for South West Wales.

These events have identified the interdependencies between vascular surgery and interventional radiology. Once the initial work within SBUHB has been completed, the partnership programme team will establish a project board to review current arrangements and make recommendations on how to improve the future resilience of these services

Current partnership programme update:

- **Hepato-Pancreato-Biliary (HPB) Surgery** – The Regional and Specialised Services Provider Planning Partnership (RSSPPP) undertook a review of the HPB Service Model project on the 5th February, and concluded that
 - The existing evidence not sufficient to inform the selection of a recommended option;
 - Further work is required to clarify the activity, calculate the capacity requirements to meet the demand, and to understand the impact on interdependent and supporting services; and
 - An interim service model should be developed as soon as possible to address service gaps and maintain project momentum.

The HPB Project met on the 27th February to receive the mandate from the RSSPPP and have agreed to initiate phase 4 of the project, which will include

Saunders, Nathan
21/03/2024 12:15:52

the development of a Shared Delivery Network to improve access to timely and effective care for patients with Severe Acute Pancreatitis. The Shared Delivery Network will act as a precursor for the development of a joint management team for HPB surgery.

- **Oesophago-Gastric Cancer Surgery** – The programme partnership team are holding a workshop on the 7th March with clinicians from across South Wales to consider and make recommendations on a pathway and service model which aligns with the Wales Cancer Network Service Specification. The output of this workshop will be used to inform a patient engagement exercise in SBUHB, following which advice will be sought from Llais to determine whether a public engagement exercise will be required to inform implementation of the service model.
- **Specialised Infectious Diseases Services** – Following the stakeholder consultation exercise undertaken in Autumn 2023, the task and finish group has finalised the draft service specification for consideration by the Chief Executive Management Team.
- **Cardiac Surgery** – The CAVUHB and SBUHB Chief Executives have written to the WHSSC Managing Director to propose a collaborative approach for the next phase of the WHSSC Cardiac Review, in which:
 - WHSSC undertake a population needs assessment, and develop a commissioning service specification for cardiac surgery
 - CAVUHB and SBUHB (working in partnership through the Regional and Specialised Services Provider Planning Partnership (RSSPPP)) develop a demand and capacity plan in response to the population needs assessment and develop a proposal for future service configuration in response to the commissioning service specification.
- **South Wales Specialised Services Collaborative Partnership Board** – Following advice from Committee Secretaries and NHS Wales Shared Services Partnership Legal and Risk Services, the partnership programme team have developed a proposed terms of reference which is scheduled for review at the March meeting of the RSSPPP. The proposal is to develop the board as a formal sub-committee of Cardiff and Vale University Health Board and Swansea Bay University Health Board, with the remit to:
 - lead the development of the strategy for specialised services, research and training to achieve the partnership vision
 - To make recommendations for approval by the Health Boards on the development and implementation of service models for specialised services
 - To oversee the delivery of Shared Delivery services and provide assurance to the Health Boards
- **Tertiary Services Baseline** – a refresh of the baseline assessment is scheduled for April 2024. This work will be used to inform the work on fragile services which is being led by the NHS Executive.

Saunders, Nathan
21/03/2024 12:15:52

5. Regional Partnership Board

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 and reflects the strategic intent of the Health Board and other partners.

The partnership is now developing annual delivery plans for 24/25 for its key programmes, across the three life stage portfolios of Starting Well, Living Well and Ageing Well. The plans will provide additional granularity on areas of work that partners will deliver together and will set out how funding streams, in particular the Regional Integration Fund, will be utilised to improve service delivery.

Major programmes of work include @home (place-based integrated care) which also acts as the delivery vehicle for part of the Six Goals for Urgent and Emergency Care programme; the dementia programme, and the emPOWER programme supporting a joint approach for children and young people with severe emotional dysregulation, the Integrated Autism Service and neurodiversity service developments, amongst many others.

The ten-year Strategic Capital Plan has been completed and submitted to Welsh Government. This will act as an enabler of a more coherent approach to the joint planning and delivery of community assets and infrastructure that will enable the delivery of increasingly place-based integrated care.

During the last year the partnership has secured over £8m from the Housing with Care Fund, supporting a number of capital schemes, including the Penarth Older People's Village. We have also secured capital funding from the Integration and Rebalancing Care Fund.

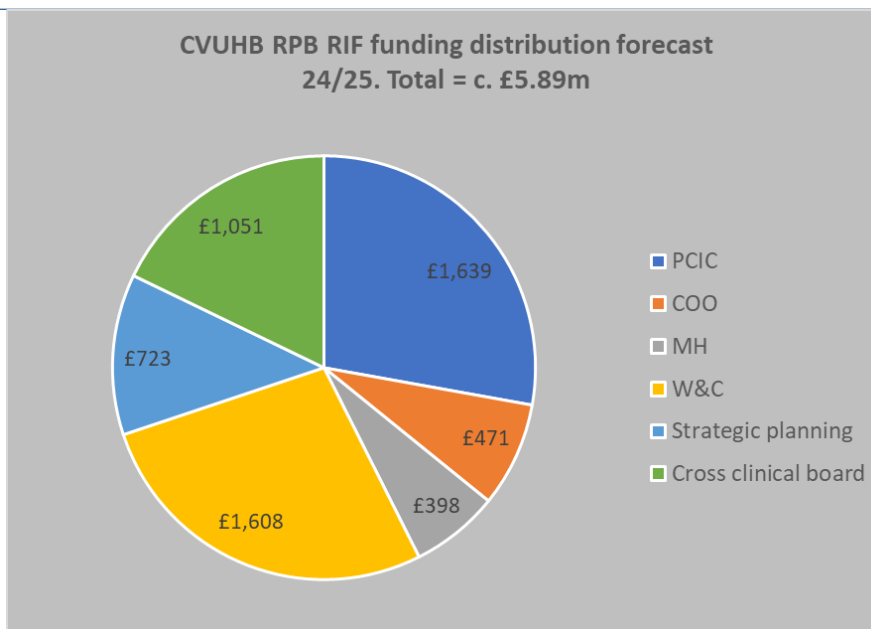
In 2024/25, the partnership intends to develop 'Place Plans' bringing together a coherent delivery plan for each locality, built up from cluster-level plans. Place plans will include both service and associated infrastructure developments, ensuring a whole system approach across our partnership.

The Regional Integration Fund is a £19.6m fund which supports delivery of the priorities of the partners. In 23/24, the Health Board received c.£5.89m, with the same amount planned for 24/25. The chart below shows the reach of the funding across Health Board services, with significant investment to support admission avoidance, flow through and out of hospital, community capacity and emotional wellbeing and mental health support for children and young people.

Additional RIF funding supports both Local Authorities to provide additional step-down capacity, enabling people to leave hospital and continue their recovery closer to home or at home,

Throughout 23/24 partners have also developed and delivered Safe@home – addressing a gap in step-up crisis response in the community, and providing a safe alternative to EU attendance and admission, this will be fully rolled out in 24/25.

Saunders, Nathan
21/03/2024 12:15:52



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 was approved by Chair's action at the beginning of February and we will move to implementation in-line with the other Health Boards and WHSSC. It won't make any material changes to how the process works for clinicians submitting applications or patients

The Deputy Minister for Health and Social Care visited the Buvidal Psychological Support Service this week, which is a pilot programme commissioned by the Area Planning Board Support Team from the Substance Misuse Action Fund. We heard the vision from the clinicians for patient centred services, to support individuals on Buvidal to address their trauma and maintain their recovery. The evaluation of outcomes clearly demonstrated the value of the service, but the moving testimonials from the service users who told their stories about having meaningful paid work for the first time, maintaining their own tenancies and reconciling with family really demonstrate the impact of the service and how this service model and the dedication of the professionals within the service can break down the barriers to accessing health services and reduce inequity.

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 and to create a tender to find a supplier who could deliver the masterplan. Both the scope and tender are undergoing internal review before re-engaging with Welsh Government. The preferred approach is to go out to tender (aiming for Q1) to receive bids and costs for the work and then request financial support from Welsh Government. Given the nature of our partnership with Cardiff University, the master-planning is a joint activity.

Joint Academic Health Sciences Strategy Programme

The Cardiff University and Cardiff and Vale UHB Joint Steering Group agreed to support the establishment of a Joint Academic Health Science Strategy (JAHSS) Programme Board. The first meeting of the JAHSS Programme Board will take place on 18/04/24. The VC Cardiff University and CEO Cardiff and Vale UHB are the organisational SROs and Co-Chairs of the Programme Board

The JAHSS Programme proposes a unified academic health and life science partnership between Cardiff University and Cardiff and Vale UHB. The development and delivery of the JAHSS Programme will strengthen and align the 2 organisations ambitions and objectives in healthcare, education and life sciences.

A successful JAHSS Programme is vital for Cardiff University and Cardiff and Vale UHB to harness the potential for Cardiff and Wales to:

- Attract industry partners and investments in the innovation and life science sector
- Achieve world class advances in healthcare research, delivery and quality
- Improve the economic and environmental prosperity of the Cardiff City Region and South Wales
- Align with Welsh Government priorities and contribute to delivery of a healthcare workforce for Wales.

Recommendation:

The Board is requested to:

- Note the progress being made across the Strategic Planning, Commissioning and Partnership portfolio
- Agree to receive an update on Shaping Our Future Clinical Services and Hospitals Programme at the April Board development session.
-

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

Pre v e n t i o n	X	Long term	X	Integration	X	Collaborati on	X	Involvement	X
--	---	-----------	---	-------------	---	-------------------	---	-------------	---

Impact Assessment:

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

Risk: Yes

There is a risk that 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

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.

Workforce: Yes

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

Legal: Yes

There is a requirement to ensure we have engaged appropriately on any significant changes to the way we have delivered services. Plans for engagement are being developed.

Reputational: No

No specific risks to highlight.

Socio Economic: Yes

All of our plans need to be assessed for socio-economic duty. There is an 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.

Equality and Health: Yes

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

Decarbonisation: Yes

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.

Approval/Scrutiny Route:

Committee/Group/
Exec

Date:

Report Title:	Integrated Annual Plan 2023/2024 Quarter 3 Report			Agenda Item no.	6.9
Meeting:	Board	Public	X	Meeting Date:	28.03.2024
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Abigail Harris- Executive Director of Strategic Planning				
Report Author (Title):	Ashleigh O'Callaghan- Head of Strategic Planning				
Main Report					
Background and current situation:					
<p>This report aims to provide an assessment of the progress towards achieving key milestones set for Q3 within our Integrated Annual Plan 2023/2024 in relation to:</p> <ul style="list-style-type: none">• Strategic Programmes and Delivery Priorities• Commitments within our Financial Plan• Commitments within our People and Culture Plan <p>The report demonstrates that of the milestones set out in our Integrated Annual Plan for Quarter 3 in relation to strategic programmes and operational delivery, 50% have been fully or partially achieved, with high confidence in our ability to get back on track for Quarter 3 in the instances whereby a milestone wasn;t fully achieved as planned.</p> <p>44% of the milestones were not achieved with low confidence in getting back to the original plan for Quarter 3, and the challenges underpinning these milestones are set out on the summary page within the report itself. 6% did not yet have Q3 data available to make a complete assessment.</p> <p>Regarding the financial position, the report summarises that at month 10 the UHB is reporting an overspend of £17.394m. This is comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (10 twelfths of the revised forecast year end deficit of £16.460m).</p> <p>The plan also sets out the position regarding delivery of the Quarter 3 deliverables set out within the People and Culture plan for 2023/2024, whereby 36% of the milestones originally set out in the plan have been fully or partially achieved, alongside a number of significant deliverables in relation to workforce sustainability which were not set out in the original plan.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The format of the report for 2023/2024 has been refreshed.</p> <p>The report focuses on whether or not we achieved the key milestones we set out in the plan for Quarter 3 and if not, makes an assessment on our confidence in recovering the original plan.</p> <p>Where quarter 1 and quarter 2 measures were not achieved in quarter, they remain on the report until they are completed.</p> <p>The report focuses specifically on the progress of our Strategic Programmes and Operational Delivery Priorities, achievement of financial measures and progress in achievement of the milestones set out in the People and Culture plan.</p>					

Incorporating feedback following discussion of the Quarter 1 report at Board, the report also provides 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.

The intention of this report is to make it easier for the organisation to assess ‘*at a glance*’ the areas in which we have been able to make progress on our plans, and the themes of the challenges and barriers experienced, to enable strategic action to be taken on themes where appropriate in support of delivery for the remainder of the year.

Recommendation:

The Board is requested to:

- **NOTE** the progress achieved in Quarter 3 towards the delivery of our Integrated Annual Plan 2023/2024

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

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/ No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
21/03/2024 12:15:52

Integrated Annual Plan

Quarter 3 Report 2023/2024

October - December

Saunders, Nathan
21/03/2024 12:15:52

How to read this report

This report provides:

- A snapshot of our performance in relation to the **2023/2024 Ministerial Priorities**
 - *This snapshot is taken from our February Integrated Performance Report .*
- An **overview** of achievements in relation to **the milestones we set for Quarter 3** within our Integrated Annual Plan 2023/2024
 - Quarter 1 and Quarter 2 measures that were not achieved in quarter remain on the report until they are achieved
- A high-level summary of our progress against **our financial measures**
 - *This snapshot is taken from our February Integrated Performance Report*
- A high-level summary of our progress against **our people and culture milestones we set for Quarter 3** within our Integrated Annual Plan 2023/2024

More detailed assurance can be found within the Monthly Integrated Performance Report.

Saunders Nathan
21/03/2024 12:45:33

Section 1: Ministerial Priorities

Saunders Nathan
21/03/2024 12:15:52

The Minister for Health and Social Services has set out 6 priority areas with the NHS Wales Planning Guidance 2023/2024 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 our performance in relation to the 16 measures that are included within these 6 priority areas. As many of the measures as set out in the Planning Guidance are not specific, detail is provided on the specific measurement(s) that has been used to monitor compliance.

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	173 January	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% December	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% December	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	656 December	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	1840 January	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

Performance Key: Meeting standard / trajectory over target/trajectory

Saunders Nathan
21/03/2024 12:15:52

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	11993 January	Hyperlink to section
			3788	Yes	Dec 2023	3943 January	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	34817 January	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	14329 January	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	70.2% December	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	92.2% Dec	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Dec	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	52.0% Dec	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	95% Dec	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	4% Dec	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	87% Dec	
	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

Saunders Nathan
21/03/2024 12:15:52

Section 2: Quarterly Milestones

Saunders Nathan
21/03/2024 12:15:52

Quarter 3 Summary - Strategic Programmes and Operational Delivery

Quarters 1 & 2 Recap

Our plan for Quarters 1 & 2 set out **99 specific milestones** aligned to our strategic programmes and operational delivery priorities. Of those:

- 46 milestones were fully achieved as planned and the remainder were rolled over

As at Quarter 3:

- 38 Quarter 1 and 2 milestones were not achieved and will roll over to Q4
- 15 Quarter 1 and 2 milestones were completed in Q3

Further detail can be found within the report.

Quarter 3 Progress

Our plan for Quarter 3 set out **32 specific milestones** aligned to our strategic programmes and operational delivery priorities. Of those:

- 12 milestones (37.5%) were fully achieved as planned
- 4 milestones (12.5%) were rated as not achieved but had made progress towards achievement and rated high confidence that plans would be recovered by Q4
- 14 milestones (43.8%) were rated as not achieved with low confidence in original plans being achieved by Q4
- 2 milestones (6.3%) did not yet have Q3 data available
- The key challenges underpinning milestones that were not achieved and with low confidence in return to green by Q4 are:
 - Lack of clarity on funding for Shaping our Future Hospitals Programme which has limited progress with commencing the Strategic Outline Case (SOC)
 - Revised timelines for Clinical Services Plan Development as awaiting outcome of discussions around the SOC
 - Development of Full Business Cases for Tranche 1 Shaping our Future Wellbeing Schemes - Low confidence in getting to green due to WG capital funding becoming more restricted
 - Urgent Care – Continued national difficulties with social care and discharges. Demand and capacity review needed for logging 111 calls
 - Planned Care- Refocusing of clearing backlogs impacted on standard of delivery. Unexpected increase in radiology and cardiology activity. Contract reform in progress for optometry
 - Specialist Services – delays on cardiothoracic surgery returning to UHW due to delays in delivery of capital plan
 - Children & Women – staffing challenges
 - Mental Health- Neuropsychiatry business case not achievable with current WHSSC financial position

All objectives have robust plans to address these challenges as set out within the report itself.

37.5% milestones fully achieved

12.5% partially achieved with high confidence in return to green in Q4

43.8% rated as not achieved with low confidence in returning to green in Q4

Shaping Our Future Population Health / Local Public Health Plan

Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Identification of patient management system; systematised smoking status recording for all hospital in-patients to access smoking cessation support on admission	N	The Welsh Nursing Care Record (WNCR) has been identified as the patient management system to record smoking status on admission and referral to Smoking Cessation Services. HMQ in Hospital Data and IT subgroup are progressing this work.	Data and IT systems work being progressed with DHCW. Likely to be a lengthy process, outside our direct control	Low
Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Integrated Health Protection Model for Cardiff and the Vale of Glamorgan implemented	N	Integrated model developed with partners, and many elements are in place, but it is not yet fully implemented. Budget for 2024/25 was only confirmed in Dec 23.	Continuing to develop pathways and procedures to support the integrated model. Good progress being made. Full implementation expected by end of Q4.	High
Agree the focus for a programmatic preventative approach with primary and community partners, using insights from King's Fund	Y			
Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Flu vaccine programme delivered across a range of delivery channels	Y			
Covid-19 vaccination autumn programme planned and delivered	Y			
Agree suite of indicators for measurement of health inequities	N	It is important that these align with the long-term Public Health plan, which will start development in Q4 23/24, and the UHB integrated performance report (IPR)	To confirm draft indicator suite Q4, for finalising Q1 24/25	High

Shaping Our Future Hospitals (SOFH)

Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Commence creating SOC content (clinical service plan, digital, health planning and estates strategy refresh); recruit team; procure suppliers and concurrently secure resource to produce digital SOC	N	In the absence of requested funds from WG, the SOC has not started.	In Q3, WG invited CVUHB and Cardiff Uni to attend an infrastructure investment board. CVUHB presented a burning platform argument and a suggestion that the UHW site is masterplanned to not only articulate how the future could look, but also how much it would cost, over what period of time. This way might be more affordable than a big bang rebuild. WG thought masterplanning was a good idea to be investigated. At the end of Q3, CVUHB had met with WG to define a scope for the work. Shaping Our Future Clinical Services is a critical input into the initial sizing and shaping of a future UHW. This work also allows Estates to understand how critical risks and issues that are impacting on service continuity, could be tackled at the same time as spending money, with an eye on long term value. A SOC will not be written in the short term, but the masterplan approach offers forward momentum for the scheme. Two other elements of this work include a digital scope and an affordability plan. The latter being led by WG. The masterplan is contingent on funds from WG. A request will be made in Q4.	Low
Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Commence Technical work in response to the clinical services plan	N	In the absence of requested funds from WG, the SOC has not started.	Chief Executive held a meeting with WG Capital, Estates and Facilities (CEF) Officials to discuss SOFH in mid-September. WG invited CVUHB to an Infrastructure Investment Board on 13/11 to answer questions on how services could be kept running safely if funding for a replacement UHW was not available, and secondly, what other options have been considered. The content for presentation to the IIB is being prepared.	Low
Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Commence economic case and financial case	N	In the absence of requested funds from WG, the SOC has not started.	Presented to WG's Infrastructure Investment Board in Q3. Actions agreed, including the scoping up of a site Masterplan for UHW. Scoping meetings have been held with WG CEF and NWSSP SES officials and shared on 22/12/23. Expect progress to be made in Q4.	Low

Shaping Our Future Clinical Services (SOFCS)

Key area of Focus	Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Baseline assessment	Undertake current baseline assessment of our clinical services, and our future population health need.	Y			
Early engagement and involvement	Hold series of clinical services sessions to develop and test clinical service plan chapters (engagement phase 2)	N	These will now be held in spring/summer 24 as we are currently awaiting the outcome of Plans for UHW2 and discussions with WG, to ensure the scope and timeline set within the Clinical Services Plan are correct	Workshop deferred to 2024 to allow for scope and timeline for Clinical Services Plan roadmap to be confirmed by Programme Board	Low
Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Draft plan engagement	Engage the plan more widely with the public (Phase 3 engagement), amendments and formal signoff. Plan for service level planning	N	As above	As above	Low

Shaping Our Future Community Services (1/2)

Key area of Focus	Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Engagement and Planning for delivery of Integrated Community Care Service	Design intermediate care step-up operating model	N	Due to complexity of the service and focussed development of the Safe@Home (community crisis response) service	Continued focussed efforts to finalise new model and deliver new service	High
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	Health & Wellbeing Centre @ CRI	N	Discussions ongoing with WG to consider submitted OBC and phasing of multiple FBCs	First FBC (Safeguarding and MEP) complete - Revenue costs being reviewed as part of UHB governance approval process ahead of submission to WG	Low
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	Wellbeing Hub @ Park View	Y			
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	Wellbeing Hub @ Eastern Vale	N	Public engagement meeting on 26.06.23 indicated community concerns. Further public drop-in sessions held 23/10/23 & 11/12/23. Site options being explored	Review of potential sites and prioritisation of planned services proposed by public. Further public engagement session being planned.	Low
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	SARC @ CRI	N	OBC submitted to WG. Discussions on CRI site ongoing with WG (see H&WC@CRI above)	Continued discussions with WG	Low

Shaping Our Future Community Services (2/2)

Key area of Focus	Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Engagement and Planning for delivery of Integrated Community Care Service	Detailed 23/24 delivery plans and metrics in place	N	Focus on Safe@Home and financial sustainability review has delayed detailed plans. Regular reporting metrics in place for the programme.	Focus on finalising delivery plans aligned to IMTP and across partners	High
Engagement and Planning for delivery of Integrated Community Care Service	Confirmation of deliverables for Q3	N	Delays in finalising Safe@Home business case to secure funding.	Plans in place for phase 1 start in Jan 2024 with communication and engagement plan alongside this	High
Engagement and Planning for delivery of Integrated Community Care Service	Alignment to Ministerial mandate for Integrated Community Care Service for Wales when published.	Y			
Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Engagement and Planning for delivery of Integrated Community Care Service	Implementation	N	Recruitment and operational planning delayed due to agreement of funding	Funding secured and plans for phase 1 launch in Jan 2024	High
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	Work on Tranche 1 schemes continues	N	Individual component schemes (of Tranche 1) are progressing as identified above	Individual plans are detailed above. Confidence in getting back to green is low overall as WG capital funding is becoming more restricted.	Low

Urgent and Emergency Care (1/3)

Aim: To enable people with urgent or emergency care needs to access safe and high-quality care at the right time, in the right place, by the right team

Key area of Focus	Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Inpatient Flow, Discharge & Front Door	Reduce 21-day length of stay by 5% from Q1 2022 baseline	N	Continued national difficulties with social care and discharges	Current focus on stranded (7day Length Of Stay) and superstranded (21day Length Of Stay) patients. New definition of 'clinically optimised' patients allowing greater focus on discharges. Revised pathways of care within community settings. Continued partnership working around Delayed Pathways of Care.	Low
Alternatives to admission	Reduction of Emergency Department majors' attendances of 5% compared to same period 2022/23	Y	Delivered Q3	Delivered Q3	
Community and Urgent Primary Care	Home Visit (P2) f2f in 2 hours >90%	N	Workforce availability/shift fill for 2nd GP overnight.	Review of demand and capacity	Low
Priority Services	Stroke - 70% patients scanned within 1 hour	N	November was 63%, above the Wales average and improved from Q2	Work ongoing to improve the stroke assessment pathway with stroke and EU teams. Specific focus on pathway for self-presenting patients - with NHS Exec input. Review of medical and Clinical Nurse Specialist workforce models.	High
Priority Services	Hip Fractures - 75% patients admitted to ward within 4 hours	N	High numbers of Emergency Unit attendances. Challenging discharge picture leading to difficulties maintaining flow. November performance was 53%, well above the NHFD average and a significant improvement on 22/23 performance	We have seen improvements to the pathway and the median time to ward has reduced significantly. Rapid # neck of femur pathway (three ring fenced beds on trauma ward, new rapid #NOF protocol triggered via switch). Introduce WAST Direct Pathway – working on new go-live date.	Low

Saunders Nathan
21/03/2024 12:15:52

Urgent and Emergency Care (2/3)

Key area of Focus	Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Inpatient Flow, Discharge & Front Door	Reduce 12-hour ED waits by 50% on Jan '23 baseline	N	We have seen a 24% reduction on the Jan-23 baseline in December 23	12 hour waits have reduced from baseline but remain above our ambition. Embedding improvements following the EU/AU redesign and increased use of medical and surgical SDECs. Additional operational pressures expected as we move through winter.	Low
Inpatient Flow, Discharge & Front Door	Re-establish dedicated AOS beds	N	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	Low
Alternatives to admission	Reduction of ED majors' attendances of 5% compared to same period 2022/23	Y	Delivered Q3	Delivered Q3	
Alternatives to admission	Reduced number of unplanned re-presentations within 7-days of SDEC attendance		Not currently measured as part of the nationally submitted dataset		
Community and Urgent Primary Care	All clusters to have adequate access to Urgent Primary Care Capacity	Y			
Priority Services	Stroke – 90% patients admitted to stroke ward within 4 hours	N	November was 63%, above the Wales average and improved from Q2	Work ongoing to improve the stroke assessment pathway with stroke and EU teams. Specific focus on pathway for self-presenting patients - with NHS Exec input. Review of medical and CNS workforce models.	Low
Priority Services	Stroke – 20% thrombolysis rate	Y	Delivered November 23 (latest available data)		

Urgent and Emergency Care (3/3)

Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Inpatient Flow, Discharge & Front Door	Maintain ambulance handover average lost minutes	Y			
Inpatient Flow, Discharge & Front Door	Reduce 21-day length of stay by 5% from Q3 2022 comparative baseline	N	Continued national difficulties with social care and discharges	Current focus on stranded (7d LOS) and superstranded (21d LOS) patients. New definition of 'clinically optimised' patients allowing greater focus on discharges. Revised pathways of care within community settings. Continued partnership working around Delayed Pathways of Care.	Low
Alternatives to admission	Reduction of ED majors' attendances of 5% compared to same period 2022/23	Y			
Alternatives to admission	Improve % of take managed in Same Day Emergency Care without requiring admission	Y			
Community and Urgent Primary Care	85% appointment utilisation in UPCCs	Y			
Community and Urgent Primary Care	NHS 111 - urgent calls logged and returned within 1 hour > 90%	N	88% average for Q3	Review of demand and capacity	Low
Priority Services	Hip fractures - 85% of patients to theatre within 36 hours of admission		Full Q3 not available. October performance 87%		

Planned Care, Cancer and Diagnostics (1/2)

Aim: To recover, reset and transform planned care, cancer and diagnostic services

Key area of Focus	Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Service Evaluation- Whole System	Undertake high impact evaluations of first three key specialities	Y			
Cancer	>75% compliance with the 62-day Single Cancer Pathway Standard	N	Focus on reducing backlog of long waiting patients has impacted delivery of standard.	Revised plan by tumour site for key stages of the pathway. Use of NHS Executive Cancer SharePoint resources to underpin revised Demand & Capacity modelling. Standardised action plan across tumour sites. Weekly performance management by pathway stage – First contact, Diagnosis and Treatment. Continued analysis of breach reports	Low
Planned Care Performance	New Outpatients- 0 patients waiting longer than 52-weeks in all specialties (excluding allergy, urology, rheumatology, general surgery, ophthalmology, orthopaedics and spines)	N	Revised focus from minister on tackling 2 and 3 year waits	Current focus of elective resources to reduce 2 year Outpatient waits	Low
Planned Care Performance	Total treatment- 0 patients waiting longer than 104 weeks in all specialties (excluding gynae, general surgery, urology, ENT, ophthalmology and spines)	N	Revised ministerial ambitions for 2 and 3 year waits. Industrial action Focus on urgent and Cancer patients	In line with revised ministerial ambitions: Specialties have trajectories for delivery of new ministerial ambition (<3% of patients waiting over 104 weeks by December).	High
Planned Care Performance	Therapies- 0 patients waiting over 14 weeks (excluding audiology)	N	Breaches across 5 specialties	Clear long waiters in five specialties over rest of the year	Low
Primary Care Performance	>95% of practices reporting escalation levels	Y			
Primary Care Performance	>90% of eligible practices offering Clinical Community Optometry Services (CCOS)	N	Contract reform and implementation still in progress	Contract reform and implementation still in progress, implementation from April 2024	Low

Planned Care, Cancer and Diagnostics (2/2)

Key area of Focus	Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Planned Care Performance	Follow up outpatients—reduce 100% delayed follow up by 25% on Jan '23 baseline	Y	Achieved Q3		
Planned Care Performance	See On Symptoms and Patient Initiated Follow Up—10% of appropriate outpatient appointments	N	Uptake of the pathways in limited number of specialties - good progress in specialties which have adopted	Clinical engagement at a senior level. Continued rollout with support from outpatients clinical lead	Low
Primary Care Performance	Dental new contract—achieve 50% of expected target for new patients, urgent and historic	Y			
Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Cancer	>80% compliance with the 62-day SCP standard	N	Focus on reducing backlog of long waiting patients has impacted delivery of standard	Revised plan by tumour site for key stages of the pathway. Use of NHS Executive Cancer SharePoint resources to underpin revised D&C modelling. Standardised action plan across tumour sites. Weekly performance management by pathway stage—First contact, Diagnosis and Treatment. Continued analysis of breach reports	Low
Planned Care Performance	Regional diagnostic hub goes live	N	Mobile solution in place. Procurement exercise ongoing	Mobile solution in place. Procurement exercise ongoing	Low
Planned Care Performance	Diagnostics - 90% of patients within 8 weeks (excluding endoscopy)	N	Increases in radiology and cardiology demand	Recovery trajectories in place, Radiology activity supported by mobile unit.	Low
Planned Care Performance	Go-live with first pathways for straight to test	Y			
Primary Care Performance	10% increase in pharmacy independent provider access	Y			
Primary Care Performance	>95% of eligible practices offering clinical community optometry services	N	Contract reform and implementation still in progress.	Implementation expected from April 2024	Low
Supporting Patients Whilst Waiting	Expansion of services in line with gap analysis	Y	Refocus of national work to '3 Ps' programme and delivery of Single Point of Access from Q1 24/25		

Specialist Services

Aim: To deliver exceptional specialist and tertiary services for our local, regional and national populations

Key area of Focus	Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Waiting Times for Specialist Services	Cardiac & Thoracic Surgery - new outpatients <16 weeks, maintain <52-week treatment	N	Small number of patients >52w for Treatment at end of December	Continued work to balance urgent, routine and longer waiting tertiary patients	High
Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Service Priorities	Cardiothoracic Surgery returns to UHW	N	Delays to delivery of capital plan. Plan for delivery July 24	Plan for delivery July 24	Low

Saunders Nathan
21/03/2024 11:15:52

Children and Women Services (1/2)

Aim: To ensure every child has the opportunity for the best start in life and to provide high quality, safe and patient centred women's services

Key area of Focus	Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Child Healthy Weight and Childrens' Vaccinations	82.9% children up to date with vaccinations (at 4 years old)	N	82.4% for Q1 Q1 figure is only 0.5% off track, so not statistically significant. Post-COVID there was a drop in uptake that is still affecting figures and Cardiff & Vale faces particular challenges of high levels of deprivation and large numbers of ethnic minority communities, both of which are associated with low uptake	Multi-factorial approach, using a com-b (competency, opportunity and motivation to change behaviour) model to address vaccine hesitancy. Delivery impacted by seasonal patterns and fluctuations in vaccinations delivery and uptake. Looking at the last 3 years during the summer months there seems to have always been a drop in uptake compared to the previous quarter. This is likely due to the summer holidays and the fact that the 4 year old cohort is a moving frame where some children leave the group and others join it due to their age.	Low
Key area of Focus	Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Neurodevelopment	Reduce longest wait to <138 weeks	N	Increased demand, and reduced capacity as a result of staffing challenges. In Q2, all patients waiting >= 138 weeks had appointment booked, however, some of the appointments booked were in Q3. High number of expedited patients reducing routine capacity in month.	Active sickness and absence monitoring and wellbeing support provided to the team. Review of capacity across wider professions to offer assessments underway, some additional capacity established from Psychology. Review of expedite criteria. Engaged in the ND Improvement programme and additional monies has been utilised to fund additional posts that are in recruitment. Reviewing options for a "fast track" assessment model similar to that in IAS	Low
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	Reduce SCAMHS Intervention longest wait to no longer than 24 weeks	N	Significant impact on capacity in both Psychological Therapies and Psychiatry due to ongoing vacancies and staff sickness	The service is currently reviewing its Part 1B offer and has opened up discussions with Adult Mental Health for any shared learning opportunities. The service is in the process of developing a psychoeducation offer for children and young people and will recruit an additional 2.00 WTE Band 4 Senior Support Workers to deliver this offer. The service is also exploring opportunities with the Clinical Board for extra capacity within the service	Low

Children and Women Services (2/2)

Children Looked After	Activity for Initial Health Assesments to be increased by 35 per month	N	Total number of health assessments completed in:- July = 102 August = 110 September = 90 October = 121 November = 114 Significant staffing constraints	Implementation of named Health visitors for looked after children to deliver Healthy Child Wales Programme and the completion of health assessments for children aged 0-5 years old. Overtime to be offered to Looked After Children nurses to help clear the backlog. Recharges for health assessments for children and young people placed within C&V from other health boards has commenced. Skill mix to be introduced.	Low
Child Healthy Weight and Childrens' Vaccinations	83.9% children up to date with vaccinations (at 4 years old)	N	80.1% for Q2. Post-COVID there was a drop in uptake that is still affecting figures and Cardiff & Vale faces particular challenges of high levels of deprivation and large numbers of ethnic minority communities, both of which are associated with low uptake	Multi-factorial approach, using a com-b (competency, opportunity and motivation to change behaviour) model to address vaccine hesitancy. Delivery impacted by seasonal patterns and fluctuations in vaccinations delivery and uptake. Looking at the last 3 years during the summer months there seems to have always been a drop in uptake compared to the previous quarter. This is likely due to the summer holidays and the fact that the 4 year old cohort is a moving frame where some children leave the group and others join it due to their age.	Low
Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Maternity Services	Some of the success measures that will be monitored and delivered over time include: C-Section rates and Length Of Stay; Still Birth Rate; SCBU unplanned admissions and occupancy rate	Y	NB. NICU occupancy remains high, with national pressures on neonatal intensive care		
Paediatric Strategy and Waiting Times Improvement	Reduce new outpatient waits to <46 weeks	N	Small number of breaches in one specialty	Plan to improve booking process in-house	High
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	Improve performance against Part 1b of MHM by further 10%	N	Staffing challenges impacting capacity	The service is currently reviewing its Part 1B offer and has opened up discussions with Adult Mental Health for any shared learning opportunities. The service is in the process of developing a psychoeducation offer for children and young people and will recruit and additional 2.00 WTE Band 4 Senior Support Workers to deliver this offer. The service is also exploring opportunities with the Clinical Board for extra capacity within the service	Low
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	Reduce SCAMHS Intervention longest wait to no longer than 12 weeks	N	Staffing challenges impacting capacity	As above	Low
Child Healthy Weight and Childrens' Vaccinations	85% children up to date with vaccinations (at 4 yrs old)		Q3 data not yet available		
Child Healthy Weight and Childrens' Vaccinations	Waiting time for child healthy weight services <14 weeks	N	Longest wait 21 weeks. Demand currently exceeding capacity due to current staffing levels	Change to booking process to reduce DNA rate. Group intervention development.	Low

Mental Health (1/2)

Aim: To continue our mental health transformation with a focus on principles of home first, safe hospital care and improving access to psychological support and specialist teams

Key area of Focus	Quarter 1 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Pathway redesign through co-production, partnerships and integration	Launch of Sanctuary	Y			
Pathway redesign through co-production, partnerships and integration	Planning and governance for new roles in mental health workforce	N	Recruitment freeze on Peer Lead. Funding for CAPs posts Waiting on HEIW strategy development	CAAPs posts identified for UHB Peer Lead and Deputy Peer Lead interviewed and progressing through recruitment	High
Neuropsychiatry	Commence recruitment following WHSSC approval	N	WHSSC funding decision at Management Group has been paused due to current financial context	Await outcome of funding decision- risk assess impact of not progressing	Low
Safety and Stabilisation	Commencement of Royal College of Psychiatry (RCP) review	N	Safety and Stabilisation now Business as Usual. RCP review completed, awaiting report from RCP- delayed due to RCP sickness	Delays not due to C&V	High
Key area of Focus	Quarter 2 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Pathway redesign through co-production, partnerships and integration	Development of business case for Shared Lives.	N	Business case currently being commissioned from Shared Lives	Completion of business case and submission by July 2024	High
Pathway redesign through co-production, partnerships and integration	Pathway redesign for longest psychological therapy waiting lists	N	Summit held for PTSD pathway- follow up summit required. Primary Care Counselling referrals reducing and longest waits are being removed from waiting list.	This work is ongoing- our Lived Experience team is working with our Psychological Therapies teams to provide alternative offers for people on waiting lists. There are multiple pathways in the Psychological therapy waits. The longest waits have been removed from the list in recent months. Within the next quarter there will be more work on the pathway redesign towards implementation for the PTSD service in Q2 2024.	High

Mental Health (2/2)

Pathway redesign through co-production, partnerships and integration	Recruitment of Intentional Peer Support Lead	Y			
Pathway redesign through co-production, partnerships and integration	Physician's Associate recruitment	N	No applicants	Workforce support to understand why there were no applicants for mental health PAs	Low
Neuropsychiatry	Develop working models of care.	N	WHSSC decision to delay 2a business case	Recruitment of Speciality Doctor and review of day service provision towards an assessment model required. Developed KPI activity monitoring with WHSSC, to include capture of Liaison activity	Low
Neuropsychiatry	Implement integrated working team	N	WHSSC decision to delay 2a business case	Review of options available to team within current resource	Low
Safety and Stabilisation	Focus group synthesis of evaluation and engagement with national Suicide and Self Harm Strategy group	Y			
Key area of Focus	Quarter 3 - Measures of Success- What did we say we would do?	Delivered (Y/N)	Reasons off track?	Plan To get Back to Green	Rate confidence on ability to get back to green by next quarter?
Pathway redesign through co-production, partnerships and integration	Post evaluation roll out of single point of routine entry to Adult Community Mental Health	N	Data gathering needs presentation at Community Summit Pt2	Collate results and present	High
Pathway redesign through co-production, partnerships and integration	Reduced out of area bed usage	Y			
Neuropsychiatry	Submission of Part 2b Business Case	N	Not achievable with current WHSSC position	Business case not accepted by WHSSC	Low
Safety and Stabilisation	Commencement of action plan for Suicide Mitigation implementation	Y			

Section 3: Financial Measures

This snapshot is taken from our February Integrated Performance Report

Saunders Nathan
21/03/2024 12:15:52

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 £40.3mCovid consequential costs of £34.2m & additional energy costs of £11.5m23/24 Demand and cost growth and unavoidable investments of £48.8mAllocations and inflationary uplifts of £14.4mA £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 £88.400m10% Improvement required £8.840mRecurrent Covid Legacy Funding £20.300m & Inflationary Uplift £25.100mNon recurrent Inflation Uplift £10.100m & Energy Funding £7.600mRevised Financial Forecast Deficit £16.460m <p>At month 10, the UHB is reporting an overspend of £17.394m . This is comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (ten twelfths of the revised forecast year end deficit of £16.460m).</p>	Jan-24	<table><thead><tr><th></th><th>Month 10 Position £m</th><th>Forecast Year-End Position £m</th></tr></thead><tbody><tr><td>Planned deficit</td><td>13.717</td><td>16.460</td></tr><tr><td>Savings Programme</td><td>1.071</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>2.606</td><td>0.000</td></tr><tr><td>Financial Position £m (Surplus) / Deficit £m</td><td>17.394</td><td>16.460</td></tr></tbody></table>		Month 10 Position £m	Forecast Year-End Position £m	Planned deficit	13.717	16.460	Savings Programme	1.071	0.000	Operational position (Surplus) / Deficit	2.606	0.000	Financial Position £m (Surplus) / Deficit £m	17.394	16.460
	Month 10 Position £m	Forecast Year-End Position £m																
Planned deficit	13.717	16.460																
Savings Programme	1.071	0.000																
Operational position (Surplus) / Deficit	2.606	0.000																
Financial Position £m (Surplus) / Deficit £m	17.394	16.460																
Delivery of recurrent £32m savings target	<p>At month 10, the UHB has identified £32.590m of green, amber and red savings against the £32m savings target.</p> <p>The month 10 position includes a Savings Programme variance of £1.071 due to the shortfall in delivery against some schemes. This is expected to be recovered, supported by 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 deliver the £32m 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>	Jan-24	<p>Graph 1 – Profile of Savings Delivery</p> <p>Graph 2 - Progress of Identification of Schemes</p>															

Saunders Nathan
21/03/2024 12:15:52

Priority	Performance Summary	Reported Period	Data
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Jan-24	<p>Performance against Capital Resource Limit £m</p> <p>Y-axis: 0m to 60m. X-axis: May-23 to Jan-24. Legend: Annual Capital Resource Limit (CRL) (blue line), Cumulative Charge against CRL to Date (orange line).</p>
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 January was 96.99% as illustrated in the graph to the right.	Jan-24	<p>Public Sector Payment Compliance</p> <p>Y-axis: 92.000% to 98.000%. X-axis: Dec-22 to Jan-24. Legend: PPSPP (blue line), Target (orange line).</p>
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>	Jan-24	
Maintain Positive Cash Balance	<p>The closing cash balance at the end of January 2024, was £5.523m.</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 £27m @ month 10. <p>Discussion is ongoing with Welsh Government to provide cash support for these four areas</p>	Jan-24	<p>Cash Balance £m</p> <p>Y-axis: 0m to 12m. X-axis: Nov-22 to Jan-24. Legend: Cash Balance (blue line), Target (orange line).</p>

Saunders Nathan
21/01/2024 12:15:52

Section 4: People and Culture Measures

Saunders Nathan
21/03/2024 12:15:52

Quarter 3 Summary - People and Culture Plan

Aim: to deliver an inclusive, engaged, sustainable and responsive workforce

28 specific milestones were set out for delivery in Q3 of our 2023/2024 People and Culture Plan.

Of those:

- 4 were fully achieved (14.3%)
- 6 were not achieved, but with high confidence that the milestones could be recovered by Q4 (21.4%)
- 18 were not achieved and with low confidence that the milestone could be recovered by Q4 (64.3%)

The key challenges underpinning milestones that were not achieved and with low confidence in return to green by Q4 are:

- Preparatory work and data capture work taking longer than expected
- Recognition of further work needed around some of the original milestones set
- Engagement work has revealed the need to refocus/review some areas
- Awaiting guidance from national schemes (Welsh Government / Health Education and Improvement Wales)
- Low capacity and financial restraints

Key area of focus	Qtr 3 – Measures of Success – What did we say we would do?	Delivered Y/N	Reasons off track?	Plan to get back to Green	Rate confidence on ability to get back to green by next quarter?
Attract & recruit	Reduce time to shortlist to 7 days	N	December reported an improvement from 9,1 to 8.1 days to shortlist applications but there is further work to do.	A new performance report has been developed to focus on providing key data on recruitment timescales to enable local performance management.	Low
	Maintain zero Health Care Support Worker agency position	Y			
	Implement HealthRoster for Facilities by 12/23.	N	Data cleansing and preparation currently taking place before implementation and is taking longer than anticipated. Partial implementation has occurred in areas which were previously on old e-rostering system (Rosterpro)	Currently working with facilities to complete preparatory work and data analysis. New implementation date of April 2024 now entered into e-rostering/HealthRoster implementation Plan	Low
Retaining our People	Implement and embed Health Education and Improvement Wales (HEIW) Retention Plan, self-assessment tool	N	Nursing plan required consolidating with UHB plan to include all staff groups.	Band 8A Retention Lead commencing in February and will finalise and implement plan.	Low
	Implement health and care joint induction	N	Social care has been approached and do not want to explore a joint induction at present but we are progressing joint training with Care Homes.	HEIW funding has been secured for an additional facilitator post for 2023/24 and will be requested for next year so we have the infrastructure in place should the social care position change.	Low
	Deliver and promote a new Speak up Safely Framework	N	Assessment undertaken & submitted to WG on 30/10/23. Review of routes available for staff to raise concerns/issues conducted. Exec lead is Director of Corporate Governance and People & Culture team are working closely with him	Freedom to Speak Up (FTSU) continues to operate and is fulfilling the principal function of Speak Up Safely (SUS); therefore, there is no lack of facility within CAV. The working group continues to meet with a view to formally launching the framework in Q4	High
	Implement and embed Welsh Government (WG) preceptorship	N	The WG Preceptorship principles are yet to be released.	Pockets of great work within Clinical Boards. Practice Development Nurses to feedback and education team to measure against Nursing & Midwifery Council (NMC) Principles to identify areas of focus and ensure uniform approach.	High

Saunders Nathan
21/03/2024 12:15:52

Key area of focus	Qtr 3 – Measures of Success – What did we say we would do?	Delivered Y/N	Reasons off track?	Plan to get back to Green	Rate confidence on ability to get back to green by next quarter?
Wellbeing	Consistent approach to avoidable employee harm, supported by process review and access to support.	N	Although work has been progressed re avoidable harm in HR processes, it is recognised this requires a broader lens and will require further development.	To be discussed at Health & Wellbeing Steering Group as a priority. Task and finish group to be established.	Low
	Evaluation of CAV / CTM Occupational Health collaborative working.	Y			
	Initial review of peer support programmes.	N	Sustaining Resilience at Work (StRAW) Peer Review Programme in very early stages (Children and Women's Clinical Board)	Refocus on implementation has commenced, review after 6 months (August 2024)	Low
	Review trauma wellbeings support for staff to ensure consistent and safe practice	N	Fast-Track Trauma pathway in place and working well.	Meeting scheduled for Q4 with Pathway Lead and Head of People Health & Wellbeing Service. Further work required on trauma support outside of pathway.	Low
Equality, Inclusion & Welsh Language	Develop and implement the workforce actions in LGBTQ+ Action Plan	N	Focus has been on Strategic Equality Plan (SEP) consultation and Anti Racist Action plan (ARAP) implementation.	There will be a refocus on this following SEP engagement and will move into Q1 for 24/25	Low
	70% of recruitment adverts & Job Descriptions translated into Welsh.	N	Focus has been on timely responses to Welsh Language (WL) Commissioner and support for targeted areas.	A working group has been established to review current Welsh language recruitment systems and practices.	Low
	Improve rate of provision of all Equality, Diversity & Inclusion (EDI) data to 70%.	N	Team focus has been on SEP engagement and shaping.	Following publishing of the SEP, there will be increased focus in improving EDI data capture through the campaign.	Low
	Stonewall submission	N	Limited team capacity has led to the prioritisation of legislative requirements. Also, LGBTQ+ network currently without committee.	Decision made not to submit due to capacity required to focus on priorities (SEP / WL Standards)	Low
	Progress Anti-Racist Action Plan (ARAP)	N	Team focus has been on SEP engagement and shaping.	A member of the People & Culture Team is reviewing the ARAP with action leads and seeking to create greater governance and accountability for the plan.	High
	Collaboration to review effectiveness of Equality and Health Inequalities Impact Assessment (EHIA) paperwork and process	N	Work is being undertaken on an all Wales basis.	The Head of Equity and Inclusion will continue to support and participate in the EIA task and finish group established by the NHS Wales Equality Leadership Group.	Low

Key area of focus	Qtr 3 – Measures of Success – What did we say we would do?	Delivered Y/N	Reasons off track?	Plan to get back to Green	Rate confidence on ability to get back to green by next quarter?
Education, Culture and OD	Enhance coaching network capacity	N	Challenges with individual completion of qualifications and release to access coaching.	Coaching network has been reviewed, supervision arranged for coachees, and a plan in place to develop capacity further in 2024/25.	High
	Achieve 85% compliance for statutory and mandatory training	N	Compliance increased slightly to 81.60% in Dec 23.	Improvement plans discussed at Clinical Board reviews, making progress towards achieving the target of 85% by end of March.	High
	Implement & embed talent management processes	N	Team focus has been on Culture and Leadership Programme and supporting Clinical Boards to complete Vale Based Appraisals (VBAs).	HEIW Community of practice scheduled to start meeting 31 st Jan 2024. Plan to develop tools and embed shifted to 2024/25.	Low
	Analysis and communication of the NHS Wales Staff Survey.	N	High level results (organisational) not anticipated until 19 th February. Training for further analysis not until April 2024.	HEIW Training for further analysis not planned until April 2024. Overarching themes available Feb and will be communicated.	Low
	Mid-point evaluation of leadership and management programmes, and bite-size learning.	N	Evaluation of Management programmes ongoing. Leadership programmes paused due to review.	Review of Leadership and Management development offers scheduled for Q4.	Low
	Train an additional 25 managers/leaders in workforce planning	N	Head of People & Culture (HoPC) with a special interest in Strategic Workforce Planning (SWP) left the UHB in Jul 23. We have not been able to recruit into this role due to financial constraints	There is no capacity within the current team to deliver this training. HEIW have been approached for support, they are launching an online training package by March 2024 which we can utilise.	Low
	Provide training for managers and users in the correct use of Electronic Staff Record (ESR) system	N	Training Needs Analysis undertaken, but no offerings yet made for managers. ESR Team staff absences has delayed implementation.	Team still at 40% capacity but we are hopeful that this will improve from Qtr 1 24/25 as a result of staff returning to work.	Low
	Achieve 85% Values Based Appraisal target by Sept 23	N	VBA compliance has increased very slightly in Dec 23 to 68%	Revisited in Clinical Board Reviews and each area aiming for 85% end of March 23	High

Saunders Nathan
21/03/2024 12:15:52

Key area of focus	Qtr 3 – Measures of Success – What did we say we would do?	Delivered Y/N	Reasons off track?	Plan to get back to Green	Rate confidence on ability to get back to green by next quarter?
Shaping our Future Workforce	Recruit & train an additional approx. 30 Assistant Practitioner, ward areas	Y	Target exceeded as 48 have now been recruited and recruitment to further posts is ongoing.		
	Provide targeted training for managers in use and interpretation of staffing analytics reports as provided via SharePoint.	N	Training Needs Analysis undertaken, but no offerings yet made for managers. ESR Team staff absences has delayed implementation.	Review workload priorities in order to commence training provision, and look at additional/alternative approaches.	low
	£8m cost reduction programme relating to reduction in temporary workforce expenditure and workforce redesign.	Y	On track to deliver £9.3million of savings		

Saunders Nathan
21/03/2024 12:15:52

Report Title:	Capital, Estates & Facilities Risk Registers			Agenda Item no.	6.10
Meeting:	UHB Board	Public	√	Meeting Date:	28/03/2024
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Capital Estates & Facilities				
Main Report					
Background and current situation:					

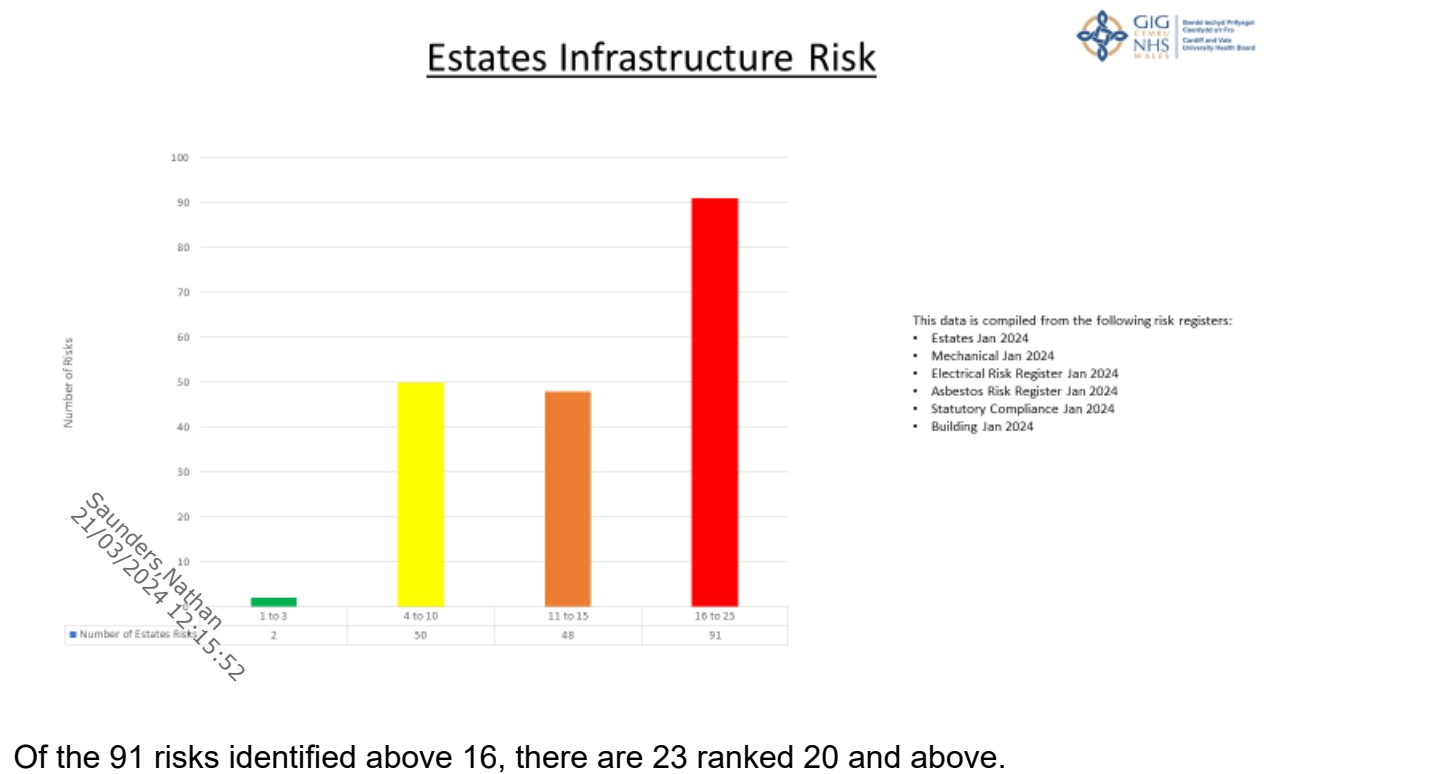
Background

The purpose of the report is to provide the Board with a breakdown of the risks relating specifically to Estate and Infrastructure identified by Capital, Estates & Facilities (CEF). In addition, following the operation ‘POET’ exercise undertaken in September 2023, and an outcome of the lessons learned review undertaken by CEF, was that a comprehensive survey of Estate infrastructure would be beneficial to identify and further risks. The initial outcomes of this work have been reviewed and the findings included in the paper.

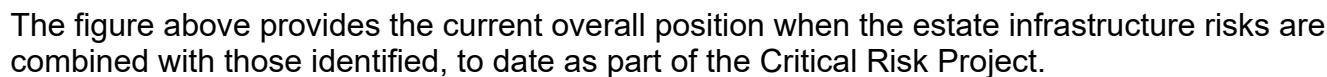
Current situation

The Service Board hold a central risk register for all 18 departments within the its portfolio which are reviewed at department level on a monthly basis with a 6 monthly workshop where the Service Board review all risks above 16. In addition, all departments are encouraged to identify ongoing risks within their weekly status reports, however, however these are generally operational risks which are mitigated immediately.

CEF were required, as all other Service Boards to provide a risk register on a bi-monthly basis highlighting all 15+ risks. However, following discussions with Corporate Governance, confirmation was received in April 2021 from Risk and Regulation that going forward only risks scoring 20 and above needed to be reported and this would be reflected in their strategy and procedures



Appendix 2 attached provides a schedule of the findings of the critical risks project with the associated risk rating. It is anticipated that this work will continue for a further 6 months with the CEF team reviewing the findings and identifying the risks on a cycle of 25 completed surveys. On completion of the project the risks identified from the process will be incorporated into the overall Estate risk register which will then be reviewed further to rank the risks for investment.



- The work being undertaken by CEF is essential to provide the Board with a definitive overview of the risks associated with the engineering and building infrastructure across the estate.
- The information is currently, and will continue, to be used when considering the discretionary capital allocation, although it must be recognised that the level of funding available is wholly inadequate to address the necessary mitigation works.
- Where potential critical failures have been identified, WG have provided financial support to progress schemes. Most recently, the UHB have received funding to enhance the electrical resilience of the Tertiary Tower Electrical supply, the replacement of a main switchboard at UHW, replacement of 19 lifts serving the ward blocks at UHW, replacement of gas boilers at UHL and the refurbishment of the Mortuary at UHW which will ensure compliance with the requirements of the Human Tissue Authority.
- The outcome of the project is an important element for the development of the revised UHB Estate Strategy, to inform the priority areas for investment until the Future Hospitals Programme is realised.

Recommendation:

The Board are requested to:

NOTE: The ongoing work being undertaken by CEF to establish all Critical and high risks associated with the UHB Estate

NOTE: The processes introduced by CEF for monitoring and managing the risks included on its departmental and Service Board risk registers

SUPPORT: The ongoing 'Critical Risk' project being progressed and the process for the prioritization of risks for future investment

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

As detailed in appendix risk register

Safety: Yes

Some risks do have safety implication that is currently being managed.

Financial: Yes

Most risk do incur funding, hence the application for external funding via EFAB and WG 'AI Wales' Capital funding via Business case submissions

Workforce: No

Legal: Yes

Statutory compliance failures could lead to HSE involvement

Reputational: Yes

Patient complaints and press reports are on occasion received


Socio Economic: Yes/No NO

Equality and Health: Yes/No NO

Decarbonisation: Yes/No NO	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders Nathan
21/03/2024 12:15:52


APPENDIX 1



Critical Risk

Cardiff & Vale UHB

Capital Estates & Facilities



Conducted by	Ian Fitsall	Ref	25
Date	December 2023		
Location	UHL Main Boiler house rear of hospital		
Equipment	Steam raising boilers 1 and 3		
Criticality	Critical all year as main source of heating and hot water generation for UHL		
Purpose of equipment	There are three steam raising boilers at UHL (number 2 just replaced) the boilers raise steam by burning gas and boiling the water to generate steam under pressure for distribution around the hospital. Steam is a good source of heat transfer and is used for generating hot water >60 ⁰ c heating at 80 ⁰ c and autoclaving for sterilization for theatre instruments.		
Description of risk	<ul style="list-style-type: none">Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.Parts are obsolete and repairs have become harder to instigate and effect reliability.Main suppliers wont support due to age of boilersCost of extended maintenance and time spent hire etc.Next failure could result in several critical parts being non repairable.Lack of expertise or contractors to be able to assist reliant on one companyCritical spares unavailable		
Mitigation	<ul style="list-style-type: none">Boiler 2 upgraded for new boiler due on-line December 2023Temporary boiler connected as insurance back upLocal company sourcing spare partsWelsh government case for money and upgrades and replacement early 2024Regular checks and maintenance carried out		
Remedials	<ul style="list-style-type: none">Boiler 2 due on line completely new installationReplacement upgrade of boiler 1 and 3Source spare parts in interim		

Saunders,Nathan
21/03/2024 12:15:52



Cost estimate

Over £1 million bid to replace and upgrade

Notes

With boiler 2 going on line greater reliability will be given. Temporary boiler offers big mitigation for fragility of boilers 1 and 3. Fred Rogers of Swansea always respond to assist with specialist knowledge for breakdowns and repairs.

photographs



Saunders Nathan
21/03/2024 12:15:52



Risk Rating

Initial risk

- Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop.
- Parts are obsolete and repairs have become harder to instigate and effect reliability.
- Main suppliers won't support due to age of boilers
- Cost of extended maintenance and time spent hire etc.
- Next failure could result in several critical parts being non-repairable.
- Lack of expertise or contractors to be able to assist reliant on one company
- Critical spares unavailable

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20

Mitigation

- Boiler 2 upgraded for new boiler due on-line December 2023
- Temporary boiler connected as insurance back up
- Local company sourcing spare parts
- Welsh government case for money and upgrades and replacement early 2024.
- Regular checks and maintenance carried out

Risk after mitigation

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major					X
3-Moderate					
2-Minor					
1-Negligible					
score					20



Risk Rating

mitigation after all works implemented

- Replace boiler number 3 completely with new controls and associated ancillaries
- Replace all ancillaries on boiler number 1 leaving just the shell.
- Boiler house will have 2 complete new boilers and an upgraded boiler to modern standards.

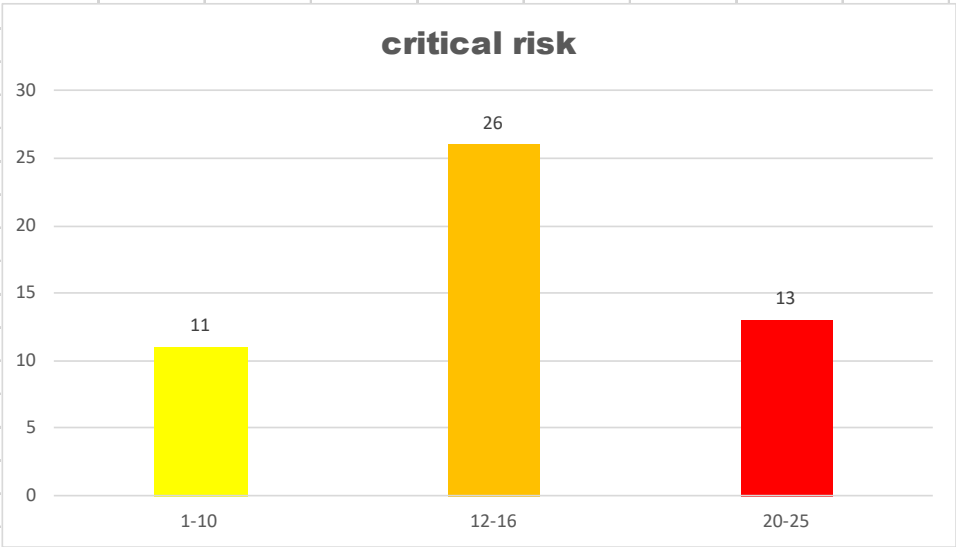
Final Risk

Consequence score	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 likely	5 Almost certain
5-Catastrophic					
4-Major		X			
3-Moderate					
2-Minor					
1-Negligible					
score		8			

APPENDIX 2

DESCRIPTION	RISK NUMBER	SCORE																
1. HIGH VOLTAGE GENERATOR UHW	1	16																
2. HIGH VOLTAGE LOAD SHEDDING UHW	2	25																
3. MEDICAL GAS 4 BAR AIR MANIFOLD UHW	3	16																
4. DOMESTIC HOT WATER FEED PIPES UHW	4	12																
5. GAS SHUT OFF VALVES IN BOILERHOUSE UHW	5	5																
6. COLD WATER INCOMING STORAGE WATER TANK UHW	6	6																
7. MAIN COLD WATER MAIN PUMPED UHW	7	20																
8. ESTATES OXYGEN SUPPLY PIPES UHW	8	16																
9. PUMPED MAIN PUMPS UHW	9	4																
10. TOWN WATER MAIN UHW	10	16																
11. TOWN WATER MAIN BOOSTER PUMP UHW	11	12																
12. MAIN BOILER HOUSE CHIMNEY UHW	12	12																
13. DENTAL AND BOILERHOUSE ELECTRICAL BACK UP UHW	13	8																
14. UHW BOILERHOUSE FUEL OIL FILTRATION AND PUMP SET UHW	14	6																
15. BOILERHOUSE BLOWDOWN VESSEL UHW	15	20																
16. MAIN DOMESTIC HOT WATER PLATE HEAT EXCHANGER UHW	16	16																
17. LOW TEMPERATURE HOT WATER CIRCULATING PUMPS OFF BOILERS UHW	17	9																
18. HEATING UNDERGROUND PIPEWORK UHW (UHB WIDE)	18	8																
19. MAIN BOILERHOUSE CHIMNEY UHL	19	20																
20. MAIN STEAM DISTRIBUTION HEADER UHL	20	12																
21. GAS MAIN FEEDING BOILERHOUSE UHL	21	16																
22. MAIN WATER BREAK TANK UHL	22	9																
23. MAIN HEATING CIRCULATING PUMPS UHL	23	9																
24. ROOKWOOD WARDS HEATING CIRCUIT UHL	24	6																
25. STEAM BOILERS 1 AND 3 UHL	25	20																
26. HOTWELL TANK UHL	26	20																
27. MAIN HEATING PLATE EXCHANGERS AND EQUIPMENT UHL	27	16																
28. HIGH VOLTAGE DISTRIBUTION MAIN BOARD UHW	28	20																
29. BOILER CONTROLS AND ANCILARY FITTINGS UHW	29	16																
30. MAIN HEATING CIRCULATING PUMP UHW	30	12																
31. LAKESIDE CFPD POWER DSS5 UHW	31	16																
32. WATER SUPPLY TO MAIN TOWER UHL	32	12																
33. COLD WATER MAKE UP TO BOILERS UHL	33	12																
34. EAST 7&8 LOW VOLTAGE GENERATOR UHL	34	20																
35. MAIN HEATING FEED AND EXPANSION TANK UHL	35	16																
36. CHLORINE DIOXIDE PLANT UHW	36	12																
37. BOILER WATER TREATMENT PLANT UHW	37	9																
38. MAIN STEAM HEADER LOWER GROUND VALVES UHW	38	25																
39. WASTE HEAT BOILER NUMBER 6 UHW	39	12																
40. MAIN COMPRESSORS AND DRIER (INDUSTRIAL) UHW	40	12																
41. MAIN HIGH VOLTAGE INTAKE UHL	41	15																
42. MAIN HIGH VOLTAGE INTAKE UHL	42	20																
43. MAIN HYDRO POOL PLANT UHW	43	15																
44. WARD SERVICES REGULATION 18 AREAS UHL	44	12																
45. FIRE MAIN UHW	45	12																
46. CAVOC PLATE HEAT EXCHANGER (STEAM) UHL	46	20																
47. THEATRES MAIN DISTRIBUTION SUPPLY PANEL UHW	47	15																
48. MAIN FUSE BOARD ENTRANCE TO JBIOS UHW	48	25																
49. MAIN THEATRES UPS UHW	49	12																
50. CHFW PASE 1 COLD SOTARGE TANK UHW	50	20																

low	1-10	11
medium	12-16	26
high	20-25	13



Saunders Nathan
21/03/2024 12:15:52

Report Title:	Findings of the Bevan Commission – A Conversation with The Public Report			Agenda Item no.	6.11
Meeting:	Board	Public	X	Meeting Date:	28.03.2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval		Information
Lead Executive Title:	Abigail Harris – Director of Strategic Planning				
Report Author (Title):	Sarah Tipping – Head of Strategic Partnerships and Engagement				
Main Report					
Background and current situation:					
<p>The Bevan Commission is an independent panel of 24 internationally renowned expert Commissioners who give their time freely to Wales, from a variety of disciplines including industry, NHS, local government, armed forces, academia and the third sector. It is committed to ensuring Wales can achieve its ambition of building sustainable, integrated health and care services that meet the needs of people across our villages, towns and cities, positioning Wales amongst the best systems in the world.</p> <p>The Bevan Commission continues to draw upon the expertise and insights of the Bevan Commissioners, and have evolved to apply their thinking and learning to facilitate and guide health and care transformation in organisations across Wales and internationally. Bevan Commission thinking now influences national governments and health systems across Europe, Australasia and North America.</p> <p>In light of the challenges faced in the Welsh health and social care sector, in Autumn 2023 the Bevan Commission began a series of public conversations in each Welsh Health Board's locality, supported by Llais, NHS Health Boards and Trusts. This work consisted of an online survey and event, speaking to members of the public on the streets of Wrexham, Swansea and Pontypridd as well as 'townhall' style conversations in Llandudno, Brecon, Carmarthen, Newbridge, Barry, Swansea/Neath Port Talbot, and Merthyr Tydfil.</p> <p>During these events, groups talked through the challenges that the health and social care sector is facing, and discussed how things could be improved and sustained in the future with attendees.</p> <p>The results of the survey and events have now been published in the form of one national report and one local report for each health board area.</p> <p>The Cardiff and Vale local report highlights seven key themes:</p> <p>1. Prevention, Early Intervention and Lifestyle</p> <p>Health behaviours and health outcomes were discussed in relation to social factors and inequalities. Attendees pointed out the need for more and targeted prevention, early intervention and education to support people in achieving healthy lifestyles. Lifestyle factors were recognised as being associated with poor conditions, lack of access to opportunities and education for a healthy lifestyle.</p> <p>2. Shared Responsibility</p> <p>It was acknowledged that “a lot of groundwork, education and support” is needed to enable and support this, as often people do not have the knowledge or skills to help themselves.</p> <p>3. Wider Determinants of Health</p> <p>The wider social determinants of health relate to various external factors, such as employment, housing, deprivation, and rurality. Public health outcomes are determined by the quality of services,</p>					

poor services impact public health. These represent barriers to health and wellbeing and need to be addressed with a cross-sectoral approach.

4. Communication

Communication with people, lack of access to information, and lack of coordination of communication within and across the NHS and social services were recurrent issues. Communication among patients and professionals and inclusiveness of communication were also viewed as being part of the problem.

5. Services and Support

There was a general agreement that the way services are delivered and organised needs to change. The lack of joined-up care and personalised view of individuals results in inefficiencies and poor health outcomes. It is widely accepted that resources should be better used, coordinated, and regularly monitored.

6. Demographics

People's concerns about nurturing the younger generations were as much discussed as the complexities of service provision for the elderly population.

7. Workforce

Attendees pointed out the carer's role, which needs to be recognised and supported – this was a shared experience.

Overall, the findings of the report tell us that people across both Cardiff and the Vale and Wales want to engage more in issues related to their health and social care, where they clearly see the need for change and are willing to support others to realise this. The report highlights that the public has some interesting views – the appetite for radical change, for example, the willingness to question some of our 'traditional thinking' and frustration with a system that often seems unnecessarily complex.

Acknowledgment of the voices of patients, people, and staff is a recurrent need expressed in the messages that have come out of this work. There is a willingness amongst the public to share responsibility and to share lived experiences of people, having their voices heard.

It is important that as an organization we consider the feedback of this report and how we are tackling the issues that are highlighted within in, particularly around public engagement and patient voice.

In November 2023 the board approved the ["Co-production, Engagement and Consultation"](#) framework and toolkit. This framework sets out our approach as an organization to public engagement by working to ten key principles:

1. Our engagement activity is designed to make a difference
2. We invite and encourage involvement without pressure
3. Our engagement activity should be planned and delivered in a timely and appropriate way
4. We utilise partnerships
5. We keep information clear and easy to understand
6. We make it easy for people to take part
7. We ensure that people benefit from the experience
8. We resource the activity properly
9. We keep people informed
10. We evaluate, learn and share

By working to these principles we can ensure that we are conducting meaningful engagement activity across the organization.

As part of this work the UHB has also commissioned The Consultation Institute to develop a training package to sit alongside the framework, this will allow colleagues to have access to an eLearning platform that will help them plan and deliver meaningful engagement work.

We have also recently reviewed our long-standing *Strategic Communications and Engagement Group* that oversees this work across the organization. This group enables us to have clear oversight of what activity is happening, where and the risks involved. This helps us plan and deliver engagement activity in a joined-up way and to share best practice amongst colleagues. The group works in partnership with the framework, helping support colleagues to deliver on our principles.

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

In our refreshed strategy, Shaping Our Future Wellbeing to 2035, we set out the importance of engaging effectively with our local communities, people who use our services and the colleagues who work in our services as well as key partners, such as local authorities and neighbouring health boards to help us shape how we transform our services to ensure we meet the strategic objectives set out in our strategy. The [“Co-production, Engagement and Consultation”](#) framework and toolkit sets out how we will strengthen our approach to co-production and engagement, including where it is appropriate to undertake this work jointly with partners. Llais will be a key partner supporting us to progress this work. The Bevan Commission’s findings provide a helpful assessment of the public’s appetite for and recognition of the need for more radical transformation of our services if we are to enable people to live healthy lives, and that our services deliver outstanding quality and patient outcomes for those who need those services.

Recommendation:

The Committee is requested to:

- a) Note the findings of the report.
- b) Reaffirm commitment to and note the approach taken to develop our approach to future public engagement.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “X” in the below boxes as relevant

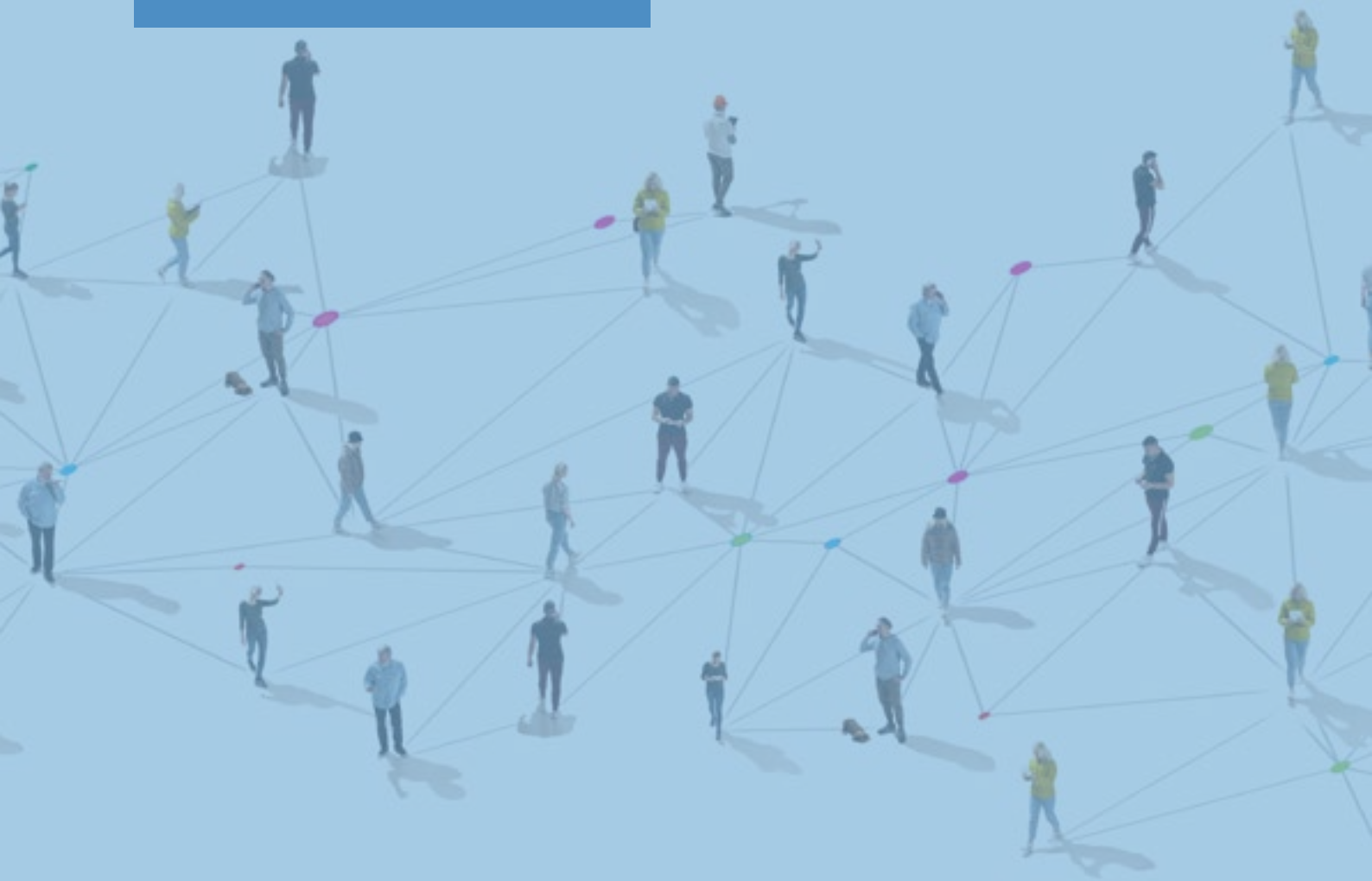
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver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

Five Ways of Working (Sustainable Development Principles) considered

Please place an “X” in the below boxes as relevant

Prevention		Long term		Integration		Collaboration		Involvement	X
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: No									
Safety: No									
Financial: No									
Workforce: No									
Legal: No									
Reputational: No									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Saunders,Nathan
21/03/2024 12:15:52



A Conversation with the Public

Challenges and Opportunities for change

January 2024

Saunders, Nathan
21/03/2024 12:15:52

ACKNOWLEDGEMENT

THE BEVAN COMMISSION WOULD LIKE TO THANK PROFESSOR MARCUS LONGLEY FOR HIS ENORMOUS CONTRIBUTION AND FACILITATION OF THE CONVERSATION WITH THE PUBLIC, AS WELL AS PROFESSOR MARK LLEWELLYN, UNIVERSITY OF SOUTH WALES FOR HIS VALUABLE INPUT AND SUPPORT.

The Bevan Commission would also like to offer our sincere thanks to all the participants for giving their time and insights to inform this work.

This report was written in collaboration with The Welsh Institute of Health and Social Care.

Saunders, Nathan
21/03/2024 12:15:52

CONTENTS

00

Executive Summary	02	Services and Support	34
		Coordination of Services:	34
		Support:	35
SECTION 1: A Conversation with the Public	07	People across communities	38
Background:	08	Ageing Population:	38
What we know from other similar studies:	09	Children and Young People:	39
What we know from recent polls across the UK:	10	Resilience:	40
What people in Wales think:	12	Workforce	42
Methodology	13	Workforce Challenges:	43
Ethical Approval:	13	Social Care Issues Affecting Workforce	44
Public Involvement:	13	and Service Outcomes:	
Findings	18	Third Sector and Volunteers:	44
Prevention, Early Intervention and Lifestyle	19	SECTION 2: Survey Findings	47
Prevention and Early Intervention:	19	National Survey Results	49
Lifestyle factors:	20	Representative Survey – Key Insights	51
Shared Responsibility	22	SECTION 3: Message to the Minister	53
Wider Determinants of Health	26	– Key Issues	
Deprivation:	27	SECTION 4: Observations	56
Housing, Local Environment and Services:	28	SECTION 5: Conclusions	62
Work-Life Balance, Social Isolation and	28	ANNEXES	64
Mental Health:			
Communication	30		
Access to information:	31		
Lack of joined up systems:	31		
Inclusion and Diversity:	32		

Saunders, Nathan
21/03/2024 12:15:52

EXECUTIVE SUMMARY

The *Conversation with the Public* was led by the Bevan Commission, Wales' leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales, and one event was conducted online. This aimed to engage local people in an open and honest conversation about their health and wellbeing and the future of health and social care services; setting out the current context for health and social care and drawing insight from their experiences, understanding and expectations, to help identify solutions for the future.

To achieve this, a multilayered engagement approach was designed, incorporating both in-person and survey-based data collection techniques, ensuring where possible, both richness and representation in response. Face-to-face town hall style events were conducted locally in each of the seven health board areas across Wales, engaging directly with around two-hundred citizens, whilst national level surveys were disseminated through multiple means, receiving upwards of two-thousand responses.

This report captures the voices and opinions of the people of Wales. It has provided a new level of insight and understanding related to the Welsh public's perspectives on core issues associated with their wellbeing and the provision of health and social care services in Wales. Further ongoing work will be needed to build upon these findings to ensure wider representation of the voices of people across Wales is achieved.



**PEOPLE WANT TO BE HEALTHY AND
LIVE LONG AND FULFILLED LIVES BUT
NEED HELP TO DO THIS. IT NEEDS TO
BE SIMPLE, ACCESSIBLE, AND EASY
TO ACCESS SERVICES. AT ALL AGES,
ABILITIES, AND BACKGROUNDS**

Saunders-Narrien
21/05/2024 12:15:52

Conversations at town hall events demonstrated a strong and common desire for systemic change at local, organisational, and national levels. This was accompanied by a clear recognition of shared responsibility, including citizens' own personal and collective responsibilities to inform and support the changes needed, through individual and community action. To enable this, members of the public expressed a need for better communication alongside clear direction, guidance, and support from practitioners and policy makers alike.



Analysis of the key factors affecting the health and wellbeing of people and communities across Wales identified the following seven consistent themes (alongside examples of sub-themes sitting within each). Despite slight regional variation, as to be expected, there was a strong consensus across all eight events, providing a robust framework and evidence base to support subsequent action.

- 1. Prevention, Early Intervention and Lifestyle:** The need for greater investment in preventative services to improve health and reduce demand on primary, secondary and social care settings; the role that people, communities and local organisations can play in supporting health and intervening early to avoid escalation; lifestyle choices and behaviours that impact health and wellbeing, and their causes such as inequalities and social context.
- 2. Empowerment and Shared Responsibility:** A power imbalance and a lack of trust between patients and professionals, leading to a feeling of disempowerment; lack of social cohesion and sense of community leading to a perception of low support levels; a need to encourage and support citizens to take shared responsibility for their health and wellbeing.

Saunders-Napier
21/03/2024 12:15:52

- 3. Integrated Services and Support:** Agreement that the way services are delivered and organised needs to change; a lack of integration and continuity between professionals, services, and organisations; high levels of waste across health and social care services; lack of access to services and support; over-medicalisation of support; and continued focus on a medical model of care rather than social or other biopsychosocial models of care.
- 4. Wider Determinants of Health:** Deprivation as a leading cause of ill health and wellbeing, including economic and time poverty; the cost of living and food insecurity; challenges relating to housing, the local environment and services including housing quality, community services and transport links; work-life balance and social isolation including loneliness, mental health, and disabilities.
- 5. Communication:** A lack of communication between people, professionals, systems and services; a lack of inclusivity in care and service design; not being listened to; a lack of access to appropriate information about services, support and managing health and wellbeing; the challenge of digital exclusion.
- 6. People across Communities:** The increasingly ageing population and the challenges of increased demand; ageing seen as a burden; the lack of family structures and support around older people unable to look after own health and wellbeing; challenges facing younger people, especially since Covid-19; a lack of health literacy related education in schools; and a lack of green spaces for younger people.
- 7. Workforce:** Challenges relating to wages and a lack of parity between health and social care staff; concerns about the future sustainability of the workforce, aligning with workforce recruitment and retention issues; poor working conditions with high stress and staff feeling undervalued; challenges related to the social care workforce; paid and unpaid carers; and a lack of recognition and value of the third sector. The role of the employers in supporting the health and wellbeing of the workforce was also noted.



**PLEASE ACT NOW TO HELP ALL
OUR FUTURES BE BETTER. OURS AS
WE AGE; OUR CHILDREN'S AS THEY
GROW; THEIR KIDS AND FAMILIES
TO COME**

Saunders-Narrien
21/05/2024 12:15:52

Members of the public were also asked to identify solutions to the challenges they highlighted, structured according to delegated responsibility, including individuals’; local (organisational); and national responsibility (Welsh or UK government). These ranged in terms of their scale, ambition, and practicality, as summarized with examples below.

Responsibility:	Examples drawn from discussion:
Individual	Building good habits at home; taking greater responsibility; developing greater support within families; seeking advice earlier; contributing to communities; volunteering; education/training (tools & support); speaking up and engaging.
Local	Health on the high street; greater joint working across public services; develop community champions; improved access to services; community participatory budgets; ‘one-stop-shops’ for health and social care; improved guidance.
National	Greater investment in preventive services; restructuring of the health and social care system; longer-term funding for community/third sector projects; reassessing wages; valuing the assets that people bring; delivering on political commitments.

Analysis of data drawn from two research surveys added greater depth to the knowledge accumulated from the local town halls. Although often demonstrating similar trends, some differences across the population were apparent. Key insights from a national survey distributed by the Bevan Commission completed by over 1000 people across Wales included:

- Social connections, such as family, friends and communities (20%), alongside employment and financial security (17%) were reported to have the greatest influence on people’s health and wellbeing, followed by access to health and social care services (14%).
- Waste reduction/efficiency improvements (29%) and technology/new ways of working (26%) were viewed as the most important methods of managing the challenges in the health and social care sector.

A representative survey distributed to a sample of 1000 people by Beaufort Research also found that:

- Having an active lifestyle (44%) and access to healthy diet (44%), followed by social connections (38%) were reported to have the greatest influence on people’s health and wellbeing.
- Waste reduction/efficiency improvements (64%) and technology/new ways of working (55%) were viewed as the most important methods of managing the challenges in the health and social care sector.

Saunders, Nathan
21/03/2024 12:15:52



**I FEEL THAT THE STANDARD OF
HEALTHCARE IS VERY GOOD, ONCE
YOU CAN GET PASSED THE INITIAL
BARRIER OF SEEING A HEALTH
PROFESSIONAL**

This Conversation with the Public has developed greater insight and understanding providing a strong basis from which more effective communication with people from across Wales can be continued in future. Policy makers, and those charged with delivering and improving health and social care services, need to be talking and actively listening to citizens more frequently and effectively than they do at present.

‘Consistent dialogue with the public should be seen as a vital part of providing high-quality health and social care services, not as an arduous task, which is often delivered tokenistically.’

People across Wales want to engage more on issues related to their health and social care, where they clearly see the need for change, and are willing to support others to realise this. And they have some interesting views – the appetite for radical change, for example, the willingness to question some of our ‘traditional thinking’, and a frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own pre-occupations rather than those of the public – which should perhaps inspire and jolt us all.

There is much in this document that now requires reflection and action. The Bevan Commission will continue to contribute to and support that process, working alongside others in coming years. There are ideas here which echo what policy makers have been seeking for some time, and now need a real push forward; there are others which may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care services face significant challenges. We would encourage that this paper, and its suggestions, are actively used to inform policy and improve practice in health and social care from 2024 onwards.

Nathan
21/03/2024 12:15:52



SECTION

01

A CONVERSATION WITH THE PUBLIC

"LISTEN! Not all changes cost! Some are very simple. HEAR what people want"

"People want to be healthy and live long and fulfilled lives but need help to do this. It needs to be simple, accessible and easy to access services. At all ages, abilities and backgrounds"

Saunders, Nathan
21/03/2024 12:15:52

BACKGROUND:

Public engagement is a crucial tool for realising the ambitions set out in the Welsh Government's long-term strategy for health and social care, *'A Healthier a Wales'*. The *Conversation with the Public* is a nation-wide initiative led by the Bevan Commission, Wales' leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales.

The work aimed to engage the Welsh public in a conversation about their health and wellbeing, as well as the future of health and social care service provision. This also set out to capture people's perceptions about factors that both positively and negatively influence health and wellbeing as well as exploring their potential solutions and proposals for change.

To achieve this, we embarked on a series of town hall meetings in each local health board area, drawing upon the insight and understanding of local communities across Wales. This is in light of diminishing public perceptions of health and social care services, alongside the urgent need for change due to *financial, workforce* and other related pressures, such as the changing health and social care needs and expectations of our population.



To complement the town hall approach and address potential gaps in our population sample, two national surveys were also developed and disseminated. All health board areas across Wales were represented to explore regional disparities in perceptions, health outcomes and differences in socio-geographic patterns across Wales² which contribute to inequalities. This report provides a systematic analysis of the findings, representing the voices of local people and professionals across Wales as accurately as possible.

1 Wales Centre for Public Policy, 2020. [Public Engagement and a 'Healthier Wales'](#)

2 The Future Model for Health and Care in Wales, Bevan Commission, forthcoming in 2024.

What we know from other similar studies:

- In Great Britain, people perceive the fairness of the healthcare system more positively than in 32 other countries³.
- If people know about the challenges facing healthcare systems, they perceive services more positively⁴.
- Persons with greater health needs, lower incomes, and other social disadvantages tend to report higher levels of support for social provision⁵.
- Cost barriers to use the healthcare system or treatments result in negative perceptions⁶.
- Recent experiences with health and social care services predict how people perceive it⁷.

What we Know from Several Studies About Expectations and Perceptions of the Public:

Expectations and perceptions of healthcare services vary by:

- Education.
- Demographics.
- Access to services.
- Voting intention (those who vote Labour, have used NHS services in the last year or work in managerial, administrative, and professional occupations tend to have a more negative outlook) (for further information, see Annex 2).

3 Immergut, E.M., and Schneider, S. M. 2020. Is it unfair for the affluent to be able to purchase “better” healthcare? Existential standards and institutional norms in healthcare attitudes across 28 countries, Social Science and Medicine

4 ibidem

5 M. Blekesaune, J. Quadagno 2003. Public attitudes toward welfare state policies: a comparative analysis of 24 nations, Eur. Soc.Rev. 19/5

6 Immergut and Schneider, 2020. ibidem

7 Bleich et al 2009. How does Satisfaction with the healthcare system related to patient experience?, Bull World Health Organ.; Borisova et al. 2017. Public Evaluation of Health Services across 21 European countries. The Role of Culture, Scandinavian Journal of Public Health

What we know from recent polls across the UK:

Public perception of health and social care in the UK⁸:

- Two thirds of the public think that the standard of NHS care has got worse over the last 12 months, and similarly with social care, whilst over 50% think it will continue to get worse.
- The public are more negative about the standard of NHS services, than the standard of social care services.
- The public continue to hold negative views about the health and wellbeing of the population, especially when looking towards the future.
- Negative views towards local and national NHS services have remained stable and the public continue to prioritise similar issues.
- The majority of the public think the NHS needs an increase in funding, with urgent and emergency care the top priority.
- The public generally do not think that the government has the right policies in place to address public health.

What the Public Think NHS Priorities Should Be⁹:

- Addressing the pressure on/or workload of NHS staff (40%) and increasing the number of staff in the NHS (39%) are the two top priorities.
- This is followed by improving waiting times for routine services such as diagnostic tests or operations (35%).
- Whilst improving waiting times in A&E continue to move up as a priority (up from 25% in May 2022 to 31%).

⁸ Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

⁹ Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

Perceptions about Social Care¹⁰:

- The public are also generally negative about social care services in their local area(s).
- Very few people believe that the government has the right policies in place for social care (7%), whilst those who do not believe the government has the right policies in place has increased from 59% in May 2022 to 65% in November 2022.
- There is strong support for measures to address workforce shortages in social care:
 - Improving training and development opportunities for existing staff (85%).
 - Improving current working conditions in social care, such as paying the costs of travel between people's homes or sick pay (84%).
 - A minimum pay rate for care workers, set above the national living wage (81%).
- Details about prioritization can be found in Annex 2.



¹⁰ Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

What people in Wales think:

According to a poll undertaken by *Public Health Wales*¹¹:

- Respondents (81%) suggested Individuals should have a 'great deal' of responsibility for their own health.
- Half of respondents think the government, and a little less than half think that the NHS, should take a 'great deal' of responsibility for people's' health (Annex, Fig 3).
- Respondents (43%) think that Local Authorities have a 'fair amount' of responsibility for people's' health (43%).
- Inequalities in income and wealth between the least and most deprived areas of Wales are a significant problem.
- Inequalities in health and life expectancy are viewed as a significant problem by less than two-thirds of the respondents.
- A fair society takes care of those who are poor and in need regardless of what they are able to give back (79%).
- Employers should do more to look after their workers' health (87%).
- The NHS should spend more money on prevention and less on treatment (46%).
- Healthy foods should cost less than unhealthy foods (81%).
- Physical health is of concern for 80%, mental health for 65%, and the cost of living for 87% of respondents.

People¹² in Wales reported that:

- Increased waiting times have had a negative effect on their lives (51%).
- They spend money on their mental well-being in a typical month (59%).
- They would be more likely to use community pharmacy walk-in services if they knew it was taking steps to reduce its impact on the climate (61%).
- They find it important that people take action to protect their mental wellbeing (58%), but only 29% know what actions to take if needed.

11 Public Health Wales, January 2023. 'Time to talk Panel'

12 Public Health Wales, June 2023. 'Time to Talk Public Health' Panel

METHODOLOGY

To ensure a comprehensive examination of citizens perceptions across Wales was achieved, a multilayered mixed-methods engagement approach was designed, incorporating both in-person and survey-based data collection techniques, ensuring where possible, both richness and representation. Face-to-face ‘town hall’ style events were conducted locally in each of the health board areas across Wales, and one was conducted online, engaging directly with around two-hundred citizens, whilst national level surveys were disseminated through multiple means, receiving upwards of two-thousand responses. Citizens were also invited to send a Message to the Minister.



Ethical Approval:

Both the town hall methodology and the survey align with *UKRI Guidelines* and the *Concordat to Support Research Integrity*. To ensure ethical integrity aligned with local procedures, ethical approval was sought and attained from the Humanities and Social Sciences Research Ethics Committee at Swansea University (*Approval Number: 1 2023 7779 6666*).

Public Involvement:

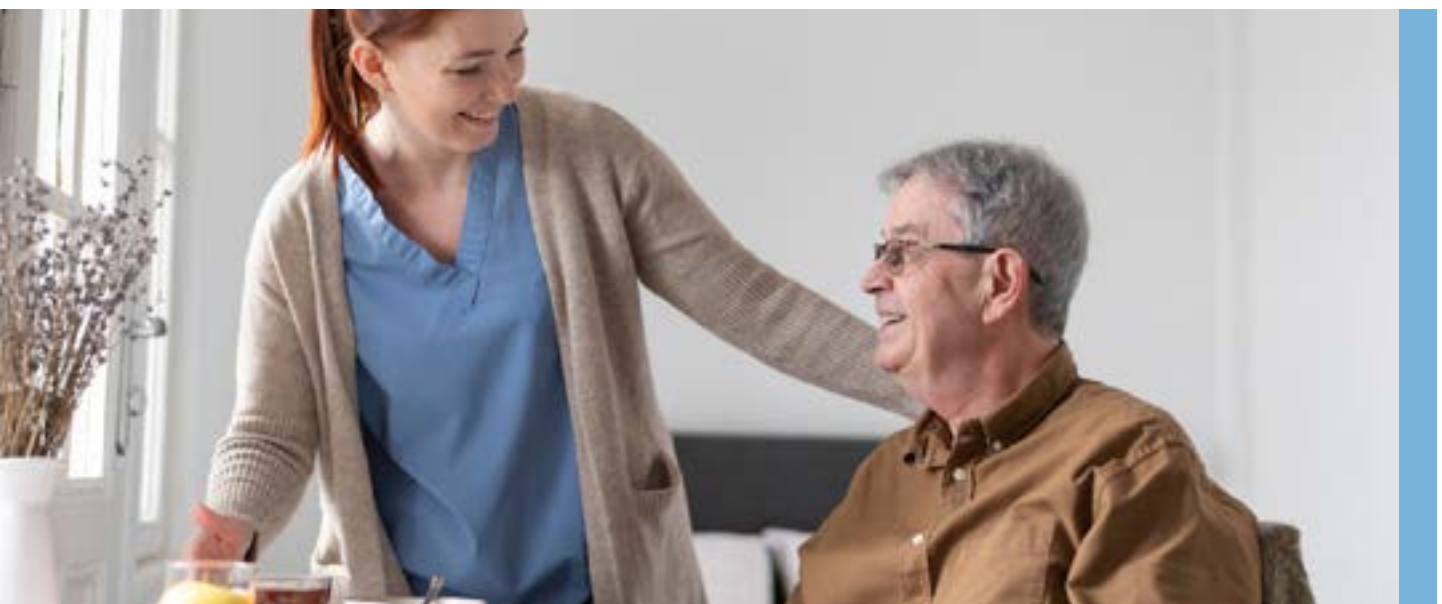
To overcome the possible barriers to public involvement, for all local and national town halls, accessibility was considered. Welsh language versions of all resources were made available, as well as simultaneous translation, if requested. Visual impairments were considered by providing large print and easy read versions of Bevan Commission communication, as well as resources and surveys. At the request of a participant, resources for our national online event were altered which allowed them to read more easily. BSL translation was sourced and placed on standby for each of the town halls, as well as hearing loop facilities for each of the venues. All venues were also accessible for participants with physical disabilities.

The Town Halls:

The *town hall* is an efficient qualitative method¹³ to elicit a broad range of suggestions from citizens regarding how to improve their own and population health, alongside identifying transformation priorities for the health and social care system, and to encourage a shared responsibility for health. A 'town hall' is a hybrid information-consultation session led by a professional facilitator¹⁴. To ensure the views of those who were unable to attend the local town hall events were captured, an online town hall, and two surveys were also developed.

A series of seven town hall discussions, one in each health board area in Wales, and one online panel discussion were held between 29th September and 7th of November 2023. To keep the discussions open, fair and consistent, an independent facilitator led the events.

To ensure access to a wider public audience and overcome barriers to participation, an online evening event complemented the in-person town halls (same agenda). For the online event, minor modifications were made due to its virtual nature. This involved applying a poll instead of open questions, and breakout rooms instead of round table discussions.



Each of the events lasted two and a half hours. The session began with an introduction to the context of the meeting, outlining the issues currently faced by the health and social care system across Wales. Open discussion with participants around factors affecting the public's health and wellbeing then followed, with

¹³ Etchegary H., et al. 2017. *Engaging Patients in Health Research. Identifying Research Priorities through Community Town Halls*, BMC Health Service Res. 17/192

¹⁴ Etchegary H., et al. 2017. *Engaging Patients in Health Research. Identifying Research Priorities through Community Town Halls*, BMC Health Service Res. 17/192

participants, not the organisers, identifying a range of key challenges. In small group discussions, participants were then asked to identify solutions to the challenges they had highlighted. A prioritisation exercise followed involving participants ranking the solutions developed. Following the discussion, participants were invited to write a *'Message to the Minister'* on a postcard and complete the national survey.

Town Hall Agenda:

- **Introduction and Context Setting**
- **Challenges:** Open discussion with the participants:
 - What are the key factors affecting the public's health and wellbeing?
 - How could these challenges be addressed?
- **Solutions:** Roundtable activity, participants jot down solutions on sticky notes:
 - Micro-level: Individual/family
 - Meso-level: Local/ community
 - Macro-level: National and beyond
- **Prioritising Solutions** – Participants asked to rank suggestions on the sticky notes.
- **Poll** – participants were asked three questions:
 - How radical should we be when transforming health and social care services?
 - Are the founding principles of the NHS still relevant and applicable to today?
 - Are we delivering on the founding principles of the NHS?
- **Message to the Health Minister** – a postcard with a key message.
- **Survey Completion** – participants asked to complete the national research survey.

Data Collection:

Where possible, an audio recording from the meeting was captured to provide an accurate representation of each discussion. To compliment this, detailed notes including quotes were taken by at least two researchers throughout the events. Flip charts were also used to record key ideas highlighted by participants as well as the use of sticky-notes. Debrief meetings were held after each session, where observations and reflections of the evaluating team members and the facilitator were recorded.

Saunders, Nathan
21/03/2024 12:15:52

Sampling and Recruitment:

Recruitment to the town halls was primarily led by health board public engagement and patient experience teams, as well as the local Llais teams and other local partners. Posters and wider information were widely distributed across organisations and public locations including on social media, and participants were invited to join based on their expression of interest to voluntarily participate. About 170 attendees participated at the town hall events, with an additional 62 joining the online event.

Limitations of the Town Hall Approach:

We acknowledge the limitations of the town halls. The sample was not fully representative of each health boards local population. Although there were at least three members of the evaluation team taking notes, some voices might have been less heard. Additional sessions might capture further views to add to the current analysis. As a strength beyond the limitations, participants often shared their own journeys through the health and social care system, which would have remained unexplored by the survey, or a limited focus on the key themes. We have included these stories in our database.

Research Surveys:

To fully grasp the perceptions and visions of the public, two surveys complemented the town halls. A concise representative online survey which reflected the population patterns of Wales was distributed by Beaufort Research. An extended national online survey invited a wider segment of the public, involving professionals, to engage with the wider thinking about health and wellbeing, and to express their priorities and opinions about the health and social care system in a structured way.

Sampling and Data Collection:

The representative survey was delivered by Beaufort Research¹⁵ on a panel sample. The extended national survey¹⁶ was distributed across social media channels, newsletters, and third parties. The national survey invited a broader public and professional view, responses were collected up to the 10th of November 2023.

Analysis and Presentation of the Findings:

The Bevan Commission used a consistent methodology to systemise the insight gathered about the public's perception, views and suggestions. Data and information collected at the town halls (structured notes, Messages to the Minister and other data including post-its and whiteboard notes), was integrated to add clarity and richness around the issues identified.

All data elements went through an iterative process of thematic coding, including reading, discussion, and

¹⁵ Beaufort Omnibus surveys a representative survey of 1000 adults across Wales

¹⁶ 877 valid responses collected through the national survey

consistent validation of emergent coding categories. Data were compared with the preliminarily identified findings of similar research, and recent UK and Wales-wide polls. To identify the issues and establish the analytical themes, the original data was regrouped and validated by invited independent analysts.

A Message to the Minister:

In order to collate concise key messages and final thoughts from the public, participants at the end of each of the town hall events were also invited to send a message directly to the *Minister for Health and Social Services in Wales* on a postcard. The Bevan Commission provided blank postcards to attendees, who then detailed their thoughts and posted this through a letter box. Data and information collected from the 'Messages to the Minister' were analysed and thematically coded. The Bevan Commission will ensure that each of the Messages to the Minister provided by attendees are directly delivered.

Content of the National Report:

The National report is based on the sum of the findings of the seven health board area local reports, one online report, the analysis of the extended national survey and the representative survey carried out by Beaufort.



Saunders, Nathan
21/03/2024 12:15:52

FINDINGS

Structure of the findings section:

Analysis of the collective discussion at the eight town hall events (including the online event) identified seven core themes related to factors affecting the public's health and wellbeing. These themes related to 1.) *Prevention, Early Intervention and Lifestyle* 2.) *Empowerment and Shared Responsibility* 3.) *Wider Determinants of Health* 4.) *Communication* 5.) *Services and Support* 6.) *Demographics* 7.) *Workforce*.

The following findings section is structured around the seven core themes that emerged from collective discussion at the town hall events. In each of the seven thematic sections of the findings, a similar structure is followed:

- Quotations from participants relating to each of the seven identified themes are presented, drawn from town hall discussions, surveys and messages to the Minister.
- Factors affecting the public's health and wellbeing related to each of the seven identified themes are then presented as closely as possible to how they were described at the town hall events.
- Participant derived solutions to the identified challenges are then presented. Attendees prioritized the solutions, based on what they felt as most urgent. They identified responsibilities that relate to *the individual, their family and friends; the local council, health board and community, and Welsh and UK government*. We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Towards the end of the findings section, the results from each of the research surveys are presented. This complements the analysis of collective findings from the town hall events by adding a more representative view on core issues related to health and social care in Wales. Following this, participant's 'Messages to the Minister' are reflected upon.



Saunders, Nathan
21/01/2024 12:15:52

PREVENTION, EARLY INTERVENTION AND LIFESTYLE

“More prevention, focusing on what we can do to help ourselves, and so reduce our impact on health provision”

“Teach people how to cook proper fresh food, don't increase taxes on sugar, fat, meal deals etc. Teach people to be responsible for their own health. Don't make obesity seem normal”

“If there is a drive to improve health and wellbeing, resources have to be available to all – at a time and place that they are able to access them”

Prevention, early intervention, and lifestyle factors, as well as the challenges and opportunities these pose to population health and wellbeing, were a dominant topic of discussion within all seven of the town hall events across Wales.

Prevention and early intervention activities are crucial for improving future health and related health outcomes. Prevention approaches enable people to become more proactive in looking after their own health, and early intervention approaches prevent problems from escalating by providing physical, behavioural, mental, and social support before reaching crisis point.

Prevention and Early Intervention:

The following challenges and discussion points arose from the town hall conversations relating to prevention and early intervention agendas:

- The challenge around stopping people coming into care settings in the first instance.
- How **community-based services need greater levels of investment**.
- How funding needs to shift from secondary care settings to **community-based prevention** services.
- The role that **social prescribing** can play in stopping problems escalating.
- The important role of the third sector and lifestyle support for people.

Saunders Nathan
21/03/2024 12:15:52

Lifestyle factors:

Health behaviours and health outcomes were also a common theme discussed across the town hall events. Lifestyle factors were recognised as being associated with poor conditions, lack of access to opportunities and education for a healthy lifestyle. Attendees identified the need for more targeted prevention, early intervention, and education to support people in achieving healthy lifestyles. The following discussion points arose from the town hall conversations relating to theme of lifestyle factors.

Obesity:

- There is a 2-3rd generation of social deprivation that needs to be considered as a root cause of obesity, poor diet and metabolic dysfunction.
- Obesity is also linked to stress and mental health problems.
- The responsibility of parents as role models for their children.
- Support and education for healthy diets is needed.
- People shouldn't be blamed for obesity or lack of access to healthy food.
- More can and should be done at a national level to provide support for a healthy diet.

Substance and addiction issues:

- Substance misuse, drug, and alcohol issues are being treated first, while addressing the underlying trauma or mental health issues should be prioritised.
- The role of education to break embedded behavioural patterns - children are copying their parents' behaviour (e.g., smoking and drinking) and parents do not have the skills to teach their children to adopt healthy lifestyles.

Lifestyle support:

- **Society** often blames the victim as opposed to recognising societal responsibilities.
- **Public health outcomes** in general are connected to obesity/vaping/drug/alcohol consumption, which are core issues that need to be tackled.
- Lifestyle support, especially for those with learning difficulties, is not available.

Wellbeing:

- We must think more broadly than just health and social care services to tackle the root causes of illness, such as societal inequalities.

People are being blamed instead of becoming people to solve problems with.

- Wellbeing should be built around all services.

Saunders, Nathan
21/03/2024 14:15:52

Solutions – What Would Make a Difference?:

The table below represents a number of potential solutions to the challenges that have been identified above, which were proposed by attendees at town hall events. They identified responsibilities that relate to the *individual, their family and friends; the local council, health board and community; and the Welsh and UK government*. We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Level of Responsibility	Solution
Individual/ Family	<p>Building good habits at home</p> <p>Take responsibility for lifestyle, diet, health checks – regular vaccinations, blood pressure</p> <p>Persuade others responsible for our children’s care to provide healthy food and activities</p> <p>Schools educating children to encourage parents to exercise / look after themselves without creating anxiety / food disorders etc.</p> <p>See your doctor early! Requires messaging from the NHS that early diagnosis Support the NHS – you’re not ‘protecting the NHS’ by not seeking the help you need</p>
Local/ Community	<p>One stop shop for health and wellbeing</p> <p>Health on the high street</p> <p>Social Prescribing – doctors / surgeries, volunteering – reduce current waiting times, signpost, 3rd sector social engagement and cut down on social isolation</p> <p>Increased joint working with other public service areas e.g., housing and education for case work and to promote health and wellbeing campaigns</p> <p>Help build greater resilience</p> <p>Prehab programmes in local communities</p> <p>Addiction – greater overview, see all needs in the community – not just the obvious communication</p>
National	<p>Focus on and invest in prevention</p> <p>Longer term funding, specifically for preventative services/ support/ projects</p> <p>Focus on linked services, i.e., drug / alcohol / mental health</p> <p>Put up business rates for vape shops and other ‘bad’ health venues</p> <p>Reduce business rates for fresh fruit and veg shops and ‘healthy’ venues</p> <p>NHS – more targeted funding, older, co-morbid, disabled, addicts - good health leads to a healthy economy</p>

Saunders, Nathan
21/03/2024 12:15:52

Survey insight:

Overall, 88% of the respondents agreed that they feel that they have the knowledge and support to make healthy choices regarding their health and wellbeing, (lifestyle, food, work-life balance, etc.) in the national survey.

(Bevan Commission, National Survey)

SHARED RESPONSIBILITY

"We've lost the ability of community healing. It is hard to remember how things were before"

"It takes a village to raise a child, we don't have a community anymore"

"As an individual I feel unheard and uncared for"

"Health is in our hands but we need to be given information that we can use to help ourselves - Simply sharing information is not enough."

"People do need to take responsibility for their health and wellbeing, but health information has a bigger role to play than it currently does, and I find it patronising to be told to help myself"

Shared responsibility (or a lack of) for individuals' wellbeing, health and social care, were also topics that were consistently discussed at town hall events across Wales. The following section of this report discusses challenges related to this theme that were identified within the town hall events by people across Wales.

Saunders, Nathan
21/03/2024 12:15:52

Shared responsibility:

The empowerment of the public on issues related to their own health and social care is essential in order to develop a population who are engaged and active members of their health and wellbeing. The following discussion points arose from the town hall events relating to theme of empowerment. *The erosion of community services; social coherence; issues around a lack of trust leading to the feeling of disempowerment; the sense of a lack of support.*

Community and Social Coherence:

A sense of community and lack of social coherence was a challenge raised by the attendees recurrently. Attendees also pointed out that a '*whole system approach*' where all organisations were working together towards a common goal would be needed to achieve social coherence, instead of siloed specialisms. Further details are provided below.

- **A lack of a sense of community and community cohesion** was noted, due to withdrawal of people from community life since the Covid-19 lockdown, which still has a detrimental impact.
- Attendees discussed **loneliness** in its various dimensions:
 - Loneliness is often forgotten, and **lack of local community** is a big issue often hidden.
 - **Isolation** – people **do not reach out to services** as a consequence.
 - Carers can't get to people who are isolated.
- **Community and town-centres**, meeting with peers; mental health drop-in were available before; further investment into town-centres and wider support initiatives are required.

Relationships and Trust:

Issues around a lack of trust were also often raised as a result of the points set out below:

- Lack of continuity in services (no follow-up) and people falling between gaps.
- General lack of faith in systems and services due to varying factors.
- Distrust of public services from continually poor experiences.
- The medical approach or language used and poor communication with patients.
- Multiculturalism not being considered, creating the sense of disempowerment.

Saunders, Nathan
21/03/2024 12:15:52

Shared Responsibility:

An empowered public expresses the need to take responsibility for their own health and care. A responsible choice means using services *“thoughtfully and responsibly”*, e.g., visiting a pharmacy before the GP, alongside being realistic about what they can do to support themselves. It was acknowledged that *“a lot of groundwork, education and support”* is needed to enable and facilitate this, as often people do not have the knowledge or skills required to help themselves.

- Generally, across the town hall events, there were a variety of views expressed related to the theme of *shared responsibility*. Many thought that there was a greater need for the population to play a more active role in looking after their own health and wellbeing, others disagreed, and challenges in realising this were also identified:
 - *“People aren’t being responsible”*, and that the public have been *“conditioned to do the easy thing”* for example due to fast food marketing.
 - Others felt that people need more support and information on how to live a healthy life, arguing that there is a lack of skills and information for people to access and that we *“need to get more adverts out there”*.
 - Some attendees were concerned that health and social care services do not *“deal with things fairly”* and *“people are blamed for their health problems”*. They commented that not all health problems are the fault of the person, such as Huntington’s Disease and Dementia.

Throughout discussions, participants outlined several different mechanisms that would *‘support individuals taking ownership over their health’*, which included:

- **Engaging with** wider communities, using all skills and assets available.
- **More self-management programmes** such as the Education Programmes for Patients (EPP Cymru) are needed to reach better outcomes.
- **Other forms of education** related to how to look after your health and wellbeing, such as being able to keep healthy, cook basic, healthy meals.
- **One participant suggested that health literacy** is *“astonishingly poor”* and it was thought that this should play a key role in the ambition to improve health for all.

It was suggested **more communication and support is needed in general.**

Saunders, Nathan
21/03/2024 12:15:52

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Talk to each other – shared responsibility Contribute and engage in your community Community champions to inspire, listen Recognise our own responsibility Value yourself!
Local/ Community	Funding of more low-level longer-term support services with a focus on empowerment Help people understand what they are entitled to Flexibility in services and service design. Ability to go outside scope to meet individual needs where required Equal access to healthcare for all empowering people to access support needed / resources available Fostering connection, reducing isolation, providing spaces for connectivity, creativity and supporting mental wellbeing
National	Valuing people - we all have our own skill sets Recognise and support the impact on community of aging population Recognise limits to family and connections Services being designed to be appropriate and timely to prevent deterioration Greater empowering community

Saunders Nathan
21/03/2024 12:15:52

Survey insight:

The vast majority of respondents (91%) reported making an active effort to improve their own health and wellbeing in the past 6 months, and yet agree (76%) that more could be done. About 10% of the respondents believe that it is beyond their ability to make further improvements to their health.

About 80% of the respondents felt capable of managing their own health and wellbeing, whilst 15% suggested that they needed further support.

How respondents viewed the responsibility of the public and their role in looking after their own health in general, depicts a slightly different picture. 77% of the respondents thought that the public should take greater responsibility of their own health, and a significant 16% chose to stay neutral about the issue, while around 7% disagreed. Those who have worked or work in the sector tended to 'strongly agree' on the need for the public to take greater responsibility, whilst the 'public' tended to remain neutral or chose to 'agree' with the statement.

(Bevan Commission, National Survey)

WIDER DETERMINANTS OF HEALTH

"An integrated view of health and social care is needed as external factors influence health such as housing, finance, education etc."

"Sometimes it is just too hard for individuals and families to pick themselves up"

"Health and social care should work more to reduce health inequalities and ensuring that everyone has equal access to care and support for example working class and non-working class"

"Reducing what is still 'a postcode lottery'. I'm afraid that the inverse care law is still extremely relevant, but health and care services can't be improved in isolation from housing/ unemployment/ poverty/ rurality"

Scanned with
CamScanner
21/03/2024 12:15:52

The wider determinants of health relate to various external factors, such as *employment*, *housing*, *deprivation*, and *rurality*. Economic disability, unemployment and the cost of living was a recurrent issue identified as a cause of poor health outcomes and the stresses that people are experiencing across Wales. Public health outcomes are related to the quality of the services provided; poor quality services therefore impact public health. These represent barriers to health and wellbeing that need to be addressed with a cross-sectoral approach.



The following issues and discussion points arose from the town hall conversations relating to wider determinants of health:

Deprivation:

- **Poverty and the cost of living** resulting in a lack of confidence in the future.
- **Food insecurity** in deprived areas where there is a lack of access to healthy foods, and where people's ability to buy healthy food is restricted due to financial strain.
- **The impact of stress** was raised as an issue, particularly stress over finances.
- **Mental wellbeing due to poverty** resulting in poor physical wellbeing and health.
- **Deprivation** and a sense that it sits at the heart of a lot of poor health and wellbeing.

Economic disadvantage is often compounded by complex care needs and a lack of easy access to integrated and holistic health and social care services in deprived communities.

Saunders, N. W.
21/03/2024 12:15:52

Housing, Local Environment and Services:

- **Housing quality** was raised as a challenge in terms of overcrowding, a lack of housing availability, and the effects this has on peoples mental and physical health.
- **Homelessness** was discussed as a political issue, with attendees commenting that *“we know there’s a homelessness problem that is politically not favourable”*.
- **Having access to open or green spaces** was a concern in some communities.
- **Local community and health and social care services should be linked to jobs** and the local economy to support the local population.
- **Safety and crime issues** in neighbourhood’s and local communities.
- **Rural poverty and inequalities** in available services resulting in poor health and reduced access to services.
- **Poor transport links in rural areas** and the stresses of everyday life:
 - **Lack of transport links**, with older people having to get taxis to appointments or rely on family members to take them.
 - **Small settlements are “overlooked”** due to small populations in a large geographical area, and that residents want their localities to thrive, but that currently the services offered in the area are *“insulting to the people”*.
 - **Need to travel outside of Powys** to access a myriad of services, including vaccinations, hospital appointments and A&E departments.
 - **Closure of local services** where previously there were two GP surgeries in their village, both have now closed, leaving them to travel over four miles to the closest one, with no public transport to get there.

Work-Life Balance, Social Isolation and Mental Health:

Employment structures and working conditions impact both the physical and mental health of people, whilst not working also brings other financial related concerns. Loneliness and isolation can also occur as a consequence of work-life imbalance, or as a result of long-term illness, unemployment, disability or other means. Throughout town hall discussions, a number of challenges related to work-life balance and social isolation were identified, which are summarised below.

- **Loneliness, isolation and issues related to mental health** are often treated with medicalisation as a normal response, rather than looking at the root causes.
- **People with disabilities** (e.g., visually impaired), with lack of mobility, mental detriment, and dietary challenges at home need more attention.
- **Work-life balance** is also a cause for concern for some members of the public as they often need to work to earn money to counter the cost of living but this can have a detrimental impact on their ability to attend appointments and exercise.
- **Working from home** also has a detrimental impact on health and wellbeing for some.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Seek advice
	Creating support within family
Local/ Community	Relive the pressures on families – working / childcare / parenting / family / relationships / support / role
	Community participatory budgets
National	Multi-agency community hubs also as meeting points
	One stop shop for housing, finances, health, community groups (including 3rd sector)
	Access to social and physical activity opportunities i.e. community sports teams, free swimming schemes, opportunities for the elderly
	Social action mentoring schemes
	Shared transport cost
	Community safety (police etc.)
	Valuing all people not just linking peoples worth to economic output
	Invest in building thriving communities with access to shops / services / social activities at affordable costs
	Homelessness, root causes and adequate service provision including mental health
	Universal basic income /Minimum income, hold DWP to account
	Politics / Policy / Welsh Gov – psychologically informed approaches to reducing the inequalities of poverty and the stigma and trauma attached to it
	Consistency in funding for services across the whole of Wales
	Make working work and pay salaries that meet needs
	Keep individuals and families out of poverty
	Get rid of our segregated school system, it drives inequity
	Address social determinants of health and wellbeing
	Improve local housing and green play spaces
	Work opportunities

Saunders,Nathan
21/03/2024 12:15:52

Survey insight:

Social connections, such as family, friends and local communities (20%), and employment & financial security (17%) were reported to have the greatest influence on people's health and wellbeing, followed by access to health and social care services (14%). Access to green spaces, housing, having healthy diets and active lifestyles was perceived to have a similar level of influence in the respondents' own health and wellbeing. Health literacy was considered to have a much lesser impact on people's health and wellbeing (around 2% of respondents), however despite this, this subject was recurrently discussed at the town halls in the context of wider population health outcomes. This suggests it plays a less prominent role in the individual's perception of their own health outcomes.

(Bevan Commission, National survey 2023)

COMMUNICATION

"LISTEN! Not all changes cost! Some are very simple. HEAR what people want"

"Engaging with people and listening to them would help"

"Better sign posting to support services"

"Not everyone needs to go to a hospital for care - but they need to feel their worries, conditions are being taken seriously and addressed"

"If you have a strong voice, are prepared to argue your point, the services are there, but you as an individual often have to be the one to ask or find out"

Strong communication is a critical aspect of providing high quality health and social care services, ensuring patients and family members remain informed about their health and wellbeing as well as included in the planning and delivery of their care. It is also essential in supporting wider prevention and early intervention agendas, ensuring the public are aware of key health messages and understand what services are available and how they can access these.

Poor communication with people; a lack of access to appropriate information; and a lack of coordinated communication within and between the NHS and social care services were recurrent issues highlighted in town hall discussions across Wales as well as in surveys. The following issues and discussion points arose from the town hall conversations relating to communication:

Access to information:

- **A lack of information about what services are available and how to access.**
- **A lack of information** about how the public can support themselves.
- **A lack of communication** about appointments or often this arrives too late.
- **A lack of transparency** e.g. ability to access a record of your consultation discussion.
- **Honest communication** about the system being broken and what can and cannot be provided.



**STRONG COMMUNICATION IS A
CRITICAL ASPECT OF PROVIDING
HIGH QUALITY HEALTH AND
SOCIAL CARE SERVICES**

Lack of joined up systems:

- It is very difficult to get things done, to find a way around the system and to get information when needed.
- There is a **need for a single/central point of contact**, especially for the frail elderly and people with multiple conditions.
- There is a **need to streamline systems** to reduce waste and provide better access to health and social care records.
- **Communication is very difficult and often inefficient and cumbersome with** many calls around the system needed to reach services.

There is a lack of communication between services within organisations and well as between organisations and people - disjointed silos.

Saunders Natta
21/03/2024 12:15:52

Inclusion and Diversity:

- **Digital exclusion** is a root cause of poor information flow, and **access to online services**:
 - **Communities** need to know what is available to them and how to access it. Information also needs to be available to those with no digital access.
 - Particularly **the older population**, and in **general people's' skills** and capacity to use smartphones, in relation to increasing digital NHS services, the gap needs to be addressed.
- **People with disabilities** do not have a voice, are not included, and do not receive information that is accessible to them.
- **Diversity** – the population is more multicultural now than it was 75 years ago when the NHS was established, this should be considered:
 - **Language barriers** need to be considered for different cultures/communities
 - **Medical language** used by doctors that is not easy to understand and they only say what should be done instead of listening to patients.



Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual, Family	<p>Speak up and engage</p> <p>Build care around the individual - what can health care do for you?</p> <p>WhatsApp group for relatives to keep in touch at the hospital</p> <p>Share information and let others know what we know is available already</p>
Local, Community	<p>Improve communication systems and services – get humans to answer the phone on 1st contact</p> <p>Linked up services and easier to access services and support, eg. GP clusters, Penderi cluster¹⁷ – community information, self-referral rather than gatekeepers</p> <p>wellbeing events</p> <p>Communication for specific services such as L.A.C (looked after child), advocates, personal assistants</p> <p>Keep record of what people say – so information and knowledge are not lost when things change</p> <p>Use information from patients to inform service design and improve communication</p> <p>Have one stop shops for information and smaller hospitals with specialisms</p> <p>Raise public awareness of how much things in the NHS and social care sector cost to get people to recognise the value of the NHS</p> <p>Longer contact span and ability to deal with more than one issue at a time</p> <p>Don't assume that writing in a community language means the person now understands</p>
National	<p>National commitment to translation and interpreting service – integrated with all statutory services</p> <p>Make it easy for people to get information or help</p> <p>Improve communication, so everyone has the same awareness and understanding of services</p> <p>Challenge bullying</p> <p>Reduce digital exclusion and waiting lists etc. that are overly complex or digital communication (not digital education)</p> <p>Build an overall picture of what's available – visualisation</p>

17 The Penderi Cluster is one of 8 local Cluster Collaboratives in Swansea Bay University Health Board, and a group of 6 GP surgeries

SERVICES AND SUPPORT

"Integrate health and social care so each stop arguing over who pays for what, when it's us that suffer whilst they play political games"

"It's free at the point of delivery and staff work hard"

"Services are strained to the limit"

"I feel there is not accountability for GPs and Social Care like there is in NHS"

"I feel that the standard of healthcare is very good, once you can get passed the initial barrier of seeing a health professional"

"I think we are so far behind with technology, but systems are available"

There was a general agreement amongst respondents that the way services are organised and delivered needs to change. The lack of joined up or integrated care and person-centric care approaches results in inefficiencies and worse health outcomes. It is widely considered that resources should be better used, coordinated, and monitored in order to reduce waste across the health and social care system. The following issues and discussion points arose from the town hall conversations relating to health and social care services and support:

Coordination of Services:

- **Integration and coordination:**
 - Separate systems for health and social care are a problem.
 - **One combined health and social care system** is needed, which has a patient first focus and limited bureaucracy when accessing support.
 - There is a disconnect between policy-making, stakeholders, carers on the ground.
 - Collaboration is enabled by the lack of competition between services, and more likely to be effective.
 - Since devolution, Wales has too many health boards.
 - Culture change is needed in respect to attitudes towards **death and dying**.
- **Measuring outcomes:**
 - There are gaps in measuring what matters to people e.g., **the impact of delays** which cause deterioration which is frustrating for patients.

Saunders Nathan
21/03/2024 12:15:52

- **Waste in the health system:**
 - Further investment and reduction of waste in the system are both necessary.
 - **High levels** of bureaucracy and inefficient NHS structures lead to waste.
- **Local community:**
 - **Diverse communities** mean there is not a *'one size fits all'* solution to solve the challenges facing health and social care.
- **Lack of funding:**
 - A lack of funding is causing challenges for health and social care services.
 - There is an opportunity **to raise additional tax** to support services.
- **Technology:**
 - Wales is behind in the adoption and utilisation of technology, but systems are available to solve many of the issues.
- **Social care services:**
 - The interface between **end of care** and the transition to home is missing, which has traumatic implications for patients.
 - There is no follow-up and a lack of continuity in service provision for example in mental health services.
 - **The high level of complexity** in a number of services in terms of how they are being delivered often confuses people and needs better coordination.

Support:

- Services do not look at patients **holistically**, with the overly specialised and isolated view of individuals causing several issues:
 - The root cause of ill health is often not addressed, and this leads to overmedicalisation; we often address the symptoms of illness, not the cause.
 - Support for people's' **mental health**, and the inter-related nature of mental health and its impacts on physical health.
 - Mental health is not considered holistically and instead people are treated solely with anti-depressants.
- **Over-reliance on the clinician-led treatment to manage their own health:**
 - **Health in communities is managed by clinician led decision making, not that of the patients.**
 - People want to be **involved in and listened to** throughout decision making processes.
 - **Services must be designed and co-ordinated around service users** as *"people get lost within the complexity and then their health deteriorates both physically and mentally"*.
 - Health and social care professionals often try to *"fit people into a diagnostic box and as a result, other issues get side-lined"*.

Saunders, Nathan
21/03/2024 12:15:52

- **Balance between the Medical vs Social Model of care:**
 - Service delivery approaches are moving increasingly more towards a '*medical model*' and away from person-centred care and other wider 'social models' which is what is needed.
 - The medical model is perceived to have a high level of risk aversion which is detrimental to citizen self-advocacy.
 - **Conditions such as isolation and disabilities** are often treated using the dominant medical model rather than adopting more social approaches.
- **Person-centred planning and services:**
 - Receptionists at GP practices can be a barrier to effective care: All contact should be person-centred.
 - Accessibility to GP appointments is linear and not flexible, there is a need to increase the number of timeslots allowing people to choose when they can attend.
- **Healthy food in hospitals:**
 - The quality of food provided in hospital for those who are ill is substandard and needs to be improved.
- **Access to services and support:**
 - As funding for health and social care services has become less, services and support have also become less accessible.
 - People feel like they have to "fight" **to get on the waiting list**.
 - **Cultural difference** can be a big barrier to accessing services. As a result, some communities don't access care because they don't understand services.
 - Services have become **harder to access since Covid-19**.
 - **Long waits** for services, especially around planned care and surgery. This can lead to conditions *"degenerating faster because the health service can't keep up"*.
 - **People do not know what services to access**, for example GP services versus pharmacists. There is a requirement for further education.
- **Disability/complex conditions:**
 - The system doesn't provide enough support to parents/caregivers with children with severe disabilities. Beyond 18. if the child has a progressive condition, the system disregards that issue.
 - **Services are not accessible for those with additional needs**, such as visual impairments, due to poor communication methods.
 - Where people have multiple conditions, there needs to be greater co-ordination between services and ensure greater efficiency.
 - Wheelchair users are not always able to access services for example **showers** in hospitals.
 - People with visual impairments also have difficulties accessing services.
 - Carers of those with disabilities also require further support.

Saunders Nathan
21/03/2024 12:15:52

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	<p>Stop being “A Case” – recognise the individuals / their NEEDS, VIEW, ASPIRATIONS</p> <p>Use services appropriately</p> <p>Don't abuse or over use the services</p>
Local/ Community	<p>Easy to navigate systems and services – they are IMPOSSIBLE for patients!</p> <p>Stop organising services around medical disciplines but around the needs of people</p> <p>There needs to be far more co-production as at present it is done from top down not talking to the people that need help and support. It should be done with the public and not being done to the public</p> <p>Appointments and waiting times for all services are enormous, we need to find a better way for access, availability and support. If we continue to do the same as we have always done, we will never get a different answer, or improve the situation</p> <p>People also need to understand how to easily cancel appointments (out of hours, if necessary), review their medication and be more in control</p> <p><i>Delta wellbeing solutions</i> to use technology - with the glasses they can actually view the patients at home and make informed decisions from the hospitals, that would help</p>
National	<p>Revise the health care system to include some form of health insurance payment- as most of the world does! With increasing numbers of people paying for treatment due to waiting lists it's a fallacy to keep claiming healthcare is free.</p> <p>Wales is a collection of different communities. Health and social care services have to be adjusted to these, one size doesn't fit all, some things did not work out in the valleys. In North-Wales we have AI systems in operation, you can call up doctor Davinci, but we are so far behind the world, we need time to catch up with technology.</p>

Saunders, Nathan
21/03/2024 12:15:52

Survey insight:

When asked what would help the health and social care sector in Wales to overcome challenges it currently faces, respondents of the Representative Survey believed that waste reduction/improvements in efficiency (64%) and technology/new ways of doing (55%) were the most important. This was followed by the public taking greater responsibility for their own health (43%), raising taxes (22%) and charging money for services (23%).

To improve services, more than a fifth of respondents (22%) would like to have easier access/better access/better availability of services and overcome difficulties getting an appointment. Shorter waiting times and quicker services were ranked in second place (19%), followed by funding/more investment into the system (16%). People living in rural areas would like to have more and better services (24%).

(Bevan Commission, Beaufort survey 2023)

DEMOGRAPHICS

"Please act now to help all of our futures be better. Ours as we age; our children's as they grow; their kids and families to come"

"Please invest in family and children's health"

Peoples concerns about the nurturing of the younger generations were as much discussed as the complexities of providing effective services for the elderly population. Services as well as the built environment should be designed to meet everyone's needs throughout life. Future demographic trends will however cause long-term challenges in this area.

Ageing Population:

Concerns related to the ageing population and their needs were discussed from various different perspectives across Wales. These points are set out below.

People who are living longer with multiple chronic conditions often have a **reduced quality of life**.

- **Ageing is often viewed as a burden** rather than being celebrated with an emphasis on aging well.

- Ageing well has become increasingly challenging due to **increasing pressure on services**.
- Older people often do not have a **family unit in place to support** them.
 - People don't live close to their family which means **they need carers**.
- **Older people often lack independence** to maintain their own health and wellbeing.
- **Travelling to services** for older people can be challenging.
- Sight loss, hearing loss, frailty and digital exclusion can make accessing services difficult for the elderly.
- We must avoid hospitals becoming place to die in – death is part of living.

Children and Young People:

There were several issues raised related to the physical and social environment in which children and young people develop that affects long-term mental and physical health outcomes. Cycles of *poverty, lifestyle behaviours*, and *isolation* issues are widespread and need to be tackled. Families need to be supported, and more intergenerational services could be established across Wales. Issues related to children and young people that arose in discussions are set out below.

- **There is a lack of green spaces** for young people to use.
- Parents are increasingly afraid to let children go out by themselves to play.
- **Young people** growing up are facing a number of different issues, and there is a need to provide greater levels of support.
- It is important that we break the cycle for children with adverse experiences (Public Health Wales ACE research – 2016).
- **Educating children in schools:**
 - There is a need to improve health literacy for children in schools.
 - The curriculum in schools needs to be broadened, including learning life skills, financial management, health and wellbeing skills, and there is a need for additional support for schools and teachers to enable this.
 - There is a need for a more holistic approach to educating the whole child, valuing and fostering their creativity, whilst supporting their self-esteem and confidence for mental wellbeing.
 - Lack of support in education for children on the **autistic spectrum/ with a diagnosis**.
- It was also suggested that since Covid-19, children and young people's outreach services have suffered, and that there is a need to provide them with greater guidance related to keeping healthy.

Saunders, Nathan
21/03/2024 12:15:52

Resilience:

Issues around community resilience were also identified. Resilience is a core component of building healthy communities and people. In the case of young adults, there was an observed lack of resilience, which might partially be attributed to the impact of the Covid-19 pandemic. Challenges related to mental health and wellbeing were said to be the main cause of a lack of resilience among children and young adults, which requires attention.



Saunders.Nathen
21/05/2024 12:15:52

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	<p>Train us in complex disabilities</p> <p>Creating support and developing skills within family</p> <p>Volunteer support in communities</p>
Local/ Community	<p>Intergenerational services – younger people exchange skills and knowledge eg IT / history etc. looking after older people</p> <p>Create opportunities for older people to help self-worth and feeling of still being engaged and valued in community</p> <p>Trauma recovery service – accessible to all to address intergenerational trauma</p> <p>Lack of older persons’ day centres, activities, home help, community centres – early intervention</p> <p>Adopt a grandparent scheme or other options to engage positively with older people</p> <p>Through age ‘no wrong door’ approach</p> <p>Have experts in fields i.e., children and dementia for region</p> <p>Pivotal for families and children – recognising the needs of women, domestic abuse support</p> <p>Funding for families to access childcare from under one year old. We are working to pay others to look after our own children and struggling with the cost of living</p>
National	<p>Helping children and young people to dream big and have hopes and aspirations for their futures – ending generational cycles of poverty</p> <p>Ensure</p> <p>Create policies to ensure people can live healthier for longer</p> <p>Have to give everything to children especially disabled children and especially those with progressive conditions</p> <p>Increase paid maternity and paternity leave – early relationships are so important</p> <p>Create opportunities in and out of schools to help raise children and young people’s aspirations – ending opportunity poverty</p> <p>Our education system - others, children especially disabled children. This perpetuates inequity and discrimination which affects wellbeing and health</p> <p>Rare disease strategy and implementation plan - his doesn’t include children properly</p> <p>Key working course for disabled children and families - ‘early support Wales’</p> <p>Schools need to have occupational therapists, physios, counsellors, speech and language therapists etc. as school staff</p> <p>Need to review existing pathway. Children and young adults are struggling with mental wellbeing</p>

Saunders Martin
21/03/2024 12:15:52

Survey insight:

Access to health and social care services was seen as the most important for the retired (40%), those who are not working (44%) (which might be due to long-term illness), and people with life limiting illness or disability (45%).

(Bevan Commission, Beaufort survey 2023)

WORKFORCE

"Please make the health and social care sector more desirable and better pay to retain our professionals in the UK. Most of them are choosing to leave"

"Acknowledgement and appreciation go a long way to staff job satisfaction and retention"

"As a carer to an elderly mother I have zero support"

"Overall, there are fantastic people who work in the sector providing 24/ 7 services and often go beyond pay grade and job definition to get the job done"

"I am an unpaid carer, and my health is not 100%, trying to get in touch with Social Services to help me is like talking to a wall. I have lost faith in them, and I definitely do not trust Adult Social Services"

The misalignment between health and social care services reportedly affects performance and creates tensions in the workforce. According to responses from the public, health and social care services were more joined up forty years ago than they are today. There was a general agreement amongst attendees that there are both similarities and differences in terms of the workforce challenges facing the health and social care sectors, which might be addressed with greater coordination. Population demographic trends were perceived as a real risk across both sectors in terms of changing population needs, and the recruitment and retention of staff. Workforce challenges identified by members of the public are set out below.

Workforce Challenges:

- **There is a need to align the wages** of the health and social care workforce.
 - A single budget for health and social care services might better enable the alignment of wages and workforce support.
 - Services should not be joined up until the pay gap of social care workers and healthcare workers is addressed.
- **The declining birth rate in Wales** will affect the capacity of the NHS and social care workforce in the future.
- **Community expectations are increasing** but *“it’s hard to pick up momentum”* when staff are tired and there are high levels of burnout.
- The current workforce is not able to deliver both prevention services and secondary care services.
- Current issues with **recruitment in the social care sector** leads to bed-blocking in hospitals.
- Better working conditions, more training, and reasonable working hours for staff are needed to ensure workforce sustainability.



Saunders, Nathan
21/05/2024 12:15:52

Social Care Issues Affecting Workforce and Service Outcomes:

The following discussion points arose from the town hall conversations relating to the social care workforce and its impact on services:

- **Social care and healthcare services** are not working together as effectively as they could, for example in drug and alcohol services, which is having detrimental impacts on people.
- **There is an inconsistency** in service provision across Wales, leading to the feeling of a *'postcode lottery'*.
- There is not enough **support for carers** from Welsh Government in terms of both navigating the system and providing financial support.
- **There is often a reliance on the care system** (e.g. medical solutions).
- **Paid and unpaid carers:**
 - **The expertise of carers** should be more widely recognised and considered when managing care and other non-medical and mental health issues.
 - **Carers can often become isolated and ill.** This is an issue that can have much wider impacts on those in receipt of care, therefore carers need greater levels of support to mitigate this challenge.
 - The physical and emotional impact of caring also need to be considered and addressed with appropriate support.
 - **Carers' mental health should be made a priority** as they are often *"left alone to work it out for themselves"*.
 - Carers work is often thought to be both undervalued and underpaid, making recruitment into the workforce even more challenging.
 - Carers are often not trained sufficiently, and they are not paid for their travel in between calls and yet they look after the most vulnerable in our society.
 - More carers are needed but there is a lack of **baseline data** related to the number of daytime carers due to complexities associated with the workforce.

Third Sector and Volunteers:

The following discussion points arose from the town hall conversations relating to the third sector and volunteers in Wales:

- **Cultural change at all levels is required** to allow the third sector to deliver services and support health and social care provision where both possible and appropriate.
- **Funding models** for third sector organisations need to be revisited:
 - The **short-term** nature of resources given to third sector organisations causes both **mistrust and inefficiency**.

Where third sector interventions have been evidenced as being effective, appropriate longer term financial support should be considered.

SaundersWatkins
21/03/2024 12:15:52

- **Longer-term, realistic budgeting** terms are needed instead of bundled budgets.
- **Competition of third sector for contracts** is a huge barrier, other sources that would 'flip through' would be needed.
- **Volunteering:**
 - Many services are dependent on volunteers, due to lack of funding, which is not considered sustainable in many cases.
 - Now the threat of Covid-19 has rescinded, people who used to do voluntary work are now doing other things, whilst getting them to return is an issue.
 - Volunteers are tired and worn out after their efforts during Covid and need to be *"reinvigorated"* and valued.
 - People are working longer due to increased costs of living, which has led to a decrease in the number of volunteers.
 - Third sector organisations find it hard to recruit volunteers.
- **Shared services:**
 - **Shared community vehicles** would be beneficial and more efficient as this cost places significant strain on financially limited charities.
 - **Funding to enable community led interventions is limited.** The ability of communities to *"do something on the ground"* to encourage better health and wellbeing from within is therefore restricted.
 - Where there is funding, this is often hard to find or blocked by red tape.



Saunders, N. 21/03/2024 12:15:52

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Taking care of vulnerable people in the community
	Ensure we maximise our tax raising powers
	Volunteer
Local/ Community	Easy to navigate systems – they are IMPOSSIBLE for patients!
	Stop organising services around medical disciplines
	Important not to rely on volunteers to run all community based activities. To keep some of these things running requires investment in paid staff
	Standardised staffing in organisations (and named roles)
	Place based services rather than centralisation
	Employers offering paid time for volunteering and wider volunteer support
	Consider the community as part of the solution / care package
	Transform existing buildings to provide services
	Collaborative working between health care, social care and voluntary organisations
National	Revise health care system to include some form of health insurance payment
	To deliver care closer to home requires greater financial investment. Preventative health is within 3rd sector
	UK Government = give out money better
	Consistency in funding for services across the whole of Wales
	People feeling valued by systems, community, government, (workplace is a huge issue)
	Create micro-enterprises of carers in their communities – look at ‘The Tribe Project’
	Value everyone not qualification
	Treat employees as adults, trust them, flexible time, better ‘leave’ packages

Saunders Nathan
21/03/2024 12:15:52



SECTION

02

SURVEY FINDINGS

To fully grasp the perceptions and visions of the public a concise representative online survey reflected the population patterns of Wales, while an extended national online survey invited a larger public, involving professionals, to engage with the wider thinking about health and wellbeing, and to express their priorities and opinions about the health and social care system in a structured way.

Saunders Nathan
21/03/2024 12:15:52

Sampling and Data Collection:

The representative survey was undertaken by Beaufort Research on a panel sample¹⁸. The extended national survey was distributed across social media channels, newsletters, and third parties. The national survey invited a broader public and professional view, responses were collected up to 10th November 2023.

Key differences of the two surveys:

	National survey	Representative survey
Geographic caption	7 health board areas	5 Region Groups of Unitary Authorities: North Wales, Mid/ West Wales, South West Wales, Valleys: Cardiff & South East Wales.
Gender	Male, female, non-binary, trans-gender, other	Male, female
Age group	Age group – 7 18-24, 25-34, 35-44, 45-54, 55-64, 65+, 18-	Age group – 6 16-34, 25-34, 35-44, 45-54, 55-64, 65+
Sample	877 valid responses	Representative sample, 1000 respondents
Ethnicity	White, Asian, Other, Mixed/Multiple, Black/ African/ Caribbean/ Black British	White, Black, Asian and Minority Ethnic
Other attributes	–	Welsh speaker, Social grade, Children in household, Urban/ rural, Tenure
Work/ Employment	Having been employed, employed, or never been employed in health and social care	Working status

18 Beaufort Omnibus surveys a representative survey of 1000 adults across Wales

NATIONAL SURVEY RESULTS

Descriptive statistics:

Descriptive statistics can be found in Annex 1. Most of the respondents were female (71%), and age groups were relatively evenly distributed. The ethnic background of respondents was predominantly White Caucasian (93%). The most represented area was Swansea Bay University Health Board (25%), and the least represented was Cwm Taf Morgannwg University Health Board (8%).

General Insights about Health and Wellbeing:

Satisfaction with health and social care:

More than a half of the respondents reported being satisfied with health and social care services.

Ownership of health and wellbeing:

The vast majority of the respondents (91%) reported having made an effort to improve their own health and wellbeing over the past 6 months, and yet agree that (76%) more could be done to support this. About 10% of the respondents believe that it is beyond them to make further improvements to their health.

Around 80% of the respondents felt capable of managing their own health and wellbeing, while 15% of respondents suggested that they needed further support to do so.

The public's responsibility for health and wellbeing:

How respondents view the public's role in taking more responsibility for their health and wellbeing depicts a slightly different picture. 77% of the respondents suggest that the public should take more responsibility, and a significant 16% chose to stay neutral about the issue, while 7% disagreed. Those who have previously worked or currently work in the sector tended to take a 'strongly agree' stance on the public's role in looking after their own health and wellbeing, while the general 'public' tends to take a more 'neutral' or 'agree' position.

The greatest influence on individual health and wellbeing:

Social connections, such as family, friends, and local community (20%), and employment & financial security (17%) were reported to have the greatest influence on people's health and wellbeing, followed by access to health and social care services (14%). Green spaces, housing, a healthy diet, and an active lifestyle were perceived to have a similar level of influence over respondents' own health and wellbeing. Despite health education being recurrently discussed at the town hall events, it was less prominent at the level of individual perceptions expressed through the survey (among 2% of respondents).

Sanders Nathan
27/03/2024 12:15:52

Variation across health board areas:

Analysis of variations in response across health board areas suggested that **green spaces** were more important in more urbanized areas, such as Cardiff and Swansea than for residents of Powys, Cwm Taf Morgannwg, and Hywel Dda health board areas. Employment/ financial security and access to services was seen as the most important for maintaining favourable health and wellbeing outcomes.

Access to health and social care services is seen as the most important influence on individual health and wellbeing by respondents that have never worked in health and social care, followed by active lifestyle, employment and diet.

Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and cost?

Waste reduction/improving efficiency (29%) and technology/new ways of working (26%) were viewed as the most important way to manage the challenges currently facing health and social care services. More than one fifth of the respondents thought that the public can be expected to take more responsibility for their own health and wellbeing. One in ten would consider raising taxes, and/or charging money for some of the services that are for free. Just 2% of the respondents would consider reducing the number of available services.

What can the public do to help health and social care services?

Those who currently work or have worked in the sector are more prone to believe the public should take greater responsibility, while respondents not affiliated with health and social care system see improved use of technology and taxes as the most effective part of the solution.

Overall, 83% of respondents agreed that the public could do more to help health and social care services for example cancelling unneeded appointments. Almost 9% remained neutral on this issue, and 8% disagreed.

However, while they agree the public could do more, town hall discussions have pointed to the difficulties of cancelling appointments due to poor communication channels, long waiting lists, and complicated pathways.

Saunders, Nathan
21/03/2024 12:15:52

REPRESENTATIVE SURVEY – KEY INSIGHTS

In the survey distributed by Beaufort Research, there were differences in the sampling approach when compared with the survey described above. The representative (Beaufort Research) survey included the five Region Groups of Unitary Authorities: *North Wales, Mid/West Wales, South-West Wales, The Valleys, and Cardiff & South-East Wales*. While the National Survey included different options for gender, the Representative Survey relied on a binary gender (male, female), and the age was grouped into six classifications of response. Findings from the representative survey distributed by Beaufort Research are discussed in the section below.

Which of the following would you say has the greatest influence on your health and wellbeing?

- Having an active lifestyle (44%), and access to a healthy diet (44%) ranked highest, followed by Social Connections (38%).
- Employment and financial security as a condition for good health was ranked as important by full-time employees (50%), people of Black, Asian and Minority Ethnic ethnicity (47%) tenure-owners with a mortgage (45%) and people renting from private owners (46%).
- Social connections for good health are considered the most important among the unemployed (60%), students (53%) and people living in rural areas (41%).
- Having an active lifestyle was perceived as most important among the self-employed (53%). Among those who have a limiting illness, health problem or disability, an active lifestyle (36%) is as important as social connections (36%).
- **Access to health and social care services** is most important for the retired (40%), not working 44% (might be due to long-term illness), and people with limiting illness or disability (45%).
- **Access to good housing as a prerequisite for health** is important among people of Black, Asian and Minority Ethnic ethnicity (39%), those who rent from a private landlord (39%) or from a council (36%), as well as others including those not working (35%), or those who have a limiting illness or disability (33%).
- Feeling part of the community was ranked as the least important contributor to health and wellbeing among people living in council-rent tenures (3%), the self-employed (4%), others not working (5%), and urban citizens (6%). Having a sense of community as a prerequisite for health and wellbeing was most important among people of Black, Asian and Minority Ethnic ethnicity (19%), and students (18%).

Saunders, Nathan
21/03/2024 12:15:52

Satisfaction with services:

Less than half of the respondents are satisfied with the health and social care services (13% very satisfied and 35% satisfied), with 17% suggesting that they are dissatisfied. Over a third of respondents expressed a neutral standpoint. Most dissatisfied were people with limiting illness or disability (23%), retired people (22%), and those living in council-properties. The least dissatisfied respondents were from the Valleys (12%), and young people, 16-34 (11%). This might be associated with less recent or frequent experience with the services, or due to the lack of need to access services. Most satisfied with the services were people in the AB and ABC1 social grade (both 54%), and females of 16-44 (56%) and over 45+ (51%).

In your opinion, how could health and social care services in Wales be improved?

More than a fifth of respondents (22%) would like to have easier access/better access/ better availability of services and overcome difficulties getting an appointment/more accessible/ more appointments. Shorter waiting times and quicker services stand in second place (19%), followed by funding/more investment into the system (16%). People living in rural areas would like to have more and better services (24%).

Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and cost?

Waste reduction/greater efficiency (64%) and technology/new ways of working(55%) ranked first, which were then followed by the expectation for the public to take greater responsibility (43%). Respondents of the Representative Survey were prone to see raising taxes (22%) and charging money for services (23%) as an alternative than in the other sample. No further significant variation was noted in the sample.

'The public should take more responsibility for looking after their own health and wellbeing':

In response to this statement, 75% of respondents agreed, and 18% took a neutral position. Men of an older population segment tended to 'strongly agree' with the statement more than women. 40% of males aged 45+ responded 'strongly agree', while only 18% of younger women (16-44) and 24% of women 45 years or older 'strongly agree'. 74% of males, and 70% of females agree in general. Full and part time employees, home-owners and retired people tended to agree more than people who were unemployed, living in council-owned properties, or students.

Saunders,Nathan
21/03/2024 12:15:52



SECTION

03

MESSAGE TO THE MINISTER – KEY ISSUES

"Be brave; if you can't be, how can we be healthier?"

Saunders Nathan
21/03/2024 12:15:52

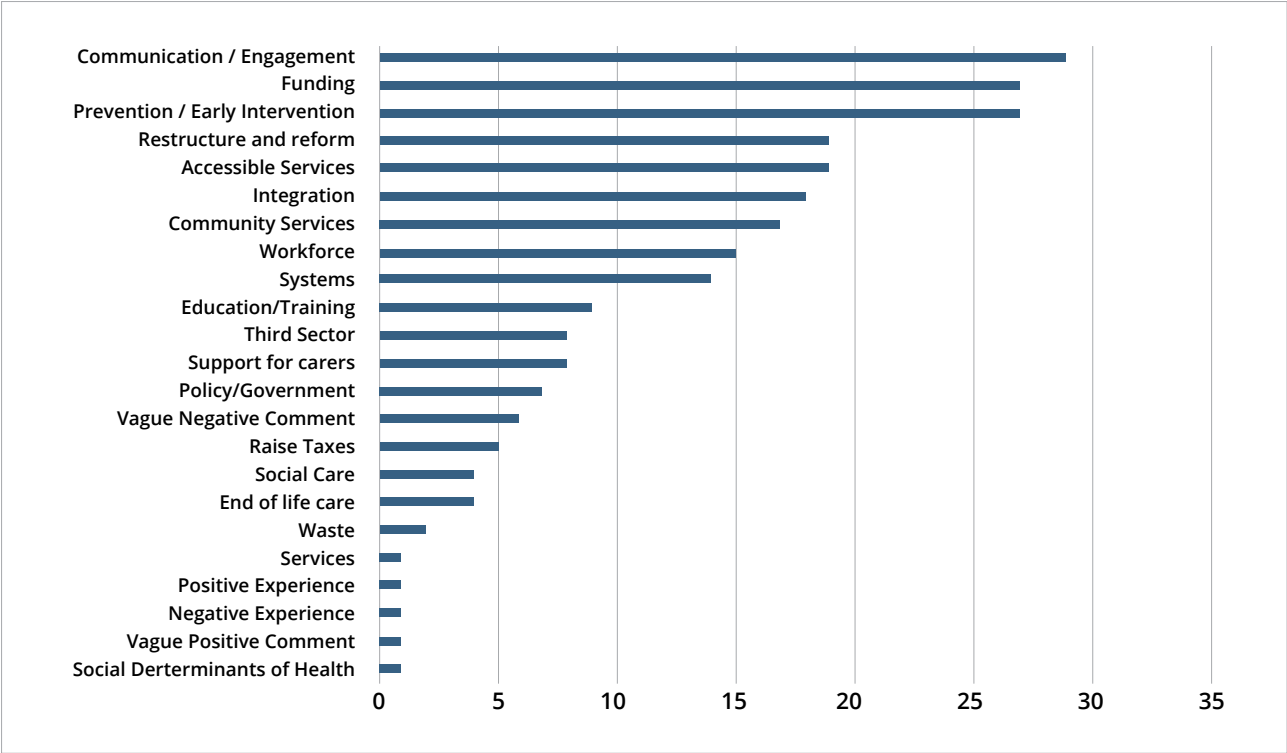
Participants at town hall events were also given the opportunity to send a *‘Message to the Minister’*. The table below provides a selection of quotes from the postcards written by people at the end of the town hall events. The full list of messages can be found in Annex 3.

Communication Citizen Engagement	<p>“Listen to healthcare and social care professionals. Listen to the clients and service users. Their stories can help you with making the necessary changes to our health and social care services. The system isn’t working, it isn’t helping those who need it or helping the brave workers of these services”</p> <p>“I understand your role is extremely pressured and so many people have different ideas on what should be done and how it should be done. My only request would be that you would learn and understand the stories behind the statistics. That you would listen to the voices of the people directly affected by your decisions”</p>
Funding	<p>“Can we please have more Transparency around our Wales Funding and where this is spent and how. Is the correct level of Autonomy given to the CEO’s / Chairs and Execs of the Wales Trusts and Health Boards in order to provide a successfully run organisation for the Public?”</p> <p>“Do you see that by investing and maintaining funding in provisions will save money elsewhere rather than saving with cuts. Cuts cause more overspend and pressure. False economy”</p>
Prevention & Early Intervention	<p>“The answer to our problems can’t be fixed through short-termism and focus on targets. Evidence shows that a radical system shift comes from focusing on community and prevention. We can’t effectively drive change if 90% of your priorities focus on acute service provision coupled with lack of funding for integrated care”</p>
Shared Responsibility	<p>“Supporting and empowering individuals and communities to take care and responsibility for their own health and wellbeing is a much more efficient and economical way of dealing with health, which takes into account specific community issues and strengths. Decentralizing health could be a positive solution to the issues faces by the NHS and other services”</p>
Restructuring and Change	<p>“The current structure of the NHS in Wales means health boards have far too much power. They lack the guidance from a more national body as seen in NHS England to share best practice (not to say that it’s perfect there either). We need to create a culture of improvement that benefits all, rather than competition between health boards. If best practice was shared by all, so much more could be achieved’</p> <p>“Delivery of future health needs requires a bold, radical change. Greater investment is needed in preventative health, community, primary care, social prescribing, and the voluntary sector. Bring back day centers, home help that shifts focus from care to ‘help’ others to help themselves. Integrate health and social care so there is one system wrap around holistic approach. ‘Humanity over Bureaucracy”</p>

Saunders, Nathan
21/03/2024 12:15:52

	"There is a need for fair access for all families to healthcare, childcare, reducing pressures on working families, wellbeing"
Access to Services	"People with disabilities and their carers need to be consulted and included more in the structure of the service to make it more person centered again. In recent years services have become completely inaccessible for people with support/communication issues"
Communities	"Communities have the ability to look after themselves but to do so, require sustainable and adequate investment in those community-based services"

Occurrence of Themes in Messages to the Minister



Saunders Nathan
21/03/2024 12:15:52



SECTION

04

OBSERVATIONS

Discussions at the town halls shed light on the most pertaining issues that people see and experience about health and the health and social care system today, the relevance of which is underpinned by the findings of the two surveys. What is most important, and hidden behind the structured presentation of the insights, are the observations, the experience, the sense of the conversation, the overarching lessons learnt and the knowledge shared during these sessions. Observations give direction and shape our perspective on which avenues to follow.

Saunders, Nathan
21/03/2024 12:15:52

Lots of the comments pertain to issues which are important and long-standing, and which could be described as 'wicked' system issues. There is less of an emphasis in the conversations on things that are achievable in the short term (although some do exist) for example in improving communication and using existing schemes such as Education for Patient Programmes more so. This, it seems, reflects the scale of the challenge, and the 'amount' and extent of the transformation that people are identifying is needed. The expectations and experiences of people are unaligned, and this is apparent in many of the comments that come through the conversations. In other words, the system is not delivering what people want or need.

There is a sense of powerlessness that comes through the report, with people feeling at a distance from those who make decisions about the health and social care services they need. There is an underlying issue around the agency, or otherwise of people, with a distinct tone in several the comments about awaiting guidance, and permission to be able to act. There are two implications of this, one that the 'system' might need to carefully consider how it could build confidence and enable people's contributions; and two for people not to wait until 'asked' to make a contribution. Being able to challenge clinicians to stop the overmedicalisation of care and the overspecialisation of diagnoses was an interesting example of this issue.



OBSERVATIONS GIVE DIRECTION AND SHAPE OUR PERSPECTIVE ON WHICH AVENUES TO FOLLOW

There is a challenge implicit in these comments around the lack of value placed on the time and energy patients and members of the public spend waiting and, in some cases, fighting the system – there is a plea to recognise the disconnect, and lack of integration both within and across services, which often causes this, which is being reflected in these conversations. We talk about 'spending' time doing things, but what does that mean when it comes to whether we value the time spent by the public waiting, or indeed trying to find their way around the system, especially for those who are working and have to find time to attend appointments, or because they make other important contributions to support the health and social care sector in the form of unpaid caring roles.

Saunders, Nathan
21/03/2024 12:15:52

'We should value unpaid carers as part of the broader health and social care workforce, and we need to think carefully about how best to support them to help make services and support more available and accessible to them.'

Raising taxes, progressive taxation, and the hypothecation of funding is an important theme throughout the conversations, alongside ensuring value from the resources we already have and some structural change, which is advocated both financially and organisationally. It is interesting to note the call for the depoliticization of the NHS, alongside the suggestion that structural and organisational integration and the development of a national health and social care service as a potential solution. The identified need to connect policy areas and legislation more thoroughly to enable seamless services to happen is interesting. Creative solutions to the challenge of funding were proposed and discussed, including supporting unpaid carers. The means-tested health tax is an interesting thought in this regard as is the comment that supporting unpaid carers supports the whole system and prevents spending. People also described wanting to be able to be more economically active in society but are prevented from doing this because of responsibilities around caring that could be removed (cf. Carenomics).

'Unsurprisingly, the economic circumstances that are besetting people currently are identified as a huge barrier to being/eating/living a healthier life.'

Perennial issues that beset health and social care services of poor communication was a key aspect of all the conversations. This included poor communication with individuals, between professionals, with the 'system' itself, as well as communication that could help individuals support their own health and well-being and that of others. At times this was simply about poor practice such that people felt 'out of the loop' and unable to get straightforward answers to simple questions. At other times it was seen as a fundamental flaw in the system preventing people accessing the information and support they needed. This issue also served to underline the broader point about the powerlessness that people were expressing in the face of large organisations and a complex system. Communication also highlighted the broader health literacy and education context for people of all ages. Opportunities such as the Education for Patients Programmes, the NHS App. Making Every Contact Count, and the new school curriculum in Wales all provide useful opportunities to build upon in the short term. It also raises the potential of technology as a key enabler alongside wider issues relating to data sharing, which would benefit from further conversations.

A key overarching theme is the reprioritization of prevention, early intervention, rehabilitation, and investment in primary and community services closer to home. Linked to this was the need for the statutory sector to validate the important role of the third sector in supporting health and wellbeing providing flexible, responsive and meaningful local support for people. The lack of sustainable long term funding for important third sector services appear as persistent and ongoing challenge as was the difficulty in recruiting volunteers to support local needs especially post-pandemic.

People were given ample opportunity to explore individuals' and families' responsibility for health challenges, and what action they should be expected to take on their own behalf. Generally, several possible actions were identified for this line of our three-part classification (individual-community-national). However, all of the discussions were strongly influenced by an awareness of the power impact of social and economic factors in shaping and constraining those choices and actions, and therefore how it may be unrealistic to expect much change from the most disadvantaged (economically as well as in terms of health expectancy). There was less discussion about cultural factors which may stand outside the socio-economic context – these were occasionally raised, albeit tentatively.



Saunders Nathan
21/03/2024 12:15:52

People's sense that many of these problems are almost unsolvable in practice links to several other findings. This is partly based on what people see as the lessons of history – perhaps fueled by a somewhat unreflectively negative perception of change over the past 10-20 years? They often subscribed to the view that there was a gap between what policy and legislation espoused, and the lived experience. This gap was in part explained by lack of resources, lack of real (and sustained) determination to make change happen, and by an opaque set of institutions and processes which often seemed to dance to others' tunes (all rather vague and unspecified). There was therefore some discussion about what other tools might be more effective: if not policy documents and legislation, then what? This touched on mechanisms which might pass more control to individual citizens, such as personalised budgets; greater and easier choice of providers; and actionable rights. None of these were explored in detail, but this is a rich seam which might be explored in subsequent work.

This links most obviously to people's support for relatively radical change, and for their assessment that Bevan's Principles were not being implemented very strongly. Whilst most supported the principles of 'free at the point of delivery, accessible by all and comprehensive', it may also have a bearing on the – albeit minority – view that some of the principles were now ripe for re-evaluation. This latter was not extensively explored, but again might be worthy of future examination.



THERE WAS VERY LITTLE SPONTANEOUS CELEBRATION OF PROGRESS OVER THE PAST 10-20 YEARS

Some topics are interesting for their absence. There was very little discussion about population migration, and the impact of immigration; employers were seldom mentioned (as either causes of resolvers of problems); and – with the exception of the Swansea Bay University Health Board group – little discussion about the different circumstances of different ethnic groups. There was also very little focus on the question of 'who pays', in a country where the challenges to public spending are well-rehearsed, and where the Welsh economy has significant challenges of its own.

What was people's sense of trends and change over time – past, present, and future? We did not ask this specifically, but some underlying assumptions may cautiously be inferred. Looking backwards, there was very little spontaneous celebration of progress over the past 10-20 years. The focus was mainly on current challenges, with recognition of the growing needs and demands on the services.

Sunder Nathan
11/02/2024 12:15:52

There was quite a lot of discussion about the impact of the pandemic – that it may have reinforced isolation and reduced community and social capital; but that the full effects are still emerging. As to the future, although many challenges were readily identified, there was little sense of impending catastrophe or existential challenge (the ‘collapse of the welfare state’), and perhaps a degree of optimism and self-efficacy: an underlying confidence that a better future could be created, if the changes identified were actually implemented, but that the time for marginal reform was gone.



Saunders, Nathan
21/05/2024 12:15:52



SECTION

05

CONCLUSIONS

This Conversation with the Public is but one episode in a story which needs to be a constant and ongoing priority. Policy makers, and those charged with delivering services to address local needs should be talking with and listening to those who use their services, far more than they do at present. This dialogue with the public should be seen as a vital part of providing high-quality health and social care services.

Saunders, Nathan
21/03/2024 12:15:52

This report provides an insightful overview of the conversations and surveys undertaken with the public as part of the Bevan Commissions 'Conversation with the Public'. This took place within a relatively short time frame with the support of local health board engagement teams and local Llais teams leading engagement in their localities. It also provides a useful template and basis for learning to inform subsequent work in further depth.

People across Wales want to engage more on issues related to their health and social care, where they clearly see the need for change, and are willing to support others to realise this. And they have some interesting views – the appetite for radical change, for example, the willingness to question some of our 'traditional thinking', and a frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own pre-occupations rather than those of the public – which should perhaps inspire and jolt us all.

The report highlights a number of important and consistent core themes they identified including the need for; more integration, better communication, prevention and early intervention, greater shared responsibility, empowerment and improved access to services and support. Within each of these we have set out their proposed solutions, many of which provide helpful, practical suggestions on how these can be improved and made more effective and efficient.

The people we met spoke from the heart, with a real desire to make things better. Politicians, policy leads and professionals should listen to people who use their services, many of whom have more prudent solutions. The discussions also revealed a recognition of the need for more urgent and radical transformational change, including support to enable people to take greater responsibility for their own health and wellbeing, within their local communities.



THE PEOPLE WE MET SPOKE FROM THE HEART, WITH A REAL DESIRE TO MAKE THINGS BETTER

The Bevan Commission made a commitment to participants to bring their insights and ideas to the attention of key leaders in health and social care. There is much in this document that now requires both reflection and action. Some ideas echo what policy makers have been seeking for some time, and now need a real thrust forward; there are others which may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care faces an existential challenge. What is also clear is a recognition that health is everyone's business and we all have a role and responsibility to play a part in securing its future. We would encourage that this paper and its suggestions are actively used to inform policy and improve practice in health and social care from 2024 on.

Annex 1. Graphs and Statistics of the National Survey

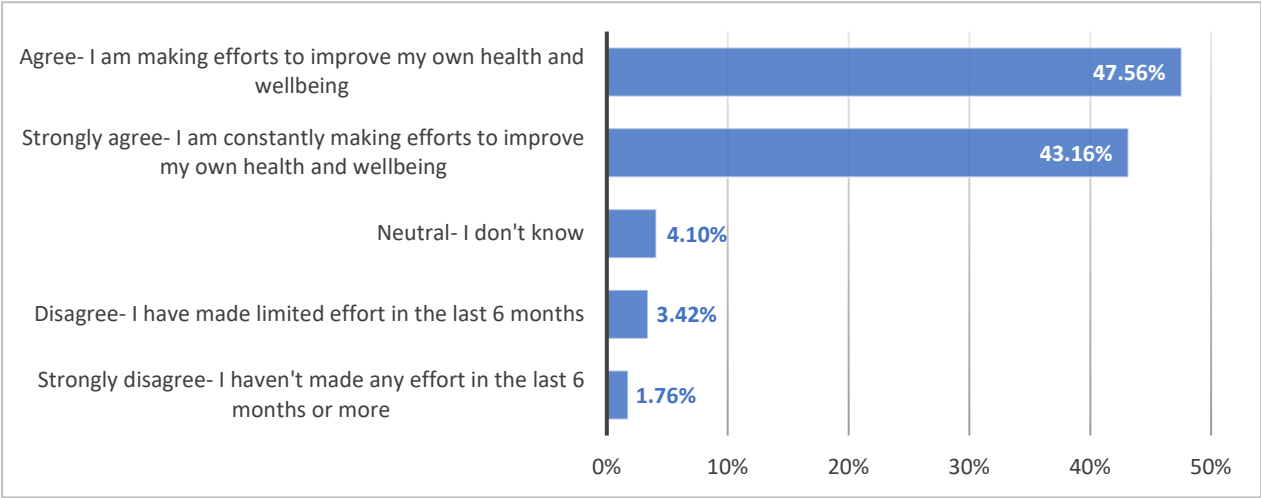
Descriptive statistics of the National Survey

<i>Descriptive statistics</i>	
Age	
18 - 24	2%
25 - 34	7%
35 - 44	17%
45 - 54	24%
55 - 64	27%
Above 65	23%
Below 18	0%
Total	100%
Gender	
Female	71%
Male	27%
Prefer not to say	2%
Non-binary	1%
Trans-gender	0%
Other	0%
Total	100%
Ethnicity	
White / Caucasian	93%
Prefer not to answer	3%
Asian/Asian British	1%
Other ethnic group	1%
Mixed/Multiple ethnic groups	1%
Black/African/Caribbean/Black British	1%
Total	100%
Health board area in Wales	
Swansea Bay University Health Board (Swansea and Neath Port Talbot)	25%
Cardiff and Vale University Health Board	19%
Hywel Dda University Health Board (Carmarthenshire, Ceredigion and Pembrokeshire)	18%
Powys Teaching Health Board	11%
Aneurin Bevan University Health Board (Gwent)	10%

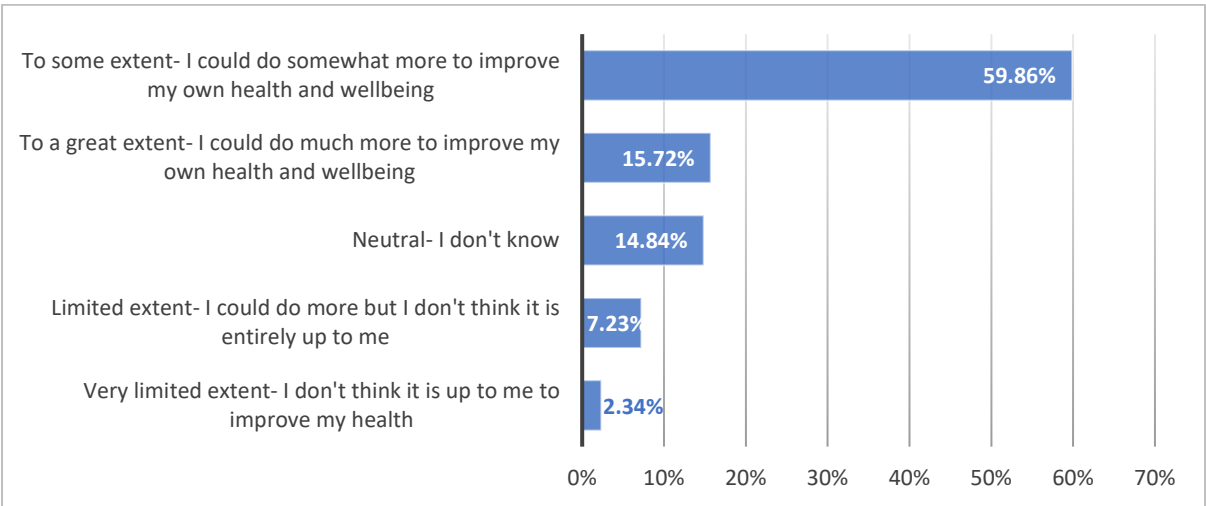
Betsi Cadwaladr University Health Board (North Wales)	9%
Cwm Taf Morgannwg University Health Board (Bridgend, Merthyr Tydfil and Rhondda Cynon Taf)	8%
I don't know	1%
Total	100%

Survey Results

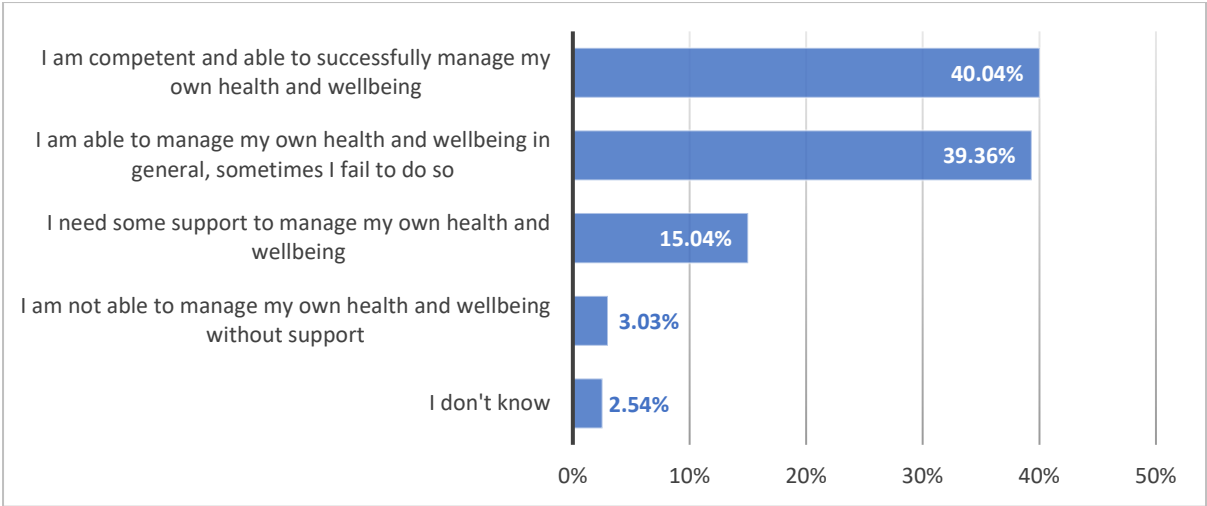
Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?



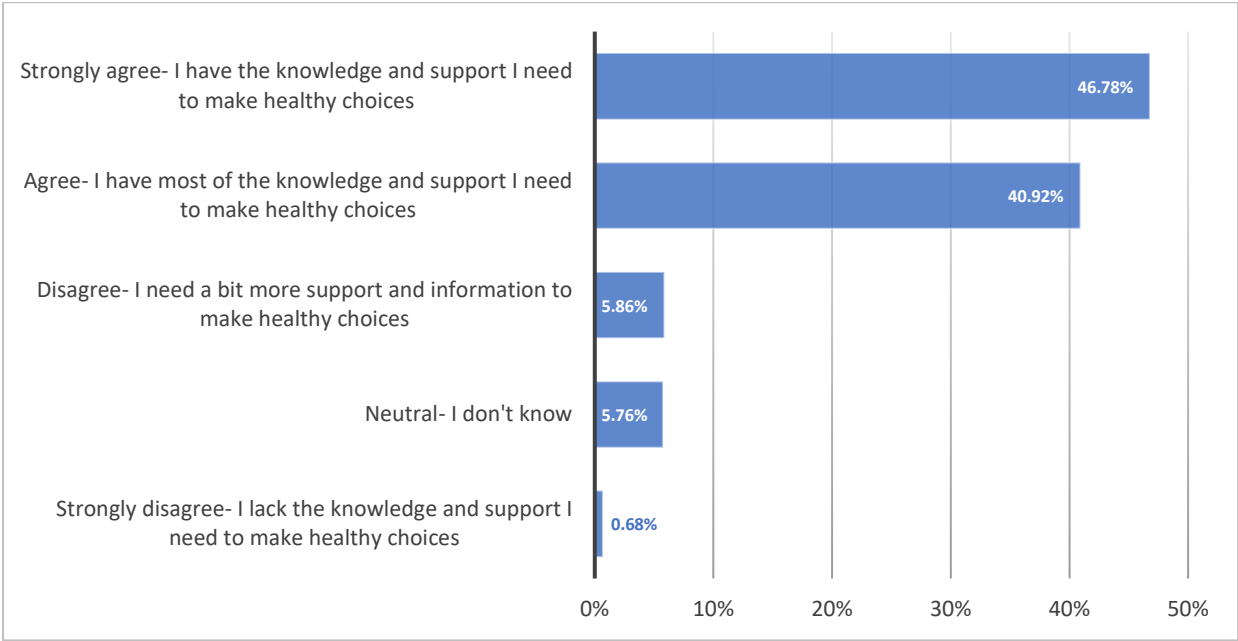
To what extent do you think you could do more to improve your health and wellbeing?



To what extent do you feel able to effectively manage your own health and wellbeing?

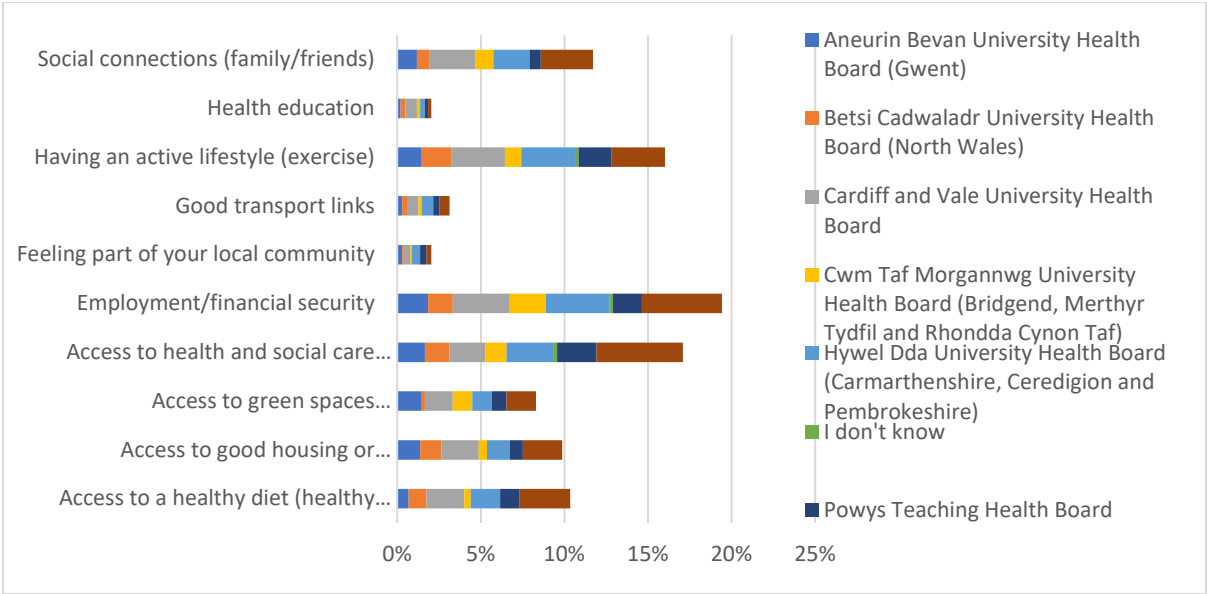


Do you feel you have the knowledge and support to make healthy choices regarding your health and wellbeing (lifestyle, food, work-life balance, etc)?

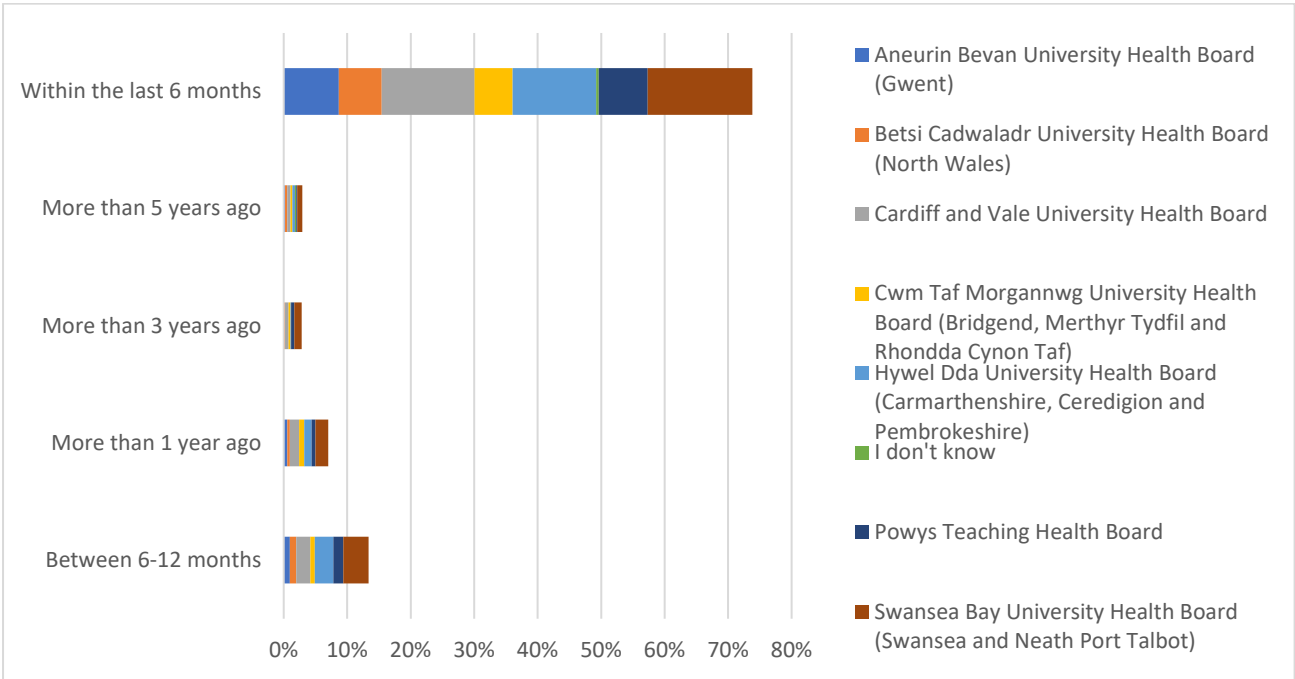


Which of the following would you say have the greatest influence on your health and wellbeing?
By health board area:

Saunders, Nathan
21/03/2024 12:15:52

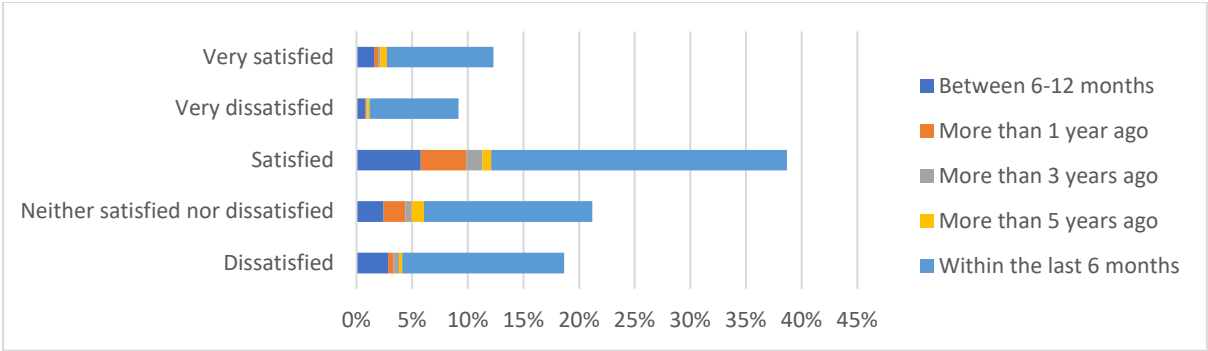


Last used services by Health Board area:

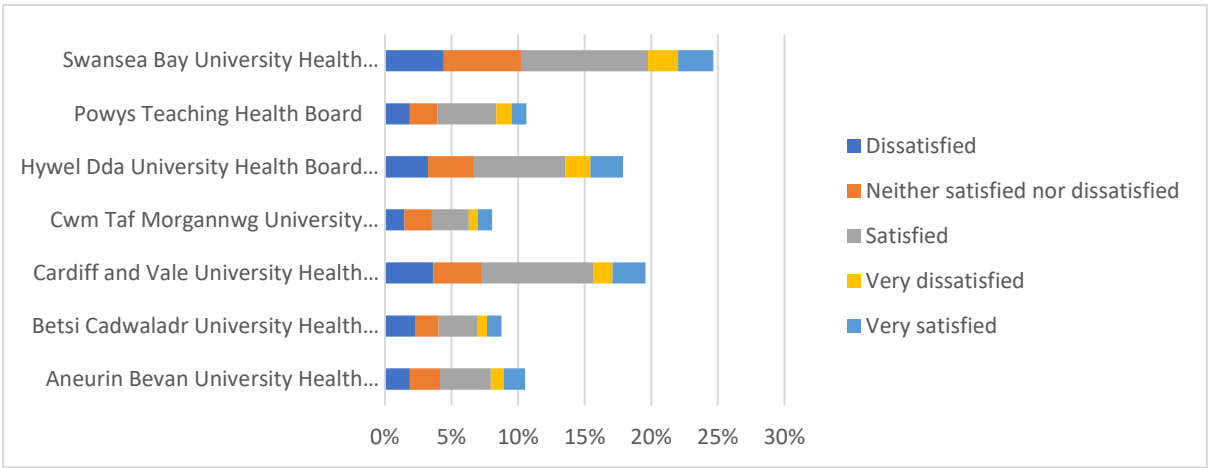


Satisfied with services by last use of services

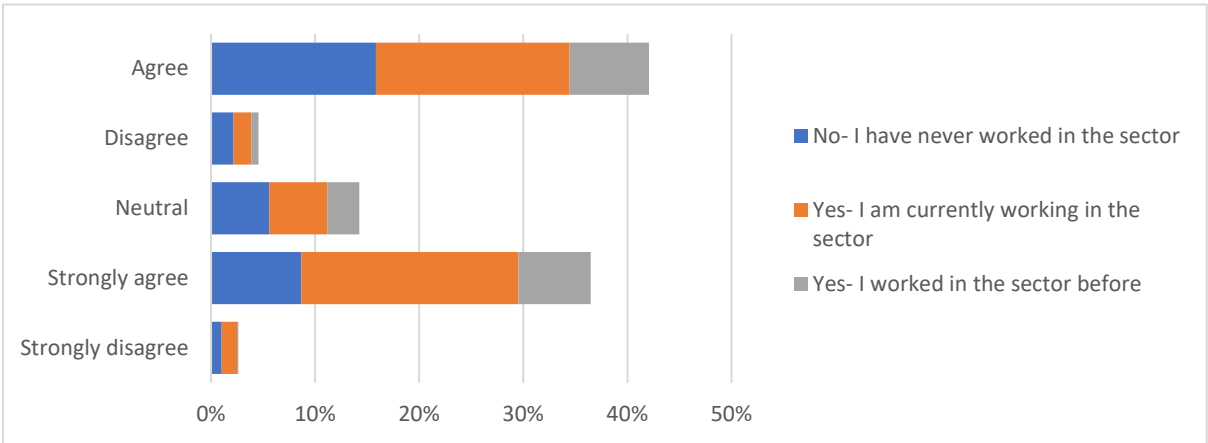
Saunders, Nathan
21/03/2024 12:15:52



Satisfied with services by Health Board

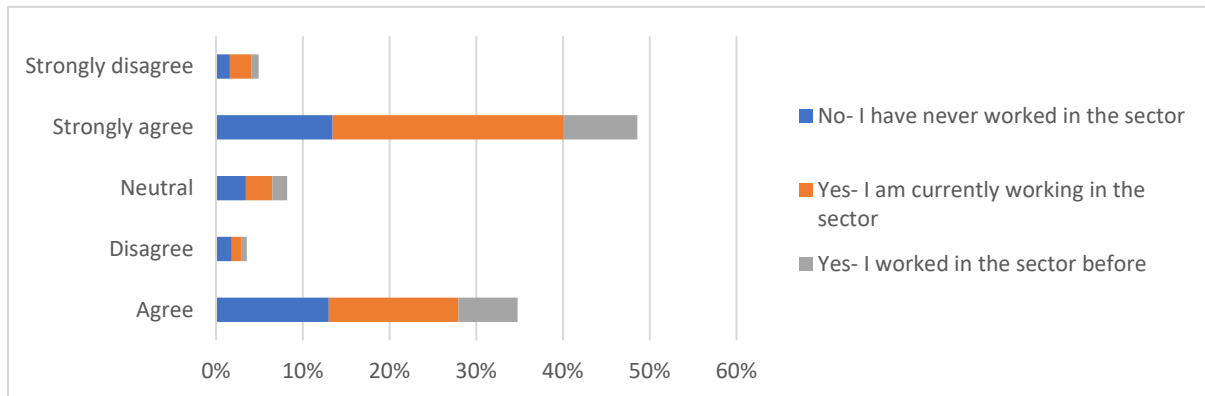


The public could do more to help health and care services by e.g. cancelling unnecessary appointments, or unneeded prescriptions/ Experience (worked/ works/ never worked in the sector)

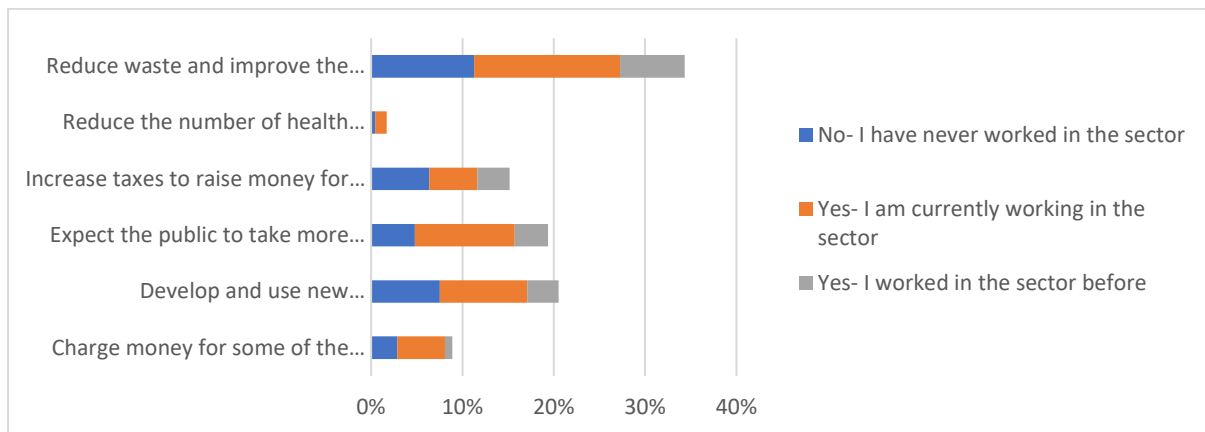


Saunders, Nathan
21/03/2024 12:15:52

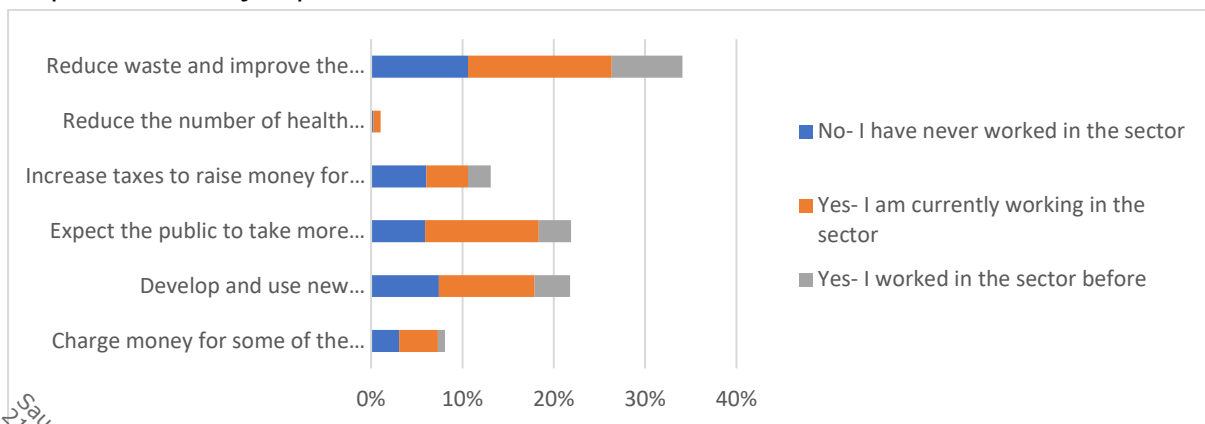
*The public should take more responsibility for looking after their own health and wellbeing/
Experience (worked/ works/ never worked in the sector)*



Which of these would be MOST likely to help the health and social care sector in Wales tackle the current challenges of increased demand and cost, by Experience (worked/ works/ never worked in the sector)



Help the sector by experience (worked/ works/ never worked in the sector)



Saunders Nathan
21/03/2024 12:15:52

Annex 2.

Figure 1. Addressing the pressure on NHS staff and increasing the number of staff are the public's top priorities for the NHS (source: The Health Foundation)

Addressing the pressure on NHS staff and increasing the number of staff are the public's top priorities for the NHS

These priorities are also more important for the public than in May 2022, with 40% saying the pressure on NHS staff is a priority (up from 36% in May) and 39% the number of staff (also up from 36% in May). The public are also more likely to prioritise improving waiting times for A&E than they were in May 2022 (up from 25% to 31%).

▲ Sig. difference
▼ from May 22

When it comes to the NHS, which two or three of the following do you think should be prioritised?

Statement	Nov 22 results	May 22	Nov 21
Addressing the pressure on or workload on NHS staff	40% ▲	36%	37%
Increasing the number of staff in the NHS	39% ▲	36%	36%
Improving waiting times for routine services such as diagnostic tests or operations	35%	38%	35%
Improving waiting times for A&E	31% ▲	25%	20%
Making it easier to get face-to-face GP appointments	26%	29%	27%
Making it easier to get appointments at GP practices	24%	24%	22%
Improving the wellbeing of NHS staff	23%	21%	22%
Improving mental health services	16%	22%	22%
Improving the standard of care in hospitals	12%	12%	10%
Reducing inequalities in people's chances of living a long and healthy life	12%	14%	12%

Bases: All participants, Nov 2022 n=2,063 24th – 30th November 2022, May 2022 n=2068 26th May – 1st June 2022, November 2021 n=2101 25th November – 1st December 2021.
All conducted online via KnowledgePanel UK.

37 © Ipsos | Health Foundation – Policy Polling Programme Wave 3 Report | February 2023 | PUBLIC



Figure 2. There are differences in how groups prioritise 'waiting times for A&E', 'getting face-to-face GP appointments', and aspects related to NHS staff (source: The Health Foundation)

There are differences in how groups prioritise 'waiting times for A&E', 'getting face-to-face GP appointments', and aspects related to NHS staff

Priority	Group differences
Waiting times for A&E	People from ethnic minority backgrounds (42%), those living in the most deprived areas (38%), or working in lower supervisory and technical occupations (42%)* are all more likely to prioritise this than the average (31%).
Getting face-to-face GP appointments	Those aged 55+ (35%), not working full time (28%), non-graduates (30%) or those who intend to vote Conservative (33%), are more likely to prioritise 'making it easier to get face-to-face GP appointments' (26%).
Addressing the pressure on or workload of NHS staff Increasing the number of staff in the NHS Improving the wellbeing of NHS staff	Those who intend to vote Labour or who know someone who works in the NHS are more likely to prioritise all three outcomes compared to the average; those aged 16-34 (35%) are more likely to prioritise 'improving the wellbeing of NHS staff'; and those in the North East (53%) are more likely to prioritise 'increasing the number of staff in the NHS' compared to the average (39%)*.

*Please interpret with caution as they are based on less than 100 participants

© Ipsos | Health Foundation – Policy Polling Programme Wave 3 Report | February 2023 | PUBLIC



Figure 3. How much responsibility, if any, do you think the following have for ensuring people generally stay healthy? (Source: Public Health Wales, Time to talk, 2023. Jan)

How much responsibility, if any, do you think the following have for ensuring people generally stay healthy?*

	A great deal	Fair amount	Not very much	No responsibility at all
Individuals themselves	81%	16%	2%	0%
Private sector	39%	45%	11%	3%
The Government	49%	36%	11%	2%
NHS	46%	43%	9%	2%
Local Authorities	34%	45%	15%	5%
Employers	29%	47%	18%	4%

*Prefer not to say, Don't know: ≤1% each for all statements

Saunders, Nathan
21/03/2024 12:15:52

A Conversation with the Public

Challenges and Opportunities for Change

Annex 3

Saunders Nathan
21/03/2024 12:15:52

Wales Omnibus

Bevan Commission

September 2023



Saunders, Nathan
21/03/2024 12:15:52

Prepared for:
Bevan Commission

Prepared by:
Beaufort Research

Contact Details

Agency contacts: Owen Knight / Fiona McAllister

Project: B02310-4

Date: September 2023

Beaufort Research

2 Museum Place
Cardiff
CF10 3BG

Tel: (029) 2037 8565

E-mail: enquiries@beaufortresearch.co.uk

www.beaufortresearch.co.uk

Terms of Contract

Unless otherwise agreed, the findings of this study remain the copyright of Beaufort Research Ltd and may not be quoted, published or reproduced without the company's advance approval.

Approval to quote or publish will only be withheld on the grounds of inaccuracy or misrepresentation.

Any approved publication must detail: Beaufort Research Ltd as provider, sample size and field dates.

© Beaufort Research Ltd 2023



TECHNICAL NOTE ON SURVEY METHODOLOGY

Sampling and Fieldwork

The Omnibus sample is designed to be representative of the adult population resident in Wales aged 16 and over. Interviews were undertaken online using the Cint online panel exchange platform.

The Cint platform and its products comply with ESOMAR, MRS, ARF, MRIA, AMA, AMSRO and Insights Association standards. Cint also complies with ISO 20252. Multiple data quality checks are built into the Cint system including GEO IP check and CAPTCHA at registration, unique respondent identification and fraudulent behaviour checks. On top of this Beaufort builds in its own quality control questions and measures within the survey and excludes respondents who fail these checks.

The survey was subject to interlocking demographic quota controls of age within gender. A further separate quota control was set on social grade and questionnaires were completed by residents of every local authority in Wales.

Online surveys were configured for PC/tablet and smartphone completion and English and Welsh versions of each were offered to every respondent.

Fieldwork for the September 2023 survey took place between 18 September and 8 October 2023. A total of 1,000 interviews were completed and analysed.

Tabulations

Data has been weighted by age group, gender, Local Authority grouping and social grade to match 2021 Census figures and ensure it is fully representative of the adult population (16+) in Wales.

Tables are presented in the form of numbers and integer percentages with the un-weighted and weighted sample base shown at the top of each column. Where the base is anything other than the total sample this is indicated underneath the table heading and follows logically from the question sequence and routing.

Arithmetic rounding to whole numbers means that columns of percentages do not necessarily sum to exactly 100%. Where more than one answer can be given to a question the sum of percentages may exceed 100%. 0 denotes a weighted sample of less than 0.5 and 0% denotes a percentage of less than 0.5%. Where column bases are less than about 50, percentages need to be interpreted with care.

A standard analysis of questions asked is provided as an integral part of the service involving demographic information collected as a matter of course towards the end of the interview.

Saunders Nathan
21/03/2024 12:15:52

GUIDE TO THE TABULATIONS

- 1. Tables are presented in question order with the question number analysed shown at the top of the table.
- 2. The sample bases are shown at the top of each column.
- 3. Where the base for a table is not the total sample it is described underneath the table heading.
- 4. Tables are in the form of integer column percentages and actual sample numbers.
- 5. Arithmetic rounding to whole numbers means that columns of percentage do not necessarily sum to exactly 100%.
- 6. Where more than one answer can be given to a question the sum of percentages may exceed 100%.
- 7. 0 denotes a weighted sample of less than 0.5 and 0% denotes a percentage of less than 0.5%.
- 8. Care should be taken in interpretation of data where the base sizes are particularly small. The following is a guide showing confidence intervals attached to various sample sizes (showing confidence intervals where the results would be at 50% and at 10 or 90%).

95% Confidence Intervals (excluding design factors) for different results with different sample sizes:

	Un-weighted Sample Size				
	1,000	500	300	200	100
50%	+/-3.1%	+/-4.4%	+/-5.7%	+/-6.9%	+/-9.8%
10 / 90%	+/-1.9 %	+/-2.6 %	+/-3.4%	+/-4.2%	+/-5.9%

For example, if 50% of a **sample of 1,000** answers “Yes” to a question, we can be 95% sure that between 46.9% and 53.1% of the population holds the same opinion (i.e. +/-3.1%). However, if 50% of a **sample of 100** answers “Yes” to a question, we can be 95% sure that between 40.2% and 59.8% of the population holds this opinion (i.e. +/-9.8%), etc.

A column breakdown has been used to analyse against all questions (see next page)

Saunders Nathan
21/03/2024 12:15:52

CLASSIFICATION 1:

Region *Groups of Unitary Authorities* (5 columns)

North Wales: Isle of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham

Mid / West Wales: Carmarthenshire, Ceredigion, Pembrokeshire, Powys

South West Wales: Bridgend, Neath Port Talbot, Swansea

Valleys: Blaenau Gwent, Caerphilly, Merthyr Tydfil, Rhondda Cynon Taff

Cardiff & South East Wales: Cardiff, Monmouthshire, Newport, Torfaen, Vale of Glamorgan

Gender of respondent (2 columns)

Age of respondent (6 cols)

Combined age group (3 cols)

CLASSIFICATION 2:

Social grade (based on occupation / work status of chief income earner) (4 cols)

Combined social class (2 cols)

Age within sex of respondent (4 columns)

Welsh speaker (yes / no – 2 columns)

CLASSIFICATION 3:

Children in household (2 cols)

Tenure (5 columns)

Working status (8 columns)

Limiting illness, health problem or disability (2 columns)

Ethnicity (2 columns)

Urban / rural (2 columns)

QUESTIONS ASKED

These appeared on the questionnaire as shown overleaf

Saunders, Nathan
21/03/2024 12:15:52

B02310-4

Beaufort Wales Omnibus Survey – September 2023

Questions - FINAL

1. Which of the following would you say have the greatest influence on your health and well being? Please select up to three options.

[ORDER OF RESPONSE OPTIONS TO BE RANDOMISED]

Access to good housing or accommodation	<input type="checkbox"/>	Social connections (family/friends)	<input type="checkbox"/>	Access to a healthy diet (healthy food)	<input type="checkbox"/>	Having an active lifestyle (exercise)	<input type="checkbox"/>	Access to green spaces (parks/nature)	<input type="checkbox"/>
---	--------------------------	-------------------------------------	--------------------------	---	--------------------------	---------------------------------------	--------------------------	---------------------------------------	--------------------------

Feeling part of your local community	<input type="checkbox"/>	Good transport links	<input type="checkbox"/>	Access to health and social care services	<input type="checkbox"/>	Employment / financial security	<input type="checkbox"/>	Health education	<input type="checkbox"/>
--------------------------------------	--------------------------	----------------------	--------------------------	---	--------------------------	---------------------------------	--------------------------	------------------	--------------------------

2. How satisfied are you with your past experiences of using health and social care services in Wales?

Very dissatisfied	<input type="checkbox"/>	Dissatisfied	<input type="checkbox"/>	Neither satisfied nor dissatisfied	<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Very Satisfied	<input type="checkbox"/>
-------------------	--------------------------	--------------	--------------------------	------------------------------------	--------------------------	-----------	--------------------------	----------------	--------------------------

3. In your opinion, how could health and social care services in Wales be improved?

--

4a. Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs?

Please select all that apply

Reduce the number of health and social care services that are available	<input type="checkbox"/>	Reduce waste and improve the efficiency of health and social care services	<input type="checkbox"/>	Increase taxes to raise money for health and care services	<input type="checkbox"/>	Charge money for some of the services that are currently free	<input type="checkbox"/>	Expect the public to take more responsibility for their own health and wellbeing	<input type="checkbox"/>	Develop and use new technologies and different ways of working	<input type="checkbox"/>
---	--------------------------	--	--------------------------	--	--------------------------	---	--------------------------	--	--------------------------	--	--------------------------

ASK IF MORE THAN ONE SELECTED AT Q4a:

4b. And which one of these do you think would be MOST likely to help the health and social care sector in Wales tackle the current challenges of increased demand and costs?

LIST OF RESPONSE OPTIONS SELECTED AT Q4A

5. To what extent do you agree or disagree with the statement below?

“The public should take more responsibility for looking after their own health and wellbeing”.

Strongly Disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Strongly Agree	<input type="checkbox"/>
-------------------	--------------------------	----------	--------------------------	----------------------------	--------------------------	-------	--------------------------	----------------	--------------------------

Saunders,Nathan
21/03/2024 12:15:52

Analysis...: QBF1 Which of the following would you say have the greatest influence on your health and well being? Please select up to three options.
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Having an active lifestyle (exercise)	440 44%	98 44%	79 47%	79 47%	72 42%	112 42%	236 49%	203 39%	43 44%	82 45%	76 43%	51 42%	101 45%	87 44%	125 45%	127 43%	188 45%
Access to a healthy diet (healthy food)	436 44%	93 42%	74 44%	78 46%	68 40%	122 46%	201 42%	234 45%	42 43%	71 39%	71 40%	59 48%	100 44%	94 47%	113 41%	130 43%	193 46%
Social connections (family/friends)	382 38%	82 37%	62 37%	74 44%	61 36%	102 38%	160 33%	221 43%	47 48%	68 38%	74 42%	46 37%	68 30%	79 40%	115 41%	120 40%	147 35%
Employment / financial security	373 37%	74 33%	61 37%	67 39%	64 37%	107 40%	200 41%	173 34%	37 38%	84 47%	76 43%	48 39%	76 34%	52 26%	121 43%	123 41%	128 30%
Access to green spaces (parks/nature)	320 32%	91 41%	51 30%	45 26%	59 34%	73 28%	152 31%	168 33%	22 22%	47 26%	58 33%	43 35%	79 35%	72 36%	68 24%	101 34%	151 36%
Access to health and social care services	313 31%	63 28%	57 34%	57 33%	61 35%	77 29%	126 26%	187 36%	13 14%	53 29%	50 28%	36 29%	76 34%	85 43%	66 24%	86 29%	161 38%
Access to good housing or accommodation	268 27%	63 28%	41 24%	43 25%	44 26%	77 29%	125 26%	143 28%	32 33%	49 27%	37 21%	33 27%	71 32%	47 24%	81 29%	69 23%	118 28%
Good transport links	103 10%	28 13%	12 7%	11 7%	21 12%	30 11%	51 11%	52 10%	11 11%	20 11%	19 11%	11 9%	25 11%	17 9%	31 11%	30 10%	43 10%
Health education	90 9%	15 7%	16 9%	21 12%	14 8%	25 9%	47 10%	43 8%	11 12%	17 9%	16 9%	8 7%	26 12%	12 6%	28 10%	24 8%	38 9%
Feeling part of your local community	75 8%	16 7%	10 6%	10 6%	16 9%	24 9%	47 10%	29 6%	14 14%	11 6%	16 9%	5 4%	10 5%	19 10%	25 9%	21 7%	29 7%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF1 Which of the following would you say have the greatest influence on your health and well being? Please select up to three options.
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Having an active lifestyle (exercise)	440 44%	94 45%	145 51%	89 43%	112 38%	239 48%	201 40%	113 49%	124 49%	88 39%	115 40%	139 39%	301 47%
Access to a healthy diet (healthy food)	436 44%	97 47%	133 46%	86 41%	120 40%	230 46%	207 41%	89 39%	112 44%	94 41%	140 48%	155 44%	281 44%
Social connections (family/friends)	382 38%	70 33%	119 41%	83 40%	110 37%	188 38%	194 38%	87 38%	72 29%	101 45%	120 41%	147 42%	235 36%
Employment / financial security	373 37%	84 40%	124 43%	85 41%	80 27%	208 42%	165 33%	103 45%	97 38%	94 42%	79 27%	125 35%	247 38%
Access to green spaces (parks/nature)	320 32%	68 33%	73 25%	64 31%	114 38%	141 29%	178 35%	70 30%	82 32%	56 25%	112 38%	113 32%	206 32%
Access to health and social care services	313 31%	57 27%	80 28%	65 31%	112 38%	136 28%	177 35%	48 21%	77 30%	68 30%	119 41%	111 31%	202 31%
Access to good housing or accommodation	268 27%	64 31%	69 24%	50 24%	85 29%	133 27%	136 27%	55 24%	70 28%	62 28%	81 28%	88 25%	179 28%
Good transport links	103 10%	20 10%	19 7%	22 10%	42 14%	39 8%	64 13%	23 10%	28 11%	27 12%	25 9%	34 10%	69 11%
Health education	90 9%	20 10%	28 10%	24 11%	18 6%	48 10%	42 8%	22 9%	25 10%	23 10%	21 7%	29 8%	59 9%
Feeling part of your local community	75 8%	15 7%	21 7%	16 8%	24 8%	36 7%	39 8%	26 11%	21 8%	15 7%	14 5%	31 9%	45 7%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF1 Which of the following would you say have the greatest influence on your health and well being? Please select up to three options.
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure				Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural		
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working			Not answered	Yes	No	White	BAME
Base		Yes	No																			
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Having an active lifestyle (exercise)	440 44%	136 44%	304 44%	165 46%	132 51%	58 35%	70 40%	13 39%	175 48%	54 42%	32 53%	14 38%	22 38%	104 47%	51 31%	3 37%	108 36%	332 48%	421 45%	15 29%	227 42%	214 47%
Access to a healthy diet (healthy food)	436 44%	122 40%	314 45%	177 49%	121 47%	61 37%	65 38%	9 27%	163 45%	46 36%	26 43%	16 45%	22 38%	100 46%	74 45%	4 48%	122 40%	315 45%	410 44%	24 46%	242 45%	194 42%
Social connections (family/friends)	382 38%	102 33%	280 40%	140 39%	106 41%	63 38%	58 34%	14 40%	128 35%	46 36%	17 29%	22 60%	31 53%	86 39%	63 39%	- -	109 36%	273 39%	363 39%	17 32%	196 36%	186 41%
Employment / financial security	373 37%	124 40%	249 36%	116 32%	118 45%	49 30%	79 46%	11 31%	182 50%	51 40%	23 38%	15 42%	21 35%	56 26%	39 24%	2 19%	88 29%	285 41%	345 37%	24 47%	223 41%	150 33%
Access to green spaces (parks/nature)	320 32%	92 30%	227 33%	126 35%	81 31%	50 30%	53 31%	7 21%	106 29%	42 33%	19 31%	12 32%	13 23%	72 33%	57 35%	5 63%	96 32%	224 32%	313 33%	6 12%	171 31%	149 33%
Access to health and social care services	313 31%	86 28%	227 33%	134 37%	56 22%	59 36%	51 29%	11 33%	85 24%	42 33%	20 33%	5 15%	9 16%	89 40%	71 44%	- -	136 45%	177 25%	300 32%	12 24%	165 30%	149 32%
Access to good housing or accommodation	268 27%	76 25%	193 28%	76 21%	54 21%	61 37%	68 39%	7 21%	87 24%	36 28%	22 36%	6 17%	19 33%	51 23%	56 35%	2 28%	98 33%	170 24%	247 26%	20 39%	140 26%	128 28%
Good transport links	103 10%	42 14%	61 9%	33 9%	25 10%	21 13%	16 9%	6 17%	40 11%	10 8%	6 10%	4 11%	6 9%	21 10%	15 10%	3 37%	31 10%	73 10%	97 10%	6 11%	59 11%	44 10%
Health education	90 9%	32 10%	58 8%	32 9%	25 10%	15 9%	7 4%	8 24%	41 11%	13 11%	4 7%	1 2%	5 9%	14 7%	17 10%	1 11%	26 9%	64 9%	83 9%	6 12%	56 10%	34 7%
Feeling part of your local community	75 8%	30 10%	46 7%	26 7%	19 7%	5 3%	17 10%	6 17%	24 7%	7 6%	2 4%	2 7%	11 18%	20 9%	9 5%	1 10%	27 9%	48 7%	65 7%	10 19%	31 6%	44 10%

Analysis...: QBF2 How satisfied are you with your past experiences of using health and social care services in Wales?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Very satisfied	135 13%	29 13%	18 11%	25 15%	31 18%	32 12%	63 13%	71 14%	17 17%	27 15%	24 14%	12 10%	24 11%	31 16%	43 16%	36 12%	55 13%
Satisfied	354 35%	73 33%	61 37%	54 32%	63 37%	102 38%	152 31%	202 39%	38 39%	58 32%	67 38%	46 37%	84 37%	62 32%	96 34%	112 38%	146 35%
Neither satisfied nor dissatisfied	339 34%	80 36%	44 26%	63 37%	57 33%	94 35%	183 38%	155 30%	32 33%	69 38%	52 29%	48 39%	76 34%	62 31%	101 36%	100 34%	138 33%
Dissatisfied	123 12%	25 11%	33 20%	20 12%	16 9%	30 11%	59 12%	65 13%	9 9%	19 10%	26 15%	12 10%	31 14%	27 14%	28 10%	38 13%	58 14%
Very dissatisfied	48 5%	16 7%	12 7%	8 5%	4 2%	9 3%	26 5%	23 4%	2 2%	9 5%	8 4%	5 4%	10 4%	15 8%	11 4%	13 4%	25 6%
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
net: SATISFIED	489 49%	102 46%	79 47%	79 46%	94 55%	134 50%	215 45%	274 53%	54 56%	85 47%	91 51%	57 47%	108 48%	94 48%	139 50%	148 50%	202 48%
net: DISSATISFIED	172 17%	40 18%	45 27%	28 16%	20 12%	39 14%	84 17%	87 17%	11 11%	28 15%	34 19%	17 14%	41 18%	42 21%	39 14%	51 17%	83 20%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF2 How satisfied are you with your past experiences of using health and social care services in Wales?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Very satisfied	135 13%	41 20%	40 14%	22 11%	31 11%	81 16%	54 11%	38 17%	25 10%	30 13%	42 14%	61 17%	74 11%
Satisfied	354 35%	72 35%	112 39%	64 31%	107 36%	183 37%	171 34%	66 29%	86 34%	97 43%	106 36%	128 36%	226 35%
Neither satisfied nor dissatisfied	339 34%	55 26%	94 33%	96 46%	94 32%	149 30%	190 38%	91 40%	92 36%	61 27%	94 32%	99 28%	238 37%
Dissatisfied	123 12%	28 14%	28 10%	22 10%	45 15%	56 11%	67 13%	23 10%	36 14%	31 14%	34 12%	46 13%	77 12%
Very dissatisfied	48 5%	12 6%	12 4%	5 3%	19 6%	24 5%	24 5%	11 5%	15 6%	7 3%	15 5%	18 5%	30 5%
	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
net: SATISFIED	489 49%	113 54%	152 53%	86 41%	139 47%	264 54%	225 44%	104 45%	112 44%	126 56%	148 51%	189 54%	300 46%
net: DISSATISFIED	172 17%	40 19%	40 14%	27 13%	64 22%	80 16%	91 18%	34 15%	50 20%	39 17%	49 17%	64 18%	107 17%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF2 How satisfied are you with your past experiences of using health and social care services in Wales?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure					Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural	
		Yes	No	Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working	Not answered	Yes	No	White	BAME	Urban	Rural
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Very satisfied	135 13%	46 15%	88 13%	62 17%	33 13%	16 10%	20 11%	3 10%	54 15%	19 15%	6 11%	1 3%	8 13%	30 13%	20 12%	1 13%	39 13%	96 14%	128 14%	7 14%	74 14%	60 13%
Satisfied	354 35%	105 34%	250 36%	127 35%	96 37%	46 28%	74 43%	11 32%	140 39%	44 34%	19 32%	9 24%	25 43%	71 32%	56 35%	1 17%	103 34%	251 36%	335 36%	19 37%	196 36%	159 35%
Neither satisfied nor dissatisfied	339 34%	112 36%	227 33%	110 30%	91 35%	67 41%	53 31%	15 42%	115 32%	48 38%	23 38%	22 60%	21 35%	72 33%	51 32%	5 59%	92 30%	248 35%	316 34%	19 37%	175 32%	164 36%
Dissatisfied	123 12%	32 10%	91 13%	49 13%	26 10%	25 15%	17 10%	6 16%	43 12%	12 9%	8 13%	5 13%	4 7%	30 14%	23 14%	1 10%	47 16%	76 11%	116 12%	5 10%	67 12%	56 12%
Very dissatisfied	48 5%	14 4%	35 5%	15 4%	13 5%	10 6%	8 5%	- -	11 3%	5 4%	4 6%	- -	1 2%	18 8%	12 8%	- -	21 7%	27 4%	47 5%	1 2%	30 6%	18 4%
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
net: SATISFIED	489 49%	151 49%	338 49%	189 52%	128 50%	63 38%	94 54%	14 42%	193 53%	63 49%	26 43%	10 27%	33 56%	100 46%	76 47%	3 31%	142 47%	347 50%	463 49%	26 51%	270 50%	219 48%
net: DISSATISFIED	172 17%	46 15%	126 18%	64 18%	39 15%	35 21%	25 15%	6 16%	54 15%	16 13%	11 19%	5 13%	5 9%	48 22%	35 22%	1 10%	68 23%	104 15%	164 17%	7 13%	97 18%	75 16%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Easier access / better access / better availability / difficulties getting an appointment / more accessible / more appointm...	219 22%	49 22%	39 23%	39 23%	32 19%	60 22%	89 18%	129 25%	16 16%	37 21%	31 17%	34 28%	59 26%	42 21%	53 19%	65 22%	101 24%
Shorter waiting lists/times / quicker service	190 19%	46 21%	24 15%	34 20%	33 19%	54 20%	84 17%	107 21%	23 23%	28 16%	40 22%	29 24%	43 19%	27 14%	51 18%	69 23%	70 17%
More funding / more investment	157 16%	21 9%	27 16%	31 18%	33 19%	45 17%	74 15%	83 16%	12 13%	33 18%	29 17%	16 13%	41 18%	25 13%	46 16%	45 15%	66 16%
More doctors/ GPs / staff / nurses etc. / recruitment	152 15%	42 19%	23 14%	29 17%	21 12%	37 14%	68 14%	84 16%	4 4%	22 12%	23 13%	19 16%	40 18%	43 22%	25 9%	43 14%	84 20%
More services (inc. mental health, social care, etc. etc.)	45 5%	11 5%	13 8%	8 4%	4 2%	10 4%	18 4%	27 5%	6 6%	13 7%	10 5%	3 3%	9 4%	4 2%	19 7%	13 4%	13 3%
Better/improved pay	44 4%	11 5%	6 4%	12 7%	3 2%	12 5%	14 3%	30 6%	4 4%	8 4%	8 4%	6 5%	6 3%	12 6%	12 4%	14 5%	18 4%
Specific mentions of social care (e.g. pay/invest in more/shouldn't be private etc.)	39 4%	12 5%	9 5%	6 3%	3 1%	10 4%	10 2%	29 6%	1 2%	4 2%	9 5%	5 4%	9 4%	11 5%	6 2%	14 5%	19 5%
More/better services in rural/smaller areas / in communities / local services	38 4%	9 4%	8 5%	6 3%	5 3%	10 4%	15 3%	23 4%	1 1%	7 4%	6 4%	7 6%	15 7%	2 1%	8 3%	13 4%	17 4%
Reduce waste / improve efficiency / more efficient services	36 4%	7 3%	2 1%	5 3%	8 5%	15 5%	23 5%	13 3%	2 2%	1 1%	7 4%	6 5%	10 4%	10 5%	3 1%	13 4%	20 5%
More empathy/understanding / friendly/caring staff / communicate better	36 4%	10 4%	6 3%	3 2%	5 3%	12 4%	17 4%	17 3%	3 3%	9 5%	9 5%	5 4%	5 2%	4 2%	12 4%	14 5%	9 2%
More information / advertising	33 3%	7 3%	4 2%	5 3%	7 4%	10 4%	18 4%	16 3%	5 5%	10 5%	4 2%	3 3%	7 3%	4 2%	14 5%	8 3%	11 3%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Better integrated / joined up / better communication between departments/services / single point of contact	33 3%	10 5%	5 3%	6 3%	6 3%	6 2%	17 4%	16 3%	3 3%	4 2%	5 3%	3 2%	9 4%	9 5%	7 2%	8 3%	18 4%
Better education / training	26 3%	6 3%	3 2%	4 2%	5 3%	9 3%	13 3%	13 3%	3 3%	7 4%	3 2%	5 4%	3 1%	5 3%	10 4%	8 3%	9 2%
Vague positive comment (good / satisfied / working well / doing their best etc.)	24 2%	2 1%	3 2%	3 2%	11 6%	5 2%	12 3%	12 2%	7 7%	7 4%	1 1%	- -	4 2%	5 3%	15 5%	1 0%	9 2%
Vague comment re: 'better' services / 'better' hospitals etc.	23 2%	2 1%	5 3%	3 2%	4 3%	7 3%	17 4%	6 1%	4 4%	3 2%	7 4%	3 3%	4 2%	3 1%	7 2%	10 3%	6 2%
Personal / family member negative experience	21 2%	4 2%	7 4%	5 3%	4 2%	1 0%	9 2%	12 2%	1 1%	5 3%	1 0%	1 0%	7 3%	7 3%	6 2%	1 0%	14 3%
Negative comment about Welsh Government / Senedd / Mark Drakeford / Health Minister	20 2%	12 5%	2 1%	2 1%	1 0%	4 2%	17 4%	3 1%	- -	- -	4 2%	1 1%	6 3%	9 5%	- -	5 2%	15 4%
Specific mention of (more) dentists	19 2%	6 3%	5 3%	2 1%	3 1%	3 1%	7 1%	12 2%	1 1%	3 1%	5 3%	3 2%	5 2%	4 2%	3 1%	8 3%	8 2%
Fewer managers / admin staff	18 2%	2 1%	- -	4 3%	4 2%	8 3%	10 2%	8 2%	- -	2 1%	2 1%	2 2%	7 3%	6 3%	2 1%	4 1%	13 3%
More hospitals / stop hospital closures	17 2%	3 1%	4 2%	1 1%	1 1%	7 3%	9 2%	8 2%	3 3%	4 2%	3 2%	1 1%	3 1%	4 2%	6 2%	4 1%	7 2%
More face to face appointments	17 2%	2 1%	3 2%	5 3%	2 1%	5 2%	2 0%	14 3%	1 1%	1 0%	1 1%	2 1%	8 3%	5 2%	1 1%	3 1%	12 3%
Ambulance service (too slow / not enough etc.)	16 2%	1 1%	5 3%	2 1%	4 2%	4 1%	8 2%	7 1%	3 3%	5 3%	1 0%	1 1%	2 1%	5 3%	8 3%	1 0%	7 2%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
More focus on prevention (rather than treatment)	15 1%	5 2%	4 2%	1 0%	2 1%	3 1%	6 1%	9 2%	- -	3 2%	5 3%	1 1%	2 1%	4 2%	3 1%	6 2%	6 1%
Better management / organisation	14 1%	4 2%	1 1%	3 2%	2 1%	4 1%	11 2%	4 1%	- -	2 1%	4 2%	3 3%	3 1%	3 2%	2 1%	7 2%	6 1%
Haven't used health and social care services	14 1%	1 0%	2 1%	3 2%	3 2%	5 2%	8 2%	6 1%	- -	4 2%	6 3%	2 1%	2 1%	2 1%	4 1%	7 2%	3 1%
Vague negative comment (poor service / getting worse / needs reform/help etc.)	12 1%	2 1%	4 2%	2 1%	1 0%	3 1%	8 2%	4 1%	1 1%	5 3%	2 1%	1 1%	2 1%	1 1%	6 2%	3 1%	3 1%
Less admin / bureaucracy	11 1%	2 1%	1 0%	- -	2 1%	6 2%	8 2%	3 1%	- -	1 1%	1 0%	1 1%	5 2%	3 2%	1 0%	2 1%	9 2%
More convenient appointments / services / weekend appointments etc.	10 1%	3 2%	1 1%	4 2%	2 1%	- -	4 1%	6 1%	1 1%	3 1%	0 0%	2 1%	1 1%	3 2%	3 1%	2 1%	4 1%
Encourage people to use pharmacies / other primary care	9 1%	2 1%	- -	2 1%	1 1%	4 1%	2 0%	7 1%	2 2%	1 1%	- -	1 1%	4 2%	2 1%	3 1%	1 0%	6 1%
Fewer cancelled appointments	7 1%	3 2%	- -	- -	1 0%	3 1%	4 1%	3 1%	- -	1 1%	3 2%	- -	2 1%	1 1%	1 0%	3 1%	3 1%
Listen to people / public opinion	7 1%	1 0%	2 1%	- -	1 0%	2 1%	3 1%	4 1%	1 1%	2 1%	2 1%	2 1%	- -	1 0%	2 1%	4 1%	1 0%
Free/more gyms / fitness classes	5 1%	2 1%	1 0%	1 1%	- -	1 1%	2 0%	3 1%	1 1%	3 2%	- -	- -	1 1%	- -	4 1%	- -	1 0%
Charge for prescriptions / charge those who can afford for prescriptions / nominal charge for prescriptions etc.	4 0%	1 1%	- -	- -	1 1%	1 0%	- -	4 1%	1 1%	- -	- -	2 1%	1 1%	- -	1 0%	2 1%	1 0%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
More virtual / video appointments	2 0%	- -	- -	1 1%	- -	1 0%	1 0%	1 0%	- -	1 0%	- -	- -	- -	1 1%	1 0%	- -	1 0%
Other	31 3%	9 4%	6 4%	3 2%	4 2%	9 3%	14 3%	17 3%	5 5%	7 4%	5 3%	2 2%	4 2%	8 4%	11 4%	7 2%	12 3%
Don't know	112 11%	32 14%	20 12%	18 11%	14 8%	28 11%	56 12%	56 11%	16 17%	12 7%	17 9%	15 12%	21 9%	31 16%	28 10%	31 10%	53 12%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Easier access / better access / better availability / difficulties getting an appointment / more accessible / more appointments	219 22%	40 19%	62 22%	56 27%	61 20%	102 21%	117 23%	35 15%	53 21%	47 21%	82 28%	74 21%	145 22%
Shorter waiting lists/times / quicker service	190 19%	42 20%	60 21%	37 18%	52 17%	102 21%	89 17%	46 20%	37 15%	45 20%	62 21%	71 20%	119 18%
More funding / more investment	157 16%	34 16%	60 21%	30 14%	34 11%	94 19%	63 12%	31 13%	44 17%	44 20%	38 13%	62 17%	95 15%
More doctors/ GPs / staff / nurses etc. / recruitment	152 15%	35 17%	47 17%	29 14%	40 13%	83 17%	69 14%	26 11%	43 17%	23 10%	60 21%	49 14%	102 16%
More services (inc. mental health, social care, etc. etc.)	45 5%	11 5%	11 4%	12 6%	11 4%	22 4%	23 5%	11 5%	7 3%	18 8%	10 3%	23 6%	23 4%
Better/improved pay	44 4%	7 3%	18 6%	9 4%	11 4%	25 5%	19 4%	9 4%	5 2%	10 4%	20 7%	21 6%	23 4%
Specific mentions of social care (e.g. pay/invest in more/shouldn't be private etc.)	39 4%	10 5%	11 4%	5 2%	14 5%	20 4%	19 4%	7 3%	3 1%	7 3%	22 7%	13 4%	26 4%
More/better services in rural/smaller areas / in communities / local services	38 4%	11 5%	14 5%	8 4%	5 2%	24 5%	14 3%	7 3%	8 3%	7 3%	16 5%	19 5%	19 3%
Reduce waste / improve efficiency / more efficient services	36 4%	8 4%	12 4%	3 2%	12 4%	20 4%	16 3%	6 3%	17 7%	4 2%	9 3%	15 4%	21 3%
More empathy/understanding / friendly/caring staff / communicate better	36 4%	8 4%	9 3%	7 3%	12 4%	17 3%	19 4%	12 5%	6 2%	9 4%	9 3%	13 4%	23 4%
More information / advertising	33 3%	4 2%	12 4%	9 4%	8 3%	16 3%	17 3%	12 5%	6 2%	7 3%	9 3%	12 3%	21 3%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Better integrated / joined up / better communication between departments/services / single point of contact	33 3%	11 5%	6 2%	8 4%	9 3%	16 3%	17 3%	6 3%	11 4%	6 3%	10 3%	15 4%	18 3%
Better education / training	26 3%	7 4%	6 2%	7 3%	6 2%	13 3%	13 3%	7 3%	6 2%	6 3%	8 3%	12 3%	14 2%
Vague positive comment (good / satisfied / working well / doing their best etc.)	24 2%	6 3%	5 2%	3 2%	10 3%	11 2%	13 3%	9 4%	3 1%	7 3%	5 2%	7 2%	17 3%
Vague comment re: 'better' services / 'better' hospitals etc.	23 2%	10 5%	6 2%	4 2%	3 1%	16 3%	7 1%	9 4%	8 3%	4 2%	2 1%	9 2%	15 2%
Personal / family member negative experience	21 2%	2 1%	6 2%	1 1%	12 4%	7 2%	13 3%	5 2%	5 2%	2 1%	9 3%	10 3%	11 2%
Negative comment about Welsh Government / Senedd / Mark Drakeford / Health Minister	20 2%	6 3%	10 4%	4 2%	- -	16 3%	4 1%	3 1%	14 6%	1 1%	2 1%	10 3%	10 2%
Specific mention of (more) dentists	19 2%	7 3%	4 1%	3 2%	6 2%	10 2%	9 2%	5 2%	2 1%	3 1%	9 3%	11 3%	8 1%
Fewer managers / admin staff	18 2%	7 3%	3 1%	4 2%	4 1%	10 2%	8 2%	2 1%	8 3%	2 1%	7 2%	6 2%	13 2%
More hospitals / stop hospital closures	17 2%	6 3%	6 2%	1 0%	4 1%	12 2%	5 1%	6 3%	3 1%	3 1%	5 2%	8 2%	9 1%
More face to face appointments	17 2%	4 2%	5 2%	3 1%	5 2%	9 2%	7 1%	- -	2 1%	3 1%	12 4%	6 2%	11 2%
Ambulance service (too slow / not enough etc.)	16 2%	1 1%	2 1%	3 1%	10 3%	3 1%	13 2%	7 3%	2 1%	1 1%	6 2%	5 2%	10 2%
More focus on prevention (rather than treatment)	15 1%	4 2%	5 2%	3 1%	3 1%	9 2%	6 1%	3 2%	2 1%	4 2%	5 2%	5 1%	10 2%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Better management / organisation	14 1%	2 1%	5 2%	3 1%	5 2%	6 1%	8 2%	4 2%	6 2%	1 1%	2 1%	7 2%	7 1%
Haven't used health and social care services	14 1%	3 1%	5 2%	3 2%	3 1%	8 2%	6 1%	5 2%	3 1%	4 2%	3 1%	2 1%	12 2%
Vague negative comment (poor service / getting worse / needs reform/help etc.)	12 1%	3 1%	3 1%	5 2%	1 0%	6 1%	6 1%	5 2%	3 1%	4 2%	1 0%	2 0%	10 2%
Less admin / bureaucracy	11 1%	2 1%	4 1%	3 1%	2 1%	6 1%	5 1%	1 0%	7 3%	1 0%	3 1%	3 1%	8 1%
More convenient appointments / services / weekend appointments etc.	10 1%	1 1%	6 2%	- -	2 1%	8 2%	2 0%	2 1%	3 1%	2 1%	4 1%	3 1%	7 1%
Encourage people to use pharmacies / other primary care	9 1%	2 1%	4 1%	2 1%	1 0%	6 1%	4 1%	- -	2 1%	3 1%	4 1%	4 1%	5 1%
Fewer cancelled appointments	7 1%	1 1%	1 0%	3 2%	2 1%	2 0%	5 1%	3 1%	1 0%	1 0%	3 1%	2 1%	5 1%
Listen to people / public opinion	7 1%	2 1%	1 0%	2 1%	2 1%	4 1%	3 1%	2 1%	1 0%	2 1%	2 1%	3 1%	4 1%
Free/more gyms / fitness classes	5 1%	1 0%	- -	2 1%	3 1%	1 0%	4 1%	2 1%	- -	1 1%	1 1%	- -	5 1%
Charge for prescriptions / charge those who can afford for prescriptions / nominal charge for prescriptions etc.	4 0%	- -	2 1%	- -	2 1%	2 0%	2 0%	- -	- -	1 0%	3 1%	- -	4 1%
More virtual / video appointments	2 0%	- -	2 1%	- -	- -	2 0%	- -	1 0%	- -	- -	1 0%	- -	2 0%
Other	31 3%	9 4%	6 2%	3 1%	12 4%	15 3%	15 3%	7 3%	7 3%	9 4%	8 3%	16 4%	15 2%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Don't know	112 11%	16 8%	20 7%	24 12%	52 17%	36 7%	76 15%	20 9%	36 14%	25 11%	31 11%	27 8%	84 13%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure					Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural	
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working	Not answered			White	BAME	Urban	Rural
		Yes	No																			
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Easier access / better access / better availability / difficulties getting an appointment / more accessible / more appointm...	219 22%	62 20%	157 23%	80 22%	58 22%	36 22%	38 22%	5 15%	74 20%	41 32%	10 16%	10 29%	11 18%	45 21%	36 22%	1 7%	67 22%	152 22%	207 22%	12 24%	111 21%	108 24%
Shorter waiting lists/times / quicker service	190 19%	52 17%	139 20%	65 18%	60 23%	28 17%	33 19%	3 10%	75 21%	20 16%	14 24%	5 13%	15 25%	32 14%	31 19%	1 12%	63 21%	127 18%	183 19%	7 12%	108 20%	82 18%
More funding / more investment	157 16%	48 15%	109 16%	58 16%	47 18%	21 13%	26 15%	5 15%	64 18%	21 17%	13 21%	3 7%	10 17%	29 13%	24 15%	- -	49 16%	108 15%	149 16%	6 12%	95 18%	61 13%
More doctors/ GPs / staff / nurses etc. / recruitment	152 15%	37 12%	114 17%	72 20%	29 11%	24 14%	23 13%	3 8%	46 13%	24 19%	8 13%	3 10%	- -	50 23%	26 16%	- -	50 16%	102 15%	142 15%	9 18%	81 15%	71 15%
More services (inc. mental health, social care, etc. etc.)	45 5%	17 6%	28 4%	11 3%	16 6%	8 5%	8 5%	2 6%	19 5%	6 4%	4 7%	1 3%	4 8%	4 2%	11 7%	0 6%	21 7%	24 3%	44 5%	1 2%	21 4%	24 5%
Better/improved pay	44 4%	12 4%	32 5%	14 4%	13 5%	8 5%	6 4%	2 7%	13 4%	6 5%	5 8%	3 10%	1 1%	13 6%	3 2%	- -	13 4%	31 4%	42 4%	2 4%	22 4%	22 5%
Specific mentions of social care (e.g. pay/invest in more/shouldn't be private etc.)	39 4%	12 4%	27 4%	18 5%	8 3%	4 3%	8 5%	1 3%	13 4%	3 3%	1 2%	2 4%	1 1%	12 6%	9 5%	- -	12 4%	27 4%	37 4%	2 5%	21 4%	18 4%
More/better services in rural/smaller areas / in communities / local services	38 4%	10 3%	28 4%	13 4%	12 5%	4 3%	7 4%	1 4%	21 6%	2 2%	3 5%	- -	- -	5 2%	8 5%	- -	10 3%	28 4%	37 4%	1 2%	18 3%	20 4%
Reduce waste / improve efficiency / more efficient services	36 4%	13 4%	23 3%	19 5%	7 3%	6 4%	4 2%	- -	13 4%	2 1%	4 6%	- -	2 4%	12 6%	5 3%	- -	15 5%	20 3%	35 4%	1 1%	22 4%	13 3%
More empathy/understanding / friendly/caring staff / communicate better	36 4%	14 5%	21 3%	6 2%	17 6%	4 2%	8 5%	1 3%	14 4%	6 5%	2 4%	2 7%	2 4%	6 3%	4 2%	- -	12 4%	24 3%	34 4%	2 4%	21 4%	14 3%
More information / advertising	33 3%	8 3%	25 4%	9 2%	12 4%	7 4%	5 3%	1 2%	13 4%	4 3%	4 6%	1 3%	1 2%	4 2%	7 4%	1 11%	11 4%	23 3%	32 3%	1 3%	19 3%	15 3%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure					Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural	
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working	Not answered						
		Yes	No	Yes	No	White	BAME	Urban	Rural													
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Better integrated / joined up / better communication between departments/services / single point of contact	33 3%	10 3%	23 3%	12 3%	13 5%	4 3%	3 2%	2 4%	13 4%	3 2%	3 5%	1 4%	1 1%	11 5%	4 3%	- -	13 4%	20 3%	32 3%	1 2%	16 3%	17 4%
Better education / training	26 3%	7 2%	19 3%	7 2%	4 1%	5 3%	9 5%	2 5%	12 3%	2 1%	2 3%	1 3%	2 4%	4 2%	6 4%	- -	8 3%	19 3%	25 3%	1 3%	13 2%	14 3%
Vague positive comment (good / satisfied / working well / doing their best etc.)	24 2%	6 2%	19 3%	9 2%	7 3%	1 1%	7 4%	- -	10 3%	3 2%	- -	- -	7 13%	5 2%	- -	- -	7 2%	18 3%	18 2%	6 11%	12 2%	12 3%
Vague comment re: 'better' services / 'better' hospitals etc.	23 2%	13 4%	10 1%	11 3%	3 1%	5 3%	2 1%	3 8%	11 3%	1 1%	3 5%	1 2%	- -	2 1%	4 2%	2 22%	5 2%	18 3%	22 2%	1 2%	16 3%	7 2%
Personal / family member negative experience	21 2%	2 1%	19 3%	9 2%	1 1%	8 5%	2 1%	- -	- -	- -	5 9%	2 4%	1 2%	9 4%	4 3%	- -	7 2%	14 2%	21 2%	- -	10 2%	10 2%
Negative comment about Welsh Government / Senedd / Mark Drakeford / Health Minister	20 2%	6 2%	14 2%	12 3%	8 3%	1 1%	- -	- -	5 1%	- -	2 3%	- -	1 2%	14 6%	1 1%	- -	5 2%	15 2%	20 2%	1 2%	13 2%	8 2%
Specific mention of (more) dentists	19 2%	8 3%	11 2%	10 3%	6 3%	1 1%	1 1%	- -	10 3%	2 1%	2 3%	- -	- -	6 3%	- -	- -	5 2%	14 2%	19 2%	- -	11 2%	8 2%
Fewer managers / admin staff	18 2%	2 1%	16 2%	10 3%	6 2%	1 1%	1 1%	- -	5 1%	3 2%	- -	- -	- -	10 5%	2 1%	- -	8 3%	10 1%	18 2%	- -	12 2%	7 2%
More hospitals / stop hospital closures	17 2%	5 2%	12 2%	9 3%	3 1%	1 0%	3 2%	- -	8 2%	- -	3 4%	- -	1 2%	2 1%	4 2%	0 6%	4 1%	13 2%	15 2%	2 4%	10 2%	7 2%
More face to face appointments	17 2%	3 1%	14 2%	9 2%	4 2%	- -	1 1%	1 2%	5 1%	2 1%	1 2%	- -	- -	5 2%	4 2%	- -	7 2%	10 1%	15 2%	1 1%	9 2%	8 2%
Ambulance service (too slow / not enough etc.)	16 2%	3 1%	13 2%	9 3%	1 1%	4 3%	1 0%	- -	3 1%	2 2%	1 2%	- -	- -	6 3%	3 2%	- -	3 1%	13 2%	15 2%	1 2%	8 2%	7 2%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure				Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural		
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working			Not answered	White	BAME	Urban	Rural
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No			
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
More focus on prevention (rather than treatment)	15 1%	5 2%	10 1%	7 2%	4 1%	1 0%	2 1%	1 2%	8 2%	1 0%	2 4%	- -	1 2%	3 1%	1 1%	- -	3 1%	12 2%	14 2%	1 1%	7 1%	7 2%
Better management / organisation	14 1%	4 1%	11 2%	3 1%	6 2%	5 3%	1 0%	- -	9 3%	2 2%	- -	- -	- -	3 1%	- -	- -	5 2%	10 1%	14 2%	- -	7 1%	8 2%
Haven't used health and social care services	14 1%	8 2%	7 1%	3 1%	4 2%	1 1%	6 3%	- -	7 2%	2 2%	- -	1 2%	1 2%	2 1%	3 2%	- -	3 1%	11 2%	12 1%	2 3%	7 1%	8 2%
Vague negative comment (poor service / getting worse / needs reform/help etc.)	12 1%	4 1%	8 1%	4 1%	3 1%	1 0%	4 2%	1 2%	5 2%	3 2%	- -	- -	1 1%	3 1%	- -	- -	2 1%	10 1%	9 1%	2 4%	8 2%	4 1%
Less admin / bureaucracy	11 1%	3 1%	8 1%	7 2%	3 1%	1 1%	- -	- -	2 1%	3 2%	- -	- -	- -	4 2%	3 2%	- -	6 2%	5 1%	11 1%	- -	9 2%	2 0%
More convenient appointments / services / weekend appointments etc.	10 1%	2 1%	8 1%	4 1%	2 1%	1 1%	3 2%	- -	2 1%	4 3%	- -	- -	1 1%	2 1%	1 0%	1 13%	3 1%	7 1%	10 1%	- -	8 2%	2 0%
Encourage people to use pharmacies / other primary care	9 1%	1 0%	8 1%	8 2%	- -	1 1%	1 0%	- -	3 1%	1 1%	- -	- -	2 3%	5 2%	- -	- -	2 1%	8 1%	9 1%	- -	6 1%	3 1%
Fewer cancelled appointments	7 1%	2 1%	6 1%	5 1%	- -	- -	3 2%	- -	3 1%	1 1%	- -	- -	1 2%	3 2%	- -	- -	3 1%	4 1%	6 1%	1 2%	2 0%	5 1%
Listen to people / public opinion	7 1%	3 1%	4 1%	3 1%	3 1%	1 0%	- -	1 3%	3 1%	1 1%	1 2%	1 3%	- -	1 0%	- -	1 10%	2 1%	5 1%	6 1%	1 2%	4 1%	3 1%
Free / more gyms / fitness classes	5 1%	1 0%	4 1%	- -	1 1%	1 1%	2 1%	1 2%	1 0%	1 1%	1 1%	2 6%	- -	- -	- -	- -	- -	5 1%	5 1%	- -	3 1%	2 0%
Charge for prescriptions / charge those who can afford for prescriptions / nominal charge for prescriptions etc.	4 0%	2 1%	2 0%	2 1%	2 1%	- -	- -	- -	2 0%	- -	- -	- -	- -	1 1%	1 1%	- -	- -	4 1%	4 0%	- -	2 0%	2 0%

Analysis...: QBF3 In your opinion, how could health and social care services in Wales be improved?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure					Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural	
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working	Not answered			White	BAME	Urban	Rural
		Yes	No													Yes	No					
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
More virtual / video appointments	2 0%	1 0%	1 0%	2 1%	- -	- -	- -	- -	1 0%	- -	- -	- -	- -	1 0%	- -	- -	- -	2 0%	2 0%	- -	1 0%	1 0%
Other	31 3%	8 3%	23 3%	6 2%	9 3%	8 5%	4 2%	3 7%	12 3%	3 3%	1 1%	- -	1 1%	8 4%	6 4%	1 6%	12 4%	19 3%	29 3%	2 3%	16 3%	15 3%
Don't know	112 11%	34 11%	79 11%	43 12%	22 9%	24 14%	18 10%	5 15%	27 8%	15 12%	4 7%	8 22%	4 7%	32 14%	23 14%	2 26%	28 9%	84 12%	108 11%	3 5%	56 10%	56 12%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF4a Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Reduce waste and improve the efficiency of health and social care services	642 64%	143 64%	111 66%	106 62%	113 66%	167 63%	310 64%	332 64%	53 54%	97 53%	102 57%	80 66%	152 68%	159 80%	150 54%	182 61%	311 74%
Develop and use new technologies and different ways of working	554 55%	107 48%	98 58%	92 54%	103 60%	154 58%	284 59%	269 52%	59 60%	101 56%	106 60%	64 52%	127 57%	97 49%	160 57%	169 57%	224 53%
Expect the public to take more responsibility for their own health and wellbeing	432 43%	108 48%	71 42%	72 43%	69 40%	112 42%	229 47%	204 39%	36 37%	65 36%	74 42%	60 49%	89 40%	108 55%	101 36%	134 45%	197 47%
Charge money for some of the services that are currently free	233 23%	53 24%	39 23%	43 25%	35 21%	64 24%	113 23%	120 23%	18 19%	33 18%	32 18%	32 26%	57 25%	61 31%	51 18%	64 21%	118 28%
Increase taxes to raise money for health and care services	221 22%	52 24%	42 25%	36 21%	29 17%	62 23%	122 25%	99 19%	19 20%	30 16%	31 17%	25 20%	61 27%	56 28%	49 17%	56 19%	117 28%
Reduce the number of health and social care services that are available	62 6%	17 8%	6 3%	13 8%	10 6%	17 6%	40 8%	22 4%	4 4%	16 9%	8 5%	13 11%	13 6%	8 4%	20 7%	22 7%	21 5%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF4a Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Reduce waste and improve the efficiency of health and social care services	642 64%	137 66%	191 67%	128 61%	185 62%	329 67%	314 62%	124 54%	186 73%	128 57%	204 70%	205 58%	436 67%
Develop and use new technologies and different ways of working	554 55%	132 63%	171 60%	113 54%	137 46%	303 61%	251 50%	135 59%	149 59%	129 57%	139 48%	185 53%	367 57%
Expect the public to take more responsibility for their own health and wellbeing	432 43%	94 45%	121 42%	78 37%	140 47%	215 43%	218 43%	98 43%	130 51%	77 34%	127 44%	142 40%	290 45%
Charge money for some of the services that are currently free	233 23%	54 26%	75 26%	42 20%	62 21%	130 26%	104 21%	41 18%	71 28%	42 19%	78 27%	82 23%	150 23%
Increase taxes to raise money for health and care services	221 22%	59 29%	58 20%	52 25%	52 18%	117 24%	104 21%	45 20%	77 30%	34 15%	64 22%	83 24%	138 21%
Reduce the number of health and social care services that are available	62 6%	16 8%	15 5%	13 6%	18 6%	31 6%	31 6%	21 9%	19 7%	6 3%	15 5%	28 8%	34 5%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF4a Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure				Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural		
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working			Not answered	White	BAME	Urban	Rural
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No			
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Reduce waste and improve the efficiency of health and social care services	642 64%	174 56%	469 68%	252 69%	172 66%	92 56%	108 62%	14 39%	228 63%	71 56%	43 71%	16 46%	33 57%	164 74%	104 64%	5 64%	208 69%	435 62%	611 65%	29 55%	335 62%	307 67%
Develop and use new technologies and different ways of working	554 55%	170 55%	384 55%	183 51%	155 60%	86 52%	108 62%	18 51%	211 58%	66 52%	38 63%	14 38%	39 66%	116 52%	90 55%	5 62%	165 55%	389 56%	514 55%	36 68%	306 56%	247 54%
Expect the public to take more responsibility for their own health and wellbeing	432 43%	113 37%	320 46%	179 49%	99 38%	62 37%	76 44%	14 41%	156 43%	46 36%	24 39%	13 35%	22 38%	115 52%	67 41%	3 33%	126 42%	307 44%	410 43%	20 39%	226 42%	207 45%
Charge money for some of the services that are currently free	233 23%	62 20%	171 25%	95 26%	72 28%	27 17%	32 18%	8 22%	90 25%	28 22%	13 21%	2 6%	12 21%	75 34%	20 12%	2 25%	57 19%	177 25%	223 24%	8 16%	131 24%	102 22%
Increase taxes to raise money for health and care services	221 22%	62 20%	159 23%	111 30%	43 17%	23 14%	32 19%	9 26%	79 22%	28 22%	9 15%	4 12%	8 14%	60 27%	37 23%	1 10%	77 26%	144 21%	215 23%	4 8%	113 21%	108 24%
Reduce the number of health and social care services that are available	62 6%	26 9%	36 5%	21 6%	14 5%	15 9%	9 5%	3 8%	32 9%	3 3%	6 10%	1 4%	3 5%	11 5%	9 6%	1 10%	17 5%	46 7%	60 6%	1 3%	40 7%	22 5%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF4b And which one of these do you think would be MOST likely to help the health and social care sector in Wales tackle the current challenges of increased demand and costs?
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Reduce waste and improve the efficiency of health and social care services	362 36%	80 36%	60 36%	66 39%	60 35%	93 35%	162 34%	199 39%	27 28%	53 30%	54 31%	46 38%	82 36%	98 50%	80 29%	101 34%	180 43%
Develop and use new technologies and different ways of working	239 24%	52 23%	36 21%	37 22%	46 27%	69 26%	116 24%	122 24%	35 36%	59 33%	54 31%	21 17%	51 23%	18 9%	94 34%	75 25%	69 16%
Expect the public to take more responsibility for their own health and wellbeing	193 19%	45 20%	31 19%	31 18%	35 21%	50 19%	103 21%	90 17%	19 20%	37 20%	36 20%	26 21%	34 15%	41 21%	56 20%	61 20%	76 18%
Increase taxes to raise money for health and care services	98 10%	21 9%	24 14%	16 9%	9 5%	29 11%	54 11%	44 9%	4 4%	10 6%	18 10%	10 9%	33 15%	22 11%	14 5%	29 10%	54 13%
Charge money for some of the services that are currently free	94 9%	21 10%	15 9%	17 10%	16 9%	25 9%	38 8%	56 11%	12 12%	16 9%	12 7%	16 13%	22 10%	17 9%	28 10%	28 9%	39 9%
Reduce the number of health and social care services that are available	15 1%	3 1%	1 1%	3 2%	6 3%	2 1%	11 2%	4 1%	1 1%	5 3%	3 1%	3 2%	2 1%	1 1%	6 2%	5 2%	3 1%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF4b And which one of these do you think would be MOST likely to help the health and social care sector in Wales tackle the current challenges of increased demand and costs?
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Reduce waste and improve the efficiency of health and social care services	362 36%	69 33%	105 37%	82 39%	106 36%	174 35%	188 37%	62 27%	100 39%	73 32%	127 44%	120 34%	242 37%
Develop and use new technologies and different ways of working	239 24%	56 27%	77 27%	42 20%	64 22%	132 27%	107 21%	74 32%	42 16%	73 32%	49 17%	87 25%	152 24%
Expect the public to take more responsibility for their own health and wellbeing	193 19%	40 19%	41 14%	39 19%	73 25%	81 16%	112 22%	50 22%	52 21%	42 18%	49 17%	66 19%	127 20%
Increase taxes to raise money for health and care services	98 10%	23 11%	26 9%	25 12%	23 8%	49 10%	48 10%	18 8%	36 14%	15 7%	29 10%	37 10%	61 9%
Charge money for some of the services that are currently free	94 9%	16 8%	35 12%	17 8%	26 9%	51 10%	43 9%	19 8%	19 7%	20 9%	36 12%	35 10%	58 9%
Reduce the number of health and social care services that are available	15 1%	5 2%	2 1%	3 2%	4 1%	7 1%	8 2%	6 2%	5 2%	3 1%	1 0%	8 2%	6 1%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF4b And which one of these do you think would be MOST likely to help the health and social care sector in Wales tackle the current challenges of increased demand and costs?
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Options....: Analysis Ordered, Zero suppress
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure				Working status								Limiting illness, health problem or disability		Ethnicity		Urban / rural		
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working			Not answered	White	BAME	Urban	Rural
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No			
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Reduce waste and improve the efficiency of health and social care services	362 36%	92 30%	270 39%	140 39%	93 36%	62 38%	54 31%	8 24%	125 34%	39 31%	22 36%	12 33%	18 31%	95 43%	60 37%	3 31%	112 37%	250 36%	346 37%	13 25%	201 37%	160 35%
Develop and use new technologies and different ways of working	239 24%	92 30%	147 21%	61 17%	75 29%	39 24%	53 31%	11 33%	90 25%	46 36%	20 33%	8 23%	18 31%	25 12%	36 22%	4 43%	67 22%	172 25%	215 23%	23 45%	144 27%	95 21%
Expect the public to take more responsibility for their own health and wellbeing	193 19%	56 18%	136 20%	72 20%	44 17%	35 21%	33 19%	7 19%	71 20%	18 14%	8 13%	8 21%	13 22%	45 20%	37 23%	1 11%	55 18%	138 20%	183 19%	9 17%	93 17%	100 22%
Increase taxes to raise money for health and care services	98 10%	28 9%	70 10%	47 13%	18 7%	11 7%	18 10%	4 13%	30 8%	14 11%	7 11%	4 12%	4 7%	26 12%	18 11%	- -	45 15%	53 8%	94 10%	2 5%	48 9%	50 11%
Charge money for some of the services that are currently free	94 9%	32 10%	62 9%	38 11%	26 10%	14 8%	12 7%	4 12%	36 10%	10 8%	4 6%	2 6%	5 9%	27 12%	11 6%	1 15%	21 7%	73 10%	90 10%	5 9%	46 9%	48 11%
Reduce the number of health and social care services that are available	15 1%	7 2%	7 1%	5 1%	3 1%	4 2%	2 1%	- -	11 3%	- -	1 1%	1 4%	- -	1 0%	- -	- -	3 1%	12 2%	15 2%	- -	10 2%	4 1%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF5 To what extent do you agree or disagree with the statement below? “.....The public should take more responsibility for looking after their own health and wellbeing”
Break.....: c1:c2:c8:c9
Filter.....: All Respondents
Weight.....: Weight
Cells.....: Counts, Break %, Respondents

	Total	Region					Gender		Age 1						Age 2		
		North Wales	Mid/West Wales	West South Wales	The Valleys	Cardiff & South East Wales	Male	Female	16-34	25-34	35-44	45-54	55-64	65+	16-34	35-54	55+
Base																	
Unweighted	1000	194	165	166	194	279	452	547	105	194	205	133	191	172	299	338	363
Weighted	1000	222	168	170	171	267	483	516	98	181	177	122	224	198	279	299	422
Strongly agree	275 27%	69 31%	52 31%	44 26%	39 23%	70 26%	164 34%	110 21%	26 27%	36 20%	42 24%	39 32%	62 28%	69 35%	62 22%	81 27%	131 31%
Agree	476 48%	103 46%	72 43%	84 50%	91 53%	127 47%	220 46%	256 50%	40 41%	90 50%	91 52%	53 43%	108 48%	94 48%	130 47%	144 48%	202 48%
Neither agree nor disagree	184 18%	36 16%	30 18%	28 17%	37 22%	51 19%	75 15%	109 21%	19 20%	36 20%	35 20%	24 20%	44 20%	26 13%	55 20%	59 20%	70 17%
Disagree	50 5%	9 4%	12 7%	11 6%	4 2%	15 6%	20 4%	30 6%	9 9%	15 8%	8 4%	4 3%	9 4%	5 3%	24 9%	11 4%	15 3%
Strongly disagree	15 2%	5 2%	2 1%	3 2%	- -	4 2%	4 1%	11 2%	3 3%	4 2%	1 1%	3 2%	1 0%	3 2%	7 2%	4 1%	4 1%
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
net: AGREE	751 75%	172 77%	124 74%	128 75%	130 76%	197 74%	384 79%	366 71%	67 68%	126 70%	133 75%	91 75%	170 76%	163 83%	193 69%	225 75%	333 79%
net: DISAGREE	66 7%	14 6%	14 8%	13 8%	4 2%	20 7%	24 5%	41 8%	12 12%	19 11%	9 5%	7 5%	10 5%	8 4%	31 11%	16 5%	19 4%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF5 To what extent do you agree or disagree with the statement below? “.....The public should take more responsibility for looking after their own health and wellbeing”
Break.....: c3:c10:c5
Filter.....: All Respondents
Weight.....: Weight
Cells.....: Counts, Break %, Respondents

	Total	Social grade						Gender-Age				Welsh Speaker	
		AB	C1	C2	DE	ABC1	C2DE	Male 16-44	Male 45+	Female 16-44	Female 45+	Yes	No
Base													
Unweighted	1000	263	313	203	221	576	424	224	228	279	268	365	634
Weighted	1000	208	286	209	297	494	506	229	254	226	290	353	646
Strongly agree	275 27%	71 34%	81 28%	52 25%	71 24%	152 31%	123 24%	63 28%	101 40%	40 18%	69 24%	94 27%	181 28%
Agree	476 48%	97 47%	149 52%	96 46%	134 45%	246 50%	230 45%	109 48%	111 44%	113 50%	143 49%	164 46%	312 48%
Neither agree nor disagree	184 18%	28 13%	38 13%	48 23%	71 24%	65 13%	119 23%	41 18%	33 13%	48 21%	61 21%	72 20%	111 17%
Disagree	50 5%	10 5%	15 5%	13 6%	12 4%	25 5%	25 5%	13 6%	8 3%	19 8%	11 4%	16 4%	35 5%
Strongly disagree	15 2%	2 1%	3 1%	1 0%	8 3%	6 1%	9 2%	3 1%	1 0%	5 2%	6 2%	8 2%	7 1%
	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
net: AGREE	751 75%	168 81%	230 80%	147 70%	205 69%	398 81%	353 70%	172 75%	212 84%	153 68%	212 73%	258 73%	493 76%
net: DISAGREE	66 7%	13 6%	18 6%	14 7%	21 7%	31 6%	35 7%	16 7%	8 3%	24 11%	17 6%	23 7%	42 7%

Saunders Nathan
21/03/2024 12:15:52

Analysis...: QBF5 To what extent do you agree or disagree with the statement below? “.....The public should take more responsibility for looking after their own health and wellbeing”
Break.....: c20a:c30x:c51:c32:c12a:c70
Filter.....: All Respondents
Weight.....: Weight
Cells.....: Counts, Break %, Respondents

	Total	Children under 16 in h.hold		Tenure				Working status									Limiting illness, health problem or disability		Ethnicity		Urban / rural	
				Owned outright	Owned with mortgage	Rented from Council / HA	Rented from private landlord	Other	Full-time employee	Part-time employee	Self-employed	Unemployed	Student	Retired	Other not working	Not answered			White	BAME	Urban	Rural
		Yes	No													Yes	No					
Base																						
Unweighted	1000	349	651	346	292	146	172	39	403	135	60	35	62	192	141	10	279	721	936	57	558	442
Weighted	1000	308	692	363	259	165	172	35	363	128	60	36	59	220	163	8	302	698	942	52	542	458
Strongly agree	275 27%	65 21%	209 30%	112 31%	78 30%	36 22%	43 25%	5 14%	108 30%	26 21%	16 27%	4 11%	18 31%	79 36%	33 20%	0 6%	71 24%	203 29%	258 27%	16 32%	140 26%	135 29%
Agree	476 48%	157 51%	319 46%	183 50%	127 49%	69 42%	86 50%	9 25%	187 52%	71 55%	29 47%	19 52%	22 37%	97 44%	65 40%	2 25%	142 47%	335 48%	451 48%	20 38%	277 51%	199 43%
Neither agree nor disagree	184 18%	59 19%	125 18%	54 15%	41 16%	47 29%	22 13%	17 49%	45 12%	26 20%	15 24%	9 26%	13 22%	34 16%	46 28%	4 49%	62 21%	122 17%	173 18%	11 20%	95 17%	89 20%
Disagree	50 5%	22 7%	28 4%	10 3%	12 5%	8 5%	17 10%	2 7%	19 5%	3 3%	1 1%	4 11%	3 6%	6 3%	14 9%	1 10%	19 6%	31 4%	45 5%	5 10%	24 5%	26 6%
Strongly disagree	15 2%	5 2%	10 2%	4 1%	1 0%	4 2%	5 3%	2 5%	3 1%	1 1%	- -	- -	2 4%	3 1%	4 3%	1 10%	7 2%	8 1%	15 2%	- -	6 1%	9 2%
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
net: AGREE	751 75%	223 72%	528 76%	295 81%	205 79%	105 64%	129 75%	14 39%	295 81%	97 76%	45 75%	23 63%	40 69%	176 80%	98 60%	3 31%	213 71%	538 77%	710 75%	36 70%	417 77%	333 73%
net: DISAGREE	66 7%	27 9%	39 6%	14 4%	13 5%	12 7%	22 13%	4 12%	23 6%	5 4%	1 1%	4 11%	5 9%	9 4%	19 11%	2 20%	26 9%	39 6%	60 6%	5 10%	31 6%	35 8%

Saunders Nathan
21/03/2024 12:15:52

enquiries@beaufortresearch.co.uk
www.beaufortresearch.co.uk

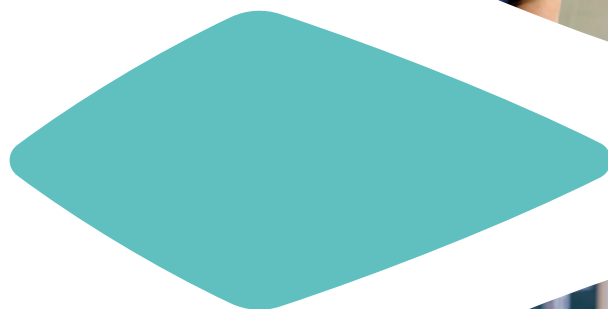
Saunders, Nathan
21/03/2024 12:15:52

Comisiwn Bevan Commission

School of Management,
Swansea University Bay Campus,
Fabian Way, Swansea SA1 8EN

www.bevancommission.org
bevan-commission@swansea.ac.uk
+44 (0)1792 604 630

Cardiff and Vale University Health Board **Co-production, Engagement and Consultation Framework**



Saunders, Nathan
21/03/2024 12:15:52

1. Introduction

“It is critical to listen to all voices, adapt continually and be prepared to let go of long-held ideas to truly transform service provision. Engagement is not a one-off exercise. People should be continually involved in shared decision-making and provided with the right tools to make decisions, particularly vulnerable people who often feel excluded from the decision-making process. The goal is to achieve an environment where the public feel ‘no decision is taken for me, without me’”

(NHS Wales Confederation, 2018)

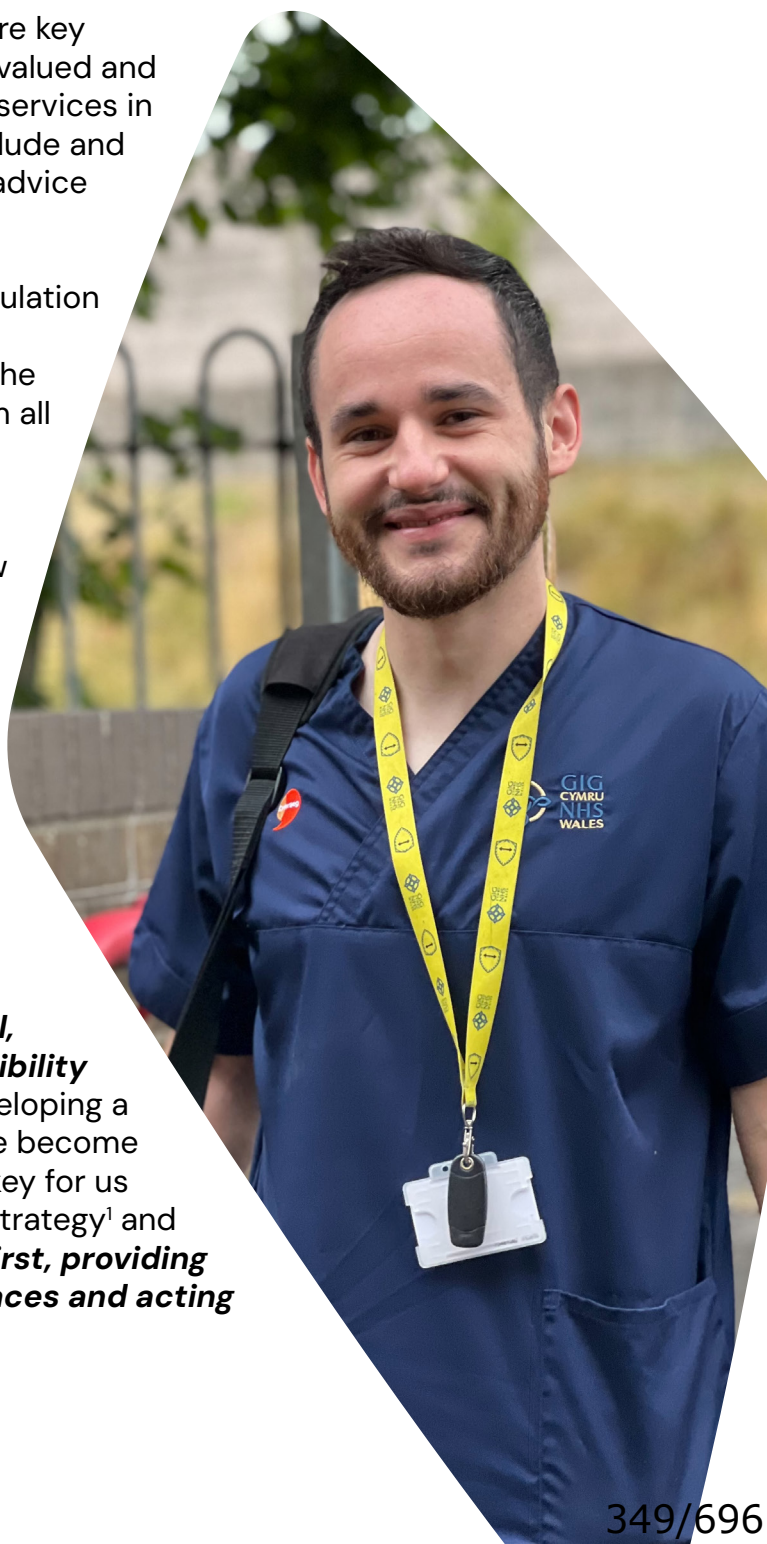
Co-production, engagement and consultation are key activities in ensuring that our communities feel valued and understood. If we are going to provide the right services in the right places it is crucial that we listen to, include and work with our local population and act on their advice when appropriate.

Cardiff and Vale UHB provides services to a population of over 500,000 people. The population of the area is diverse, with lots of opportunity to gain the thoughts, experiences and needs of people from all walks of life.

In 2023 the Citizen Voice Body ‘Llais’ came into being along with new statutory guidance on how we should be working with our communities. With new guidance in place the following framework has been developed to ensure that we are co-producing when possible, engaging effectively and conducting meaningful consultation with all of our population. The framework provides a consistent approach to how we co-produce, engage and consult – ensuring that we are all using the principles described as the foundation for our work.

Our values of being **kind and caring, respectful, having trust and integrity and taking responsibility** are central to our approach to this work. By developing a framework, we are committing to ensure that we become better at working with our communities, this is key for us as we move into our Shaping Future Wellbeing Strategy¹ and deliver upon our objectives of **putting people first, providing outstanding quality, delivering in the right places and acting for the future.**

¹Home – Shaping our Future Wellbeing



The Health Board is committed to delivering the highest quality care, treatment and intervention and addressing unfair differences in access and outcome – this commitment is echoed in our approach to co-production, engagement and consultation with our communities. We embrace the principles of the Duty of Quality “Safe, Effective, Person Centred, Timely, Efficient and Equitable” because we know that deploying these principles in practice leads to the best experience and outcomes for the population we serve and our colleagues.

We need to ensure that we are reflecting the views of our communities in the design and delivery of our services, in particular we need to improve how we reach members of our community that are seldom heard. For example, we know that socio-economic conditions can impact how people access services and the outcomes that they experience. Therefore, we must create an approach that enables us to work with all parts of the population that we service not just those who are already engaged and known to us.

Meaningful co-production, engagement and consultation with our communities is paramount in ensuring that we get services right, however it is also key to the wellbeing of our population. When this work is done well, regardless of the overall objectives of the activity, it can create conditions where individuals and communities are empowered and make or contribute to decisions that may influence the social, economic, cultural and political determinants of health.



Successful co-production, engagement and consultation requires strong partnerships. We have excellent relationships with partners across Cardiff and The Vale of Glamorgan, particularly through our Regional Partnership Board, Public Services Boards and third sector colleagues in Cardiff Third Sector Council and Glamorgan Voluntary Services. It is important that we utilise these partnerships to ensure that we don't duplicate our efforts and keep our approaches as efficient as possible.

Although we have the initial building blocks of successful co-production, engagement and consultation already in place, we need to begin to be more ambitious with our work and start to move from the basics of awareness raising, trust building and creating dialogue to higher levels that can develop community mobilisation and activation, where our communities can organise themselves using their own assets for service change.

2. Statutory and Legal Context

The following legislation is key in how we deliver co-production, engagement and consultation as a health board and help shape our approach to this work.

National Health Service (Wales) Act 2006²

Section 183 of the Act states that each health board must ensure that the public is consulted upon the planning and provision of services, the development and consideration of proposals for changes to the way services are provided and in decisions made by the health board affecting the operation of services.

Equality Act 2010³

Regulation 5 of the Act tells us that we must consider and represent the interests of individuals who share one or more of the protected characteristics.

The protected characteristics are:

- Age
- Sex
- Sexual Orientation
- Gender Reassignment
- Race
- Religion or Belief
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Disability

It is important to note that although these characteristics are protected in line with the Equality Act, there are many characteristics that are not formally 'protected' but who would be equally important, such as;

- Refugees & Asylum seekers
- Homeless
- Sex workers

- Roma, Gypsy & Travelling people
- Prison leavers/those on probation

Public Sector Equality Duty⁴

The Public sector equality duty came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the Ministry of Justice are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish:

- equality objectives, at least every four years (from 6th April 2012)
- information to demonstrate their compliance with the public sector equality duty (from 31st January 2012)

² National Health Service (Wales) Act 2006 (legislation.gov.uk)

³ Equality Act 2010 (legislation.gov.uk)

⁴ Public sector equality duty – GOV.UK (www.gov.uk)

A More Equal Wales – The Socio-economic Duty (Equality Act 2010)⁵

The Duty is part of the Equality Act 2010 however came into force on 31st March 2021.

It highlights the Welsh Government's commitment to safeguarding equality and human rights. The Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making.

Welsh Language (Wales) Measure 2011⁶

The measure ensures that the Welsh language is promoted, facilitated and not treated less favourably than the English language in Wales.

The Welsh Language Standards (No.7) Regulations 2018 specify standards in relation to the delivery of health services by certain NHS bodies.

This 'active offer' which means providing a service in Welsh, without someone asking for it, is particularly important for people who speak Welsh as their first/preferred language and may only be able to use or understand Welsh.



The Social Services and Wellbeing (Wales) Act 2014⁷

The Act promotes the integration of health and social care to support patients and service users, as a product of this Regional Partnership Boards were created. A key principle of the act is "co-production" and the Act places people at the heart of the support that they received, offering increased voice and control.

The Act endorses the following principles of co-production:

- Seeing people as assets
- Building on capabilities
- Developing mutuality and reciprocity
- Investing in networks to share information
- Blurring distinctions between providers and people who need care and support and carers who need support
- Facilitating rather than delivering services.

Through the Regional Partnership Boards, Population Needs Assessments and Area Plans were developed.

The Wellbeing of Future Generations (Wales) Act 2015⁸

The act has made public bodies, including the NHS, think more long term, work better with people and communities and each other, to prevent problems and take a more joined-up approach. As a product of this

⁵ The Socio-economic Duty: guidance | GOV.WALES

⁶ Welsh Language (Wales) Measure 2011 (legislation.gov.uk)

⁷ Social Services and Well-being (Wales) Act 2014 (legislation.gov.uk)

⁸ Well-being of Future Generations (Wales) Act 2015 (legislation.gov.uk)

Act Public Service Boards were created. The Act includes the “five ways of working” one of which is “involvement”. Guidance on this states that public services should:

- Consider how well we understand the needs and life experiences of citizens.
- Consider how we will engage stakeholders with different forms of expertise, knowledge and backgrounds, including how we will understand the needs of the broader population and those not represented by specific interest groups.
- Ask how well we understand the needs and challenges of people in the area.
- Identify the key stakeholders affected directly and indirectly by our work and ask how stakeholders will be involved, how it will be informed by their needs.
- Consider how key stakeholders will be involved in the design and development of the project.
- Consider how will key stakeholders be involved in the delivery and/or oversight of the project.

Through the creation of Public Service Boards, Wellbeing Assessments and Wellbeing Plans were developed.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020⁹

This act provides the legal framework for, among other things, the establishment of Llais and the Duty of Quality.

The guidance states that: Services will be better designed when citizens’ and patients’ views are understood and taken into account. Listening and responding is the key to improving and developing healthcare services. NHS bodies should routinely:

- listen to views and lived experiences of all stakeholders

- work with citizens, patients, stakeholders and partner organisations to plan any changes
- recognise that Llais is a key stakeholder and that by engaging with and providing it with relevant information on proposed changes it can discharge its role in making representations on behalf of citizens
- take an inclusive approach which promotes equality of opportunity and recognises the diversity of the communities they serve, when explaining and communicating issues or opportunities
- produce a full range of easily accessible information on services and possible future developments, bilingually and in a range of formats and appropriate languages, taking into account the opportunities offered by social media and also utilising engagement avenues provided by other agencies
- embody the values and expectations of Welsh life including the Well-being of Future Generations Act 2015.



⁹ Health and Social Care (Quality and Engagement) (Wales) Act 2020 (legislation.gov.uk)



Duty of Quality & Duty of Candour 2023¹⁰

Both duties act as levers to improve and protect the health, care and well-being of the current and future population of Wales. Their aims are to ensure a stronger citizen voice and to improve the accountability of services to deliver a better experience and quality of care. Doing so contributes to a healthy and more prosperous country. The intent is to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care.

Parliamentary Review of Health and Social Care – 2018¹¹

As an outcome of the review 'A Healthier Wales' was published which places a requirement on Health Boards and its partners to:

- Work collaboratively in an integrated way across the whole system
- Involve the public in developing long term solutions to prevent avoidable illness
- Provide sustainable services in the future
- Empower people with the information and support they need to understand and to manage their health and well-being

- Make decisions about care and treatment based on what matters to them
- Contribute to improving our whole system to health and care;
- Timely communication and co-ordinated engagement appropriate to age and understanding.



¹⁰ The Duty of Quality in healthcare | GOV.WALES

The Duty of Candour statutory guidance 2023 | GOV.WALES

¹¹ Parliamentary Review of Health and Social Care in Wales Final Report (gov.wales)

3. The Principles

The following principles act as the theory behind creating a consistent and quality approach to carrying out co-production, engagement and consultation. There are ten principles set out in the framework which includes detail on what they mean in practice but also how we know we have achieved the principle.

The principles refer to “activity” – this means co-production, engagement or consultation. Within this document, we have used the following definitions for these activities:

Co-production
Co-production is an asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change.

Engagement
Engagement is the generic term which refers to the entire range of possible interactions between an organisation and the people who access, benefit from, or have an interest in its activities, services and/or policies. This will include professionals in organisations as well as service users and members of the public.

Co-design
Co-design is a design-led process that uses creative participatory methods. There is no one-size-fits-all approach nor a set of check-lists to follow. Instead, there are a series of patterns and principles that can be applied in different ways with different people. Co-designers make decisions, not just suggestions

Consultation
A formal process by which policy makers and service providers ask for the views of interested groups and individuals on specific policies, actions, or interventions.

When considering these activities we know that there is a spectrum (as seen in the below ladder). Although we strive to work in the “doing with” space as much as possible, we know that it isn’t always possible or appropriate or us to do so, this is when we aim to function in the “doing for” space.

(Copronet Wales, 2022)

¹² Glossary of engagement terminology (Co-production Network for Wales) – V1.5 (A4) (copronet.wales)

The Ladder of Engagement	
Co-production	Doing with
Co design	
Engagement	Doing for
Consultation	
Informing	
Educating	Doing to
Coercion	

(Co-production Wales, 2022)

The framework has been designed using information taken from:

- The National Principles for Public Engagement in Wales¹³
- Guidance provided by Welsh Government via the Health and Social Care (Quality and Engagement) (Wales) Act 2020¹⁴
- The Gunning Principles¹⁵
- Guidance written by Third Sector Support Wales
- The Co-production Network Wales principles

The Gunning Principles are woven into each of the below principles however it is important to note that these are stand-alone principles that the organisation must adhere to when conducting formal consultation work. The full set of Gunning Principles can be found in Appendix 1.

The principles are meant to help design our activity so that we know we are working with our communities effectively and creating opportunities for them to engage fully with us.

A toolkit sits alongside this document and provides the practical guidance on how to ensure that each principle is met.

Saunders,Nathan
21/03/2024 12:15:52

¹³ <https://knowledgehub.cymru/our-resources/>

¹⁴ Guidance on changes to health services | GOV.WALES

¹⁵ The Gunning Principles – Implications — The Consultation Institute

Principle 1:

The activity is designed to make a difference

What does this mean?

We are offering a genuine opportunity to inform or influence decisions, policy, or services. We value the input of our communities.

If we design activity to make a difference we can empower our communities, developing relationships of mutual support.

How do we ensure we are working to this principle?

- Planning at an early stage is important to ensure that expectations are met.
- Be clear from the start whether the activity is appropriate or not. Will the activity add information and insights to your decision-making processes, and will you be able to act on the results? Being clear about what can and can't be achieved will avoid tokenistic activity, which can break down trust and goodwill, and have a negative impact on future work.
- If it is appropriate and meaningful for us to seek guidance from the public we need to ensure that we are clear what level of activity is best. We know that although co-production is favourable it is not always the appropriate option. If we are carrying out engagement or consultation work we need to be sure that we understand the level of activity required, particularly under Llais guidance (refer to appendix 4).
- The activity carried out may tell you that change is not needed at this time. This can be a valid outcome.
- Saving energy and resources for creating change where it matters most. Clearly communicate both the

purpose of your activity (why should people give up their time and how they and their communities could benefit) and the process (what can people expect from it, how and when).

- Monitor the accessibility, inclusion, and diversity of your work, to make sure that you are hearing the voices of people with different protected characteristics and lived experience, including underrepresented people.

Principle 2:

Invite and encourage involvement without pressure

What does this mean?

People have opportunities to take part in activity as an individual or as part of a group or community, in an inclusive and welcoming way which does not put them under obligation or pressure.

By encouraging involvement we can build on the strengths of our communities and empower them further.

How do we ensure we are working to this principle?

- Those making policy or designing services have a responsibility to work with diverse groups and must take steps to do so. We need to offer people the opportunity to be involved – it is a matter of choice for the individual.
- You should identify the people who may be affected by the issue or proposed change, and / or who have an interest in taking part.

- Different groups of people can be reached through the many communities and special interest groups that already exist in the voluntary sector.
- Ensure that your invitation to take part is appropriate, accessible, and relevant
- Audiences and the preferred approach should be agreed promptly to ensure as much time as possible to contact individuals and groups.



Principle 3: Activity should be planned and delivered in a timely and appropriate way

What does this mean?

The process is clear, communicated to everyone in a way that's easy to understand, takes place within a reasonable timescale, and uses the most suitable method(s) for those involved.

Respecting people's time shows how much we value them and their efforts to get involved with our work. By ensuring that we plan correctly and give our communities time to get involved we are creating a culture of trust, enabling people to have meaningful involvement.

How do we ensure we are working to this principle?

- Don't leave planning your activity until the end: you should arrange your activity at the same time as you are planning for your decision, policy, or service design.
- Whether you decide upon co-production, engagement or consultation depends on the most appropriate option.
- If carrying out **consultation** specifically then we must ensure that proposals are still at a formative stage and that final decision has not yet been made, or predetermined, by the decision makers.
- If carrying out **engagement** there are several levels, and you should decide on the most appropriate when you begin your planning.
- Use your networks and partners to extend your reach in the time you have available.
- Several methods are available at each level of activity to match people's different preferences, needs and abilities to take part. You will need to use a range of methods to reach everyone you need to reach (including digital and non-digital), and to enable people to take part in the way and in the amount that works for them.
- If your activity has phases (e.g., a survey, then drop in events, then a focus group), participants at any one stage should be offered the opportunity to take part in the next stage(s), deepening their understanding of the topic

Principle 4: Utilise partnerships

What does this mean?

Organisations communicate with each other and work together wherever possible, to ensure that people's time, and organisations' resources, are used efficiently.

Utilising partnerships helps us to create networks of mutual support. Effective partnership working builds relationships of trust, sharing power and responsibility.

How do we ensure we are working to this principle?

- At the start of planning your activity, check whether your organisation or a partner organisation already has the information you need, or is already planning or delivering activity in the same area or with the same people.
- Work with other organisations who also cover your geographical area or area of interest, whether they are in the public or voluntary sector. This will enable you all to make more effective use of available time and resources, reduce duplication, and create a process which is more effective, produces less consultation fatigue, and improves returns.
- Taking advantage of pre-existing activity arranged by stakeholders or individual groups is generally more successful, because they have closer links to the target audience, and their events/meetings are generally well attended, as they have a ready-made audience.
- Discussing approaches with representative bodies, and/or a



sample of the target audience before finalising plans is essential. They should be used as sounding board to test questions, suitability of activity methods, and raise awareness of potential issues that could be encountered, and how to mitigate them.

- Consider the following when mapping out your stakeholders:
 1. Stakeholder Reference Group (CAV UHB)
 2. Health Professionals' Forum (CAV UHB)
 3. Local Partnership Forum (CAV UHB)
 4. Patient Experience Volunteers
 5. Cardiff Public Services Board
 6. Vale of Glamorgan Public Services Board
 7. Regional Partnership Board
 8. Staff and their representative bodies
 9. Service users of the specific service(s) considered for change
 10. Key partners such as other healthcare commissioners or providers who may be impacted by a change, for example, the Welsh Ambulance Services NHS Trust, a neighbouring health board/Trust or local authority.

¹⁶ Home – Cardiff Partnership: Cardiff Partnership

¹⁷ Public Services Board (valeofglamorgan.gov.uk)

¹⁸ Participate CAV RPB

Principle 5: Keep information clear and easy to understand

What does this mean?

People have easy access to relevant information that is tailored to meet their needs. This helps us create relationships of trust and of mutual support.

How do we ensure we are working to this principle?

- Pay attention to format, make it available in a variety of additional formats, e.g., easy read, large print, audio, video, child friendly, etc.
- Pay attention to language: make the information available in Welsh and English. Consider whether providing information in British Sign Language (BSL) and ethnic minority languages would be helpful to your audiences.
- Pay attention to tone: make sure that the information is culturally and religiously sensitive.
- Pay attention to content: do not overburden people with irrelevant information, but ensure you clearly communicate the things people need to know to be able to make an effective contribution.



Principle 6: Make it easy for people to take part

What does this mean?

Any barriers are identified and addressed, so that people can take part easily.

By identifying and addressing barriers we can build on people's strengths and empower them.

How do we ensure we are working to this principle?

- All of us can experience barriers to taking part, depending on the issue and the situation. You should recognise diversity, identify any potential barriers for different people, and take steps to overcome them. Understand who you're seeking to engage with and use the most appropriate means and channels for them to get involved.
- Participants should have the opportunity to identify issues they feel are barriers to their involvement (rather than the professionals / organisers alone). For example, you can ask at registration whether people have any access requirements or need any reasonable adjustments to take part.
- Consider digital activity carefully: working online can make activity accessible to many who for various reasons would not attend an event in person. But be alert to its downsides including digital exclusion (through lack of access to devices and / or data, skills or confidence, or accessibility). Include digital activity alongside in person activity.

- Be aware of the physical and attitudinal barriers that disabled people may face. Consider the access to buildings, to transport and to inclusive methods of communication (for example BSL interpretation) so everyone can participate fully and equally. Offer alternative information formats and ensure that online versions are accessible to users of assistive technology.
- Consider any distinct experiences and situations, including neurodiversity, different cultures and languages, LGBTQ+ identities, caring responsibilities, or other.
- Some groups of people with particular needs or preferences will need specific approaches and opportunities to get involved, e.g., children and young people. (There are Children and young people's participation standards that can help inform your work.) Plan to organise activities that are designed specifically for their requirements.
- Work with specialist partner organisations to access advice and good practice for supporting and enabling different groups of people.

Principle 7: Ensure people benefit from the experience

What does this mean?

Engagement contributes to developing the skills, knowledge, and confidence of all participants.

We value our local communities and want to empower them as much as possible. By creating activities that

will benefit those who take part we are demonstrating this value, as well as creating opportunities to build relationships of trust and shared responsibility.

How do we ensure we are working to this principle?

- Good engagement goes beyond just getting people's views on a specific issue. It should contribute to developing people's ability to take part in community / public services / democratic / government processes. People whose skills, knowledge, and confidence grow through a positive engagement experience are more likely to get involved again in future.
- The capacity and ability of different stakeholders to participate varies. Working with the support of partner organisations who are experienced in supporting specific groups will enhance your engagement.
- People must feel that they are valued and that their views are respected. When interacting in person, create a positive, supportive environment, with boundaries and balance so that everyone is heard respectfully. Pay attention to the tone of voice, language, and message that you put across, both in person and in written materials. Using professional facilitators, and / or developing your own facilitation skills, will increase the effectiveness of your engagement.
- Acknowledge people's contributions of time, views and lived experience. Thank people for participating.

Principle 8: Resource the activity properly

What does this mean?

Enough time is allowed for both planning and meaningful activity for the decision, policy, or service design. Appropriate training, guidance, support, and financial resources enable all participants to engage effectively, including community participants and staff.

Proper resourcing adds value to the activity and demonstrates our commitment to making a difference.

How do we ensure we are working to this principle?

- The type of activity should be chosen based on resource availability and how accessible it is for the target audience to participate
- It takes time, people, skills, and resources to reach out to participants, making activities accessible and informed, and provide a range of ways for people to express their views or experiences. Activity must be designed (and resourced) from the start to achieve the clarity of purpose, and appropriateness of methods, that will return the greatest effectiveness.
- If you are limited for time and / or money, design smaller but focused and highly meaningful activity, to return the greatest value on resources available.
- Good management and leadership from within organisations are crucial for co-production, engagement and consultation to be supported, resourced, and carried out effectively.

Principle 9: Keep people informed

What does this mean?

Timely feedback is given to participants about their contribution, and the decisions or actions taken as a result, using methods and forms of feedback that take account of participants' preferences.

How do we ensure we are working to this principle?

- The key to motivating people to engage again is that they see the benefit and result from their contribution. Closing the communication loop and providing feedback in a timely way is essential.
- 'Conscientious consideration' must be given to responses before a decision is made, we should be able to provide evidence that we took responses into account.
- Keep in mind that public services move at a slower speed than people's lives, and outcomes can take months if not years to materialise, with processes being largely invisible to the public. Interim communications providing updates on the process will help participants feel they've not been forgotten about and grow their understanding of the systems they are informing or influencing.
- Not every contribution will be acted upon, but the explanation for decisions taken in response to participants' views helps build the trust that they have been heard and considered. When things that have been suggested in the process are not acted upon, it is good practice to explain the reasons for this.

- Different participants will have different needs and preferences for receiving feedback, which should be taken into account – this links to their information and accessibility needs (principles 5 and 6)
- Feedback should be proportionate to the amount of input participants have provided. For example, you could have a mix of general information about the engagement process and its results via a general newsletter. This could be complemented by more specific and detailed feedback to a smaller number of more active participants, like a summary for people who took part in a focus group or workshop.



Principle 10: Evaluate, learn and share

What does this mean?

People's experience of the activity is monitored, along with the accessibility, inclusion and diversity, and the outputs and results. Lessons learnt from the evaluation are shared and inform future work.

By providing feedback and lessons learnt at the end of an activity we are showing those who took part that we value their input. Timely feedback also ensures that we develop the trust of our communities, ensuring that they understand the outcomes of an activity.

How do we ensure we are working to this principle?

- It is critical that any activity is monitored on an ongoing basis, as well as evaluated after completion. This enables you to adjust and react to the unexpected while the process is under way.
- As well as building in monitoring and evaluation of people's experience, the reach and diversity, and the results returned by your engagement, it is important that you reflect on your own experience of the process. Record and share what you learn and use this to improve your practice.
- You can make your evaluation available to participants in an accessible and appropriate format, as part of the feedback from the organisation to participants after the engagement has concluded. It can also form the basis for a further phase of activity to review and design the process itself and improve it for the future.
- By striving for continuous improvement, and by recognising, valuing, and promoting good practice, you contribute to creating a positive culture across your organisation.

4. The Process – How we ensure we are doing it right

To ensure that we are getting our engagement activity right and meeting our statutory duties it is imperative that we work closely with our Citizen Voice Body 'Llais' as stated in the guidance:

"NHS organisations and Llais should share good practice, assessment tools and performance measures to help improve the effectiveness of continuous engagement. Every service change, no matter how large or small, will provide learning opportunities"

(Welsh Government, 2023)

By building a clear process for co-production, engagement and consultation we will be able to ensure that we are remaining well informed of any issues that may arise and have oversight of the activity across the organisation.



The 'Toolkit' attached to this framework includes a process which sets out each step that needs to be completed during an engagement period, part of the process involves regular touch points with the Head of Engagement so that they are kept informed of activity and so that they can support with any advice or guidance needed.



The Head of Engagement will meet monthly with Llais to update them on any engagement activity. The Head of Engagement, Deputy Director of Planning and Director of Planning will meet with the Regional Director of Llais on a quarterly basis to discuss any issues that have arisen and any planned activity.

It is important to note that activity is reliant upon high quality communications and that colleagues in the health boards Communications Team are important partners to include in our co-production, engagement and consultation work. The health board has a "Strategic Communications and Engagement" group that meets on a regular basis and acts as a central point for all communications and engagement activity across the organization.

5. Appendices

Appendix 1 – The Gunning Principles

1. Consultation must be at a time when proposals are still at a formative stage.
2. The proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response.
3. Adequate time is given for consideration and response; and
4. The product of consultation is conscientiously taken into account when finalising the decision.

(Consultation Institute, 2018)

Appendix 2 – Co-production Principles

1. Value all participants, and build on their strengths.
2. Develop networks of mutual support.
3. Do what matters for all the people involved.
4. Build relationships of trust; share power and responsibility.
5. People can be change makers, and organisations enable this.

(Co-production Wales, 2022)

Appendix 3 – Useful Websites

Cardiff and the Vale of Glamorgan Regional Partnership Board
cavrp.b.org

Cardiff Public Service Board
www.cardiffpartnership.co.uk

Vale of Glamorgan Public Service Board
www.valepsb.wales

Llais
www.llaiswales.org

Third Sector Support Wales
thirdsectorsupport.wales

Cardiff Third Sector Council
c3sc.org.uk

Glamorgan Voluntary Services
www.gvs.wales

NHS Wales
www.nhs.wales

Co-production Network Wales
coponet.wales

Welsh Government Guidance on Service Change
www.gov.wales/guidance-changes-health-services

Appendix 4 – Levels of Engagement/Consultation¹⁹

The following levels are guidance only and can be interpreted in a number of ways. The organisations relationship with Llais is key to ensure that we are clearly communicating our plans and seeking their advice on the level required.

Level 1 – Extensive Engagement and potential Public Consultation – up to 12 weeks for engagement and potentially 6 weeks for public consultation

Major service change which exhibits one or more of the following characteristics:

- Closure of premises
- Complete service withdrawal
- Significant cross-border issues (for example health services provided regionally)
- Large numbers of people affected, or small number with large impact
- Centralisation of a significant service within the Region
- Highly politically sensitive issue locally
- Significant differential impact on people with protected characteristics under the Equality Act 2010

Level 2 – Engagement for up to 8 weeks and potential public consultation

Moderate service change which exhibits one or more of the following characteristics:

- Significant change of service delivery location within the Region
- Partial service withdrawal / reduction
- Service being changed to cover a different geographical area which is likely to cause issues for the population affected
- Anticipated moderate number of people affected or small change with moderate impact
- Moderately politically sensitive issue locally
- Closure of small facility with limited facilities
- Some differential impact on people with protected characteristics under the Equality Act 2010

Level 3 – Engagement – up to 6 weeks

Small service change which exhibits one or more of the following characteristics:

- Premises move within same community area, unlikely to cause significant transport issues for the population affected
- Service being changed to cover a different geographical area but unlikely to cause significant transport issues for the population affected
- Same level of service being delivered by different staff / in a different way but in same location / community
- Little differential impact on people with protected characteristics under the Equality Act 2010
- Issue not politically sensitive

Clearly some proposed service changes may not fit neatly into these three categories, and judgements will need to be made about the extent to which a service change meets these various descriptors. Llais will make representations regarding the appropriate level of engagement / consultation required for each proposed service change utilising this framework which will ensure consistency of approach and awareness across services of the likely requirements and timescales for planning purposes.

¹⁹ Guidance on changes to health services | GOVWALES

6. References

www.nhsconfed.org. (n.d.). *Public engagement and the NHS in Wales | NHS Confederation*. [online] Available at: <https://www.nhsconfed.org/public-engagement-and-nhs-wales#:~:text=There%20are%20two%20key%20aspects%20to%20public%20engagement>.

info.copronet.wales. (n.d.). *Glossary of engagement terminology – Co-production Network for Wales Knowledge Base*. [online] Available at: <https://info.copronet.wales/glossary-of-engagement-terminology/> [Accessed 25 Oct. 2023].

GOV.WALES. (2023). *Guidance on changes to health services*. [online] Available at: <https://www.gov.wales/guidance-changes-health-services>.

tci2016 (2018). *The Gunning Principles – Implications*. [online] The Consultation Institute. Available at: <https://www.consultationinstitute.org/the-gunning-principles-implications/>.

Knowledge Hub. (n.d.). *National Principles for Public Engagement in Wales*. [online] Available at: <https://knowledgehub.cymru/resources/national-principles-for-public-engagement-in-wales/> [Accessed 25 Oct. 2023].

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	NHS Wales Staff Survey – Brief	Agenda Item no.	6.12
Meeting:	Public Board	Meeting Date:	28/03/2024
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture		

Main Report
Background and current situation:

Background

The NHS Wales Staff Survey has run regularly in Wales since 2013, taking place in 2013, 2016, 2018, 2020 and 2023. The content and format of the survey questions have changed over time which has presented challenges with measuring progress, however, each year has provided both a participation rate and engagement score.

In 2023, the survey design was reviewed and relaunched by HEIW using a selection of questions from the NHS Wales Staff Survey 2020, and the NHS England Staff Survey to enable comparison across borders. The engagement question set was maintained to enable comparison with previous years.

The NHS Wales Staff Survey 2023 was open to all staff between 16th October 2023 and Monday, 27th November 2023, a total period of 6 weeks. Following the closure of the survey the analysis was undertaken by a survey provider commissioned by HEIW.

Purpose

“The purpose of the NHS Wales staff survey is to collect feedback from employees working across the NHS in Wales. It aims to provide an opportunity to understand experiences, perspectives, and insights in relation to the work environment, job satisfaction and overall well-being.

The data collected from the survey will provide a national picture to help shape organisational transformation in NHS Wales so that staff receive high quality, continually improving and compassionate support and can effectively deliver high quality, continuously improving and compassionate care for the communities they serve across Wales.” (HEIW 2023)

Current Situation

On Friday, 23rd February 2024, the first set of NHS Wales Staff Survey results were shared with NHS Wales organisations.

The results currently available are at an organisational level only with no means of interpreting at a more granular level. Organisations have also been provided with the overarching results for NHS Wales as a whole.

Please note that themes relating to narrative questions have also not been shared at this stage.

Release of Findings and Analysis of Data

At this point in time, HEIW have shared responses at an organisational level only. In April 2024, HEIW will release and provide access to the more granular detail which will enable further analysis using the survey platform.

HEIW are providing training on the survey platform for survey leads in March 2024. Although the detail around this has not yet been clarified, it is envisaged that this training and access will enable analysis to Directorate level at the very least.

The request from NHS Wales organisations since HEIW started engagement in 2022, was to ensure further analysis could be provided and/or accessed – for example, by job role, age, gender etc, taking into consideration the protection of anonymity of the responder. It is unlikely that this level of analysis will be available but the position will be confirmed in April 2024.

HEIW are using this survey experience as a starting point to build upon, and feedback and lessons learned will be used to improve and refine the Annual NHS Wales Staff Survey, with the next survey planned for October 2024.

Initial Communication and Engagement - HEIW

HEIW are presenting their organisational results, along with NHS Wales overview, to their Workforce Partnership Group on the 21st March 2024. They are not undertaking any wider communications until after that time.

It has been confirmed by the Staff Survey Lead at HEIW that results are not embargoed and we are able to share these within the UHB and with TU Partners. This is a significant change to previous years when the results were shared with the Health Minister prior to wider distribution. We have not received any details regarding the timescales of sharing results with the Health Minister.

Initial Communication and Engagement - CAVUHB

To date, the initial results have been shared with the Senior Leadership Board in a brief presentation (7th March 2024). In the meeting it was agreed that in the true nature of staff survey transparency, the overarching results were to be shared with trade union partners, and colleagues via internal communications.

The CAVUHB Dashboard of results has been shared with TU Partners and the communications team are developing the initial sharing of results.

Next Steps

As more detailed results are released, and further analysis undertaken, the next steps will include:

- Survey Lead Dashboard Training HEIW (March 2024)
- Directorate level results released by HEIW (April 2024)
- Analysis of results People and Culture (April/May 2024*)
- Presentation and discussion at Local Partnership Form (date to be confirmed)
- Presentation and discussion of results at Senior Leadership Board (April/May 2024*)
 - This will include development of expectations in terms of operational management of the results and actions required
- Presentation of results and work-plan at People and Culture Committee (May 2024)
 - To provide People and Culture Committee with oversight and assurance of the organisational response to the findings and the operational (local) expectations / actions and reporting mechanisms
 - People and Culture Committee to explore the outcomes on behalf of the Board

** month dependent on date of access to platform*

The People and Culture Team will continue to work with the Communications Team to plan the UHB's messaging and communication. This will require the involvement, engagement and active participation of Senior Leaders throughout the UHB and engagement and involvement of TU Partners. The Heads of People and Culture will support the cascade of results as they become available throughout Clinical Boards.

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

Further analysis of the staff survey, to understand both the data as it stands now, and new and emerging data is paramount in demonstrating to all colleagues the importance of employee voice,

and the commitment of the organisation to listen to understand first, then respond in an inclusive, compassionate and co-productive way.

To start from a place of transparency, and not delay results being shared any further while we await further in-depth analysis, initial communications have commenced through a range of channels including cascading to the Executive Team and Board, SLB, Trade Union Partners, Clinical Boards and throughout the organisation (i.e. communication updates / share-point pages).

As we move forward in understanding the results, and ensuring we move forward in an inclusive and compassionate way, this paper outlines the mechanisms being utilised to ensure that this is responded to from both an operational level, and at an oversight and assurance level through People and Culture Committee.

Recommendation:

1. The Board / Committee are requested to:

Note the information provided and the planned next steps.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes/~~No~~

Lack of engagement may result in low participation and incomplete feedback.

Safety: Yes/~~No~~

The survey offers opportunities to gain insight into safe practice/s and reporting of incidents.

Financial: Yes/~~No~~

Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.

Workforce: Yes/~~No~~

Staff may not feel encouraged to complete if they do not expect action to be taken.

Legal: Yes /No	
Reputational: Yes/ No	
Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.	
Socio Economic: Yes /No	
Equality and Health: Yes/ No	
The survey will assist in completion of the WRES in 2024, and also assists in understanding colleague experience.	
Decarbonisation: Yes /No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	Integrated Annual Plan 2024/2025		Agenda Item no.	7.1
Meeting:	Board		Meeting Date:	28 th March 2024
Status <i>(please tick one only):</i>	Assurance	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
			Information	<input type="checkbox"/>
Lead Executive:	Executive Director of Strategic Planning			
Report Author (Title):	Head of Strategic Planning			
Main Report				
Background and current situation:				

Background

Each year, Health Board’s in Wales are required to submit a 3-Year Integrated Medium-Term Plan (IMTP) to Welsh Government (WG) as part of their statutory duties under the NHS Finance (Wales) Act 2014. Powers arising from the Act state that Health Boards and Trusts must prepare a plan which sets out its strategy for securing that it complies with its ‘break even’ duty, whilst improving the health of the people for whom it is responsible and the provision of healthcare to such people.

The NHS Planning Framework 2024-2027 recognised that it is “set in the most challenging circumstances that the NHS has faced since its inception and that...given the unprecedented challenges, operational, workforce, demand and financial pressures, it is crucial that our resources are optimised to deliver the best care and treatment for the people of Wales. Organisational plans will set out the improvements to be made to services and their future sustianaibiltiy within the resources available, to reduce inequalities and improve the health outcomes of the populations you serve.”

The expectations set out in the framework against which our plan will be assessed are summarised in an infographic on the final page of this report.

Current Situation

Against the backdrop of these unprecedented and uncertain circumstances, in 2023/2024, our organisation submitted an annual plan within a three-year context, because we were unable to deliver the level of recurrent savings that we set out in our 2022/2023 plan, or mitigate escalating cost pressures.

Delivery of the 2023/24 financial plan has been challenging, and the delivery of this 2024/2025 Annual Plan will see a continuation of our drive to deliver a robust financial sustainability programme in what continues to be a very difficult operational and financial environment.

The CEO submitted an Accountable Officer Letter on the 16th February which estimated a deficit of £22.7m for 2024/2025.

Since then, further work has resulted in an updated forecast deficit position of £15.9m which takes us below our control total of £16.5m.

It is this position that is included within our final plan.

Saunders Nathan
21/03/2024 12:15:52

Plan Development Approach

Recognising the challenging context, in August 2023, the Board set guiding principles for plan development and prioritisation:

- Maintaining safe services is our number one priority
- Plans that demonstrate alignment with our four Strategic Objectives within our Shaping Our Future Wellbeing Strategy will be prioritised
- Delivery of National Mandates and Ministerial Priorities will be prioritised

Plans were developed 'bottom up', with Clinical Boards and Corporate Teams identifying critical deliverables, in a low investment environment, and with a focus on driving value and quality.

During October- November 2023, these critical deliverables underwent an initial prioritisation process using the criteria set by Board. Those deliverables that ranked the highest according to these criteria were worked up in more detail, with a focus on quantifying implications (capital, revenue, workforce, digital, estates).

Emerging plans were continuously tested and refined through a series of Senior Leadership Board Planning Sessions undertaken between September-February, with excellent levels of engagement from Clinical Board Leadership Teams and Corporate Teams throughout all stages of plan development.

In addition, Board Development Sessions on the 14th December and 29th February have provided an opportunity for the Board to shape the plan.

Both the approach to plan development and proposed content of the plan and priorities have been tested through our Local Partnership Forum and our Stakeholder Reference Group. Feedback was positive, notwithstanding fair challenge on the deliverability of our ambitions within such a constrained environment.

We have engaged with Welsh Government and the Finance and Delivery Unit throughout the plan development process.

Broad summary of plan priorities

Against a challenging backdrop, our Annual Plan 2024/2025 aims to inspire hope and confidence in our ability to improve the quality of services for our people; residents, public and staff. It is important our **plan balances realism with ambition**; that it is really stretching us to improve yet is a credible plan that we are confident we can deliver and demonstrates how we will achieve the commitments we have made.

Aligned to our four strategic objectives, there is a particular focus in the plan this year on:

- Developing a population needs based planning approach which features a greater emphasis on prevention, upstream shift and reducing inequities through developing our care pathways
- Establishing our *Shaping Our Future Quality Excellence* programme
- Investing in digital as an enabler to transformation our services, and prioritisation of our estates infrastructure improvements
- Driving value and sustainability throughout all that we do

Our plan makes a commitment to 2024/25 being the year in which we accelerate our ambition to dedicate more time, resources and support to enhancing primary and community care. Each of our five delivery priorities (Urgent and Emergency Care, Planned Care, Cancer and Diagnostics, Children and Women, Mental Health and Specialist Services) will only be planned and delivered by considering the relationship between Primary and Community Care and Secondary and Acute Care. The action that we will take next year are towards this aim and the anticipated performance impact is set out in detail within the Delivery Priorities section of the plan.

Our internal assessment is that our plan meets the expectations as set out in the NHS Wales Planning Framework. Our plan commits to meeting a number of the NHS Performance Framework Standards, however, there are some standards we are unable to meet, and where this is the case, we have set challenging and realistic ambitions, based on our demand and capacity assumptions. Detail can be found within the plan itself and in particular, within the ministerial priority templates.

WHSSC Integrated Commissioning Plan

The WHSSC Integrated Commissioning Plan (ICP) was approved by the Joint Committee on the 19th March. The plan includes a number of commissioner risks if overperformance materialises and intrinsic provider risks for services not prioritised for investment. We will continue to work with WHSSC on the management of these risks.

Financial Context

The 2024/25 annual financial plan aims to stabilise the position with an ambition to deliver a £15.9m deficit position improving on the 2023/24 deficit control total of £16.5m. Delivery of this position includes a £47.2m savings programme. We have a clear improvement trajectory to financial balance and sustainability over the next 2 years.

Achieving our statutory duty and a breakeven financial position in year would have a significant impact on patient care and our ability to deliver core services. These would need to include a significant reduction in our bed base over and above plan coupled with a slowing down on core and planned care recovery activity. A number of these actions could not be recurrent due to patient access and impact with future recovery costs exceeding what these actions would save.

The financial plan to deliver a £15.9m deficit aims to recover financial performance by ensuring it is driving improved quality and outcomes with a clear improvement trajectory to financial balance and sustainability over the next 2 years.

Appendices (can be located in the supporting documents folder)

The following appendices will be submitted alongside the plan document itself:

- A1- Enhanced Community Care Ministerial Priority Template
- A2- Primary Care Ministerial Priority Template
- A3- Urgent and Emergency Care Ministerial Priority Template
- A4- Planned Care Ministerial Priority Template
- A5- Mental Health Ministerial Priority Template
- A6- Infrastructure - Detailed Information - *This will be submitted as a separate paper to the Board*
- A7- Decarbonisation Plan - *This will be submitted as a separate paper to the Board*

A8- Cluster and Pan Cluster Plans- These will be circulated ahead of the Board meeting, as they are being finalised early March

In addition, the mandated Minimum Data set will be submitted to Welsh Government alongside the plan document and appendices as a technical document to support the written plan.

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

We are submitting an Annual Plan due to our deficit position.

The Board will therefore be asked to approve the actions taken within the plan to navigate to a sustainable position over the medium term and by doing so the Health Board is putting forward a plan that will **likely not be approvable** by Welsh Government, albeit, that meets the financial control target as set by Welsh Government.

On the 7th March, Senior Leadership Board endorsed the annual plan for onward submission to the Board.

Recommendation:

The Senior Leadership Board is asked to:-

1. **NOTE** the contents of the annual intergrated plan 2024/2025
2. **APPROVE** the submission of the plan for onward submission to Welsh Government on the 28th March

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	✓

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

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

Risk: Yes

There are risks inherent within the plan regarding ability to deliver sustainable services within a challenging operational and financial context. Strategic risks will be tracked via the Board Assurance Framework.	
Safety: Yes	
Maintaining and improving quality and safety is a key principle underpinning the plan and the plan describes the operating model through which the quality lens will be embedded in to the planning and business of the organisation.	
Financial: Yes	
<p>The key financial risks for the health board within this financial plan are set out below:</p> <ul style="list-style-type: none"> • Achievement of the efficiency plan target • Management of Operational Pressures – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them. • Inflationary pressures – There are considerable inflationary pressures across the health board with pay and energy being the largest. This will affect the UHB directly and also through its supply chain. We will monitor this closely and work with our partners to find a system wide approach to manage the risk. • Develop and deliver a programme of transformational savings – Delivering a programme of the scale needed to address the underlying deficit is a key priority and will be subject to robust management arrangements. <p>The Health Board recognises the risks in the plan and is taking actions in order to ensure that they are appropriately managed and that financial opportunities to support mitigation are fully explored.</p>	
Workforce: Yes	
The plan is underpinned by the Our People and Culture plan, prioritising the recruitment and retention of staff.	
Legal: No	
Reputational: Yes	
The inability to deliver a balanced plan is likely to have a reputational impact for the Health Board both from a public perspective and with Welsh Government	
Socio Economic:No	
Equality and Health: Yes	
Reducing health inequities is a core principle underpinning the plan	
Decarbonisation: Yes	
Responding to the climate emergency features within the plan and the sustainable development principle is a key principle underpinning our strategic objective <i>Acting for the Future</i>	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Senior Leadership Board	7 th March
Board	28 th March
Welsh Government	28 th March

Saunders Nathan
21/03/2024 12:15:52

NHS Wales Planning Guidance 2024 - 2027

Received
18 December 2023

Key principles

- Reduction in health inequalities, focus on prevention and improving population health outcomes
- A shift to primary and community focussed care
- Recovery and Financial Sustainability
- Quality and Value-Based approaches to care
- Role of the NHS as an anchor institution
- Delivering A Healthier Wales and Application of Wellbeing of Future Generations Act and Sustainable Development Principle
- Impact on CYPs and other disadvantaged sectors

Ministerial Priorities

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

Core Enablers

- **Transformation, innovation, partnership/regional working and digital opportunities** to stabilise the system in the short term and help mitigate the unrelenting pressures on services
- Embrace plans coming forward from the Accelerated Cluster Development and Regional Partnership Board, showing **primary and community care as the bedrock of the IMTPs** and progressing the cross programme work to develop a consistent Community Care model for Wales

Progress must be demonstrated across all workstreams:

- i. Workforce
- ii. Medicines Management
- iii. Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
- iv. Procurement and non-pay, and
- v. Clinical Variation / Service Configuration

Essentials for 2024/2025 Plan

- ✓ Reducing the reliance on high-cost agency staff
- ✓ Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- ✓ Maximising opportunities for regional working
- ✓ Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster
- ✓ Reducing unwarranted variation and low value interventions
- ✓ Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base

Timelines for Submission

Accountable Officer Letters - 16th February

Plan submission to WG- 29th March

Saunders Nathan
21/03/2024 12:15:52

Report Title:	2023/24 Decarbonisation Action Plan			Agenda Item no.	7.2
Meeting:	Board	Public	X	Meeting Date:	28 th March 2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning				
Report Author (Title):	Ed Hunt, Programme Director, SOFH				
Main Report					
Background and current situation:					
<p>The purpose of this paper is to present Board with the 2024/25 Decarbonisation Action Plan. The full action plan is provided to Board Members along with this paper. Note that it is being graphically designed into a pdf document suitable for publication.</p> <p>In preparation for presentation to the Board, this plan has been taken through the Decarbonisation Delivery Group, Senior Leadership Board and Finance and Performance Committee. Their feedback has been reflected in the plan provided to Board.</p> <p>This report asks Board to:</p> <ul style="list-style-type: none">• Approve the 2024/25 Decarbonisation Action Plan. <p>Background</p> <p>Wales along with the rest of the world is continuing to feel the pressures of climate change, with increased adverse weather events now becoming the norm. In the UK, last September we saw the longest run of consecutive days (7 days) in excess of 30 °C, ever recorded. February 2024 is the wettest February ever recorded in the UK. We know that through the impact of climate change we will see a change in the nature and incidence of diseases in our population, such as more heat-related illnesses and psychological impacts from flooding and displacement, and worsening health inequalities. These impacts pose a risk to the Health Board and our residents. Without mitigation we will see increased demand for services. Our infrastructure will also require significant investment and adaptation to deal with increasingly extreme and volatile weather events including extreme heat and flooding. Cardiff and Vale UHB therefore needs to play its part in mitigating its impact on the climate.</p> <p>Cardiff and Vale UHB declared a climate emergency in January 2020, with a first ‘Sustainability Action Plan’ published later that year. In March 2023, the Board approved the third and current Action Plan that defined a series of actions, owned across the UHB. A fourth action plan for year 24/25 described in this paper builds upon the learning of the last four years and seeks to further mature the carbon literacy of the organisation. It is to be submitted to Welsh Government alongside the IMTP in April 2024.</p> <p>We have made good progress with delivering the actions set out in our previous sustainability plans and are leading the way in Wales in many areas of carbon reduction thinking and activity. We have a group of passionate clinicians leading new approaches to delivery of healthcare which avoids/reduces carbon emissions, and our estates teams are delivering renewable energy and energy efficiency schemes. More colleagues than ever are participating in improvement activity, however, to achieve meaningful carbon savings will require the organisation valuing and prioritising the time of people to support this agenda making it a core part of peoples’ jobs.</p> <p>CVUHB Emissions</p> <p>Despite this, it was reported to Finance and Performance Committee in September 2023 that our carbon emissions for 2022/23 rose by 7% to c217,000 tonnes CO2e compared to 2021/22. The rise is due in the main to our supply chain, the goods and services we purchase, increasing along with the reporting of new emissions categories requested by Welsh Government. Of the emissions we control (gas, electricity, oil, petrol, diesel, etc) our emissions have reduced by c7% since 2018 thanks to energy efficiency schemes implemented by our Capital, Estates and Facilities team, but also it must be said because of two consecutive mild winters.</p> <p>Targets</p> <p>Welsh Government has set NHS Wales a target of a 16% reduction in emissions by 2025 and a 34% reduction by 2030, from a 2018/19 baseline. Welsh Government have been reviewing the continued appropriateness of these targets and CVUHB are awaiting the results of their considerations. It had been previously reported to the Board that we, like others in NHS Wales do not yet have a line of sight to these targets.</p>					

Welsh Government have previously said that it is expected that public sector organisations should manage the transition within their own budgets. Where investment is required, business cases will be presented through the standard channels for consideration and identify how we prioritise using our resources differently.

Executive Director Opinion and Key Issues to bring to the attention of the group:

This section summarises the Decarbonisation Action Plan. The full plan accompanies this paper.

New Approach for 24/25

During 2023, work was undertaken to understand how WG targets might be achieved by simulating scenarios. Building upon work being undertaken already against our estate for example, it was concluded that two new avenues need to be part of our decarbonisation journey:

- 1) Through **preventing demand** you could reduce the amount of healthcare delivered and thus reduce the carbon we emit.
- 2) Through **delivering against our operational priorities** of 6 Goals, Planned Care, Financial Sustainability, Value Based Healthcare, delivering quality healthcare - carbon can be avoided and saved.

As a result the 24/25 action plan contain actions around prevention and operational excellence. These are in addition to actions around communications/people, delivering quality clinical services and estates. It also for the first time contains an action to come up with a plan to establish what we need to do to counter the warmer summers and damper winters as a result of climate change – **an Adaptation plan**. Our knowledge is new so the Carbon team have been sharing this knowledge with Welsh Government and the rest of the Welsh NHS to help accelerate understanding and action.

Shaping Our Future Wellbeing Alignment

During 2023, the Shaping Our Future Wellbeing (SOFW) strategy was refreshed which contained specific ambitions under the Acting For The Future theme relating to decarbonisation, namely that **by 2027 the emissions that we control should reduce by 40% and by 68% by 2035**. SOFW also contains ambitions around prevention and delivering quality clinical services which align with the decarbonization agenda and our ne plan. The plan has been written as an annual plan in a three year context and is aligned to the 2027 ambitions of SOFW.

Ambition

Why is this plan ambitious?

- A 40% reduction in the emissions we control by 2027 requires a major transformation of our estate in particular. To provide a sense of scale, the gas and electricity used to power UHL is around 25% of the emissions we control.
- Making progress against the prevention agenda and the shifting of resources from acute care upstream will be challenging. Diabetes prevention work being undertaken in 24/25 provides a proof of concept opportunity.
- In 2022, Audit Wales asked public sector organisations to build low carbon behaviours into their day to day activity. Progress has been made, but there is more to be done. Also, we need to do more to activate our workforce to play their part.
- Finally, with demand for our services rising, the need to think differently about how we address and stem demand.

Measurement

The full action plan has been developed through the work of the Decarbonisation Delivery Group and the supporting Working Group. It contains over 50 actions. The actions are grouped in themes. Each of them introduces sub themes and sets out what actions should be taken at Board/leadership, clinical board/department and individual level. The actions have been mapped against the Audit Wales recommendations and SOFW. Furthermore, the actions that have been described generally do not seek to target particular carbon savings up front, rather focus on the right things to do to set and create momentum. What is the point of having an action if you can't describe its impact however? The actions therefore are categorised into five criteria each of which have benefit:

- Direct Saving – where the carbon benefit of an action can be quantified up front
- Direct Saving Non-Quantifiable – where carbon can be saved, but it can't be quantified prior to actioning
- Climate Conscious Leadership – where the action is demonstrating emissions reduction leadership
- Carbon Literacy – where the education of our colleagues has been improved
- Supporting Transition – where the action transitions towards low carbon solutions

Impact

The impact of this plan if executed could see up to 3% or c8,000 tonnes of our carbon footprint avoided.

Costs

Conscious of the current financial situation, in making decarbonisation activities part of our everyday work, most of the actions can be delivered without additional resources but with our current resources. That mean organisational commitment. There are a small number of the actions which would require support through grants or cases into WG.

Call to Arms

Our people, all 16,000 of them have the ability to make a difference to our carbon footprint. The plan sets out 4 simple things that we'd like our people to do:

- Switch off lights and equipment when not in use – to save money and energy
- Dispose of waste correctly – to allow maximum recycling and avoid any financial penalty for incorrect waste stream processing by our waste processors
- Use sustainable modes of transport – to reduce traffic at our sites, improve air quality and promote exercise (walking, cycling)
- Think about how you can deliver your work in a way which limits your impact on the environment – with saving, throwing away properly and travelling in mind, can you apply any of these principles into your day to day work?

These will be launched at an 'Ask Suzanne' session in April 2024.

Conclusion

The 24/25 action plan asks the Health Board to further embrace the decarbonisation agenda and act with the urgency that the climate emergency requires. It asks our leaders to own the problem and make decisions with carbon in mind. For the first time, it recognises that to reduce our footprint, we need to help people stay healthy and deliver our services with efficiency - in line with our existing Shaping Our Future Wellbeing strategy and operational priorities. Equally, we will need to continue to educate and motivate our 16,000 colleagues to adapt their actions and behaviour to be lower carbon including in the way they work and the way they travel to and from work. Finally, with the climate changing, it requires CVUHB to consider how it needs to adapt to meet these additional challenges.

This is an ambitious plan because change is being asked for throughout the organisation with time prioritised for people to deliver carbon saving activity.

Recommendation:

This report asks Board to:

- **Approve the 2024/25 Decarbonisation Action Plan.**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant									
Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
Impact Assessment:									
Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/No									
Safety: Yes/No									
Financial: Yes/No									
To meet the actions in the audit report there is likely to be some financial budget required. This has not yet been defined.									
Workforce: Yes/No									
The current workforce is not set up to deliver significant decarbonisation requirements over the period required. Meeting these requirements is likely to need additional posts but also give time to all staff to contribute towards the agenda.									
Legal: Yes/No									
Reputational: Yes/No									
There is a risk that as a public body, not showing leadership on decarbonisation will cause reputational damage amongst our colleagues, Welsh Government, public sector bodies and our population. The mitigation is to demonstrate results and share these successes through internal and external channels.									
Socio Economic: Yes/No									
Equality and Health: Yes/No									
There is a risk that not adapting to the impacts of a changing climate, the health of the most vulnerable in society could decrease. The mitigation is to consider widespread adoption of adaption strategies.									
Decarbonisation: Yes/No									
There is a risk that NHS Wales carbon saving targets of 16% by 2025 and 34% by 2030 are not met. Whilst these targets are being reviewed by Welsh Government, the need to make progress against our emissions is still required. The mitigation is to increase and accelerate participation and ownership of decarbonisation across the UHB through this Decarbonisation Action Plan.									

Saunders,Nathan
21/03/2024 12:15:52



Llunio ein
Llesiant
i'r Dyfodol
Shaping Our Future
Wellbeing



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Decarbonisation Action Plan 2024



Foreword2



Acting for the
Future

Executive Summary.....	4
Alignment with Shaping Our Future Wellbeing.....	5
Achievements.....	5
Vision.....	6
Why we need to act	6
The Climate Emergency	6
Shaping Our Future Wellbeing.....	7
Targets.....	7
Cardiff and Vale UHB's Progress to Date.....	8
2024-2027 Ambition.....	13
Cardiff and Vale UHB Evolution	13
Maturing of Themes	14
Cardiff and Vale UHB Actions	15
Individual Pledges/ Values	16
24/25 Actions	17
Sustainable / Climate Conscious Leadership and culture	20
Sustainable / Climate Conscious Estates	21
Resource to Deliver	22
Conclusion	23

Saunders,Nathan
21/03/2024 12:15:52

Foreword

Wales along with the rest of the world is continuing to feel the pressures of climate change, with increased adverse weather events now becoming the norm. In the UK, last September we saw the longest run of consecutive days (7 days) in excess of 30 °C ever recorded. The changes to our climate will have a major impact for our population, and this impact will be felt more severely by those most disadvantaged by deprivation or ill health.

We know that through the impact of climate change we will see continued evolution in the nature and incidence of diseases in our population, such as more heat-related illnesses and psychological impacts from flooding and displacement, and worsening health inequalities. These impacts pose a risk to the Health Board and our residents.

Without mitigation we will see increased demand for services. Our infrastructure will also require significant investment and adaptation to deal with increasingly extreme and volatile weather events including heat and flooding.

We are not just seeing impacts on our climate, but also on our biodiversity and oceans. The most recent Cardiff and Vale UHB Director of Public Health Annual Report said that, “We are in a nature emergency. Since 1970, there has been a 69% decline in biodiversity globally, with 1 in 6 species in Wales now facing extinction”¹. The Met Office has recently reported that sea surface temperatures have reached “record breaking” levels in 2023². **We need to do more to reduce our impact on the planet, because the health sector is responsible for a significant proportion of carbon emissions, even more than the aviation sector.**

This is our fourth action plan. The Health Board is going further than ever. We have committed to reducing our impact on the environment by setting a challenging ambition in our refreshed strategy, Shaping Our Future Wellbeing – to reduce the emissions we control by 40% by 2027. It’s not going to be easy and we need all of our colleagues to play a part and put time into reducing our impact on the environment. This plan reflects that need. It recognises that our emissions occur because people need healthcare, therefore we need to tackle demand. It recognises that delivering better quality health services tends to result in carbon emissions being avoided. It also recognises that we need to adapt to the changing climate.

We also identify that action taken to address climate change will lead to many benefits to our residents including cleaner air, a more physically active population and improved mental well-being.

¹<https://cavuhb.nhs.wales/files/board-and-committees/board-2023-24/7-6a-recall-of-the-wild-dph-annual-report-2022-published-2023-compressed-pdf/>

² [Sea surface temperatures breaking records | Official blog of the Met Office news team](#)

We have a significant workforce with more of them than ever performing an active role in reducing our emissions. Though to achieve our ambitions and targets we will need to do more to galvanise everyone into playing their part.

The Welsh Government's Net Zero Public Sector ambition by 2030 is approaching quickly. We recognise that we cannot tackle this alone. A collective response to this mammoth challenge is required so we can deliver benefits more quickly and more efficiently. We are working with all our stakeholders including partners across the region, PSB colleagues, Welsh Government, other Health Boards and with our suppliers to find solutions to reduce our emissions and environmental impact.

As an organisation we recognise that unless we make changes to how we deliver care, climate change will continue to exacerbate our ability to delivery services. This is not just a climate emergency, it's a health emergency.

Saunders, Nathan
21/03/2024 12:15:52

Executive Summary

Performance

In our 2022-23 report our carbon emissions were estimated at 217,000 tCO₂e. That is equivalent to all of our 16,000 staff flying around the world 3 times each. Our emissions are a by-product of delivering healthcare services. **217,000 tonnes is an increase of 7% in the last year.** The increase is down to increased supply chain emissions and the reporting of new emissions categories identified by Welsh Government. As the maturity of the carbon reporting Welsh Government ask Cardiff and Vale University Health Board to provide has increased thus our footprint is becoming more akin to the real picture of our carbon footprint. **We have seen the emissions we control (gas, electricity, petrol, diesel, etc) continue to reduce, however. Since 18/19, a reduction of 7% has been seen.** This has been achieved through energy efficiency measures, but also two recent mild winters have seen energy consumption rates reduce.

With demand for health services rising and our population growing, reducing our total emissions will be extremely challenging.

A New Approach Is Needed

Despite the challenge, we have committed to further reduce our emissions in our refreshed Shaping our Future Well-Being strategy, which sets out our vision for improving the health and wellbeing of the populations we serve by 2035. **We have set an ambition to reduce the emissions within our control by 40% by 2027 and 68% by 2035.** This is with the overall aim of achieving carbon neutrality by 2035.

This plan has built on the previous plans but has evolved further over the past year. It is set out over a 3-year context, aligning with the 2027 ambitions. The evolution can be described in the following three ways:

1. Even though the plan is focused on mitigating our emissions we have set out an action to begin to tackle the **climate adaptation** challenge, and will publishing an adaptation plan within the next year..
2. Being explicit about the role **preventing ill health** has to play in reducing our emissions. A new Prevention theme is presented with a specific intent to understand the carbon impact of prevention in the diabetes pathway initially. The final new introduction this year is the recognition that our efforts to be more **operationally efficient**, through our response to Welsh Government's '6 Goals of Urgent and Emergency Care' for example, are having an impact upon our emissions.

This Plan has three major themes, each with sub themes and actions sitting underneath:-

Saunders, N
21/03/2024 12:53:52

- **Sustainable and Climate Conscious Healthcare**
- **Sustainable and Climate Conscious Leadership and Culture**
- **Sustainable and Climate Conscious Estates**

By delivering on these themes, we will ensure that what we do today does not compromise the wellbeing of our future generations. **Alignment with Shaping Our Future Wellbeing**

This plan has been written with the Health Board's strategy, Shaping Our Future Wellbeing³ front and centre. We have already referenced the ambition to reduce the emissions we control by 40% by 2027. This is an ambitious strategy that sets out the Health Board's vision for improving the health and wellbeing of the populations we serve by 2035. The strategy contains four themes which align well with the sustainability agenda:

- Putting People First
- Providing Outstanding Quality
- Delivering in the Right Places
- Acting for the Future



Achievements so far

Each year, decarbonisation is more integrated into our organisation, however, there is still much more to be done. We want to build on what has been achieved so far and create an environment where colleagues can act to reduce our environmental impact and are encouraged to do so.

Highlights of what has been achieved over the past year include:

- A study on what activity needs to take place to hit NHS Wales 16% emissions reduction target was completed and has inspired this action plan by linking carbon to prevention and our operational priorities in particular.
- Identifying that between the 6 Goals of Urgent and Emergency Care and Planned Care Programmes, around 1% of our carbon footprint has been avoided due to operational improvements made that benefit patients, our colleagues and our carbon impact.
- Our initiatives to remain financially sustainable this year have the potential to avoid up to 2% of our carbon footprint at the time of writing.
- Many 'green groups' within Cardiff and Vale have emerged, within various departments. All are looking at ways in which they can improve their carbon footprint based on the way they operate.
- Implementation of Re:Fit Phase 2 is concluding and will deliver a c300 tonne carbon saving (c0.25% carbon footprint improvement).

³ <https://shapingourfuturewellbeing.com/>

- The UHB formally signed up to the Level 2 Healthy Travel Charter in Q3 23/24.
- Our therapies team signed off their own decarbonisation action plan aimed at their professions.

Measurement and Impact

Measurement of the overall macro impact of this plan will come through the annual emissions reporting that gets delivered to Welsh Government in September each year.

Most of the actions in this plan do not have an estimated carbon impact, therefore the overall reduction impact of the plan cannot be estimated. **Estimates have been made however for the impact of some avoidance activity which could amount to 2 – 4% of our carbon footprint. Up to c8,000 tonnes CO2e.**

Resource to Deliver

Given the current financial outlook in the Welsh NHS, this action plan has been written in the knowledge that much can be achieved with existing resources, therefore the emphasis is on **prioritising and aligning our existing resource to support the decarbonisation agenda and at the same time, our operational priorities which are so often related.**

Vision

Cardiff and Vale UHB will be an exemplar in the delivery of sustainable healthcare, setting the pace that others will follow and learn from. Low environmental impact will be a business-as-usual consideration where all our colleagues will be encouraged to make changes to working practices that will see our carbon emissions reduce initiative by initiative.

Why we need to act

The Climate Emergency

In 2019, Welsh Government became the first government in the world to declare a climate emergency. Highlighting that “Tackling climate change is not an issue which can be left to individuals or to the free market. It requires collective action and the government has a central role to making collective action possible.” With 52 countries now making such declarations.

Cardiff and Vale UHB declared in 2020, but recognised that commitments do not mean anything without significant action. As a Health Board, through our Decarbonisation Action Plans we looked to set aims and ambitions to deliver change as quickly as possible. We take our declaration seriously and through new ambitions hope to

Saunders
21/03/2024 11:15:52

continue to demonstrate leadership in what low carbon healthcare of the future could look like.

Shaping Our Future Wellbeing

The Shaping our Future Well-being strategy sets out the Health Board's Vision for improving the health and wellbeing of the populations we serve by 2035. It commits to taking the actions necessary to respond to these challenges as well as to adapt quickly and take new opportunities to improve the wellbeing of generations to come.

This plan has been written with the Health Board's corporate strategy, Shaping Our Future Wellbeing⁴ front and centre. We have already referenced the ambition to reduce the emissions we control by 40% by 2027.

The strategy sets out 4 strategic priorities which play into the decarbonisation agenda and are:

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

Under acting for the future in particular, the health board 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. Setting out high standards for reducing emissions within our control.

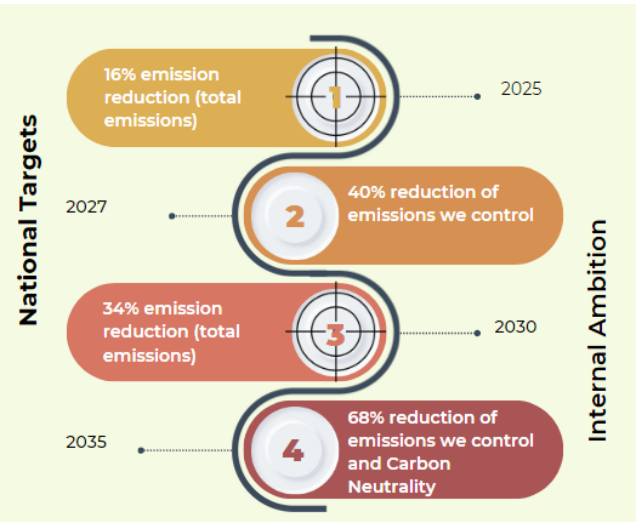
Targets

The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) was published in March 2021, acknowledging the role the NHS in Wales has to play in contributing towards Welsh Government's Net Zero ambition. It recognises that low carbon actions must be core to decision making and embedded into day to day work. **This plan also set out a target for NHS Wales of achieving 16% and 34% emissions saving from a 2018/19 baseline by 2025 and 2030 respectively.** The SDP is described further down in this document.

The UHB in 2023 set out to Board that it does not have line of sight to the 16% target and that the SDP, plus available support (financial for example) does not provide a route map to

⁴ <https://shapingourfuturewellbeing.com/>

get there. Welsh Government are reviewing targets at the time of writing. As the climate emergency is here, we have however recognised the need for a challenging ambition and through our Shaping our Future Wellbeing strategic plan, **to reduce emissions that are within our control by 40% by 2027 and 68% by 2035**. This is with the overall aim of achieving carbon neutrality by 2035. A demonstration of how committed we are to reducing our impact.



Cardiff and Vale UHB’s Progress to Date

Achievements to date

Saunders Nathan
21/03/2024 12:15:52

Despite the actions taken over the past three years, our emissions continue to rise. That said, much has been achieved in the past year which includes:

Delivery of an Energy Reduction programme	Over 200 Green Group members	Appointment of Nursing, Therapies and Clinical Leads
Renewable energy schemes delivering – 300,000 kwh	Active cycle to work scheme	4 th Sustainability fellow appointed
Therapies Action Plan produced and approved	Digital consultations saved 67 tonnes CO ₂ e in 2023	Walking aid Recycling scheme saving £47,000 and over 4,200 items being reused.
PC Switch off programme has been established	ITU green improvement programme in progress	SOFW strategy approved containing a challenging carbon reduction ambition
Clearer understanding of our emissions profile	Sustainability Pledge introduction	Fellows working on Sustainability within depts (ED, etc)
Committed to achieve the Level 2 – Healthy Travel Charter	Climate risk raised on risk register	Monitoring Air Quality at UHW and UHL
Pre-reviewing business cases prior to Investment group decision making	Embedded into Value based healthcare programme	Kidz Meds – aiming to reduce liquid medicine by 20%
Decarbonisation is part of corporate induction events	Toothbrush recycling scheme in our dental hospital	Completion of N ₂ O manifold closure in the Dental Hospital
Intermediate Oral Surgery Services providing care more locally	6 Goals and Planned Care estimated to have avoided over 1,200 tonnes CO ₂ e since 1 st April 2023	Between 2,600 and 4,700 tonnes CO ₂ e could have been avoided through our financial sustainability initiatives

It is estimated at the time of writing that around 5,000 tonnes of carbon could be avoided in 2023/24. Equivalent to over 2% of our carbon footprint.

Saunders
21/03/2024 12:15:52

Our Environmental Impact 2022-23

Cardiff and Vale UHB have been reporting emissions to Welsh Government using a method common to all public sector bodies since 2021 for financial year 2020/21. For 2022-23, there has been an increase in reported emissions to 217,690 tonnes CO2e compared to 202,149 tonnes CO2e in 2021/22. An increase of c15,500 tonnes.

	2021-22	2022-23	
Sector	Emissions (tonnes CO2e)	Emissions (tonnes CO2e)	Difference
Buildings	36,871	34,751	-2,120
Streetlighting	Not reported	76	76
Fleet and equipment	457	415	-42
Commuting	Not reported	5,664	5,664
Business travel	589	675	86
Waste	1,690	1,789	99
Supply Chain	162,541	173,412	10,871
F-gases and anaesthetic gases	Not reported	908	908
Total	202,149	217,690	15,541

Emissions from our buildings and fleet have reduced, providing relatively significant savings. Limiting our overall increase. It should be noted however that the last two winters have been mild and so decreases in emissions still need to be worked upon.

The main reason for the overall increase is due to supply chain emissions rising. This has accounted for over 70% of our annual increase. There have also been minor increases in Business Travel and Waste of 185 tonnes collectively.

The Health Board has not previously reported commuting emissions data, which has added 5,664 tonnes to our footprint. This has been produced using a standard calculation based upon employee numbers providing a good high-level estimate. There has also been additional reporting requirements for streetlighting and Anaesthetic gases, adding 983 tonnes, collectively.

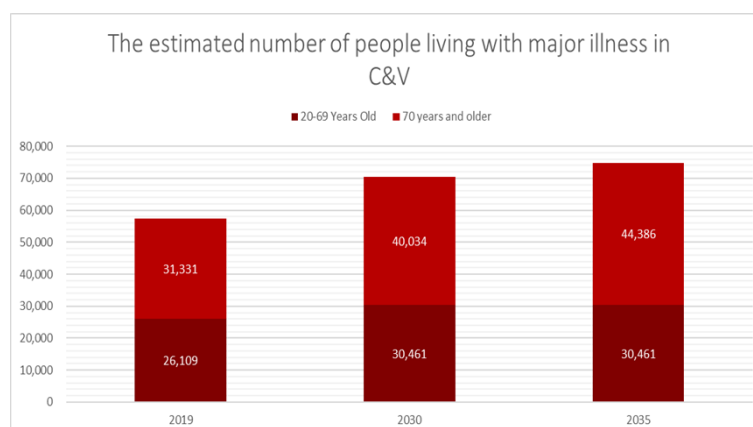
On a like for like basis, emissions which are within our control, such as our buildings and fleet have reduced by 5.7% in the last year. Since 2018, in total we estimate the reduction to be c7% (equivalent of 2,200 tonnes) against comparable internal estates data. Supply chain remains our major challenge.

Saunders, Nathan
21/03/2024 12:15:52

Red Flags

The increase in emissions seen year on year illustrates the size of the challenge. Last year's action plan referenced 'red flags' that are hindering progress generally. It is felt that they are still true in 2024 and are highlighted below:

- The current financial landscape doesn't allow Cardiff and Vale UHB to meaningfully develop plans to hit NHS Wales targets.
- The supply chain business model is largely based upon the consumption of single use/disposable products.
- The existing method for calculating supply chain emissions is immature, being based upon spend rather than a true reflection of carbon contained with products.
- Sustainability is not embedded throughout decision making (operational, clinical, corporate).
- COVID-19 recovery focusses on increasing the amount of clinical activity to address the backlog.
- Sustainable healthcare is not a mature discipline.
- Unless dedicated resource or time is provided to already stretched and overburdened staff, sustainability will continue to be seen as an add-on to existing work and priorities.
- Even if all energy consumption could come from renewable sources so that gas and grid electricity were eradicated, the NHS Wales 34% target by 2030 would not be met.
- Low carbon heat technologies run on electricity rather than gas. Through feasibility studies, there is no financial case to switch to these technologies that would be acceptable in the current NHS Wales financial environment.
- Finally, our population is growing and demand for health services is forecast to increase as can be seen in the following projection prepared by Cardiff and Vale UHB's Finance colleagues:



Despite these, this plan endeavours to make progress managing our emissions by committing to actioning the right things: progressing the shift upstream in our care pathways; supporting operational efficiency and throughput; increasing active travel; changing the way services are delivered to name a few.

Cardiff and Vale Green Groups

Over the last year in particular, a swell of interest and activity has emerged from our colleagues across the health board. Departmental 'Green Groups' have formed. Mostly informal in nature, they nevertheless are pursuing small and incremental change at a working level. Groups have formed in areas including:

- Intensive Care
- Emergency Unit
- Department of Sexual Health
- Dental Hospital
- Therapies
- Clinical Diagnostics and Therapies
- Anaesthetics
- Ophthalmology

The kind of change implemented at a working level have tended to be small in benefit but are encouraging. To illustrate one example of change, colleagues in Intensive Care have sought agreement to stop providing a certain cohort of patients with sterile water as good quality tap water can equally meet their needs. Purchasing sterile water comes with a carbon footprint. As a result, an annual carbon saving of 600kg is estimated to have been avoided along with a cash saving of around £11,000.

Additionally, there is a Cardiff and Vale Green Group with over 200 members, offering a monthly hour-long event to report on change with respect to decarbonisation that's happening within the Health Board in order to inform and inspire others. Recent presentation topics to the group have included Emergency Department colleagues describing their journey to accrediting themselves against their Royal College's sustainability framework; our energy manager presenting on ways our building/energy efficiency is being improved; our Therapies colleagues describing their decarbonisation action plan; our Digital and Information Intelligence team presenting their initiative to automatically power down PCs overnight in order to save energy.

Saunders, Nathan
21/03/2024 12:15:52

2024-2027 Ambition

Cardiff and Vale UHB Evolution

In the previous action plan, we set out to achieve 54 actions, in addition to those set out in the NWSSP SDP.

[Info Graphic] - Summary of actions

Vast experience has been gained through delivery of our three previous action plans. The last year has seen a step change in our understanding of what needs to be done and how to model the carbon impact of change initiatives. This has happened through the greater understanding of our emissions profile and running simulations against the component parts of our carbon footprint in order to see movements. Additionally, the results being seen from important initiatives such as the 6 Goals of Urgent and Emergency care can have carbon avoidance benefits, calculated from operational work that on the face of it has no relation to classic carbon footprint improvement. The key conclusions which have influenced this plan therefore are:

Operational Improvement yields carbon benefits:

The post-pandemic pressures on the Welsh NHS have seen policies such as the 6 Goals of Urgent and Emergency Care introduced. This policy is seeking to ensure that our patients are promptly treated in the most suitable place, that if they need hospital treatment are seen and treated by the right skillset and discharged safely as soon as they're well enough. Thinking about just two of the outcomes the '6 Goals' policy is trying to achieve, treating people in community settings and reducing length of stay means you can reduce carbon, in this case by a patient avoiding a long drive to A&E and a right sized stay in hospital meaning a bed is available sooner for a deserving patient in need of treatment - it is possible to calculate a carbon impact for both.

Cardiff and Vale UHB has made enormous improvements in ambulance wait times outside A&E. Waits of over four hours were common. Through the efforts of colleagues taking a zero-tolerance approach to long waits, those ambulances are not sat outside UHW with their engines running for prolonged periods. They can be more quickly made available to service the next patient.

Financial Prudence

With our local population growing and the demand for health services consequently increasing, the financial allocations to health boards have also grown over the years but cannot grow indefinitely. Over the last year, Cardiff and Vale UHB have been running initiatives aimed at ensuring what we spend on care is in line with the allocations

Saunders
21/03/2024 11:15:52

received. Demand ~~is~~ for our services is high so smarter ways of doing things have needed to be found. Through the introduction of improved stock management of medicines for example, less medicines need to be purchased and these cost avoidances can be traced back to a carbon avoidance benefit.

Prevention

The most sustainable form of healthcare is healthcare that doesn't need to be delivered because our population is healthy.

It is estimated that [over a fifth of deaths in England and Wales are avoidable](#), due to preventable or treatable conditions.

By shifting our care pathways to focus more on preventing ill health, and the deterioration of people who already have disease, we can reduce the demand on acute care which has a higher carbon footprint than prevention and primary care.

During 2024/25 we will seek to better understand the contribution of prevention to the reduction in carbon footprint, through analysis of the diabetes pathway. This should generate insights and an approach to calculating potential reductions in carbon emissions through a focus on prevention, which can be applied to our other care pathways.

Value Based Healthcare

Finally, the growth of Value Based Healthcare projects in Cardiff and Vale UHB are yielding actual carbon benefits. Value based healthcare is a way of looking at care through the lens of what is most valuable to a patient. To exemplify, many patients receiving palliative care prefer to be at home with their families, rather than being in a hospital bed. By safely changing the way such patients are cared for (for a limited number of conditions), i.e. away from the hospital, it has been found that patients and families prefer it, plus for the health board a bed is available for another deserving patient. A carbon impact can be attached to this.

Maturing of Themes

Our action plan recognises that our carbon footprint is influenced by the above findings and contains specific sub-themes around them. The themes have matured in the last year to both consolidate and see new ones added. Here is a comparison between 23/24 and 24/25.

Saunders, Nathan
21/03/2024 12:15:52

2023/24 THEMES	2024/25 THEMES & SUB-THEMES
<ul style="list-style-type: none"> Clinical 	Sustainable and Climate Conscious Healthcare <ul style="list-style-type: none"> Prevention Clinical Quality Operational Excellence
<ul style="list-style-type: none"> Leadership People 	Sustainable and Climate conscious leadership and cultures <ul style="list-style-type: none"> Leadership Communication and engagement
<ul style="list-style-type: none"> Estates Travel 	Sustainable and Climate Conscious Estates <ul style="list-style-type: none"> Buildings, Land, Waste and Transport Adaptation

The maturity we have gained have therefore played into the actions in our 24/25 plan. Few of the actions in our plan last year have been dropped because we think we can for the most part, carry actions forward and go further. Some have been merged as experience showed they were duplicates.

Cardiff and Vale UHB Actions

There are three tiers of actions that we are advocating in this plan. The things everyone can do no matter where you sit in the organisation, the things departments or Clinical Boards (CB) can do and the things the leadership of the organisation needs to do.



Saunders, Nathan
21/03/2024 12:15:52

Individual Pledges/ Values

This plan cannot be delivered without the involvement and buy in from everyone within the organisation. All 16,000 colleagues. It will take a concerted effort from us all to produce a robust and efficient service which is sustainable. We are asking staff to “sign up” to 4 Values which we would like you to consider while you are on our sites.

I will commit to:-

- Switch off lights and equipment when not in use
- Dispose of waste correctly
- Use sustainable modes of transport
- Think about how I can deliver my work in a way which limits my impact on the environment.

Will this make a difference?.....Although these seem small, we have seen instances of large savings being derived from seemingly benign actions.

Switching off one medical device in our dental hospital out of hours has avoided over £15,000 per year in energy costs.

- Incorrectly segregated waste attracts a financial penalty compelling us to treat waste appropriately, there will also be new legislation coming into force which we will be required to comply with.
- Our Lift share programme has avoided over 50,000 miles, saving 11 tonnes of CO2e.
- The walking aids recycling programme has estimated to have saved over £47,000 in one year.

Department Level Actions

At a department level, actions have been defined that can be introduced and managed locally, such as introducing Value Based Healthcare projects against particular services or allocating time to champion roles as colleagues in Therapies and our Dental hospital have done during 2023/24.

Board/Executive Level Actions

Finally, there are actions that need to be led from the top of the organisation, such as sponsoring a prevention stream of work and value the outputs of work to baseline our biodiversity and how a 40% reduction in emissions could be achieved.

Measurement and Impact

Saunders, Nathan
21/03/2024 12:15:30

Measurement of the overall macro impact of this plan will come through the annual emissions reporting that gets delivered to Welsh Government in September each year. For year 23/24, this reporting is compiled and delivered in September 2024. With this information, a year on year comparison can be made.

Most of the actions in this plan do not have an estimated carbon impact, therefore the overall reduction impact of the plan cannot be estimated. **Estimates have been made however for the impact of some avoidance activity which could amount to 2 – 4% of our carbon footprint. Up to c8,000 tonnes CO2e.** This avoidance comes from work to be more financially sustainable and operationally efficient.

Governance

Over the next year, we will look to review and if necessary, improve our governance structures and we look forward to an internal audit report expected to be published in Q1 24/25. Currently an executive led Decarbonisation Delivery Group reports into our Finance and Performance Committee. A cross health board Working Group delivers our action plan and reports into Delivery Group. We will continue working with PSB colleagues, both of whom have prioritised taking urgent action on climate change.

24/25 Actions

We estimate from this year's action plan 2-4% or up to 8,000 tonnes of our carbon footprint could be avoided.

Sustainable / Climate Conscious Healthcare

Prevention

The most sustainable form of healthcare is healthcare that doesn't have to be delivered. A preventative approach to avoid ill health and medical treatment in the first place where this is possible is most optimal. Our strategic direction is to focus more of our resources over time on health improvement and disease prevention interventions, but we will also continue to have a major role in delivering acute and community health services because of an ageing population, genetic and hereditary conditions and disease-causing lifestyle choices.

Actions

- Calculate reductions in carbon emissions through preventing ill health, using diabetes as a starting study.

Saunders, Nathan
21/03/2024 11:15:52
By 2027

As set out in Shaping Our Future Wellbeing, this preventative theme intersects two of its themes:

Putting People First. One of its aims is that, “Life expectancy for men will rise to 79.6 years and for women to 84 years “

And

Providing Outstanding Quality, “We will increase the proportion of the Health Board’s resources to support people to live healthy lives, to reduce risk of ill health...”

Clinical Excellence

We cannot underestimate the impact our operations and clinical services have on our carbon emissions. Everything we do and deliver is with the aim of delivering outstanding patient care, however, we do not currently consider enough the impact this has on the environment. In this plan we have aimed to establish, through these actions, the further integration of decarbonisation into clinical practice.

Actions

- Align with the Value Based Healthcare programme to ensure carbon benefits of their work are captured.
- Nursing, Therapies and Clinical professions driving sustainable change
- Therapies delivering against their Decarbonisation Action Plan
- Nursing to take forward Welsh Governments recommendations in the Sustainability in Nursing documentation.
- Nursing to develop a Decarbonisation Plan
- Through our Shaping Our Future Clinical Services programme develop a clinical service plan with lean and green design principles built in
- Establish the feasibility of decarbonisation included in the Quality Excellence programme
- Establish the feasibility of appointing 5th Sustainability fellow
- Obtain SusQi Beacon site status
- Work with staff to understand the barriers for delivery of decarbonisation action,
- Seek opportunities to reduce carbon impact of F-gases across the site

Establish the most viable options to embed the decarb agenda into clinical boards along with the ability to regularly monitor progress

By 2027

Aligning with the Providing Outstanding Quality theme of Shaping Our Future Wellbeing, these actions contribute to the ambition of, “We intend to be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.”

Additionally, aligning against the Putting People First theme the actions form part of the ambition that, “Life expectancy for men will rise to 79.6 years and for women to 84 years”.

CASE STUDY

Our digital team, DH&I, have implemented a Digital Energy Saving Configurations (DESC) initiative which saves energy by deploying scripts that automatically switch computers off when they are left idle and not logged in.

A single desktop computer left idle overnight can, over the course of a year, emit around 185kg of CO₂ and waste £210 in energy costs.

D&HI suggest that through this programme a 60% reduction would have net CO₂e emission savings of 314 tons and energy costs savings of c£300,000 per year.

Operational Excellence

The way in which we operate as an organisation has a direct impact on the emissions we produce. We have set out in this plan how delivery of programmes such as financial sustainability, has a large and positive impact on our carbon profile. Through ongoing Operational Excellence, we are aiming to take account of carbon saved or avoided.

Actions

- Financial Sustainability, 6 Goals, Planned Care programmes are operational priorities and their carbon impact will be tracked.
- Increase and Maximise circular economy opportunities
- Increase and Maximise foundational economy opportunities
- Review opportunities for large suppliers to reduce our emissions
- Develop a guide for request to consider low carbon good and service.
- Low carbon alternatives must be considered when creating purchase specifications.
- Consider ways that procurement engage with clinical boards, and vice versa, to review spend and trends, and how this can provide efficiencies.
- Measure the decarbonisation impacts from implementation of the Welsh Nursing Care record
- Digital will implement a Digital Foundations programme, seeking to create the conditions and increase the digital maturity
- Implementation of DESC programme
- DH&I will implement systems in 2024 which will reduce paper usage. such as Badgernet and Pacemaker Monitoring.

Saunders, Nathan
21/03/2024 12:15:52

By 2027

Aligning with the Delivering in The Right Places theme of Shaping Our Future Wellbeing, “We will have in place a digitised health and care system..., having delivered 50% of the roadmap (level 3 of the digital maturity model)” by 2027. Our operational teams will be designing ways of maximising the efficiency of Cardiff and Vale UHB for the benefit of our population and routinely identifying ways initiatives can impact upon our carbon footprint.

We will be procuring the most environmentally friendly clinical products and services that meet our defined functional specifications.

Sustainable / Climate Conscious Leadership and culture

We aim to ensure the UHB show leadership in decarbonising its operations and explain the importance of doing so. We want everyone to be aware and involved in the path to net zero. Our decision making needs to take into consideration the carbon impact of initiatives. Most of the actions are top down but we are asking all our staff to be champions of the agenda and hold others to account.

Actions

- Ensure the UHB show leadership in decarbonising
- Executives to take an annual decarbonisation objective
- Include decarbonisation in clinical services redesign
- Through the review of our Board Assurance Framework, create an appropriate profile for climate and biodiversity risk and risk management.
- Comply with NWSSP's SDP actions and influencing any new plan
- Consider how decarbonisation behaviour change can be implemented through the Quality Excellence programme.
- Track sustainability pledges programme across 2024
- Communications messaging to include decarbonisation benefits where possible.
- Work with Education leads from each speciality to commence incorporating decarbonisation messaging into courses.
- Track “climate awareness” courses attended
- Consider introducing mandatory Decarbonisation training
- Annual Sustainability Staff award presented
- Values Based Appraisals to include decarbonisation

Publicise travel discounts schemes

By 2027

We will be at the Achieving our Goal stage of the WG roadmap⁸, “Where choosing zero carbon has become routine, culturally embedded and self-regulating.”

CASE STUDY

Our Emergency Unit have looked to reduce their impact on the planet by undertaking actions through the Green ED Framework, Developed by the Royal College of Emergency Medicine.

The framework sets out a series of actions which improve the environmental and financial sustainability while maintaining or improving patient care.

The team in Cardiff and Vale have been successful implementing a number of the projects which include:-

- Job Plans include time for project
- Appointment of a Sustainability fellow
- Reduction on Entonox by 60%
- Radiology reports to be signed off electronically
- Ensured that their waste layout/signage is fit for purpose

Sustainable / Climate Conscious Estates

Although our estates make up less than 20% of our emissions, it is within this area we have the most control. Our new strategic ambition highlights the need to act urgently and with pace, where we have influence. We need to ensure that our estate and environment meets our needs now and within a Net Zero future. We will need to transition our buildings, transport and waste to produce less carbon. Adapt our estate and clinical services to combat the impacts of climate change and improve environments to make them more biodiverse.

Actions

- Establish what would be required to achieve 40% -reduction in emissions we control by 2027
- Decarb a central pillar of new buildings and refurb
- Decarbonisation included in UHW masterplan (final output expected in f/y 25/26 at least)
- Run a programme of installing and monitoring Metering (electricity, gas and water)
- Consider district heating opportunities should they arise.
- Consider more renewable/ energy efficiency schemes through feasibility studies.
- Seek to reduce waste and comply with waste legislation
- Biodiversity audit (inc sequestration opportunities) undertaken and action plan produced.

Continue to review air quality at UHL and UHW

All new vehicles to be EV

Saunders, Nathan
21/03/2024 12:15:52

- Level 2 Healthy Travel Charter implementation and make demonstrable progress

Develop a Health Board climate adaptation plan using WG commissioned toolkit

By 2027

- The Delivering in The Right Places theme of Shaping Our Future Wellbeing says, “Plans to replace or redevelop UHW and UHL will be well advanced...”
- The Acting for Our Future theme says “For the emissions we control directly, our ambition is to reach 40% reduction.”
- Given an action is being laid out to develop a climate adaptation plan, it is expected that before 2027, we will be delivering against that plan.

CASE STUDY

The Critical Care team in Cardiff and Vale are providing an exemplary approach to tackling sustainability. The team have set aside time to review high usage and high value products to assess whether there are alternatives to reduce emissions, such as reducing the use of non-sterile gloves. The team work with staff within the department and across the organisation through their green group meetings to enable delivery of the initiatives.

One project reviewed the waste generated from 1 patient in multiple organ failure, for a 24 hour period and is pictured here



Resource to Deliver

There can be significant costs associated with the delivery of decarbonisation of our estate. It is recognised that the majority of costs, especially those delivering improvement will save carbon over the long term. At the present time, the financial environment does not allow for large scale capital investment and revenue uplifts to

pay for carbon reducing schemes. We are therefore unlikely to achieve substantial building improvements and renewable energy schemes through existing grants and funding mechanisms.

This plan has been written understanding that new money is unlikely to be available, but also our growing knowledge is telling us that it is the time and effort of our existing colleagues that needs to be invested. For this plan to be successful, this plan requires the Health Board to use peoples' time too.

The prevention agenda will need to be supported to reduce the upstream costs to the service. By people being responsible for their own health and intervening as early as possible with only the medical intervention that's needed, it should make delivering healthcare lower carbon.

Conclusion

The understanding of the things Cardiff and Vale UHB need to do to mitigate against carbon emissions has been largely acquired: prevent ill health, be prudent and efficient in the delivery of health services, educate colleagues; encourage small ground-up change. The challenge is that in a sector where demand is increasing, change needs to be implemented in the face of our operational pressures and unprecedented pressure upon our colleagues.

We know delivering more energy efficiency against our estates and transport alone are not going to allow us to meet our commitments. Our carbon footprint is a function of our delivery of health services, therefore the whole organisation needs to play a part in reducing it and mitigating climate change.

The actions we would like to deliver on with respect to prevention and operational efficiency are new and have been shared with colleagues across Wales. We feel we are moving in the right direction, but more needs to be done to make a real and tangible difference and arrest our ever-increasing carbon emissions.

Saunders, Nathan
21/03/2024 12:15:52

Annex 1 – Detailed Actions

/Theme	Action	Owner	Team	Delivery by 2027	New, carry forward	Benefits	Measure	By when	Cost Request to deliver plan where not BAU	Cost to the UHB	NWSSP SDP Alignment	Audit Wales Alignment
Sustainable and Climate Conscious Healthcare												
Prevention of Ill Health Is the Most Sustainable Form of Healthcare	Calculate reductions in carbon emissions through preventing ill health (such as primary and secondary prevention of diabetes)	Director of Public Health	PH & cross UHB colleagues	Clear understanding of carbon savings associated with specific prevention interventions in our care pathways, to guide and promote further reductions in carbon when reviewing pathways	New	Direct Saving Non Quantifiable /Supporting transition / Climate Conscious Leadership	Establish carbon impact of the diabetes prevention programme as at 31/3/25, linking with value programme (below)	March 2025	N/A	staff time (PH)	39,42	Strategic Direction Pace of Implementation
Delivering Excellent Clinical Quality Delivers Lower Carbon Emissions	Value programme to ensure carbon benefits of work are captured from their projects.	Director of Operations	Value Team	"We intend to be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality."	New	Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Financial Savings / Operational Benefits / Patient Benefits	Carbon avoided calculated from Value projects against: Diabetes Heart Failure PIC Supportive care – Day case IV Pre-op anaemia HHP PROM Variation programme	March 2025	N/A – Led by Value Programme	Staff time	NA	Pace, Skills
	Nursing profession driving sustainable change	Deputy Executive of Nursing	Nursing		New	Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Financial Savings / Operational Benefits / Patient Benefits	Impact of nursing initiatives – gloves, uniforms and continence pants, plus others.	March 2025	N/A	Staff time	N/A	Pace, Skills
	Deliver against Therapies decarbonisation action plan	Deputy Director of Therapies & Health Science	Therapies			Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Financial Savings / Operational Benefits / Patient Benefits	Meeting targets set out in Therapies' decarbonisation action plan	March 2025	N/A	Staff time	N/A	Pace, Skills
	Develop a clinical service plan with lean and green design principles built in	Programme Director, Strategic Clinical Redesign	Strategy		CF	Supporting transition	Pre-engagement SOFCS Clinical Service Plan developed with a focus upon sustainable delivery models.	March 2025	N/A	Staff time	N/A	Leadership
	Establish the feasibility of decarbonisation being included in the emerging	Prog Director, SoFQE (to be appointed)	Clinical colleagues		CF	Carbon Literacy / Supporting transition / Climate Conscious Leadership	Is decarbonisation embedded Evidence of benefit	TBC (aiming for Q2 2024)	N/A	Staff time	39,44, 45,46	Leadership

Saunders Nathan
21/03/2024 12:15:52

	Quality Excellence Programme.											
	Establish the feasibility of appointing a 5 th Sustainability Clinical fellow for 2025	Clinical Sustainability lead	N/A		CF	Carbon Conscious Leadership	Business case for consideration in place. Agreement in place. Fellow in the pipeline to start in 2025	March 2025	£20k pa (currently managed by medicine/Surgery)	Staff time	39,44, 45,46	Skills
	Obtain SusQI Beacon site status	Assistant Director Improvement and Implementation	I&I		CF	Carbon literacy / Direct saving non quantifiable	Beacon site status achieved Tangible evidence of carbon saved.	March 2025	N/A	Staff time	NA	Leadership/ Skills
	Through the convening of departmental green groups, establish any barriers to decarbonisation and establish with operational colleagues their removal	Clinical Sustainability lead	N/A		New	Direct saving non quantifiable	Tangible evidence of carbon saved.	March 2025	N/A	Staff time	NA	Leadership /Pace
	Seek Opportunities to reduce f-gases.	Clinical Sustainability lead	Anaesthetists, Pharmacy and medical gas committee		New	Supporting Transition	Lower emissions recorded from f-gasses	March 2025	N/A	Staff time	?	Leadership/ Pace
	Establish the most viable options to embed the decarb agenda into clinical boards along with the ability to regularly monitor progress	Director of Operations			New	Carbon Literacy / Supporting Transition /	Baseline assessment carried out to understand readiness Clinical Boards issued with a plan to bring them up to a minimum level of awareness and practice.	March 2025	N/A	Staff time		Leadership / Pace
Operational Excellence Driving Carbon Reduction	Deliver against Finance and Operations priorities ensuring carbon benefits of work are captured. 6 Goals, Planned Care programmes are operational priorities. Additionally, prevention, Value based healthcare and Quality Excellence will emerge as important programmes. Through efficiency (inc Digital), financial prudence and good patient care, carbon reduction can be achieved.	Executive Director of Finance/ Director of Operations	All UHB	Financial break even Operational aspiration – Proportion of 100,000 bed day saving. “We will have in place a digitised health and care system..., having delivered 50% of the roadmap”	New	Carbon Literacy/ Supporting transition / Financial Benefits / Operational Benefits	Carbon avoided calculated through operational and financial efficiency schemes. A £50m savings programme translated into carbon benefit (TBC exact level of savings). At a 0.21 carbon factor, 10,500t CO2e could be avoided – c4-5%. If 50% of £50m was addressable, a saving of c5,000t could be possible. Achieve theatre utilisation targets defined by ops	March 2025	N/A	Staff time	NA	Strengthen Leadership Pace Finance

Saunders Nathan
21/03/2024 12:15:52

							Help Me Get Home Targets defined in carbon terms and record of progress.					
	Increase and Maximise Circular economy opportunities	Head of Procurement	Procurement		CF	Leadership / Supporting transition	£ Value	Ongoing	N/A	Staff time	25,26,27,29,30,31,32	Leadership
	Increase and Maximise Foundation economy opportunities	Head of Procurement	Procurement		CF	Leadership / Supporting transition	£ Value	Ongoing	N/A	Staff time – funding from WG has been cut (NWSSP funding)	25,26,27,29,30,31,32	Leadership
	Review opportunities for large suppliers to reduce our emissions	Head of Procurement	Procurement		CF	Direct Saving Non Quantifiable / Carbon Literacy/ Supporting transition	Number of suppliers reviewed, and issues/ opportunities fed back Carbon impact of work (KG/tCO2e)	Ongoing	N/A	Staff time	25, 26, 27, 29, 31, 32	Pace/ Leadership
	Low carbon alternatives must be considered when creating purchase specifications	Head of Procurement	Procurement		CF	Supporting transition	Products reviewed/ sustainable items purchased	Ongoing	N/A but potential for increased cost in order to buy greener	Staff time	27,30,31	Leadership / Skills
	Consider ways that procurement engage with clinical boards, and vice versa, to review spend and trends, and how this can provide efficiencies.	Head of Procurement	Procurement	Projects identified to reduce emissions from purchases, deliveries, packaging. £/ carbon saved.	New	Direct Saving Non Quantifiable / Carbon Literacy/ Supporting transition		By March 2025 and ongoing		Staff time		Leadership / Skills
	Measure the decarbonisation impact of the Welsh Nursing care record	Deputy Executive Nursing Director	Nursing/ Digital/ Sustainability team		New	Leadership/ Supporting transition			Staff time	Staff time		
	Our Digital team will implement a Digital Foundations programme, seeking to create the conditions and increase the digital maturity of Cardiff and Vale UHB.	Director of Digital & Health Intelligence	Digital		New	Leadership/ Supporting transition				Staff time		Leadership
	Implementation of DESC which will save energy by turning off PCs/Laptops left on overnight	Director of Digital & Health Intelligence	Digital		New	Direct Saving Non Quantifiable / Leadership Carbon Literacy/ Supporting transition		Q1 2024 and ongoing	Staff time	Staff time		Leadership Pace
	Our DH&I team will implement systems in 2024 which will reduce paper usage. Such as Badgernet and Pacemaker Monitoring.	Director of Digital & Health Intelligence	Digital		New	Direct Saving Non Quantifiable / Leadership Carbon Literacy/ Supporting transition				Staff time		Leadership
Sustainable / Climate Conscious Leadership and culture												
Setting CVUHB as leaders in low carbon healthcare delivery	Ensure the UHB show leadership in decarbonising	Executive Director of Planning	Decarb Team	Routinely embedded in our way of working	CF	Leadership / Supporting transition	Receive internal audit report on sustainability.	March 2025	N/A	Staff time	NA	Strengthen Leadership

							Implement audit actions. Improve decarb prominence in redesign, IMTP and investment decisions where applicable. Implement improvements to governance with the intent of raising the profile of decarbonisation.					
	Executive team to continue to take an annual decarbonisation objective	CEO			CF	Direct Saving Non Quantifiable / Leadership / Supporting transition / Carbon Literacy /	Impact as a result of taking an objective. Carbon impact of work (KG/tCO2e)	Ongoing	£0	N/A	3	Strengthen Leadership Pace
	Decarbonisation included in any clinical service redesign	Executive Director of Planning	Strat planning		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Decarbonisation is included.	31/3/25	N/A	Staff time	NA	Leadership
	Through the review of our Board Assurance Framework in 2024, create an appropriate profile for climate and biodiversity risk and risk management.	Director of Corporate Governance	Corp Gov		CF	Leadership/ Carbon Literacy / Supporting Transition	Risk is actively monitored and improved	Ongoing	N/A	Staff time	3	Management Action
	Compliance with NWSSP Strategic Delivery Plan actions and Influencing Any New Plan	Executive Director of Planning	Decarb Delivery Group		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Supplying on time reporting to NWSSP, raising any risks or issues. CVUHB influence on new SDP.	Ongoing	TBC - Grant funding, EFAB and other schemes may be available for exploitation.	Staff time	2	Strengthen Leadership Pace Management Action
Engaging and Communicating with Colleagues	Consider how decarbonisation behaviour change can be implemented through the Quality Excellence programme.	TBC	Comms	Culturally embedded into our quality ways of working	New	Leadership/ Carbon literacy	Plan created and delivered	Q3 2024	N/A	Staff time	NA	Skills gap Increase capacity
	Track the voluntary sustainability pledges advertised across the UHB in Jan '24.	Environmental Sustainability Manager	Decarb Team			Supporting Transition						
	Comms messaging to include decarbonisation benefits where possible.	Director of Communications and Engagement	Comms		CF	Leadership/ Carbon Literacy/ Supporting Transition	Messaging including decarbonisation	Ongoing	N/A	Staff time	2,3	Leadership
	Work with Education leads from each speciality to commence incorporating decarbonisation messaging into courses. Seek involvement from staff in line with strategy.	Executive Director of People and Culture	Education		CF	Leadership/ Carbon Literacy/ Supporting Transition	Information on courses and material provided.		TBC	Staff time	2,3	Skills

Saunders Nathan
21/03/2024 12:15:52

	Track progress including decarb courses attended and the integration of messaging	Sustainability Manager	Sustainability team		New	Leadership/ Carbon Literacy/ Supporting Transition	Track courses and inductions attended, green groups held.	Ongoing	N/A	Staff time	2,3	Skills
	Consider mandatory decarbonisation training	Executive Director of People and Culture	Workforce		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Included on mandatory training list or reason why not.		Development costs - TBC	Staff time	2,3	Skills
	Annual Sustainability– Staff award presented	CEO/ Executive Director of People and Culture	Workforce		CF	Climate conscious Leadership	Award event held	Annual ongoing	N/A	Staff time	2,3	Pace/ Skills
	Establish how the VBA process could include decarbonisation	Executive Director of People and Culture	Workforce		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Included on appraisals or guide notes	Q1 24/25	N/A	Staff time	2,3	Skills
	Publicise travel discounts schemes	Executive Director of People and Culture/ Director of Communications and Engagement/ Director of Estates	Transport and Comms		CF	Supporting Transition	Messaging distributed. Discounts available	Ongoing	N/A	Staff time	2,3	Pace

Sustainable / Climate Conscious Estates

Lowering the footprint of Buildings, Land, Waste and Transport	Establish what would be required to achieve 40% - reduction in emissions we control by 2027	Executive Director of Finance		"Plans to replace or redevelop UHW and UHL will be well advanced..." as NZC Reduce emissions we control by 40%"	New	Direct savings/ Supporting transition	Create a plan to achieve a pathway to a 40% reduction for presentation to Decarb Delivery Group to establish the possibilities, constraints and next steps.	Q2 2024	TBC	Staff time	NA	Finance needed, Pace
	Decarb a central pillar of new buildings and refurb	Executive Director of Finance	Estates		CF	Direct saving/ Leadership/ Supporting transition	Definition or implementation of projects with measures included. Carbon impact of work (KG/tCO2e)	31/3/25	N/A – subject to WG business cases	Staff time	4/ 5/ 6/ 7/8/9/10/11/ 12/13/ 16/ 28	Leadership, Pace
	Decarbonisation included in UHW masterplan (final output expected in f/y 25/26 at least)	Executive Director of Finance/ Director of Operations	Strat planning		CF	Supporting Transition	Carbon options specified as an output	31/3/25	N/A – Cost of masterplan sought from WG	Staff time	11/ 12/13/ 16/36	Pace
	Run a programme of installing and monitoring Metering (electricity, gas and water)	Executive Director of Finance	Energy		CF	Direct saving non-quantifiable / Supporting transition	Closing off identified anomalies. Carbon impact of work (KG/tCO2e)	March 2025 – ongoing	N/A	Staff time	4, 28	Pace

Saunders Nathan
21/03/2024 12:15:52

	Consider district heating opportunities should they arise.	Executive Director of Finance	Energy		CF	Supporting Transition	Assessment of viability of any proposed schemes	Ongoing	N/A	Staff time	7	Pace
	Consider more renewable/ energy efficiency schemes through feasibility studies, plan for 50% of feasible renewables to be implemented by 2026 and 100% by 2030	Executive Director of Finance	Energy		CF	Direct saving Non-Quantifiable/ Leadership/ Supporting transition	Feasibility studies delivered Carbon impact of work (KG/tCO2e)	March 2025	TBC	Staff time	7/ 8/ 9/ 10/15/ 35	Pace, Finances
	Seek to reduce waste and comply with waste legislation	Executive Director of Finance	Energy		CF/New	Direct Saving Non-Quantifiable / Carbon Literacy	Maintenance of compliance	Ongoing	N/A	Staff time	2, 44	Pace, Leadership
	Biodiversity audit (inc sequestration opportunities) undertaken, and action plan produced. Confirm ownership in CVUHB.	Executive Director of Finance/ Director of Public Health			CF	Direct saving Non-Quantifiable/ Leadership/ Supporting transition	Complete baseline, ecological survey action plan adopted, and delivery commenced. CVUHB owner confirmed	Q2 24/25	TBC – to meet Section 6 obligations.	Staff time, cost of ecological survey	34	Pace
	Continue to review air quality at UHL and UHW through routine SRS NO ₂ reporting	Director of Public Health			CF	Carbon Literacy / Supporting Transition	Annual NO ₂ readings specific to UHW and UHL, for comparison with 2023/24 baseline, to assess impact of sustainable transport initiatives	Ongoing	N/A	Staff time (PH)	16, 17 21,39	Pace
	All new vehicles EV	Executive Director of Finance	Transport		CF	Direct savings/ Leadership	All new cars and light goods fleet vehicles procured across NHS` Wales after April 2022 will be battery-electric wherever practically possible Carbon impact of work (KG/tCO2e)		N/A		19	Pace
	Level 2 Healthy Travel Charter implementation and make demonstrable progress	Executive Director of Finance/ Director of Public Health	PH/Transport		CF	Direct saving Non-Quantifiable/ Leadership/ Supporting transition	Actions implemented Commitments scoped with costs	March 2026	TBC	Staff time, potential costs associated with some commitments – to be scoped as part of delivery	14	Pace, Leadership
Adaptation Planning	Develop a UHB climate adaptation plan using WG commissioned toolkit	Executive Director of Strategic Planning/ Executive Director of Finance/ Director of Public Health	PH Lead	Delivering against Adaptation plan	CF	Direct saving Non Quantifiable/ Leadership/ Supporting transition	Adaptation plan developed and agreed for UHB, clear action owners and timescales	March 2025	TBC	Staff time, Potential costs associated with delivering some elements, to be scoped as plan put together	NA	Pace of Implementation Finance Needed

Saunders Nathan
21/03/2024 12:15:52

Equality & Health Impact Assessment (EHIA)



Saunders Nathan
21/03/2024 12:15:52



Equality & Health Impact Assessment for

{insert title of strategy/ policy/ plan/ procedure/ service}



Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHA for help and support in completing this document.

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Decarbonisation Action Plan 2024-2026
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategy – SRO Abigail Harris
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	Decarbonisation Action Plan attached.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the design and development stages <p>Public Health Wales Observatory Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihsoc.co.uk) CAVUHB - Home (sharepoint.com)</p>	<p>Welsh Government has set out the ambition for the Public Sector in Wales to meet Net Zero emissions by 2030. Cardiff and Vale UHB are required to submit a Decarbonisation Action Plan (DAP) to support delivery of the NWSSP Strategic Delivery Plan and the Net Zero ambition. The targets set out in the Strategic Delivery Plan are 16% emission reduction by 2025 and 34% by 2030.</p> <p>The Shaping our Future well-being strategy also set out 3 additional ambitions:-</p> <ul style="list-style-type: none"> - 40% reduction in emissions we control by 2027 - 68% reduction in emissions we control by 2035 - Carbon Neutrality by 2035 <p>The team has established a robust governance structure which is made up of an Executive led Delivery Group and Environmental managerial Working group. It has also worked with members of staff across the organisation to understand what they would like to see implemented.</p> <p>Work has been undertaken to gather best practice, other organisations ambitions and actions, and working with Government to understand policy and direction.</p>

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All staff, patients and populations.
----	--	--------------------------------------

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

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> under 18; between 18 and 65; and over 65 	The impacts of climate change adversely impact the youngest and oldest across our society. The aim of the document is to have a positive impact by reducing emissions and improving air quality, which should result in positive outcomes for our population.	NA	Implementation of actions in the DAP.
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
conditions, long-term medical conditions such as diabetes	the environment for all. The actions contained should not directly impact anyone with a disability.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender Stonewall Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.4 People who are married or who have a civil partner.	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	discriminate but aims to improve the environment for all.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.	The aim of the document is to have a positive impact on all citizens and does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers The Runnymede Trust	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) Stonewal	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	The document will be published bilingually in Welsh and English. There is no expected impacts to the Welsh language.	Publication of the documentation in Welsh	Publication of the document bilingually.
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all. The impacts of climate change and pollution are disproportionately felt by those on low incomes. Through the plan we	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	aim to reduce emissions and improve the impacts on our local communities.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	People living in poorer communities are often exposed to more emissions and worse air. Through the actions contained in the plan we are monitoring the air quality and aim to improve local emissions.	Deliver on actions (e.g. improved active travel) to support better air quality.	A full list of actions is contained in the Plan.
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	NA	NA	NA

Saunders Nathan
21/03/2024 12:15:52

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	The plan supports access to the service through:- <ul style="list-style-type: none"> - Improving the ease of access to sites using public transport and active travel - Using digital technology - There is no expected negative impacts on access to services. 	Embracing opportunities to support low carbon solutions.	Actions in the Plan include:- <ul style="list-style-type: none"> - Better digital services - Signing the Healthy Travel Charter 2
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation	The objectives of the DAP aim to:- <ul style="list-style-type: none"> - Keep people well and aims to support the prevention agenda. - Develop more efficient and low carbon buildings, which are fit for purpose. - Encourages active travel - Increases green spaces 	Further work can be done across the Health Board to support the actions and opportunities to improve healthy lifestyles. Increase the healthy food provisions across site for staff and patients. Increase active travel routes and localised facilities. Improve access to green spaces.	The Plan has actions to:- <ul style="list-style-type: none"> - Travel routes and facilities - Encourage healthy lifestyles.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>services, weight management services etc.</p> <p>Creating healthier places spaces.pdf (wales.nhs.uk)</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>Actions in the plan will require the organisation to seek low carbon skills (i.e. installation of solar PV etc).</p>	<p>Ensure when tenders are awarded that local job opportunities, with long term futures and skills are built in.</p>	<p>Follow actions in the plan to ensure decarbonisation is a central pillar of decision making.</p>
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>The Plan aims to support the increased availability of green spaces and good working environments, which will support the physical and mental health of staff and patients. It also looks to measure and if required, reduced exposure to air pollution on our sites.</p>	<p>More can be done to improve our physical environment.</p> <p>A long term plan for the whole estate will need to be developed. Which includes improvement to staff, patient, social and green spaces.</p>	<p>The plan holds a number of actions to take account of our physical environment and how to improve it. Including:-</p> <ul style="list-style-type: none"> - Increased sequestration - Increase energy efficiency - Improve air quality - Access to green spaces

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	The Plan will not necessarily improve social or community health directly. By changing the way we operate and design our services could encourage positive behaviours towards people's health.	Create an environment both at sites and within the community which to improve access and inclusivity.	NA
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate <i>Saunders Nathan 21/03/2024 12:15:52</i>	The Plan will positively impact on both sustainability and our environment. The economics for delivery has a mixed impact. We aim to have increased FE bringing money into our communities, however, this could result in potentially higher local emissions and increased costs for the service.	There is more work to do on the plan around building links with our local communities and businesses, to create the supportive environment required. Variations with costs can be managed against expended social and local value. This would need to be considered within decision making. Action needs to build over the coming years to ensure a transition towards a low carbon organisation.	All of the actions contained in the Plan aim to have a positive environmental and decarbonisation outcome.

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	<p>The Decarbonisation Action Plan has overwhelming positive impacts for the organisation, particularly around the environment and sustainability. The actions, if fully embraced, can also have social economic value and provide a robust and cohesive service. There are of course challenges linked to the plan and behaviour change will likely come with resistance. The team aims to bring everyone on the journey to support us achieve a better service for everyone.</p>
--	--

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<ul style="list-style-type: none"> - Cardiff and Vale UHB embrace the decarbonisation agenda and ensuring its part of decision making. - Build relationship with local businesses and communities to support the transition to low carbon. 	CS	March 2024	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	<p>There are no required changes to the document as there not likely be any negative impacts. However, in future iterations of the plan we will liaise with underrepresented group in the design of the document and ensure the environmental health impacts are incorporated fully.</p> <p>A review of the actions will be done to ensure no negative impacts are highlighted in delivery.</p>	CS	April 2025	Work with the sustainability team on the development of next plan.

Saunders Nathan
21/03/2024 12:15:52

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. When developing or reviewing any strategies, policies, plans, procedures, or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies (e.g., Shaping Our Future Strategy, Estates Strategy), policies (e.g., catering policies, procurement policies), plans (e.g., Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g., developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures, or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are.' This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures, and services must reflect include:

Saunders Nathan
21/03/2024 12:15:52

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). Several statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment, and victimisation;
- advance equality of opportunity between diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on their 'protected characteristics' (i.e., Their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex, or sexual orientation) and if it will affect their human rights. It also takes account of care responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure, or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently based on where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments into a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure, or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact equityand.inclusion@wales.nhs.uk or kate.roberts6@wales.nhs.uk

Saunders Nathan
21/03/2024 12:15:56
Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools, and templates¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports

[Equality in Wales - Diverse Cymru](#)

Welsh Health Impact Support Unit (focus on health inequalities)

[Home - Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](http://phwwhocc.co.uk)

What Works Wellbeing

[Homepage - What Works Wellbeing](#)

Nice Guidance

[Find guidance | NICE](#)

Creating healthier places and spaces for our present and future generations
(Public Health Wales and Natural Resources Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](http://kingsfund.org.uk)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](http://instituteofhealthequity.org)

Saunders, Nathan
21/03/2024 12:15:52

The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

[Protected characteristics | Equality and Human Rights Commission](https://www.equalityhumanrights.com/en/protected-characteristics/equality-and-human-rights-commission)
([equalityhumanrights.com](https://www.equalityhumanrights.com))

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	WG All Wales Capital Prioritisation			Agenda Item no.	7.3
Meeting:	Board	Public	x	Meeting Date:	28 March 2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	x	Information
Lead Executive:	Exec. Director of Planning				
Report Author (Title):	Service Planning Lead, Strategic & Service Planning				
Main Report					
Background and current situation:					

Welsh Government (WG) has requested an All Wales Capital Prioritisation exercise to be completed by 31 March 2024 (originally set for 14 February). WG’s NHS Wales Infrastructure Investment Board (IIB) has agreed a framework which provides a common basis for investment decision making.

This exercise involves all UHBs completing prioritisation forms for all business cases irrelevant of status. Indications (based on the original mid-February date) are that an IIB sub-group intends to provide a draft output to the main IIB around June/July. “This will assist officials with clarity around priority schemes that are likely to be supportable going forward. In addition, this works will be essential in informing and influencing WG budget discussions for 2025-26 onwards.”

The WG guidance included weighted criteria to determine the prioritisation of each business case as below. It should be noted the weighting WG has applied does not always reflect the UHB’s priorities.

	1	2	3	4	5	6	
Criteria	Fit with Priorities & Policy	Clinical Impact	Value for money (VfM)	Statutory Compliance and Risk (SCR)	Equity & Community	Wider Benefits and Climate Change	Total
Weighting	25%	20%	16%	13%	13%	13%	100%

Our prioritisation exercise was expanded to inform the Health Board’s Annual Planning process. The scoring of all proposed schemes that would require All Wales Major Capital has been reviewed and assessed; initially by a multi-disciplinary group of corporate leads from Estates & Engineering, Clinical Operations, Digital and Strategic Planning and then tested through internal planning governance groups, Shaping Our Future Wellbeing: In Our Community Programme Board and the Acute Infrastructure Board , as well as the SLB workshop on 1st February.

The summary outcome of our prioritisation exercise is attached at Appendix A below. It includes identification (highlighted in grey) of those projects that are to be funded by a blend of funding e.g. the Integrated Regional Capital Fund and All Wales Capital Programme funding.

The exercise has completed and the details have progressed successfully through the UHB’s governance bodies (Table 1 below) gaining support ahead of submitting to Board for approval to respond to WG and meet their deadline of 31 March.

Saunders,Nathan
21/03/2024 12:15:52

UHB governance body	Meeting date
SOFW:IOC Programme Board	Completed 29/02/24
AIB	Completed 05/03/24
SLB	Completed 07/03/24
Capital Management Group (CMG)	Completed 18/03/24
UHB Board	28 March

Table 1 Governance process

A draft cover letter to accompany the UHB’s response is at Appendix B

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

- Scoring is consistent across all major capital schemes and ranking aligns with UHB strategy.
- Prioritisation is largely consistent with the Health Board’s annual plan/IMTP, although there are likely to be some schemes that will progress at a slower pace due to site availability e.g. H&WC for North & West Cardiff locality and other schemes that may be accelerated due to site opportunities e.g. Children’s Respite Centre at Michaelston.
- WG’s exercise will put our priority schemes in competition with the other health boards for limited funding. There will be some schemes that will not be affordable.
- CMG will oversee a plan for communicating the outcomes and the impact on each scheme.

Recommendation:

The Board is requested to:

NOTE: the development of the UHB’s response through review and assessment by a multi-disciplinary group of corporate leads from Estates & Engineering, Clinical Operations, Digital and Strategic Planning and then tested through internal planning governance groups.

APPROVE: the UHB’s response to Welsh Government’s request to complete an All Wales Capital Prioritisation exercise.

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

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

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

Prevention		Long term	√	Integration		Collaboration		Involvement	
------------	--	-----------	---	-------------	--	---------------	--	-------------	--

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

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No

Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
SOFW:IOC Programme Board	29 February
Acute Infrastructure Programme Board	05 March
SLB	07 March
CMG	18 March
UHB Board	28 March
SOFW:IOC Programme Board	29 February

Saunders,Nathan
21/03/2024 12:15:52

Appendix A
Combined Score Community, Acute and Digital Programme Business Case

Priority	Proposed schemes	Criteria and Weightings							Status Update
		Fit with Priorities & Policy	Clinical Impact	Value for Money	Statutory Compliance and Risk	Equity & Community	Wider Benefits and Climate Change	Total % for ranking	
		25%	20%	16%	13%	13%	13%		
1	Digital Programme Business Case	25	20	16	8	7	10	86	Programme business case proposed for development in 2024-25
2	Haem/BMT/CAR-T/Research	25	20	9	13	6	7	81	SOC submitted in 2023. Proposed to develop combined OBC/FBC in 2024-25
3	SARC@CRI (CAU, DaTT & CMHT Redevelopment Cardiff Royal Infirmary (CRI))	24	16	10	10	12	9	80	Redevelopment of part of CRI site to include SARC, CAU, DaTT and CMHT including demolition of Links Building. OBC presented to WG - awaiting outcome
4	Health & Wellbeing Centre@CRI (Redevelopment Scheme- Overall Site)	24	16	6	8	11	9	74	OBC complete. Awaiting OBC approval and outcome of WG considerations for phased FBCs. Phase 1 (H&WC) design & scoping approx. 1yr
5	ITU Expansion and Refurbishment	23	20	8	11	4	6	73	Essential expansion space to support existing and imminent regional & tertiary services. SOC in development.
6	Vascular Hybrid Theatres	22	20	6	8	8	6	72	Critical capacity and capability to support MTC and SE Wales vascular surgery. FBC submitted - revised cost review being undertaken.

Saunders Nathan
21/03/2024 12:15:52

Priority	Proposed schemes	Fit with Priorities & Policy	Clinical Impact	Value for Money	Statutory Compliance and Risk	Equity & Community	Wider Benefits and Climate Change	Total % for ranking	Status update
		25%	20%	16%	13%	13%	13%		
7	Wellbeing Hub@Park View (Ely)	24	15	10	2	11	10	72	FBC in development with SCP engaged submission projected for March 2025
8	CRI Safeguarding Works (including MEP)	18	12	6	13	11	9	69	OBC submitted to WG - safeguarding is 1st phase of whole CRI redevelopment. FBC being internally reviewed for revenue costs before progressing through UHB Governance for submission to WG.
9	Integrated health & social care centre at Riverside	24	11	11	3	10	10	69	Local Authority led proposal. UHB resource allocation required to progress project plan and associated business case.
10	Health and Wellbeing Centre@ Barry Hospital Site	22	14	10	5	9	8	69	Needs resources for feasibility work to build on Archus report. Needs further discussions on development of multi-phased innovative model.
11	UHW Theatre Refurbishments	22	17	7	11	6	6	68	A phased approach to refurbishment of all theatres to ensure they are fit for purpose. Business case route TBA.
12	Health and Wellbeing Centre for North West Cardiff	23	14	10	2	9	9	67	Needs resources for feasibility work to build on Archus report. Needs further discussions on innovative model
13	Wellbeing Hub @Eastern Vale (Penarth)	24	12	10	4	9	8	67	OBC refresh to be undertaken as alternative sites are explored. 2 of 3 public drop-in engagement events completed.

Saunders Nathan
21/03/2024 14:15:52

Priority	Proposed schemes	Fit with Priorities & Policy	Clinical Impact	Value for Money	Statutory Compliance and Risk	Equity & Community	Wider Benefits and Climate Change	Total % for ranking	Status update
		25%	20%	16%	13%	13%	13%		
14	Wellbeing Hub for Western Vale	22	12	11	2	9	9	65	Resource allocation required to progress.
15	Orthopaedic Theatres at UHL	20	15	7	9	7	6	65	Theatres to replace capacity of 2 condemned theatres and to comply with BOA report requirement for the joint replacement theatres. OBC is in with the Welsh Government.
16	Cardiff and Vale Health Inclusion Service (CAVIS)	21	13	6	6	13	5	64	3 phase expansion of hub and spoke service delivery model. Draft business case being developed.
17	Sterile Services	19	12	10	10	4	6	64	Replacement of AHU. Business case route TBA.
18	Michaelston Paeds Respite Centre for Children with complex medical needs (regional)	22	14	13	0	5	10	64	New build respite centre for children and young people with complex health needs at Michaelston Wellbeing Village. Feasibility to be concluded
19	Integrated Wellbeing Hub@Plasdwr	22	12	13	0	6	9	63	Resource allocation required to progress project plan and associated business case. Working with Locality to develop ideal SoA for integrated prioritisation to maximise benefits
20	Integrated Wellbeing Hub@Lisvane	22	12	13	0	6	9	63	Resource allocation required to progress project plan and associated business case. Working with Locality to develop ideal SoA for integrated prioritisation to maximise benefits

Saunders Nathan
21/03/2024 12:15:52

Priority	Proposed schemes	Fit with Priorities & Policy	Clinical Impact	Value for Money	Statutory Compliance and Risk	Equity & Community	Wider Benefits and Climate Change	Total % for ranking	Status update
		25%	20%	16%	13%	13%	13%		
21	Transforming Access to Medicines (TrAMS) - Urgent interim Scheme	15	16	6	8	5	8	59	National programme to centralise aseptic produce production. Business case route TBA.
22	GP Practice at Pentyrch	5	7	13	10	9	9	53	New practice premises for Pentyrch Surgery. BJC being developed to replace the failed 3PD scheme.
23	Review of lakeside – linked to potential frailty plans	14	12	7	7	5	5	50	Part of bed reconfiguration. Business case route TBA

KEY:

Regional funding?
80 + total % ranking
70+ total % ranking
60+ total % ranking
50+ total % ranking

Saunders Nathan
21/03/2024 12:15:52

Mr N Wood

Deputy Chief Executive NHS Wales
Chair of Infrastructure Investment Board

Dear

Thank you for your letter of 20 November 2023 (updated by Nicola Powell's email dated 09 January) requesting an all Wales Capital Prioritisation exercise to be completed by 31 March 2024. We understand that the exercise is to inform WG's IIB framework for investment decision-making and involves all UHBs completing prioritisation forms for all business cases regardless of status.

Cardiff and Vale University Health Board has now completed the exercise and we enclose the requested information. The Health Board used the prioritisation exercise to inform the Health Board's Annual Planning process.

The scoring of all proposed schemes that would require All Wales Major Capital has been reviewed and assessed at every level though the UHB's planning and assurance governance i.e. senior operational, corporate/executive and UHB Board.

The summary outcome of the Health Board's prioritisation exercise is attached at Appendix A. It includes identification (highlighted in grey) of those projects that are seeking a blend of funding e.g. IRCF and AWCP funding. In addition to those schemes scored and ranked there are the following schemes that are not sufficiently worked up to produce formal prioritisation forms at this stage but are included, as planning work will need to progress on them in the 2024-25 timeframe:

- Digital Programme Business Case
- Integrated health and social care centre at Riverside
- UHW Theatre Refurbishment – rolling programme
- Wellbeing Hub for Western Vale – a cluster based integrated health & social care centre
- Cardiff and Vale Health Inclusion Service (CAVHIS)
- Sterile Services
- Michaelston Paeds Respite Centre for Children with complex medical needs
- Sterile Services
- Transforming Access to Medicines (TrAMS) – interim scheme at St Mary's Pharmacy Unit to enable rationalising of UHL services at SMPU in alignment with the national TrAMs programme
- Review of lakeside – linked to potential frailty plans

It is important also to note that in the next Quarter (Q1 2024-25) will be a requirement for the Health Board to develop an approach to:

- the next phase of Cardiff Edge – an ongoing programme of phased development

Saunders
21/03/2024
12:15:54

- develop an in-year capital solution to support the Ophthalmology Regional Cataract Capacity Solution to replace the temporary Vanguard capacity.
- ongoing, phased ward refurbishments at UHL to make them fit for purpose for the future model of care at UHL
- continuing to deal with backlog maintenance issues that have previously been highlighted in other documentation.

These will also be done whilst working on the Shaping our Future Hospitals master planning programme (the redevelopment or replacement of UHW).

The Health Board looks forward to the IIB's response to this major exercise and working with officials to provide further information required around priority schemes that are likely to be supportable going forward.

Please do not hesitate to contact us for any additional clarification required regarding this exercise and the essential work in informing and influencing WG budget discussions for 2025-26 onwards.

Yours sincerely,

Enc.

Appendix A summary list

Appendix B completed forms

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales			Agenda Item no.	7.4
Meeting:	Board	Public	X	Meeting Date:	28 March 2024
		Private			
Status (please tick one only):	Assurance		Approval	X	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Rani Dash, Director of Corporate Governance, Aneurin Bevan University Health Board, and Chair of National Commissioning Programme Governance Workstream				

Main Report
Background and current situation:

1. Situation/Background

- 1.1
- Welsh Government's [“A Healthier Wales: long term plan for health and social care”](#) committed to a review of national commissioning functions. Consequently, an independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.
- 1.2
- The scope of the Review, as set out in its Terms of Reference, was to:
 - Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps;
 - Horizon scan future national (and regional) commissioning requirements;
 - Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive;
 - Describe the potential national commissioning functions to be undertaken (‘function’);
 - Describe the different options for delivery of those function (‘form’);
 - Describe the different options for future governance and decision-making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive;
 - Make recommendations on a preferred way forward; and
 - Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation).
- 1.3
- The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.
- 1.4
- In summary, the recommendations made were:
 - WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
 - This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
 - The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.

- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
 - The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
 - The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
 - There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
 - An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
 - The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.
- 1.5 While the commissioning of 111 services was not explicitly included in the initial scope of the review, this was considered under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.
- 1.6 It was also confirmed that the planned transfer of the Sexual Assault Referral Centres (SARCs) commissioning service from the NHS Executive to the NCCU on 1 April 2024 would also be included within the remit of the work to be taken forward.
- 1.7 In response to the review, a National Commissioning Programme, led by Welsh Government with accountability to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales, was established. The purpose of which being to implement the recommendations arising from the review and to provide strategic direction and control to ensure all required preparatory work and engagement was undertaken in readiness for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

2. Establishment of the NHS Wales Joint Commissioning Committee

- 2.0 On the 6 November 2023, the Minister for Health and Social Services confirmed the title of the new national commissioning joint committee would be, NHS Wales Joint Commissioning Committee / Cyd-bwyllgor Comisiynu GIG Cymru.
- 2.1 The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are: (a) specialised services for: (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children; (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis; (c) emergency medical services; (d) non-emergency patient transport services; (e) emergency medical retrieval and transfer services; (f) NHS 111 services; (g) sexual assault referral centres; and (h) other services as directed by the Welsh Ministers.
- 2.2 For the purpose of jointly exercising those functions set out within the Directions, the Local Health Boards will establish a joint committee to be operational on 1 April 2024, which will

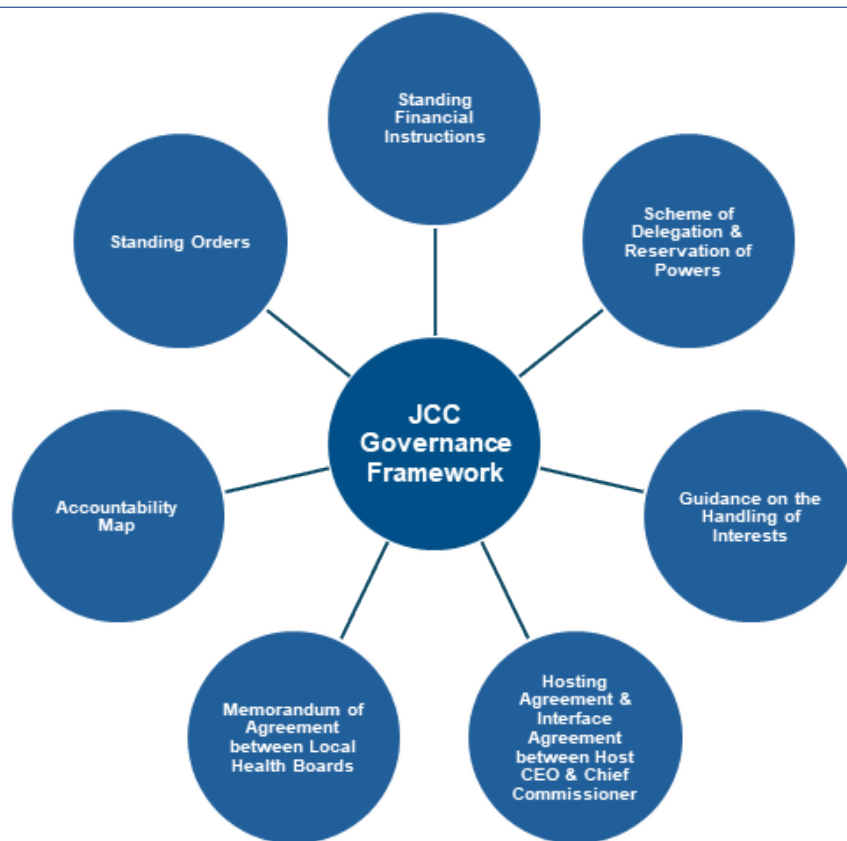
supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee as Joint Committees of Local Health Boards.

- 2.3 The Directions determine that the host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).
- 2.4 The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) were laid before Senedd Cymru on 9th February 2024 and will come into force on 1st April 2024. These Regulations make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee (the Joint Commissioning Committee [JCC]), including its procedures and administrative arrangements. An [Explanatory Memorandum](#) was also laid before Senedd Cymru.
- 2.5 As set out within Part 2 of the Regulations, membership of the JCC will consist of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers.
- 2.6 In addition, the JCC's membership will include an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the intention is for the Chief Commissioner to hold Accountable Officer status, delegated by Welsh Government, for accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.
- 2.7 At the time of writing, processes are underway to appoint the JCC's Chair and Lay Members and an Interim Chief Commissioner. Announcements in respect of these are expected imminently.

3. Governance Framework of the NHS Wales Joint Commissioning Committee

- 3.1 The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Board and have been developed within that context.
- 3.2 The Governance Framework of the JCC will contain the following and an update on each element is provided below:

Saunders, Nathan
21/03/2024 12:15:52



- 3.3 Standing Orders – The JCC’s Standing Orders are to be issued by Welsh Ministers to Local Health Boards (LHBs) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board in Wales must agree the Standing Orders for the regulation of the NHS Wales Joint Commissioning Committee’s proceedings and business to form part of each LHBs Standing Orders.

The JCC Standing Orders therefore form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day-to-day operating practice.

- 3.4 Scheme of Delegation and Reservation of Powers – The JCC’s Scheme of Delegation and Reservation of Powers will form an annex to the JCC’s Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the JCC’s business:

- Those matters reserved for Local Health Boards;
- Those matters delegated from Local Health Boards and reserved for the JCC; and
- Those matters further delegated from the JCC to the Chief Commissioner (and other Officers as appropriate).

In addition to the responsibilities delegated from the JCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It will also be necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

- 3.5 Standing Financial Instructions – The JCC’s Standing Financial Instructions (SFIs) will form an annex to the JCC’s Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the JCC’s Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.
- 3.6 The Board is required to formally adopt the JCC’s Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions, as part of its overall governance framework for the Health Board, with the JCC being a formal Joint Committee. Each have been issued by the Minister for Health and Social Services.
- 3.7 Accountability Map - an Accountability Map for the JCC has been developed and agreed by the National Commissioning Programme Oversight Board. The purpose of the Accountability Map is to outline the formal accountabilities and formal relationships between Welsh Government, Local Health Boards, the Host Body (CTMUHB), the JCC and its Team. This is attached at **Appendix B** for the Board’s information.
- 3.8 Guidance on the Handling of Interests – Guidance has been developed to set out the arrangements for the appropriate handling of declarations of interests within the JCC’s business, ensuring that the JCC operates within its Standing Orders and the Standards of Behaviour Framework set by CTMUHB as the Host Body. This guidance extends to the handling of interests which may, or be perceived to, arise where a JCC Officer Member (a Chief Executive of a Local Health Board) is an employee of an organisation which is a provider of services commissioned via the JCC.
- 3.9 Memorandum of Agreement between Local Health Boards - To ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement between all 7 Local Health Boards (LHBs) will be established, which will set out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officer of each constituent LHB as individual officer members of the JCC.
- 3.10 Hosting Agreement – A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards will be established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This will be supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

Appendices (all contained within support documents folder)

- A – Amendments to HB Standing Orders; JCC Standing Orders and Scheme of Delegation
 B – JCC Standing Financial Instructions
 C – Assurance Map

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

There has been a significant amount of work undertaken in the formation of these key documents with engagement from CAVUHB at all levels. The documents largely reflect the structure of the standing orders etc that the Health Boards have adopted with no significant departures or improvements to raise. There are some elements, such as the guidance on interests, that do not

immediately align with some of the contributions of CAVUHB but it is sensible to adopt the documents as provided and seek to learn from

Recommendation:

The Board is asked to:

- a. **Note** the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers;
- b. **Note** that the JCC will supersede the Board’s current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024;
- c. **Note** the development of the JCC’s governance framework, as a key component of the Health Board’s governance framework;
- d. **Adopt** the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024 (Appendix A);
- e. **Adopt** the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix B); and
- f. **Note** the JCC’s Accountability Map for information (Appendix C).

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

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

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

Prevention		Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
------------	--	-----------	---	-------------	---	---------------	---	-------------	---

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

Risk: Yes
Safety: Yes
Financial: No
Workforce: Yes
Legal: No

Reputational: Yes	
Socio Economic: Yes	
Equality and Health: Yes	
Decarbonisation: No	
Approval/Scrutiny Route:	
SRG	SRG will vote on the matter and provide a nomination to Board

Saunders,Nathan
21/03/2024 12:15:52

Report Title:	Provision of Water Safety Control Measures			Agenda Item no.	7.5
Meeting:	Board	Public	X	Meeting Date:	28.03.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	X	Information
Lead Executive Title:	Executive Director of Finance				
Report Author (Title):	Procurement Business Officer				
Main Report					
Background and current situation:					
<p>Cardiff and Vale University Health Board (CVUHB) requires a contract in place to ensure the day-to-day testing, control, and treatment of Legionnaire's disease across its estate.</p> <p>Legionella is a bacterium (<i>legionella pneumophila</i>) which causes legionnaires disease. It cultivates in air conditioning and central heating systems. Legionnaire's disease is a potentially fatal form of pneumonia, and everyone is susceptible to infection. Any water system that has the right environmental conditions could potentially be a source for Legionella bacteria growth. Control of microbiological (<i>Legionella pneumophila</i>, <i>Pseudomonas</i>) and scalding hazards associated with the supply and use of water are essential.</p> <p>Procurement Services issued an FTS/OJEU Tender via eTenderWales and advertised the opportunity via Sell2Wales. Upon the closing date, there were two reponses which were vigurously evaluated and the panel came to the conclusion of awarding the contract to Acorn Chemical Services Ltd.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The risk of not renewing this contract and therefore putting a risk on the Health Board are as follows;</p> <p>Patients or staff exposure to waterborne microorganisms occurs through a variety of sources, including:</p> <ul style="list-style-type: none"> • Inhalation of aerosols and breathable water droplets • Drinking water • Ingestion of ice • Ingestion of food prepared using water. • Skin contacts through washing, bathing (inc use of pools) and showering □ Contact with endoscopes and medical instruments. • Contact with others (staff, visitors and other patients). <p>Any water system with the right environmental conditions could potentially be a source for Legionella bacteria growth. Cardiff and Vale UHB (C&V UHB) have a legal obligation to control Legionella bacteria in water systems. There are many guidelines from the Health and Safety Executive which must be complied with.</p> <ul style="list-style-type: none"> • ACOP L8 Legionnaires disease: The control of legionella bacteria in water systems; 4th Edition 2014 • HSG 274 Legionnaires disease: Technical guidance; Parts 1 to 3 • HTM 04-01: The control of legionella, hygiene, "safe" hot water, cold water and drinking water systems; Parts A & B 					

- NHS Model Engineering Specification D08 Thermostatic mixing valves: Healthcare premises
- Legionella control measures have many elements such as:
 - Hot & Cold-Water Outlet Temperature Testing
 - TMV In-service testing
 - Temperature testing water heaters and calorifiers.
 - Shower and spray head cleaning.
 - Cold water storage tank inspections & tank consumption assessment:
 - Expansion Vessel – flushing
 - Calorifier / water heater blow-down

Procedures and technical standards for ongoing water safety management for the above functions are controlled and issued by the AP (Water), and include the following as a minimum:

- Legionella risk assessments
- Monitoring of legionella controls;
- Cleaning & disinfection of shower heads and hoses and other spray devices
- Testing and maintenance of thermostatic mixing devices
- Maintenance, cleaning and disinfection of other water systems equipment
- Water sampling as directed by the WSG & IPC
- Responding to out of specification results and matters of evident concern
- Investigating and carrying out corrective actions;
- Maintenance of legionella control records;
- Cleaning procedures for clinical wash-hand basins;
- Capital design and project management procedures;
- Engineering technical standards;
- Auditing of water quality controls

The Provision of Water Safety Control Measures was reviewed and discussed in detail at the Finance & Performance Committee on 20.03.2024.

Recommendation:

The Board is requested to:

- a) **APPROVE** the award of this contract for Provision of Water Safety Control Measures

Link to Strategic Objectives of Shaping our Future Wellbeing: Please place an "X" in the below boxes as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
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 place an "X" in the below boxes as relevant									
Prevention	X	Long term	X	Integration		Collaboration		Involvement	
Impact Assessment:									
Please state yes or no for each category. If yes please provide further details.									
Risk: Yes									
Included in Report									
Safety: Yes									
Included in Report									
Financial: No									
Workforce: No									
Legal: Yes									
Included in Report									
Reputational: Yes									
Socio Economic: No									
Equality and Health: Yes									
Included in Report									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec		Date:							
Finance & Performance		20.03.2024							

Saunders, Nathan
21/03/2024 12:15:52

PROCUREMENT REPORT

CONTRACT TITLE	PROVISION OF WATER SAFETY CONTROL MEASURES
CONTRACT REFERENCE	CAV-MIN-PROJECT_54909
PERIOD	1 ST MAY 2024 TO 30 TH APRIL 2027 (WITH AN OPTION TO EXTEND FOR A FURTHER TWO YEARS IN YEARLY INTERVALS AT THE SOLE DISCRETION OF THE HEALTH BOARD)
CLINICAL BOARD	CAPITAL, ESTATES AND FACILITIES
TENDER CLOSING DATE	12 TH JANUARY 2024 (MINI COMPETITION AGAINST WELSH PROCUREMENT ALLIANCE FRAMEWORK LOT 3 – WATER SAFETY)

1. INTRODUCTION

Cardiff and Vale University Health Board (CVUHB) has a contract in place to ensure the day-to-day testing, control, and treatment of Legionnaire’s disease across its estate.

Legionella is a bacterium (legionella pneumophila) which causes legionnaires disease. It cultivates in air conditioning and central heating systems. Legionnaire’s disease is a potentially fatal form of pneumonia, and everyone is susceptible to infection. Any water system that has the right environmental conditions could potentially be a source for Legionella bacteria growth. Control of microbiological (Legionella pneumophila, Pseudomonas) and scalding hazards associated with the supply and use of water are essential.

Patient exposure to waterborne microorganisms occurs through a variety of sources, including:

- Inhalation of aerosols and breathable water droplets
- Drinking water
- Ingestion of ice
- Ingestion of food prepared using water.
- Skin contacts through washing, bathing (inc use of pools) and showering
- Contact with endoscopes and medical instruments.
- Contact with others (staff, visitors and other patients).

Any water system with the right environmental conditions could potentially be a source for Legionella bacteria growth. Cardiff and Vale UHB (C&V UHB) have a legal obligation to control Legionella bacteria in water systems. There are many guidelines from the Health and Safety Executive which must be complied with.

- ACOP L8 Legionnaires disease: The control of legionella bacteria in water systems; 4th Edition 2014
- HSG 274 Legionnaires disease: Technical guidance; Parts 1 to 3
- HTM 04-01: The control of legionella, hygiene, “safe” hot water, cold water and drinking water systems; Parts A & B
- NHS Model Engineering Specification D08 Thermostatic mixing valves: Healthcare premises
- Legionella control measures have many elements such as:
 - Hot & Cold-Water Outlet Temperature Testing
 - TMV In-service testing
 - Temperature testing water heaters and calorifiers.
 - Shower and spray head cleaning.
 - Cold water storage tank inspections & tank consumption assessment:
 - Expansion Vessel – flushing
 - Calorifier / water heater blow-down

2. BACKGROUND

The current contract was awarded in 2018 for a period of 5 years following an open FTS/OJEU tender process and awarded to Acorn Chemical Services Ltd. In 2023, there had been some confusion over the correct end date of the current contract which resulted in the need to implement a 5-month interim compliant solution whilst the renewal exercise was being completed.

Saunders Nathan
21/03/2024 12:49:52

The contract will need to start on the 1st of April 2024 until the 31st March 2027 with an option to extend for another two years at yearly intervals (3+1+1).

After discussion and review of the requirements across the health board, between procurement and the Capital, Estates and Facilities (CEF) Team, it was decided that a contract for Water Safety for a 5 year period is tendered for in accordance with a restricted procedure through Framework under the public contracts Regulations 2015 allowing pre-vetted organisations to have the opportunity to submit a tender and increase the opportunity for a number of innovative proposals/solutions.

Additionally, due to TUPE implication, and the possibility that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006/246) (TUPE) will apply to the re-tendering of the Contract, it was a legal requirement to allow the incumbent to submit a bid for the renewal contract considering they had one engineering working full time on the servicing.

After a discussion with the incumbent supplier, the procurement team was advised that Acorn is an approved supplier on the WPA framework. The Welsh Procurement Alliance (WPA) framework Lot 3 - Water Testing, Treatment and Management has five suppliers awarded onto who could submit a bid and provide the Health Board with this service. Procurement Services published a mini-competition via the eTenderWales portal for 8 weeks which closed on the 12th January 2024.

Tendering Methodology:

Upon the closing date, whilst all five suppliers accessed the project on the portal, one supplier declined to respond and only two responses were received, those suppliers were.

1. **Acorn Chemical Services Ltd**
2. **SMS Environmental Ltd**

Procurement Services completed the qualification stage of the evaluation and organised an evaluation meeting with the panel to complete the qualitative stage. The evaluation meeting took place on the 31st January 2024 with the following panel members.

- ✓ **Tony Ward - Head of Discretionary Capital & Compliance**
- ✓ **Richard Sheppard – Project Officer**
- ✓ **Gareth Mannings – Project Officer**
- ✓ **Iliass Dadda – Procurement Business Manager**
- ✓ **Lily Prance – Assistant Procurement Business Manager**

A comprehensive qualitative and Commercial Evaluation was undertaken of the tender submissions based on the following evaluation criteria:

- **Stage 1: Qualification – Pass/Fail**
- **Stage 2: Invitation to Tender (ITT)**
 - **Part 1: Technical and Qualitative – 60%**
 - **Part 2: Financial – 40%**

Stage 1: Qualification Question - pass/fail

The Qualification stage was based on pass/fail questions. Both bidders passed this stage and have been taken to the invitation to tender (ITT) Stage.

Stage 2: Invitation to Tender (ITT)

Part 1: Technical and Qualitative submission 60%

This section was broken down into weighted Qualitative and Technical questions all adding up to 60% of the overall score.

The agreed scores of the Qualitative Evaluation are outlined in the table below:

Saunders
21/03/2024 12:45:52

Supplier	Acorn	SMS	Integrated Water Services
Project approach	20%	18%	Declined to Bid
Previous Experience	8%	6%	Declined to Bid
Project Team	4%	4%	Declined to Bid
Health & Safety	3%	3%	Declined to Bid
FE	4%	4%	Declined to Bid
WBFGA	4%	4%	Declined to Bid
Carbon Footprint	4%	4%	Declined to Bid
Quality Score	47%	41%	Declined to Bid

Part 2: Commercial Evaluation 40%

Bidders submitted their pricing breakdown for the Water Safety Control Measure to cover the different premises as requested on the commercial tender return form.

The lowest priced tender was awarded a score of 40. While the other tenders were given a score on a pro rata basis of the value of the lowest cost bid to the price of the other tenders which equals:
the Lowest tender cost (A) /Tender cost (B) x 40.

Supplier	Acorn	SMS	Integrated Water Services
Submission	£1,664,802.75	£1,695,895.06	Declined to Bid
Lowest Bid gets 40	40%	39%	Declined to Bid
Commercial Score	40%	39%	Declined to Bid

Final Scoring table:

Both scores from the Qualitative and commercial stage are summed together to give us the winning bidder score as detailed in the table below:

			Acorn	SMS	Integrated Water Services
Item	Stage	Score			
1	Qualification	Pass/Fail	Pass	Pass	Declined to Bid
2	Technical	60%	47%	41%	Declined to Bid
3	Financial	40%	40%	39%	Declined to Bid
Total			86.50%	80.27%	Declined to Bid
Ranking			1	2	Declined to Bid

Based on the above information, it is therefore recommended that the Health Board awards to Acorn Chemical Services Ltd because their tender response demonstrated the best value for money.

3. CONTRACT FINANCIALS

a. CURRENT CONTRACT VALUE

	Excluding VAT	Including VAT
Annual Value	£279,560.55	£335,472.66
Primary Contract Value (3 Years)	£838,681.65	£1,006,417.98
Total Contract Value (5 years - Inc extension option)	£1,397,802.75	£1,677,363.30

b. NEW CONTRACT VALUE

	Excluding VAT	Including VAT
Annual Value	£332,600.55	£399,120.66
Primary Contract Value (3 Years)	£997,801.65	£1,197,361.98
Total Contract Value (5 Years - Inc extension option)	£1,664,802.75	£1,997,763.30

c. COST PRESSURE FOR THIS CONTRACT

	Excluding VAT	Including VAT
Current Annual Cost	£279,560.55	£335,472.66
New Annual Cost	£332,600.55	£399,120.66
Annual Cost Pressure	£53,040.00	£63,648.00

Reason for Cost Pressure

The main reason for the cost pressure is due to additional scope added to the requirement because the sites have expanded since 2018. Another reason for the cost pressure is due to the inflation rates increasing vigorously in the 6-year period since this contract was originally awarded.

Financial Notes

- Funded through Discretionary Capital code CED5
- VAT status is non-reclaimable.
- There are no IFRS16 implications

4. ANY OTHER RELEVANT INFORMATION

Capital, Estates and Facilities (CEF) will be monitoring activity the spend under this arrangement to ensure that the contract threshold is not breached. If any breach is foreseeable, the Procurement Department must be contacted to ensure provision is made for compliance to Procurement Regulations and Health Board Standing Financial Instructions.

TUPE was included in this contract renewal, however as the incumbent supplier was the most economically advantageous supplier, nothing further will be required in terms of TUPE.

The supplier included a schedule for the estimate of Carbon usage and potential carbon savings in delivery of this contract:

Main Sources of Carbon Generation	Notes	Metric	Volume	Estimates CO2 (Tonnes/Annum)
Vehicles	Peugeot 1.5tr Diesel	Miles/Annum	100,800	27.6
General Waste		Tonnes/Annum	1	0.5
Water Treatment Chemicals		Tonnes/Annum	3	2.1
Water Treatment	If bottles not recycled	Tonnes/Annum	0.15	0.1
Total CO2/Annum				30.2
After Carbon Saving Measures Applied				
Vehicles	Electric	Miles/Annum	100,800	8.9
General Waste	Cannot recycle	Tonnes/Annum	1	0.5
Water Treatment Chemicals		Tonnes/Annum	3	2.1
Water Treatment	Bottles recycled	Tonnes/Annum	0.15	0.00
Total CO2/Annum				11.5
Carbon Saving Per Annum				18.7

Emissions Factors Used (Covert to kgCO2e)				
Category	Item	Unit	Factor	Source
Business Travel – Land	Car Average (Diesel)	Miles	0.273316	Defra 2023
Business Travel – Land	Car Average (BEV)	Miles	0.088186	Defra 2023
Waste Disposal	Refuse (Landfilled Waste)	Tonnes	520.335	Defra 2023
Waste Disposal	Plastic (Landfilled Waste)	Tonnes	446.2041084	Defra 2023
Waste Disposal	Plastic (Recycled)	Tonnes	21.28	Defra 2023
Material Use	Cleaning Preparations	Tonnes	700	"What's your impact"

5. BENEFITS REALISED FROM AWARD

The benefits realised from award are as follows;

- Crucial contract in place
- Controlling the bacteria in water
- Prevention of legionella for the Health Board staff and patients
- Safer environment on the Hospital sites
- Complying to various Health and Safety guidelines
- Compliant route to Procurement

In addition, In Addition, Acorn are committed to achieving high standards of environmental performance in all aspects of its business activities, including complying with all relevant legislation and ISO standards. As part of this commitment, the contractor has focused on reducing key impacts in many significant areas such as waste management, energy reduction and carbon emissions. they will:

- Measure and, where possible, reduce their impact on the environment.
- Minimise the consumption of energy.
- Measure and reduce their carbon footprint as part of the carbon reduction commitment.
- Seek to reduce their waste and to recycle as much as possible.
- Ensure compliance with all relevant environmental legislation and ISO 50001 certification.

6. RECOMMENDATION

On the basis of the foregoing, it is recommended that the contract for **Water Safety Control Measures** should be awarded to **Acorn Chemical Services Ltd** for **£1,664,802.75 Exc VAT**.

Prepared By;	
Name:	Lily Prance
Contact Details:	02921500642
Date:	16 th February 2024
Procurement Business Manager Approval	
Approved By:	Iliass Dadda
Date:	20 th February 2024
Assistant Head of Operational Procurement Approval	
Approved By:	Sarah Gillen
Date:	20.02.24

Saunders,Nathan
21/03/2024 12:15:52

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED



PRINT NAME

tony ward

TITLE

Head of Discretionary Capital

DATED

23-Feb-24

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED



PRINT NAME

Geoff Walsh

TITLE

Director of Capital, Estates & Facilities

DATED

23-Feb-24

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED



PRINT NAME

Stuart Burn

TITLE

Finance Business Partner

DATED

27-Feb-24

Saunders, Nathan
21/03/2024 12:15:52



REQUEST FOR APPROVAL - PROCUREMENT

To: Suzanne Rankin, Chief Executive

From: Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead - C&V

Reference:- CS/LP CAV-MIN-PROJECT_54909 RFA 23-24 [286]

PBM Approval	Iliass Dadda
AHOP Approval	Sarah Gillen

Could you please arrange for the under mentioned Contract Recommendation to be approved on the understanding that it complies with Standing Orders and EC Regulations and the total cost indicated is not exceeded.

Signed:- _____ Date:- _____

Print Name:- Claire Salisbury

1	Contract Title	Provision of Water Safety Control Measures
2	Contract Period	1st April 2024 to 31st March 2027
2a	Extension Period (if applicable)	An option to extend for a further two years in yearly intervals at the sole discretion of the Health Board
3	Procurement Route	Mini Competition with two responses against the Welsh Procurement Alliance Framework Lot 3 - Water Safety
4	Current Contractor	Acorn Chemical Services Ltd
5	Total Value of Current Contract	Annual Value £279,560.55 Plus VAT = £335,472.660 Primary Contract Value (3 Years) £838,681.65 Plus VAT = £1,006,417.98 Total Contract Value (5 years - Inc extension option) £1,397,802.75 Plus VAT = £1,677,363.30
6	Value of Proposed New Contract	Annual Value £332,600.55 Plus VAT = £399,120.66 Primary Contract Value (3 Years) £997,801.65 Plus VAT = £1,197,361.98 Total Contract Value (5 Years - Inc extension option) £1,664,802.75 Plus VAT = £1,997,763.30
7	% Increase/Decrease in Contract Value	15%
	[a] Increase/Decrease/Cost Avoidance	Annual Cost Pressure £53,040.00 Plus VAT = £63,648.00
	[b] Reason for Cost Pressure/Avoidance	The main reason for the cost pressure is due to additional scope added to the requirement because the sites have expanded since 2018. Another reason for the cost pressure is due to the inflation rates increasing vigorously in the 6-year period since this contract was originally awarded.
8	Recommended Contractor[s]	Acorn Chemical Services Ltd
9	Budget/Financial Source: [Directorate/Funding]	Capital, Estates and Facilities - Funded through Discretionary Capital code CED5
10	The following supporting documentation is attached	
	(a) Procurement Report	Attached
	(b) Single Tender Action	Not Applicable

Saunders Nathan
21/03/2024 12:15:52

(c) Additional information if necessary	The Contract has been tender through the WPA framework for Water Safety with 2 responses received. The CEF and procurement team evaluated the responses on the technical ability and commercial viability and as a result the incumbent supplier Acorn was the most economically Advantageous option and should be awarded the contract.
---	--

11	The Chair is asked to take urgent action in respect of contract approval	Not Applicable
	Expenditure Exceeds £1m (Ministerial Approval)	Applicable - Board and Welsh Government approval required
	Supporting Document for IM's and Chair (attached by Head of Risk and Regulation with Chair's Action docusign approval process)	

APPROVAL

Expenditure £25,000 to £500,000

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Finance Director

Expenditure £500,000 to £1,000,000

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Chief Executive

Compliance (in respect of Chair's Action)

I confirm I have reviewed the information contained in this request and it accords with the process for approval of such expenditure.

Signed

Dated

Print Name

Director of Corporate Governance

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Independent Member

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Independent Member

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Saunders, Nathan
21/03/2024 12:15:38

Chair
Contract award approved at LHB Board on Minute No.
Comments:

Saunders, Nathan
21/03/2024 12:15:52

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	Provision of Water Safety Control Measures			Agenda Item no.	
Meeting:	Board	Public		Meeting Date:	28 th March 2024
		Private	X		
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Catherine Phillips, Director of Finance				
Report Author (Title):	Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead for C&V				
Main Report					
Background and current situation:					
<p>Cardiff and Vale University Health Board (CVUHB) requires a contract in place to ensure the day-to-day testing, control, and treatment of Legionnaire’s disease across its estate.</p> <p>Legionella is a bacterium (legionella pneumophila) which causes legionnaires disease. It cultivates in air conditioning and central heating systems. Legionnaire’s disease is a potentially fatal form of pneumonia, and everyone is susceptible to infection. Any water system that has the right environmental conditions could potentially be a source for Legionella bacteria growth. Control of microbiological (Legionella pneumophila, Pseudomonas) and scalding hazards associated with the supply and use of water are essential.</p> <p>Procurement Services issued an FTS/OJEU Tender via eTenderWales and advertised the opportunity via Sell2Wales. Upon the closing date, there were two reponses which were vigorously evaluated and the panel came to the conclusion of awarding the contract to Acorn Chemical Services Ltd.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The risk of not renewing this contract and therefore putting a risk on the Health Board are as follows;</p> <p>Patients or staff exposure to waterborne microorganisms occurs through a variety of sources, including:</p> <ul style="list-style-type: none">• Inhalation of aerosols and breathable water droplets• Drinking water• Ingestion of ice• Ingestion of food prepared using water.• Skin contacts through washing, bathing (inc use of pools) and showering• Contact with endoscopes and medical instruments.• Contact with others (staff, visitors and other patients). <p>Any water system with the right environmental conditions could potentially be a source for Legionella bacteria growth. Cardiff and Vale UHB (C&V UHB) have a legal obligation to control Legionella bacteria in water systems. There are many guidelines from the Health and Safety Executive which must be complied with.</p> <ul style="list-style-type: none">• ACOP L8 Legionnaires disease: The control of legionella bacteria in water systems; 4th Edition 2014• HSG 274 Legionnaires disease: Technical guidance; Parts 1 to 3• HTM 04-01: The control of legionella, hygiene, “safe” hot water, cold water and drinking water systems; Parts A & B• NHS Model Engineering Specification D08 Thermostatic mixing valves: Healthcare premises• Legionella control measures have many elements such as:<ul style="list-style-type: none">- Hot & Cold-Water Outlet Temperature Testing- TMV In-service testing					

- Temperature testing water heaters and calorifiers.
- Shower and spray head cleaning.
- Cold water storage tank inspections & tank consumption assessment:
- Expansion Vessel – flushing
- Calorifier / water heater blow-down

Procedures and technical standards for ongoing water safety management for the above functions are controlled and issued by the AP (Water), and include the following as a minimum:

- Legionella risk assessments
- Monitoring of legionella controls;
- Cleaning & disinfection of shower heads and hoses and other spray devices
- Testing and maintenance of thermostatic mixing devices
- Maintenance, cleaning and disinfection of other water systems equipment
- Water sampling as directed by the WSG & IPC
- Responding to out of specification results and matters of evident concern
- Investigating and carrying out corrective actions;
- Maintenance of legionella control records;
- Cleaning procedures for clinical wash-hand basins;
- Capital design and project management procedures;
- Engineering technical standards;
- Auditing of water quality controls

Recommendation:

The Board / Committee are requested to:

- **APPROVE** the award of this contract for **Provision of Water Safety Control Measures**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

Included in Procurement Report and Board Paper

Safety: Yes	
<i>Included in Procurement Report and Board Paper</i>	
Financial: No	
Workforce: No	
Legal: Yes	
<i>Included in Procurement Report and Board Paper</i>	
Reputational: Yes	
Socio Economic: No	
Equality and Health: Yes	
<i>Included in Procurement Report and Board Paper</i>	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
21/03/2024 12:15:52

Certificate Of Completion

Envelope Id: 5B5DB4FED63146C48DF134FC700D6769

Status: Sent

Subject: Water Safety Control Measures - Proc Report, RFA & Board Paper

Source Envelope:

Document Pages: 13

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Lily Prance

AutoNav: Enabled

Woodland House

Cardiff, Cardiff CF14 4HH

Envelopeld Stamping: Enabled

Lily.Prance@wales.nhs.uk

Time Zone: (UTC) Dublin, Edinburgh, Lisbon, London

IP Address: 159.86.191.224

Record Tracking

Status: Original

Holder: Lily Prance

Location: DocuSign

2/22/2024 2:43:29 PM

Lily.Prance@wales.nhs.uk

Signer Events

Sarah Yellen

sarah.yellen@wales.nhs.uk

Assistant Head of Operational Procurement

NHS Wales Shared Services Partnership Cardiff and Vale Frontline Procureme

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 159.86.191.225

Sent: 2/22/2024 3:44:57 PM

Viewed: 2/23/2024 8:47:54 AM

Signed: 2/23/2024 9:06:59 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

tony Ward

Tony.Ward2@wales.nhs.uk

Head of Discretionary Capital

C&V Health Board

Security Level: Email, Account Authentication (None)

Signature Adoption: Drawn on Device

Using IP Address: 159.86.191.206

Sent: 2/23/2024 9:07:02 AM

Viewed: 2/23/2024 11:21:04 AM

Signed: 2/23/2024 11:21:38 AM

Electronic Record and Signature Disclosure:

Accepted: 5/24/2022 11:01:12 AM

ID: a6152e1c-883d-4c15-8811-a141955d7cb4

Geoff Walsh

Geoff.Walsh@wales.nhs.uk

Director of Capital, Estates & Facilities

Cardiff & Vale UHB

Security Level: Email, Account Authentication (None)

Signature Adoption: Uploaded Signature Image

Using IP Address: 159.86.191.205

Sent: 2/23/2024 11:21:39 AM

Viewed: 2/23/2024 1:29:11 PM

Signed: 2/23/2024 1:29:42 PM

Electronic Record and Signature Disclosure:

Accepted: 6/7/2022 9:49:00 AM

ID: dd797699-3c87-40b8-8e4b-fb8757346e2d

Stuart Burn

Stuart.Burn@wales.nhs.uk

Finance Business Partner

Security Level: Email, Account Authentication (None)

Signature Adoption: Uploaded Signature Image

Using IP Address: 159.86.191.207

Sent: 2/23/2024 1:29:44 PM

Resent: 2/27/2024 11:09:28 AM

Viewed: 2/27/2024 1:52:14 PM

Signed: 2/27/2024 1:55:40 PM

Electronic Record and Signature Disclosure:

Accepted: 6/15/2023 2:42:11 PM

ID: 0c5dfc83-35e0-45cf-9985-09c513a45090

Signer Events	Signature	Timestamp
Claire Salisbury Claire.Salisbury@wales.nhs.uk ADOPMrs Cardiff and vale university Health Board Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 2/27/2024 11:34:16 AM ID: 411862ca-00ef-407c-9a8c-2ef8b3d3a263		Sent: 2/27/2024 1:55:45 PM
Catherine Phillips Catherine.Phillips2@wales.nhs.uk Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 2/26/2024 4:03:56 PM ID: fc3ea7fb-a855-4372-8335-952de69344a1		
Suzanne Rankin Suzanne.Rankin@wales.nhs.uk Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 2/27/2024 11:35:19 AM ID: dde2ec3e-c3c3-4448-b186-7ed2ab0522c9		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Andrew Partridge Andrew.Partridge@wales.nhs.uk Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 9/29/2023 12:11:22 PM ID: 14569a97-994e-438e-870c-20da08dd7ca3	COPIED	Sent: 2/27/2024 1:55:43 PM Viewed: 2/27/2024 2:23:33 PM
Francesca Thomas francesca.thomas3@wales.nhs.uk Head of Corporate Governance Cardiff and Vale UHB Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 2/27/2024 1:55:43 PM
Andrew Partridge Andrew.Partridge@wales.nhs.uk Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 9/29/2023 12:11:22 PM ID: 14569a97-994e-438e-870c-20da08dd7ca3		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/22/2024 3:44:57 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

Saunders Nathan
21/03/2024 12:15:52

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Saunders Nathan
21/03/2024 12:15:52

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: charlotte.dobbs@wales.nhs.uk

To advise QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at charlotte.dobbs@wales.nhs.uk and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to charlotte.dobbs@wales.nhs.uk and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

Saunders Nathan
21/03/2024 12:11:52

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to charlotte.dobbs@wales.nhs.uk and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB during the course of your relationship with QBS OBO Glemnet OBO NHS Wales - Cardiff & Vale UHB.

Saunders Nathan
21/03/2024 12:15:52

Report Title:	Strategic Equality Objectives & Annual Equality Reports			Agenda Item no.	7.6	
Meeting:	Board	Public	X	Meeting Date:	12/03/2024	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information	X
Lead Executive:	Executive Director of People & Culture					
Report Author (Title):	Head of Equity & Inclusion, General Management Graduate Trainee					
Main Report						
Background and current situation:						

Strategic Equality Objectives

In fulfillment of our specific obligations, we are mandated every four years to create and publish our Strategic Equality Objectives (Appendix 1 which can be located in the supporting documents folder). These objectives set out the organisational priorities in terms of equality strategy, emphasising our commitment to contributing to a more inclusive and equitable society while advancing equality and fostering positive relations. The objectives are created to concentrate our efforts on enhancing the delivery of services and employment opportunities in alignment with 'protected characteristics' and the Socio-Economic Duty of 2020.

Annual Equality Reports

The Public Sector Equality Duty as set out under the Equality Act 2010 requires the UHB to report annually on its progress against its strategic equality objectives.

CAVUHB's objectives for the purpose of these reports are set out in the *Strategic Equality Plan: Caring about Inclusion 2020-2024*.

The Annual Equality Report 2022-2023 (Appendix 2 which can be located in the supporting documents folder) captures organisational progress in meeting the objectives between April 2022 – March 2023.

The Gender Pay Gap Report 2023 (Appendix 3 which can be located in the supporting documents folder) captures our organisational position in relation to the Gender Pay Gap as of 31st March 2023.

The Employment Data Report 2023 (Appendix 4 which can be located in the supporting documents folder) captures our organisational employment data in relation to the protected characteristics as of 31st March 2023.

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

Strategic Equality Objectives

This year, as we work towards achieving our strategic equality objectives, we are shifting our approach by moving away from a rigid action plan and instead concentrating on key workstreams for delivery. The decision is prompted by the dynamic and multifaceted nature of ongoing initiatives across the organisation, making it challenging to predict the next steps accurately. Our aim is to foster a more inclusive workplace for both our employees and the communities we serve.

The Health Board is dedicated to fostering equity, inclusion, and diversity through a comprehensive organisational approach aligned with the Shaping Our Future Wellbeing Strategy. This includes embracing the 3I Framework and the Health Board's Equity, Equality, Experience, and Patient Safety Action Plan as guiding principles. The approach to achieving Strategic Equality Objectives is in sync with the People and Culture Plan, highlighting the crucial role of the workforce. The commitment places staff well-being at the center, recognising the need for a thriving and inclusive workplace to represent the diverse population served. This aligns with the People and Culture Plan's seven themes, emphasising the interdependence of employee well-being, equality, diversity, inclusion, and the promotion of the Welsh language. The dedication extends to fostering a culture that supports professional growth, satisfaction, and actively promotes organisational values.

In formulating our Strategic Equality Objectives, we actively sought engagement from various stakeholders, including staff, service users, patients, and other key contributors. We received a total of 300 responses to our engagement exercise. These responses were gathered through various channels, including face-to-face sessions, online sessions conducted in both English and Welsh, drop-in sessions specifically organised for service users and patients across all Cardiff & Vale of Glamorgan sites.

Additionally, we distributed a stakeholder letter on behalf of the Chair and Chief Executive, and developed an online Microsoft form to provide people with a platform to submit their views. This form was also available in hard copy,

Following an analysis of the engagement results, we identified common themes. These findings were instrumental in shaping our strategic equality objectives and defining key workstreams to effectively address and meet the identified priorities.

Using the themes identified and feedback received, we developed four Strategic Equality Objectives:

- 1. Respect**
Foster an inclusive culture of respect through awareness campaigns and education, ensuring all individuals, including staff, patients and service users, feel valued and dignified.
- 2. Communication and Engagement**
Enhance communication channels and strategies to make information accessible to everyone, fostering inclusive engagement.
- 3. Accessibility**
Improve accessibility of our health services and facilities, creating a more inclusive healthcare and working environment for everyone.
- 4. Data**
Enhance the accuracy of data collection and analysis to identify and address inequity in both health outcomes and staff experience.

Prior to publication all documents will be translated into Welsh and finalised by Medical Illustration.

Recommendation:

The Board are requested to: **Approve** the Strategic Equality Objectives and Reports

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
-------------------------------	---	--	--

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment:

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

Risk: Yes

Safety: Yes

Risk to the safety of patients and staff who do not trust the organisation will treat them fairly.

Financial: Yes

If our Strategic Equality Objectives are not published by 31st March 2024, we could be liable for a fine.

Workforce: Yes/No

Attracting and retaining a diverse workforce.

Legal: Yes

If our Strategic Equality Objectives are not published by 31st March 2024, we are not fulfilling our public sector duty.

We are required by law to publish an Annual Equality Report, Gender Pay Gap Report, and Employment Data Report.

Reputational: Yes

If we do not publish our annual reports and our Strategic Equality Objectives by 31st March 2024, this will negatively impact our reputation.

CAVUHB viewed as an organisation that is not inclusive of our communities.

Socio Economic: Yes/No

Linked to demographics served / represented.

Equality and Health: Yes

An EHIA has been undertaken for publication of our strategic equality objectives and is attached.

Decarbonisation: No

Approval/Scrutiny Route:

Committee	Date:
People & Culture Committee	12.03.2024

Report Title:	BBC documentary "Saving Lives" second series	Agenda Item no.	7.7
Meeting:	Public Board	Meeting Date:	21/03/2024
Status (please tick one only):	Assurance	Approval	X Information
Lead Executive:	Suzanne Rankin, Chief Executive		
Report Author (Title):	Joanne Brandon (Director of Communications, Engagement, Arts and Health Charity)		

Main Report

Background and current situation:

Background summary

Over the past six months, Cardiff and Vale University Health Board and some of its health partners have been working with a television production company; Label 1 Productions on a prime-time television series, focusing on a cross section of patients on waiting lists and the health service response.

Label 1 Production company have been successful in commissioning a third series of "Saving Lives" and the Health Board has been asked to participate in a second series in Wales of the BBC documentary "Saving Lives in Cardiff" (working title).

The Health Board is in the latter stages of finalising the first of a six-part series, which has traversed a cross section of clinical specialties.

Each of the episode features three clinical cases from the waiting list and tracks a patient and their family's story through surgery alongside the clinical teams. It tells their individual story of how staff and clinicians work through their waiting lists to transform and improve the lives of patients and decide who to treat next. The series is very much addressing the difficulties of managing clinical caseloads and sometimes the very difficult choices made on an everyday basis, particularly when juggling emergency and elective cases.

A panel consisting of the CEO, Chief Operating Officer, Executive Nurse Director and Deputy Medical Director, alongside the Director of Communications have been working with Label 1 on issues of accuracy and clinical governance etc. to address any issues or concerns. Throughout the viewing panels, so far, these have been minimal and the overriding impression of the films is, of a professional, compassionate expert team of clinicians, led by a surgeon but involving many MDT staff.

The production company Label 1 are awaiting scheduling with national BBC and the programme is due to be broadcast in spring on BBC 1 Wales and BBC 2 for the rest of the UK.

The first series was based in Leeds and obtained significant audience viewing for a primetime series for BBC Two and iPlayer. and can be accessed here for information:

<https://www.bbc.co.uk/iplayer/episodes/m001jpkk/saving-lives-in-leeds>

Documentary filming process

The communications team will be working with Clinical Board colleagues on a schedule and providing briefing packs, on hand expertise and guidance to answer/ resolve any queries. Health and safety, infection and prevention control, Capital, Estates and facilities and legal colleagues have been involved in co-ordinating the process and the supporting briefing packs for information.

There will be 2-4 crews on site across a number of agreed hospitals depending on the specialities. Camera kit is smaller and the team are trained and have experience of working in hospital environments on documentary programmes and dealing with emotional issues or issues of dignity.

Consent will be covered with patients and colleagues throughout the process and if they do not wish to take part or change their mind at any time their contribution will not be used.

Filming schedules will be agreed with clinical teams and the communication team so we will know where they will be at all times. The Health Board would also know which stories, themes and patients they are following.

Post filming

The production company and BBC would retain editorial control but to ensure accurate storytelling the Health Board will again be involved in a panel to check for factual accuracy and put forward revisions to ensure the programme is safe, accurate and legal.

However, it is anticipated as with real life, things do go wrong and how we and the patients deal with it will be documented, the caveat is the teams on the ground will be with crews to advise on patient dignity and any other issues arising.

The television production company has a long-established track record of working with large complex health institutions and understand the sensitivities of working with patients and their families in unpredictable and challenging real-life situations. As a by-product of the series, research with Leeds and the Royal Free Hospital in London resulted in an increase in recruitment and careers with the Teaching Trusts and was found to have improved the morale of those who worked with the programme makers.

Next steps

Governance: In terms of governance, it was received by the Senior Leadership Board (SLB) on 21 March 2024. The SLB approved the paper and it will be received by the Board on 28 March 2024 for final approval and sign off. A second contract will be signed and timescales agreed.

Timescales: It is anticipated that the production company would be on site from April – September, but with each speciality for a short period of time.

Pre-Production Period

8th April 2024 – 5th May 2024 (inclusive; during which time there may be some filming)

Main Filming Period

6th May 2024 – 23rd June 2024 (inclusive)

Post Production/Delivery Period

24th June 2024 – 29th September 2024 (inclusive; during which time there may be a continuation of filming with a reduced number of personnel for pick-ups and completion of filming)

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

The proposal has been taken to both Management Execs and was presented at Senior Leadership Board for discussion on 21.03.2024

The Communications team would lead on the programme and logistics with the production company and ensure all processes are followed. They will hold regular meetings with the production team to assess progress and address any issues / concerns that may arise from clinical boards and colleagues.

The programme will provide behind the scenes understanding of how we make difficult decisions, particularly around waiting lists and show case the extraordinary work colleagues do every day. It will also provide an opportunity to demonstrate an extensive range of expertise in one of the UK's leading hospitals.

The Health Board will be able to negotiate and agree in advance, which areas and colleagues to be filmed.

The production is very much a Welsh production and with the exception of the producers, the majority of freelancers and filmmakers work and live in Wales, supporting upcoming talent in film making and production in the Principality.

Recommendation:

The Board is asked to;

- Approve participation in a second series of Saving Lives in Cardiff and the timescales involved
- Consider the reputational impact and credibility of the UHB, but also the benefits to patients and colleagues
- Consider the opportunities for showcasing the work of Cardiff and Vale on national television and potentially further afield in relation to waiting lists and treatment.
- Consider the implications for colleagues including the additionality of the production crew but also the impact on morale.
- Consider the opportunities for subsequent series if successful for Cardiff and Vale UHB.

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration	x	Involvement	x
------------	---	-----------	--	-------------	--	---------------	---	-------------	---

Impact Assessment:

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

Risk: Yes

All filming access poses a risk but this would be subject to a collaborative approach to ensure risk is minimised and all parties are happy

Safety: Yes

Health and Safety assessments would take place and the production team would have their own liability insurance

Financial: No	
No cost to the UHB. Fully funded by the BBC	
Workforce: Yes	
May be an impact on workforce but filming would only happen with teams and patients that are comfortable and in agreement. Filming would be discreet and not affect business as usual	
Legal: Yes	
All legal issues would be discussed and agreed with the BBC lawyers	
Reputational: Yes	
Will educate the public about the work of the UHB and ensure a wide audience are aware of the work of the Health Board	
Socio Economic: Yes	
Will support providing jobs for the local community who work on the programme	
Equality and Health: Yes	
The programme would show the community what the health board is doing to ensure equality and equitable access to health	
Decarbonisation: Yes	
Opportunities to showcase this work can also be explored	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Management Executives	
Senior Leadership Board	21.03.2024

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	Operation 'POET' Review			Agenda Item no.	8.1
Meeting:	UHB Board	Public	<input checked="" type="checkbox"/>	Meeting Date:	28 March 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>		Information <input checked="" type="checkbox"/>	X
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Capital Estates & Facilities				
Main Report					
Background and current situation:					
<p>The purpose of this report is to provide the Board with the outcomes, highlighted, following, a post exercise review of operation 'POET' (Power Outage Electrical Test) undertaken on Wednesday 13th September 2023.</p> <p>Operation 'POET' was a planned exercise designed to test the resilience of the electrical infrastructure in the event of a Total Shutdown of the NETS (National Electricity Transmission System) which would cause an extensive loss of supplies to the University Hospital of Wales (UHW).</p> <p>A review undertaken by operational leads for the Clinical Boards, Digital & Health Intelligence, Clinical Engineering and Capital, Estates and Facilities considered a number of key areas including:</p> <ul style="list-style-type: none"> • Planning stage – was sufficient information available, was the communication with the wider organisation and departments sufficient, were the governance arrangements appropriate • Phased testing arrangements – 18 local generator tests were undertaking, some of which impacted on critical areas. Following each of these the team considered any lessons learned which were then implemented to ensure that on each occasion the process improved all leading to the main event • The main event – reflecting on the arrangements, communication, reinstatement process etc. • Post event – hot debrief, reflection and lessons learned and actions required <p>The review culminated in the development of a post project review report, attached Appendix 1 which details the key elements.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<ul style="list-style-type: none"> • There is no record of a test of this magnitude having been undertaken previously, which is contrary the Welsh Health Technical Memorandum (WHTM) • The exercise has provided improved knowledge of the site infrastructure for the Estates team whilst also identifying the need for the clinical areas to review their business continuity plans • There remains significant works required to progress, identified as part of the post project review and it should be noted that Welsh Government have already approved £1.2m for the replacement of one of the main electrical panels serving theatres critical plant 					
Recommendation:					
<p>The Board are requested to:</p> <ul style="list-style-type: none"> • NOTE: the content of the report and the post project review, Appendix 1 					

- **SUPPORT:** the work necessary to develop proposals to mitigate the findings identified in the report with costs for further consideration as part of the UHB Capital Programme.
- **NOTE:** the intention to undertake the operation 'POET' exercise on an annual basis across all of our sites with the results reported through the Health and Safety sub committee

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	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		Collaboration		Involvement	
------------	---	-----------	---	-------------	--	---------------	--	-------------	--

Impact Assessment:

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

Risk: Yes

The report identifies works necessary to ensure systems are unlikely to fail

Safety: Yes

Improving the resilience of the electrical infrastructure

Financial: Yes

Capital costs will need to be confirmed when the schemes are progressed sufficiently

Workforce: No

Legal: Yes

If there was a system failure there could be a potential litigation

Reputational: Yes

Failure of systems impacting of patient care and safety

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
SLB	7 th March 2024
Capital Management Group	18 th March 2024
Board	28 th March 2024

Saunders Nathan
21/03/2024 12:15:52



Appendix 1

OPERATION 'POET'

(POWER OUTAGE ELECTRICAL TEST)

Saunders, Nathan
21/03/2024 12:15:52

March 2024

University Hospital of Wales

Post Project Review

March 2024



Index

1.0 Introduction	Page 3
1.1 Preparation work	
1.2 Operation POET – Main Event	Page 5
1.3 Reporting arrangements	
1.4 Summary of events	Page 6
2.0 Estates review and key outcomes	Page 6
3.0 Clinical Engineering review and key outcomes	Page 8
4.0 IM&T review and key outcomes	Page 10
5.0 Key Findings	Page 12
6.0 Recommendations	Page 13



1.0 Introduction

Operation 'POET' was a planned exercise designed to test the resilience of the electrical infrastructure in the event of a Total Shutdown of the NETS (National Electricity Transmission System) which would cause an extensive loss of supplies to the University Hospital of Wales (UHW).

The exercise, which had not been undertaken previously, required a significant input by a number of key stakeholders representing, Capital, Estates & Facilities, Clinical Boards, Digital & Health Intelligence, Clinical Engineering, Corporate Health & Safety Emergency Preparedness, Public Health Wales and Cardiff University. A project team was established chaired by the Director of Capital, Estates and Facilities as the Senior Responsible Officer (SRO).

The purpose of this report is to provide an overview of the planning stage, the management of the exercise on the day, key findings and recommendations/actions to be considered.

The UHB have benefited substantially from undertaking Operation 'POET' as the exercise:

Provide clarity around what were considered the critical and non-critical areas across the UHW site

- Equip the staff with information on what would be expected should there be an unplanned extensive loss of power supply to the site
- Improved business continuity plans for each service, both clinical and non-clinical
- Building resilience to the site in relation to electrical, digital and clinical engineering perspective. i.e. installation of Uninterruptable Power Supply (UPS)
- Identified command structures and experience of escalation requirements in the event of an unplanned power outage.
- Improved knowledge of the electrical infrastructure across the site with the extensive surveys and testing undertake allowing the documentation and drawings to be updated to reflect the current position.

1.1 Preparation work

In the early stages of planning for the exercise, it was rapidly identified that a significant amount of preparation work was required to achieve the objective 'to safely shutdown both incoming electricity supplies, successfully transfer and operate on the Health Boards Emergency Power Generation for a period of time. Reinstall both incoming national supplies, successfully transfer back to normal operation, whilst ensuring minimal disruption to the delivery of clinical services.

The planning process commenced in November 2022 with:

- An extensive review of the existing infrastructure including:
 - determining that the existing 'as fitted' drawings were correct and reflected and changes that may have been made over the lifetime of the site
 - checking the labelling of switches to ensure that they were controlling the areas identified
- On site visits to clinical areas by clinical engineering, DH&I and CEF to ensure that critical equipment was connected to (plugged into) supplies supported by UPS or generator
- Re-educating staff on the difference in the identification of socket outlets (Red, Blue, Red Rocker, White Rocker)
- Multiple briefings with clinical and non-clinical staff
- Power loss simulations with specific areas, e.g. catheter labs
- External supplier support to verify equipment capability
- Liaison with partner organisations, including PHW, Cardiff University
- Maintenance of switchgear and generators to ensure they were operational ahead of the simulation exercise
- 18 scheduled smaller generator tests

Saunders, Nathan
21/03/2024 12:15:52

Throughout this programme of work a number of business-critical issues were identified. Working alongside colleagues from CEF, IM&T and Clinical Engineering, these business-critical issues were resolved or mitigation put in place for the duration of Operation POET. The following are some examples of the business-critical issues identified:

- Dialysis services water supply – not support by a Uninterruptable Power Supply (UPS). Results in a temporary loss of water supply to the dialysis unit. Mitigated by CEF oversight during the event and aligning scheduling of patient treatment times outside of the test.
- Critical care education – Clinical Engineering (CE) supported the critical care team to develop a strategy for managing life sustaining equipment in the event of a power loss.
- Catheter labs power supply – initial investigation raised questions about the availability of UPS support to catheter labs. Following further investigation and local testing by the CEF team this risk was removed.
- Availability of essential power supply sockets to maternity services – additional provision installed prior to Operation POET. CE supported services to prioritise clinical equipment based on battery capabilities.
- Tertiary tower generator back up capabilities – work completed by the CEF team to supply generator support to services within the Tertiary Tower Building.
- A number of older IT switches were upgraded due to identified failure. This improved resilience across clinical areas.
- Inadequate telephony business continuity provision across a number of clinical areas. Resolved with support from the Telecoms Team.

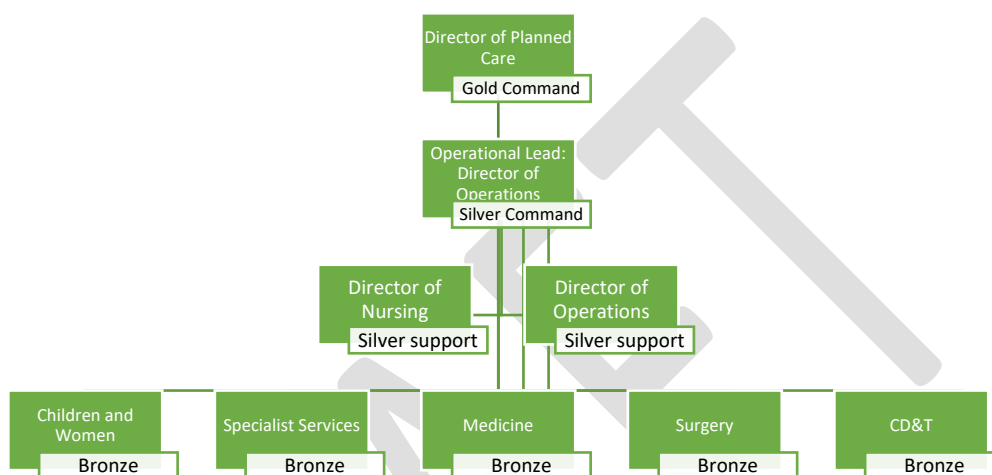
This list is not exhaustive. It provides examples of the incremental improvements made to both the infrastructure and clinical teams knowledge to prepare the organisation for Operation POET.

1.2 Operation POET – Main Event

In order to manage the level of risk to clinical services Operation POET was aligned with a clinical audit session where routine activity does not occur, this being Wednesday 13th September 2023. The switch from mains to generator back-up occurred at 7am. A number of services were operating at either reduced capacity, had ceased operation for the switch over, or had ceased working for the duration of the test. Minimal outpatient activity took place during the morning and therefore patient footfall across the UHW site was significantly below normal levels for the duration of the generator test.

1.3 Reporting Arrangements

Five Clinical Boards established a Bronze command structure with the exception of Mental Health and PCIC Clinical Boards due to limited or nil presence on UHW site on the day of the test. Public Health Wales, Genomics, PETIC and Fertility Services that operate services from the UHW site were aligned to Bronze command structures. Additional clinical and non-clinical staff were present on site before the test commenced to ensure that there was adequate support available for clinical services, in advance of, and during the test.



1.4 Summary of Events

On switching from the national grid supply, many services successfully switched to generator back-up without an issue. However, two generators did not respond as expected, DSS10 and the High Voltage Generator. These generators provide power to a number of critical services including laboratory services, radiology, pharmacy, wards within Tower Block 1. This issue persisted for approximately 40 minutes. Had this issue continued the test would have been aborted, albeit, the issue was resolved and generator power stabilised to allow the test to continue the duration.

At 09:47 there was a second issue with the high voltage generator which resulted in a temporary loss of power and IT network. Whilst the power was restored quickly, a number of services reported loss of power at a critical point during a clinical procedure and a small number of treatments were abandoned. Some imaging equipment lost power during scans. Urology services lost access to images mid procedure. All patient related issues were captured and investigated via DATIX.

2.0 Estates review and key outcomes

On the day in estates, the Bronze Incident Command structure was put in place and Chaired by the Head of Estates Maintenance Operations, supported by the



Operational Managers within Estates and the remainder of Electrical and Mechanical Engineers, Building and Multi-Disciplined Operatives.

The scenario for the day was communicated to the full Estates Operational Team through a dedicated Tool Box Talk, individuals were provided with communication devices and details of areas of responsibility, based on clinical risk.

Following the tool box talk and teams attending the areas of responsibility, a full comms check was undertaken to ensure suitable communications to all areas of the UHW Site.

Silver Command confirmed, that Clinically, the hospital was prepared and ready for the shutdown to take place and the Bronze Incident Chair instructed National Grid to shutdown both power supplies at 07:00 AM.

Following loss of power, estates engineers confirmed to the Bronze Chair that all uninterruptable power supplies had held and supported the relevant critical areas. Engineers also confirmed that all emergency back-up supply generators apart from the main high voltage (HV) generator had started and taken load within the dedicated areas.

The HV Generator is designed to automatically start and take electrical load following loss of power. However, following loss of power the HV generator continued to automatically start, however shutdown soon after and not taken the load of the hospital. Intervention commenced by the nominated Estates HV Authorised Person on two occasions until the generator started and took load successfully.

During this time faults had occurred with the local generator supporting Substation 10 which were a result of a faulty solenoid to hold the fan vents open. This fault occurred three times and was subsequently rectified, following of which, the generator continued to run and was operational for the remainder of Operation POET.

Following the HV Generator taking load, the Ward Blocks and Tower Block 1 remained without power. This was due to the load shedding not re-energising power to those areas affected. It was later determined to be due to loss of the neutral circuit within the BMS controls. These were reinstated manually for the purpose of the test however did not function as expected.

The Estates teams continued to support clinical and non-clinical areas with resetting of equipment that had shut down due to the short power loss experienced.

Operation POET continued for 4 hours, at which point, National Grid were instructed to reinstate both incoming supplies to the hospital. Following this all generators confirmed stable mains, switched back and shutdown accordingly. The Estates team



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

continued again to support clinical and non-clinical areas with resetting of equipment that would have been affected by the short power loss on re-energisation.

DRAFT

Saunders, Nathan
21/03/2024 12:15:52

3.0 Clinical Engineering review and key outcomes

To mitigate risks from Operation POET and any future unplanned loss of power to UHW, Clinical Engineering were asked to support as part of the Operation POET Project Team in assessing the risks and planning for future planned and unplanned events that would affect their medical devices.

Clinical Engineering hold a list of all medical devices on their Medusa database, and used this to help understand which devices had battery backup, and how long such batteries would last.

The service also has planned maintenance schedules to replace batteries in medical devices they maintain, such as UPS batteries on central monitoring stations, for example.

One of the risks identified early in the planning stage was around whether clinical users understood the different types of electrical sockets, and had checked if devices were plugged in to the appropriate socket.

In preparation for the main shutdown the Project Team planned to carry out tests of each area of the University Hospital of Wales in a phased approach to identify any areas of concern.

A Multi-Disciplinary Team (MDT) of CEF, CE and clinical staff was assembled. To ensure effective use of the MDT's time, areas were split into high and low risk categories. The MDT carried out walkarounds of the high-risk areas to survey medical devices and electrical supplies. They liaised with clinical teams about whether they needed extra essential supply sockets, had sufficient battery backup, and ensure that they had assessed the risks. Low risk areas the Medusa database was used as the main source of assessing medical device risks, where concerns were identified targeted visits or further investigations were carried out.

CE ordered and supplied extra batteries where needs were identified, to expedite this work and prevent delays in the testing schedule, costs for such batteries were temporarily absorbed by CE. If any areas subsequently felt the balance of risk vs costs were not justified (due to the temporary loss of power being tolerable, for example) then we could have removed the batteries and used them elsewhere over time. In the end all areas wanted to keep the batteries.

Particular devices that were flagged to CE as a concern were the PICU High Frequency Oscillatory Ventilators, (3100A+Bs) and whether they would continue to run on the UPS backed up supply. This was considered a very high risk, as patients needing this form of ventilation are severely ill and could not tolerate any interruption in their therapy. We carried out some tests of their performance in one of the phased



items of a separate area on a simulator to prove that they would continue to function correctly in a real-world test.

Layout adjustments of the medical devices in the anaesthetic rooms of main theatres was undertaken to ensure that the anaesthetic machines were powered by the correct sockets. Extra essential sockets were worked into the future plan with CEF to mitigate risks.

During the phased shutdowns CE stationed staff at key points in the areas which were being tested, with further support on duty, depending on the risk of the area concerned.

The phased testing sessions went well, with a few issues reported from Delivery Suite in relation to their STAN monitoring being intermittent and failing. There are no battery options available for these machines, therefore a request was submitted to CEF for the installation of UPS sockets. The STANs also had issues with network connectivity, albeit IM&T reassured CE that it was a temporary problem.

On the day of the main shutdown CE staff were stationed in Silver command with extra staff being on standby in key areas around the site. Contact was maintained using WhatsApp and mobile phones, but there were analogue backup phones available in Silver command if needed.

From a CE perspective there were very few issues on the day and feedback was positive that the early engagement from the combined IT, CEF and CE teams made it a successful test.

Saunders, Nathan
21/03/2024 12:15:52

4.0 IM&T review and key outcomes

Similarly, to those within the Project Group, IM&T were requested to support in planning, preparation and execution of Operation POET. This involved a direct working partnership with Estates and Clinical Operations in supporting the planned power outages which formed part of the testing and mitigation for the main event.

This worked well, with a significant number of considerations found with actions completed in order to ensure the robustness of the IT Infrastructure across the UHW Site.

There were a number of issues found on the day which are detailed below;

- Air-conditioning controller in Pod 1 was not connected to UPS and failed when the power went off. This caused a number of the A/C units in Pod 1 to not come back on line. This was quickly rectified when the device was connected to the UPS.
- The smaller power tests (8x) completed prior to the main power shutdown, provided an opportunity for all of the legacy and old kit to fail. They were replaced as required and we had no switches or firewalls fail on the day.
- Air conditioning within several hub/communication rooms did not come back on and we are working with CEF to identify and rectify them.
- A number of communication/hub rooms which provided connectivity to multiple departments meant that some unexpected areas were affected during the shutdown. The Network team have been working to either move the departments to an alternative hub room OR request UPS and generator power in those areas.
- Small personal UPS devices used to power administrative workstations had not been formally tested previously. One device failed and had to be replaced after the test.
- Several areas reported loss of comms due to Wireless VOIP phones not connecting. This further highlighted the importance of Digital communications and departments having contingency plans in place (Which they did by having backup Analogue phones available).
- A number of devices did not automatically restart
- Functionality within the Multi-Function Devices failed, due to scan to send emails not working. This was caused by the MFD not having fixed IP addresses and the SMTP whitelist containing incorrect IP address information. This is



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

currently being investigated by the Support team and deployment of a centralised print server will address this issue.

Feedback from the Digital Operations teams working and sharing in the SAC building was excellent. The teams were asked to share their office space and encouraged to interact. They enjoyed the experience, some even met new colleagues from within Digital.

DRAFT

Saunders, Nathan
21/03/2024 12:15:52

5.0 Key Findings

- Overall, the feedback was positive that the early engagement from the combined IT, CEF and CE teams made it a successful test.
- Once generators were stable, the UHW site was able to deliver most services without issue.
- UPS systems delivered. High risk areas such as NICU, CCU, Critical Care, Main Theatres, Maternity Theatres did not record any significant impact to service delivery.
- Radiology delivered a full range of services from the point of stable power supply.
- Dialysis services were delivered to patients without issue.
- Lack of air handling within a server room of the SAC building had the potential to disrupt clinical services across UHW and the wider health board estates. This issue was mitigated during the event, however had the temperature within the room not stabilised the test would have ceased and mains power would have been restored.
- Bronze command for PCIC and MH clinical boards should have been stood up – the risk assessment process for the IM&T server issue required input from both clinical boards.
- The delay in the high voltage generator stabilizing, exposed risks which were not experienced during the preparatory work.
A number of critical services are supported by this generator and a prolonged period without this supply could lead to a catastrophic event – the most severe example would be a loss of power to critical care services. Another example is a loss of refrigeration in pharmacy which would lead to a loss of significant quantities of pharmaceuticals.
- The instability in DSS10 generator caused a delay in processing within the laboratory services. Any backlogs that developed by a delayed start were dealt with in-day.
The combined instability in DSS10 generator and the high voltage generator created a situation whereby the UHW site was without CT and MR imaging capabilities for approximately 40 minutes. Due to the clinical caseload at the time this situation was manageable.
- Once power had been restored there were relatively few residual issues and normal business was restored quickly.

6.0 Recommendations

- Tertiary tower back up power supply – the generator supporting the Tertiary Tower could not support the full load of this building. Whilst this will be addressed within the delivery of the Tertiary Tower Electrical Infrastructure Upgrade Scheme which has received All Wales Capital Funding, there is a requirement to develop a Business Continuity Plan for this building in the interim.
- Reliance on HV generator for critical services – radiology, pharmacy, critical care, CCU, Respiratory Ward, Dialysis Units. Consider options to provide generator back-up in addition to the HV generator for critical services currently support by HV only.
- Increase essential power supply to maternity services.
- Dialysis RO supply – One or both ROs should be support by UPS.
- Agreement of approach to UPS for Tower Block 2, option to provide either a local device-based UPS or CEF supplied and maintained UPS for the area.
- The need to develop an programme to undertake generator testing in line with the HTM, which requires monthly testing of the local generators and undertaking operation 'POET' on an annual basis
- Review and upgrade the Building Management System to ensure reliability as the current system failed and required manual intervention

Saunders, Nathan
21/03/2024 12:15:52

Structured Assessment 2023 – Cardiff and Vale University Health Board

Audit year: 2023

Date issued: December 2023

Document reference: 3961A2023

Saunders, Nathan
21/03/2024 12:15:52

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Saunders, Nathan
21/03/2024 12:15:52

Contents

Summary report	
About this report	4
Key findings	5
Recommendations	7
Detailed report	
Corporate approach to planning	10
Board transparency, effectiveness, and cohesion	13
Corporate systems of assurance	20
Corporate approach to managing financial resources	25
Appendices	
Appendix 1 – Audit methods	29
Appendix 2 – Progress made on previous-year recommendations	32
Appendix 3 – Organisational response to audit recommendations	35

Saunders Nathan
21/03/2024 12:15:52

Summary report

About this report

- 1

This report sets out the findings from the Auditor General’s 2023 structured assessment work at Cardiff and Vale University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General’s statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Our review of the Health Board’s corporate approach to setting new well-being objectives in accordance with the sustainable development principle is being undertaken to help discharge the Auditor General’s duties under section 15 of the Well-being of Future Generations (Wales) Act 2015.
- 2

Our 2023 Structured Assessment work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies are also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 3

The key focus of the work has been on the Health Board’s corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on;

 - Board transparency, cohesion, and effectiveness;
 - Corporate systems of assurance;
 - Corporate approach to planning, and
 - Corporate approach to financial management.

We have not reviewed the Health Board’s operational arrangements as part of this work.
- 4

Our work has been informed by our previous structured assessment work, which has been developed and refined over several years. It has also been informed by:

 - Model Standing Orders, Reservation and Delegation of Powers
 - Model Standing Financial Instructions
 - Relevant Welsh Government health circulars and guidance
 - The Good Governance Guide for NHS Wales Boards (Second Edition)
 - Other relevant good practice guides

We undertook our work between June and November 2023. The methods we used to deliver our work are summarised in **Appendix 1**.

- 5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 Overall, we found that **the Health Board has maintained effective arrangements to ensure good governance and has adopted a refreshed long-term strategy. Opportunities exist to enhance certain arrangements, to support the delivery of the organisation's refreshed strategic objectives, and address the challenges facing the Health Board.**

Corporate approach to planning

- 7 We found that **the Health Board has taken positive steps to refresh its long-term vision and strategic / well-being objectives. As with other Health Boards, it has been unable to produce an approvable Integrated Medium-Term Plan (IMTP) and is working to an Integrated Annual Plan instead. Its approach to overseeing the delivery of strategies and plans is maturing, but reports could be strengthened to provide greater assurance to the Board that actions are achieving the intended benefits and outcomes.**
- 8 The Health Board's arrangements for producing, overseeing, and scrutinising the development of corporate strategies and plans are robust. The Health Board has taken positive steps to refresh its long-term strategy and has adopted a new long-term vision and strategic objectives. However, like other Health Boards in Wales, it has been unable to produce an approvable IMTP for 2023-26 due to its challenging financial position and is working to an Annual Plan for 2023-24 instead.
- 9 The Health Board's new strategic objectives are also its well-being objectives as required under the Well-being of Future Generations (Wales) Act 2015. Whilst the well-being objectives are underpinned by clear priorities, they do not encompass all aspects of sustainable development. Furthermore, the Health Board has not aligned its objectives to the national well-being goals or to the well-being objectives of partner organisations.
- 10 Key corporate strategies and plans, such as the long-term strategy and 2023-24 Annual Plan, contain clear strategic objectives and priorities and SMART milestones, targets, and outcomes. The Health Board also has good arrangements in place to enable the Board to oversee and scrutinise the delivery of key corporate strategies and plans. However, opportunities exist to enhance reports to provide greater assurance to the Board on the delivery of intended benefits and outcomes.

Saunders
21/03/2024 12:15:52

Board transparency, effectiveness, and cohesion

- 11 We found that **the Board and its committees continue to operate effectively, and maintain a good focus on public transparency, good governance, and continuous improvement. Opportunities remain to further enhance public transparency of Board business as well as to review the effectiveness of the new committee structure.**
- 12 The Board continues to have good arrangements in place to conduct its business transparently, but opportunities remain to improve public accessibility of Board meetings and keep governance related documents on its website up to date. Whilst arrangements continue to support the effective conduct of Board business, the substantial backlog of outdated policies poses a potential risk to breaching regulatory and statutory requirements.
- 13 The Health Board's new committee structure appears to be bedding down well, but it is too early to comment on its overall effectiveness. Given the launch of the refreshed strategy, there is an opportunity to review the new committee structure, as part of the 2023-24 Board and committee effectiveness review, to ensure it is operating as intended and supporting the delivery of the refreshed strategic objectives. The Board and its committees continue to receive timely, well written papers, and the Health Board is taking steps to further improve their content and quality. The Health Board continues to have a stable and experienced Board. Whilst there are some Independent Member vacancies, the Health Board has taken steps to ensure committees remain quorate whilst recruitment is underway. As in previous years, the Health Board maintains a strong focus on continuous improvement. It also remains committed to hearing from patients and service users, but opportunities exist to make greater use of patient stories at Quality, Safety, and Experience Committee meetings.

Corporate systems of assurance

- 14 We found that **whilst the Health Board has maintained good corporate systems of assurance, there are opportunities to enhance operational risk management arrangements, performance reporting, and overseeing recommendations tracking.**
- 15 The Board continues to have good arrangements for overseeing strategic and corporate risks and it has updated its Board Assurance Framework to align risks to the Health Board's refreshed strategic objectives, priorities, and workstreams. However, opportunities remain to improve operational risk management arrangements. The Board maintains good oversight of organisational performance, but we found opportunities to strengthen the improved Integrated Performance Report as well as to review the Performance Management Framework to ensure it supports delivery of the refreshed strategic objectives. The Health Board is taking appropriate steps to ensure compliance with the new duties of quality and candour and is improving its overall approach to overseeing the quality and safety of

services. Whilst the Health Board has strong arrangements for tracking audit and review recommendations, opportunities exist to enhance these arrangements further to support learning and improvement.

Corporate approach to managing financial resources

- 16 We found that **despite clear processes for financial planning, management and monitoring, the Health Board’s financial position for 2023-24 is challenging.**
- 17 The Health Board did not achieve its financial duties and objectives for 2022-23, and the financial position for 2023-24 remains challenging. The Health Board has a good approach to financial planning, and has set an ambitions savings target with a clear focus on quality improvements and achieving financial sustainability. Arrangements for overseeing and scrutinising financial management and controls have been strengthened. The Health Board continues to have robust arrangements for overseeing and scrutinising financial performance, with clear financial reports which are open about financial challenges and risks.

Recommendations

- 18 **Exhibit 1** details the recommendations arising from our work. These include timescales and our assessment of priority. The Health Board’s response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2023 recommendations

Recommendations	
Well-being Objectives	
R1	<div>Whilst the Health Board’s new well-being objectives are underpinned by clear priorities, they do not encompass all aspects of sustainable development. Furthermore, the Health Board has not aligned its objectives to the national well-being goals or to the well-being objectives of partner organisations. The Health Board, therefore, should:<div>a) consider incorporating additional priorities that encompass all aspects of sustainable development, particularly those that relate to the environment; and</div><div>b) set out how each individual well-being objective aligns to the national well-being objectives and the well-being objectives of it partners.</div></div>

Saunders Nathan
21/03/2024 12:15:52

Recommendations

Accessibility of public Board meetings

- R2 In order to enhance public transparency of Board business, the Health Board should improve public access to Board meetings by:
- livestreaming and recording public Board meetings; and
 - making the recordings available on the Health Board's website shortly after each meeting.

Public accessibility of governance documents

- R3 We found a number of outdated or unavailable governance related documents on the Health Board's website for example Standing Orders and Standing Financial Instructions. The Health Board should review its website, ensuring the latest versions of governance documents and papers are available.

New committee structure effectiveness review

- R4 As part of its 2023-24 Board and committee effectiveness review, the Health Board should review the effectiveness of its new committee structure. The review should pay particular attention to whether:
- the committee structure supports sufficient oversight of the refreshed strategic objectives;
 - committee terms of reference and workplans adequately cover all aspects of Board business;
 - there is merit in instigating a regular meeting for committee chairs;
 - there is an appropriate training and development for new committee chairs and new committee members; and
 - officers and Members have the capacity and resources to support more frequent committee meetings.

Hearing patient stories

- R5 Currently the Quality, Safety, and Experience Committee does not receive patient stories. The committee should start every other meeting with a patient story to usefully set the tone for the remaining meeting and to ensure that members hear about patient experiences and related learning.

Improving performance reporting

Recommendations

- R6 The Health Board has improved its Integrated Performance Report (IPR). Whilst we recognise it is a new and evolving report, we have found potential to enhance it by:
- strengthening its links with the Annual Plan Delivery Report to ensure the relationship between some of the delivery milestones and key performance indicators is clearer;
 - having a more consistent focus on actions being taken to tackle underperformance in both the IPR and its cover report;
 - being clearer about whether the metrics in section two of the IPR are on target or not;
 - being consistent in providing reasons why data charts are unavailable in section two of the IPR, instead of leaving the section blank; and
 - providing benchmarking data (where available) to show how the Health Board compares to other health bodies.

Enhancing recommendation tracking

- R7 The Health Board has good recommendation tracking arrangements but there are opportunities to enhance them further to support learning and improvement. The Health Board should:
- a) formally refer recommendations and/or audit and review reports to relevant committees for deeper scrutiny, with the committees reporting back to the Audit and Assurance Committee for assurance, and
 - b) develop a report for the Audit and Assurance Committee pulling together common themes, issues and learning from the internal, external and regulatory compliance reports.

Saunders Nathan
21/03/2024 12:15:52

Detailed report

Corporate approach to planning

- 19 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 20 We found that **the Health Board has taken positive steps to refresh its long-term vision and strategic / well-being objectives. As with other Health Boards, it has been unable to produce an approvable IMTP and is working to an Integrated Annual Plan instead. Its approach to overseeing the delivery of strategies and plans is maturing, but reports could be strengthened to provide greater assurance to the Board that actions are achieving the intended benefits and outcomes.**

Corporate approach to producing strategies and plans

- 21 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of;
- a clear Board approved vision and long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - an appropriate Board approved long-term clinical strategy;
 - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 22 We found that **the Health Board's arrangements for producing, overseeing, and scrutinising the development of strategies and corporate plans are robust. However, opportunities exist to broaden the coverage of the Health Board's well-being objectives and align them to the national well-being goals as well as the well-being objectives of its partners.**
- 23 The Health Board has a clear vision which is articulated in its refreshed long-term strategy, Shaping Our Future Well-being (2023-2035). The vision is concise, future-focussed, and places a clear emphasis on delivering high-quality and safe services, collaboration, prevention, and reducing health inequalities to improve outcomes. The vision is underpinned by four new strategic objectives – putting people first; providing outstanding quality; delivering in the right places; and acting for the future. The strategic objectives are also the Health Board's well-being objectives (we discuss this further in **paragraph 27**). The refreshed strategy,

Saunders Nathan
21/03/2024 12:15:52

approved by the Board in July 2023, is based on a good understanding of population health needs drawn from a range of sources¹.

- 24 The Health Board engaged effectively with a wide range of internal and external stakeholders, utilising a range of approaches to support their involvement in shaping all aspects of the strategy. It worked particularly well with community and third sector organisations to engage with 'seldom-heard groups'². An Internal Audit Service review of the Health Board's approach to stakeholder engagement gave a substantial assurance rating.
- 25 The strategy refresh was overseen by a Steering Group established by the Board, and co-ordinated by a cross-departmental group which ensured appropriate input from Clinical Boards and Corporate Directorates. There were appropriate Board-level arrangements to oversee the development of the strategy and involve Independent Members. The Health Board plans to review and realign its strategic programmes, including the Shaping Our Future Clinical Services Programme, to the refreshed long-term strategy.
- 26 As with other Health Boards, the Health Board was unable to produce a Welsh Government approved Integrated Medium-Term Plan for 2023-26 due to its planned financial deficit in 2023-24. Instead, it has produced an Annual Integrated Plan for 2023-24, which sets out how it will deliver its key priorities alongside a cost improvement programme to achieve financial balance over the medium-term. The Health Board adopted a bottom-up approach, developing its Annual Integrated Plan through the Clinical Boards and Corporate Departments via the Strategy Development and Delivery Group. The delivery priorities, performance ambitions, and cost improvement programmes were considered by the Senior Leadership Board before they were included in the plan for approval by the Board. The Board and relevant committees were fully involved in the plan development, with Independent Members providing good scrutiny, challenge, and input particularly in relation to the priorities and financial options. The Annual Integrated Plan was approved by the Board on 30 March 2023, and submitted to Welsh Government on 31 March 2023. Elements of the plan were updated following feedback by Welsh Government, with the changes approved by the Board on 25 May 2023 prior to re-submission to Welsh Government on 31 May 2023.
- 27 As noted in **paragraph 23**, the Health Board's new strategic objectives are also its well-being objectives under the Well-being of Future Generations (Wales) Act 2015. The strategic objectives / well-being objectives were shaped in line with the sustainable development principle. They were developed and agreed by the Board following a detailed analysis of population health needs, opportunities, challenges,

¹ The sources include the well-being assessments completed by the Cardiff Public Services Board and the Vale of Glamorgan Public Services Board, an analysis of opportunities, challenges, risks, and the views of stakeholders.

² Under-represented people who use or might use health and social services and who are less likely to be heard by service professionals and decision-makers.

risks, and extensive internal and external stakeholder engagement. The strategic objectives / well-being objectives are cross-cutting, future focussed, and underpinned by the five ways of working. Each strategic objective / well-being objective is accompanied by a clear set of priorities. However, opportunities exist to broaden the priorities under each strategic objective / well-being objective to encompass all aspects of sustainable development. For example, there are no priorities relating to biodiversity or climate adaptation, despite their clear relevance to the Health Board (**Recommendation 1a**). The long-term strategy appropriately references the seven national well-being goals. However, the Health Board has not clearly shown how its strategic objectives / well-being objectives align to them. Furthermore, it is not clear either how the Health Board's strategic objectives / well-being objectives align to the well-being objectives of its partners (**Recommendation 1b**).

Corporate approach to overseeing the delivery of strategies and plans

- 28 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART³ milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 29 We found that **the Health Board's key corporate strategies and plans contain clear strategic objectives and priorities and SMART delivery milestones, targets, and outcomes. It has good arrangements in place to enable the Board to oversee and scrutinise the delivery of key corporate strategies and plans. However, reports could be strengthened to provide greater assurance on the delivery of intended benefits and outcomes.**
- 30 The Health Board's strategic objectives are accompanied by clear strategic priorities. The Health Board has set high-level delivery milestones for each priority which are specific, measurable, achievable, relevant, and timebound. However, they lack a baseline to aid monitoring. The Health Board intends to develop a suite of key indicators to enable the Board to measure and monitor the organisation's progress in delivering its strategic objectives and priorities.
- 31 The Annual Integrated Plan 2023-24 also contains clear priorities which are aligned to the Health Board's strategic objectives. The plan clearly sets out the Health Board's aim for each priority area, and each aim is outcome focussed. There are clear areas of focus for each priority, accompanied by a detailed set of actions. The

³ Specific, measurable, achievable, relevant, and time-bound.

Annual Plan also includes the key areas of focus and actions from the Health Board's Infrastructure Plan; Decarbonisation Action Plan; and People and Culture Plan. There is a detailed section outlining how success will be measured, with key delivery milestones and actions broken down by quarter to aid monitoring and reporting (see **Appendix 2 2021 R2a**). The Health Board could enhance these arrangements further by setting out more clearly which Executive Director is responsible for delivery and which committee is responsible for providing oversight.

- 32 The Health Board's approach to overseeing the delivery of corporate strategies and plans continues to mature. During 2022-23, the quarterly reports presented to Board provided a good overview of the targets that were met during the quarter, the risks and mitigations to delivery, and the targets for the next quarter. The quarter four report also provided a good overview of the key achievements during the year (see **Appendix 2 2021 R2b**).
- 33 The format for the quarterly report has been refreshed for 2023-24. The report presented to the Board in September 2023 provides a good overview of the status of the quarter one delivery milestones as set out in the Annual Integrated Plan 2023-24. For milestones that haven't been delivered in line with the plan, a clear reason is provided as well as details of what action(s) will be taken to bring the milestone back on track during the next quarter along with an assessment of the organisation's confidence in being able to achieve this. The report is intended to be read alongside the Integrated Performance Report. However, the relationship between some of the delivery milestones and key performance indicators is not clear in all cases. As a result, it is difficult for the Board to assess whether achieving the milestones are delivering the intended benefits and outcomes (we discuss the Integrated Performance Report further in **paragraph 73**. Delivery of the Annual Integrated Plan 2023-24 has been identified as a specific strategic risk⁴ in the Board Assurance Framework.

Board transparency, effectiveness, and cohesion

- 34 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- 35 We found that **the Board and its committees continue to operate effectively, and maintain a good focus on public transparency, good governance, and continuous improvement. Opportunities remain to further enhance public transparency of Board business as well as to review the effectiveness of the new committee structure.**

⁴ For this risk, the current risk score, controls, and assurances are clearly set out in the Board Assurance Framework, as are the key actions to address gaps in controls and assurance.

Public transparency of Board business

36 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:

- meetings that are accessible to the public;
- papers being made publicly available in advance of meetings;
- business and decision-making being conducted transparently;
- meeting minutes being made publicly available in a timely manner.

37 We found that **whilst the Board continues to have good arrangements in place to conduct its business transparently, there are still opportunities for enhancement.**

38 Whilst committee meetings continue to be virtual, livestreamed and recorded, Board meetings are still held only in person. As a result, there are fewer options for the public to attend and observe Board meetings. However, the September 2023 public Board Meeting and Annual General Meeting were held virtually and well publicised on social media. The Health Board reported that more people than usual observed both meetings, showing that there is public interest in Board business when meetings are well publicised and accessible. To enhance public transparency further, the Health Board should routinely livestream public Board meetings and make recordings available via its website (**Recommendation 2**). Last year, we recommended that Board and committee meeting reminders and links to papers should be posted on social media closer to meeting dates. This recommendation still stands (see **Appendix 2 2022 R3a**).

39 Board and committee papers remain accessible to the public, and continue to be published on the Health Board's website seven days in advance of meetings. Confirmed minutes are uploaded to the Health Board's website separately, so minutes are available to the public before the next Board or committee meeting. However, this practice has been inconsistent since the start of this year (**Recommendation 3**). Last year, we recommended that the Health Board should ensure the papers for all Advisory Group meetings are published on its website in a timely manner. Overall, this has improved. However, Stakeholder Reference Group⁵ papers are still not uploaded in a timely manner. Furthermore, although the Health Professionals Forum is currently under review, previous meeting papers are not available either (see **Appendix 2 2022 R3b**).

40 The Health Board reserves private Board and committee meetings for the most sensitive matters and continues to detail items to be discussed in private on the agendas of public Board and committee meetings. As recommended last year, the Health Board has enhanced arrangements by briefly explaining on public agendas why matters are being discussed in private (see **Appendix 2 2022 R3f**). However,

⁵ The Stakeholder Reference Group papers have not been uploaded to the Health Board's website since May 2023.

as yet, it is not making abridged minutes of private Board and committee meetings available publicly (see **Appendix 2 2022 R3c**).

- 41 Chair's Actions continue to be made in line with Standing Orders and reported at the next public Board meeting. However, a high number of procurement decisions have been made by the Chair⁶ rather than the full Board due to unforeseen emergency situations. This was highlighted in a report presented at the April 2023 Audit Committee. By investigating and reporting findings to the Audit Committee, the Health Board has taken a mature approach to review the opportunity to increase transparency of Board decision making.

Arrangements to support the conduct of Board business

- 42 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:
- a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
 - formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.
- 43 We found that **whilst arrangements continue to support the effective conduct of Board business, the substantial backlog of outdated policies poses a potential risk to breaching regulatory and statutory requirements.**
- 44 The Health Board's Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions continue to be reviewed annually, with good evidence of compliance. The Board approved amendments to these documents in May and November 2023, following scrutiny by the Audit and Assurance Committee. Whilst they are available on the Health Board's website, the versions available are dated May 2022, rather than the most recent versions (**Recommendation 3**).
- 45 Declarations of interest remain a standing item on all Board and committee agendas, and we continue to observe compliance. The Health Board uses the electronic staff record to record declarations of interests, gifts, and hospitality⁷. The Audit and Assurance Committee maintains regular oversight of the process and

⁶ In 2023, there had been 34 Chair's Actions and only two Board meeting approvals.

⁷ Health Board employees are asked to make a single declaration of interest, only altering it if their circumstances change. For gifts, hospitality and sponsorship, staff are required to make declarations as needed.

compliance, receiving the Declarations of Interest, Gifts and Hospitality Tracking Report and full register of interests at most meetings. The register of interest for all staff is published on the Health Board's website. The Health Board also publishes a separate register for Board members on its website. However, it is out-of-date and requires updating to reflect changes to Board membership (**Recommendation 3**).

- 46 The Health Board has a substantial backlog of outdated policies. In May 2023, an Internal Audit Service review of the Health Board's management of policy documents gave limited assurance. The Internal Audit Service found that 68% of Health Board policies were either out-of-date or in need of review, which poses a potential risk to breaching regulatory and statutory requirements. To improve policies management, the Health Board is exploring the use of the Audit Management and Tracking (AMaT) platform⁸. It also has a dedicated policy lead within the Corporate Governance Team to lead this improvement work.

Effectiveness of Board and committee meetings

- 47 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
 - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge;
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board; and
 - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 48 We found that **the new committee structure appears to be bedding down well, but it is too early to comment on its overall effectiveness. The Board continues to receive timely, well written papers and the Health Board is taking positive steps to further improve their content and quality.**

⁸ The AMaT system would facilitate clear cataloguing of policies and renewal dates, automatically sending reminders to owner as policy review dates approach. Currently, this is a manual system.

- 49 Last year, we reported that the Health Board was reviewing its committee structure. Following Board approval in March 2023, the new structure came into effect in April 2023, and is a mixture of new committees and changes to existing arrangements⁹. Whilst the new structure appears to be bedding down well, it is too early to comment on its effectiveness. However, the Health Board should review the effectiveness of the new committee structure as part of the 2023-24 Board and committee effectiveness review (**Recommendation 4**). The review should pay particular attention to whether there is sufficient:
- oversight of the refreshed strategic objectives and priorities;
 - coverage of all aspects of Board business;
 - oversight of all strategic risks; and
 - officer and member capacity to support more frequent committee meetings.
- 50 The Board and its committees continue to have up-to-date terms of reference and work programmes, which are reviewed annually¹⁰. Board and committee Terms of Reference and workplans are available on the Health Board's website and clearly state review and approval dates, as recommended last year (see **Appendix 2 2022 R3d**). Accepting that the new committee structure is still embedding, we observed well chaired committee meetings, which followed agreed processes, ran to time, and had good support from the Corporate Governance Team. Independent Members continue to provide good challenge, which is delivered in a constructive way. Positively, there appears to be a healthy relationship between Executive and Independent Members.
- 51 Committees continue to appropriately cross-refer matters to other committees and escalate matters to the Board as necessary. Highlight reports by committee chairs remain at the top of Board agendas, thus ensuring any risks highlighted by the chairs are discussed first. Committee chairs do not meet separately; however, all Independent Members meet before each Board meeting and meet informally each month. This provides an opportunity to ask questions, raise awareness of matters, and to cross-refer issues. However, the Health Board might also want to consider establishing a dedicated group for committee chairs to specifically discuss committee business and the best approach for receiving assurance on matters that cut across more than one committee (**Recommendation 4**).

⁹ The Health Board stood down the Strategy and Delivery Committee and Finance Committee, establishing a new People and Culture Committee and Finance and Performance Committee. The Health and Safety Committee is now a sub-committee reporting up to the new People and Culture Committee. The frequency of Quality, Safety, and Experience Committee and Digital and Health Intelligence Committee meeting has increased to monthly and quarterly respectively. Strategic discussions are reserved for the first hour and a half of bi-monthly Board Development Sessions.

¹⁰ In March 2023, the Board approved most committee terms of reference and workplans. The Board approved the terms of reference and workplans for the two new committees in July 2023 to allow time for further refinement.

52 The Health Board continues to produce clear, timely, and well written Board and committee papers, which are accompanied by cover reports that focus on key matters. Since last year, we have seen an increase in the use of data to support narrative reports, which is a positive development. The Health Board is also trying to reduce the volume of papers by making supporting documents available separately. Whilst we see the value of this arrangement, it is not always clear why some documents are considered supporting and others not. For example, the refreshed long-term strategy was a supporting document in the Board papers for the September 2023 meeting, despite it being presented for approval. The Health Board recognises there is room for improvement, and has set up a Task and Finish Group to develop proposals for the Chair to consider. Last year, we highlighted instances of officers speaking to a set of presentation slides which had not been shared in advance. This has improved, with presentations now included within papers or used on the day to present a paper already in the pack, allowing Board members to fully prepare beforehand (see **Appendix 2 2022 R3e**).

Board commitment to hearing from patients/service users and staff

53 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:

- The Board using a range of suitable approaches to hear from patients/service users and staff.

54 We found that **the Health Board remains committed to hearing from patients and service users.**

55 The Health Board continues to use a range of methods for engaging with and listening to patients and staff. The Board continues to receive a good range of patient and staff stories at the start of each public Board meeting. Positively, the new People and Culture Committee also receives a staff story at the start of each meeting. However, there is an opportunity to replicate this arrangement for the Quality, Safety, and Experience Committee to allow members to routinely hear patient stories (**Recommendation 5**). Board members have maintained monthly patient safety walkabouts across a range of services. Interviewees were positive about this process, with issues identified during the walkabouts recorded and managed through the Tendable¹¹ application.

56 In October 2022, the Health Board rolled out CIVICA¹², which enables richer ways to capture and analyse patient views to inform improvement plans. Through its Integrated Performance Report, the Board receives regular updates on the

¹¹Tendable is an application used to record, report, and manage health care quality inspections in real time.

¹²CIVICA is a digital system to capture patient experiences.

success of the CIVICA system in terms of increasing patient engagement. The Quality Indicators Report, which is received by the Quality, Safety, and Experience Committee, gives an overview of patient feedback collected through the CIVICA system, which is subsequently reported to the Board through the committee chair's report. The Health Board is also exploring using the system to capture staff views.

Board cohesiveness and commitment to continuous improvement

- 57 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
 - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 58 We found that **there is a stable, skilled, and experienced Board which remains committed to learning, development, and continuous improvement. Whilst there are a number of Independent Member vacancies, positive steps have been taken to ensure committee meetings remain quorate.**
- 59 The Executive Team has stabilised following several new executive appointments last year. This year, there has been two changes, both of which have been well managed. In February 2023 the Director of Corporate Governance left, with an interim director in post until the new Director of Corporate Governance commenced in August 2023. The new Executive Director of Public Health started in December 2023, following the previous director's retirement during the same month.
- 60 However, there has been a turnover of Independent Members this year. The Health Board currently holds three vacancies following the departure of the Independent Member (Legal), the Independent Member (Local Government), and the Independent Member (University) in August, October, and November 2023 respectively. The recruitment process for all positions is underway and interim arrangements are in place to ensure all committee meetings remain quorate. Independent Members continue to feel supported by the Chair, who meets with them on a monthly basis, and conducts annual and six-monthly interim appraisals, to discuss objectives and personal development needs.
- 61 Board member development continues to be well supported through the Health Board's bi-monthly Board Development Sessions, which are 'dynamic' to allow consideration of live and current issues. Aside from strategic discussions, which occupy the first part of each meeting, Board Development Sessions have covered a range of appropriate topics, including the Health Boards's response to the matters arising from the Leanne Letby case, developing a long-term financial plan and three facilitated sessions on Board effectiveness. However, no specific training

or induction was offered to Independent Members following the creation of the new committee structure (see **paragraph 49**). As part of its effectiveness review, the Health Board should reflect on the support available to new committee chairs or committee members (**Recommendation 4**). This will be particularly important as new Independent Members join the organisation. Positively, Independent Members told us they have appreciated the proactive approach the new Director of Corporate Governance is taking to identifying training and development needs.

- 62 The Board continues to have good arrangements in place for reviewing its effectiveness. During February and March 2023, prior to the new committee structure taking effect, the Board and committees completed their respective annual effectiveness reviews. This led to a discussion on common themes at the April 2023 Board Development Session and identified wider learning. In May 2023, the Board received an Action Plan based on the 2022-23 review, plus an update on progress in implementing last year's action plan. Last year, we reported the Health Board's plans to conduct its 2022-23 effectiveness review via facilitated discussions; however, this did not happen. The Health Board may want to consider this approach in 2023-24 to help better understand any concerns identified via the effectiveness surveys, particularly as it will be the first review since the new committee structure was implemented.

Corporate systems of assurance

- 63 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 64 We found that **whilst the Health Board has maintained good corporate systems of assurance, there are opportunities to enhance operational risk management arrangements, performance reporting, and overseeing recommendations tracking.**

Corporate approach to overseeing strategic and corporate risks

- 65 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
 - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.
 - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;

Saunders Nathan
21/03/2024 12:15:52

- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system; and
- the Board providing effective oversight and scrutiny of corporate risks.

66 We found that **the Board continues to have good arrangements for overseeing strategic and corporate risks. However, there is scope to improve operational risk management arrangements.**

67 The Health Board's continues to have clearly documented strategic risks in its Board Assurance Framework (BAF) and has maintained its well-established regime to ensure appropriate scrutiny by the Board, committees, and executive leads. As recommended last year, the Health Board has updated its BAF to ensure the strategic risks align with the refreshed strategic objectives, priorities, and workstreams (see **Appendix 2 2022 R1**). The revised BAF was presented to the Board in November 2023. The Health Board is yet to review its overall risk appetite, and it remains as 'cautious moving towards seek'¹³. However, there is a risk appetite for each of the 15 strategic risks. The BAF is publicly available through Board papers. It is also available on the Health Board's website; however, at the time of our review, this was not the most recent version (**Recommendation 3**).

68 The Board also continues to receive the Corporate Risk Register (CRR) for information at each meeting. The CRR focuses on extreme risks (those scoring over 20), of which there were 55 in November 2023. The cover report which accompanies the CRR continues to provide a good summary and now includes a high-level trend analysis. Most corporate risks align to the strategic risks as set out in the BAF relating to patient safety, capital assets, and workforce. The Board also receives an assurance map, which highlights any gaps in assurance mapped against the three lines of defence¹⁴. Each committee continue to review and scrutinise corporate and/or strategic risks with arrangements appropriate to their remit.

69 An Internal Audit Service review of the Health Board's risk management systems in May 2023 gave a reasonable assurance rating. The review was complementary about the Health Board's risk strategy and procedures. However, it made recommendations on operational risk management arrangements, specifically in relation to inconsistent / incomplete operational risk registers, completing risk

¹³ The Health Board defines a 'cautious' risk appetite as "preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward". It defines a 'seek' risk appetite as "eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)".

¹⁴ The Health Board's three lines of defence set out levels of assurance. These are: first line – management level assurance, second line – Health Board's Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance, and third line – Independent level Assurance such as Internal Audit, Audit Wales, Health Inspectorate Wales, and Counter Fraud Service.

assessment forms for newly identified risks, risk escalation and de-escalation processes, and risk monitoring.

Corporate approach to overseeing organisational performance

- 70 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
 - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 71 We found that **the Board and its committees continue to provide good oversight of organisational performance. However, opportunities remain to further strengthen the improved Integrated Performance Report and ensure the Performance Management Framework supports delivery of the refreshed strategic objectives.**
- 72 Last year, we recommended that the Health Board should review its Performance Management Framework (PMF), which it approved in 2020, alongside its 10-year strategy and committee structure refresh (see **Appendix 2 2022 R1**). At the time of our work, the Health Board was in the early stages of planning this work. The Health Board should expedite this work to ensure its performance management arrangements are fully aligned to its refreshed strategic objectives and support the monitoring and delivery of the refreshed strategy.
- 73 The Board and its committees continue to provide good oversight of the Health Board's performance. The Board receives the Integrated Performance Report (IPR) at each meeting, following in-depth scrutiny by the newly established Finance and Performance Committee. The committee also routinely receives deep dives into areas where performance is below target. During 2023, the committee has undertaken deep dives into the cancer pathway, orthopaedics waiting list, planned care update, and mental health financial position. Each Executive Director provides an update for their area of work at Board meetings, which shows collective leadership and joint responsibility for performance.
- 74 The Health Board has made considerable improvements to its IPR. The Board received the new format IPR in July 2023. The first section focusses on the Health Board's progress against the six Ministerial priorities¹⁵, whereas the second section is arranged around the quadruple aims set out in A Healthier Wales, focusing on the NHS Performance Framework and the Health Board's Annual Plan

¹⁵ The Minister for Health and Social Care has set six priorities areas, these relate to improving: delayed transfers of care, access to primary care services, urgent and emergency care, planned care, cancer, and mental health services.

commitments. Together, the two sections provide a good summary of the Health Board's performance. The IPR is supported by a clear, well written cover report which provides a summary of key points and issues in relation to public health; operational performance; people and culture; quality, safety, and experience; and finance. Whilst we recognise that the IPR is a new report and is still evolving, the report lacks some important information to aid monitoring and scrutiny:

- There is not always a summary provided on the actions being taken to tackle underperformance (see **Appendix 2 2022 R2**).
- Section two of the IPR does not provide clarity about which metrics are on target or not, whereas section one does so by making use of a RAG¹⁶ rating system.
- Section two often omits data charts and leaves the section blank without providing an explanation for why data is not available.
- No benchmarking data is included to demonstrate how the Health Board compares to other health bodies.

The Health Board should address these matters to further enhance the Board's approach to overseeing organisational performance (**Recommendation 6**).

Corporate approach to overseeing the quality and safety of services

75 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:

- corporate arrangements in place that set out how the organisation will deliver its requirements under the new Health and Social Care (Quality and Engagement) Act (2020);
- a framework (or similar) in place that supports effective quality governance;
- clear organisational structures and lines of accountability in place for clinical/quality governance; and
- the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.

76 We found that **the Health Board is taking appropriate steps to ensure compliance with the new duties of quality and candour and to improve its overall approach to overseeing the quality and safety of services.**

77 The Health Board has taken appropriate steps to assess its arrangements for complying with the new duties set out in the Health and Social Care (Quality and Engagement) Act (2020). Board members have received briefings on the duties of candour and quality at public Board meetings and Board Development Sessions.

¹⁶ Red, Amber, Green.

Furthermore, Board members and staff have ongoing access to training and support. The IPR also includes a section on the Duty of Candour which enables the Board to maintain oversight of the number of reported incidents and progress made to embed the new responsibilities. The Quality, Safety and Experience (QSE) Committee also receive regular updates through the Assurance Reports provided by the Clinical Boards.

- 78 The QSE Committee continues to oversee the Health Board's 2021-26 Quality, Safety, and Patient Experience Framework. It receives periodic updates on the Framework's implementation and its sub-committees which were approved as part of the Framework. The QSE Committee also maintains oversight of the quality and safety of services through its bi-monthly quality indicators report, which is organised around the new health and care quality standards. Since July 2023, the report is presented in an improved, data rich, format. It provides updates on metrics such as national reportable incidents and never events; infection prevention and control; medication incidents; mortality rates; falls and pressure damage; clinical effectiveness; COVID-19 investigations; and concerns and patients experience. The committee also receives bi-monthly service specific deep dives and monthly Clinical Board Assurance Reports.

Corporate approach to tracking recommendations

- 79 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:
- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.
- 80 We found that **whilst the Health Board has strong arrangements for tracking audit and review recommendations, there are opportunities for enhancement.**
- 81 In September 2023, the Internal Audit Service issued a substantial assurance report on the Health Board's recommendation tracking arrangements. Overall, the review found good monitoring, reporting, and scrutiny of the recommendation trackers, but made recommendations to improve the narrative to support the closure of internal and external audit recommendations, to improve the accuracy of reporting for review bodies, and to enhance the scrutiny of the recommendation trackers.
- 82 We agree that the Health Board has a clear and well-established recommendations tracking process, but there is potential to enhance the impact of this process. Last year, the Health Board introduced a system which allowed deeper consideration of high-risk or longstanding actions, but we have seen little evidence of its implementation. Some audit and inspection reports are referred to the appropriate committees for deeper scrutiny, but this is not a formal process. There is scope for recommendations to be formally assigned to relevant committees for deeper

scrutiny, with arrangements in place to report back to the Audit Committee for assurance **(Recommendation 7a)**. The separate internal, external, and regulatory compliance trackers and accompanying reports are clear, actively managed and contain sufficient information for scrutiny at every other Audit Committee. However, the separate reports do not allow recommendations themes to be picked out to enhance learning, and highlight common issues and shared solutions **(Recommendation 7b)**. In September 2023, there were 31 open Audit Wales recommendations, 24 partially complete and 5 with no action taken.

Corporate approach to managing financial resources

- 83 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 84 We found that **despite clear processes for financial planning, management, and monitoring, the Health Board's financial position for 2023-24 is challenging.**

Financial objectives

- 85 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
- the organisation meeting its financial objectives and duties for 2022-23, and the rolling three-year period of 2020-21 to 2022-23; and
 - the organisation being on course to meet its objectives and duties in 2023-24.
- 86 We found that **the Health Board did not achieve its financial duties in 2022-23, and the financial position for 2023-24 remains challenging.**
- 87 The Health Board did not meet its financial duties in 2022-23. It did not operate within its resource limit for the year or within its cumulative resource limit for the three-year rolling period 2020-21 to 2022-23. However, as agreed with Welsh Government, the Health Board met its planned deficit of £26.9 million for 2022-23. This was made up of £17.1m identified in its initial financial plan, and an additional £9.8 million agreed with Welsh Government mid-year to address unforeseen operational pressures. As in previous years, the Health Board operated within its capital resource limit during 2022-23.
- 88 As set out in **paragraph 26**, the Health Board was unable to submit a balanced financial plan to support its Integrated Medium-Term Plan for 2023-26. Instead, it was working to an Annual Plan which sets out a forecast deficit of £88.4 million for 2023-24. However, in October 2023, Welsh Government informed the Health Board that it will make £63 million additional monies available to offset cost pressures. This will reduce the Health Board's forecast deficit for 2023-24 to £16.4

million. However, to achieve this revised financial target, the Health Board must deliver its £32 million savings target for the year, plus 10% of its original forecast deficit which equates to £8.8 million. At Month 8 2023-24, the Health Board reported a £6.4 million overspend against its planned deficit position for the month due to unidentified savings and operational pressures.

Corporate approach to financial planning

- 89 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 90 We found that **Health Board has a good approach to financial planning and has set an ambitious savings target with a clear focus on quality improvements and achieving financial sustainability.**
- 91 The Health Board adopted a robust and integrated approach to developing its 2023-24 financial plan, with appropriate Board and operational level engagement. Clinical Boards and the Strategy Development and Delivery Group were also involved in developing and agreeing the financial and annual plan. The former Finance Committee routinely discussed the financial plan's development from January 2023, with the final version reviewed at the March 2023 private committee meeting. The plan was approved by the Board in March 2023, as part of the 2023-24 Annual Plan approval.
- 92 In 2022-23, the Health Board marginally failed to meet its savings target by £57,000. As stated in **paragraph 88**, this year's financial plan includes an ambitious 4% savings target of £32 million, with 1% delegated to Clinical Boards and 3% focused on quality improvement themes. Delivery of the 3% quality improvement savings involves implementing new models of care and redesigning existing clinical pathways, particularly focusing on reducing length of stay in acute beds, identifying operational efficiencies and productivity improvements, continuing healthcare, medicines management, procurement, and maximising the workforce. Through these initiatives, the Health Board is hoping to both reduce its cost base as well as improve outcomes. As at Month 8 2023-24, the Health Board had a £2.2 million savings plan shortfall compared to the forecast position. However, as stated above, the Health Board must also save an additional £8.8 million. At month 8 2023-24, the Health Board reported it had identified £5.4 million against this additional savings target. Savings performance is routinely scrutinised at the

monthly Finance and Performance Committee meeting and at the fortnightly Sustainability Programme Board¹⁷.

- 93 The Health Board has plans to achieve financial sustainability over a 5-year period and as recommended last year, it is modelling long-term financial plans (see **Appendix 2 2022 R1**). These have been discussed with Board members at Board Development Sessions and private Board meetings. The Auditor General will be commenting further on the Health Board's approach to identifying, delivering, and monitoring financial savings in a separate piece of work that we will report in the early part of 2024.

Corporate approach to financial management

- 94 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:

- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
- the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
- effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
- the organisation's financial statements for 2022-23 were submitted on time, contained no material misstatements, and received a clean audit opinion.

- 95 We found that **the Health Board has strengthened its approach to overseeing and scrutinising financial management and controls.**

- 96 The Audit Committee continues to receive regular assurance reports on financial controls, including reports on counter fraud, single tender actions, losses and special payments, and over payments of Health Board salaries. Since last year, the Health Board has tightened its internal financial controls and scrutiny to deal with the financial pressures and to meet the planned deficit position. Actions taken by the Health Board include trying to eliminate spend on agency and overtime, reviewing vacancies (initially for administrative staff only), and not recruiting or investing at risk. The Health Board is continuing with its 'no PO (Purchase Order), no pay' initiative and restricting spend on non-essential items such as furniture, stationery, and IT equipment. Whilst internal controls have been tightened, there is an exception process in place.

- 97 The Health Board submitted its draft Financial Statements for external audit within the required timescales following consideration by the Audit and Assurance

¹⁷ The Board was established in April 2023 and is chaired by the Chief Executive.

Committee and the Board in July 2023. For 2022-23, we issued an unqualified true and fair audit opinion, but issued qualified regularity opinion because the Health Board did not meet its revenue resource allocation over the three-year period.

Board oversight of financial performance

- 98 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
- the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 99 We found that **the Health Board continues to have robust arrangements for overseeing and scrutinising financial performance, with clear financial reports which are open about financial challenges and risks.**
- 100 The monthly finance report, which is received by the newly established Finance and Performance Committee, continues to provide a clear and open narrative on the Health Board's financial performance, risks, and challenges. The Board takes assurance from the Committee Chair's Report, committee minutes, and the finance section of the Integrated Performance Report presented by the Executive Director of Finance.
- 101 The new Finance and Performance Committee provides an opportunity to triangulate financial and performance challenges. The committee has started to conduct financial deep-dives on struggling Clinical Boards, whilst also considering related performance risks and mitigation. For example, in August 2023 the Committee received a deep dive on the Mental Health Clinical Board. The report highlighted financial and service issues, and included benchmarking information, detailed mitigating actions, and an overview of long-term planning.

Saunders Nathan
21/03/2024 12:15:52

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Audit Committee;• Digital Health Intelligence Committee;• Finance and Performance Committee;• Mental Health Legislation and Mental Capacity Act Committee;• Quality, Safety and Experience Committee; and• People & Culture Committee.

Saunders Nathan
21/03/2024 12:15:52

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality; • key organisational strategies and plans, including the IMTP; • key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.

Saunders Nathan
21/03/2024 12:15:52

Interviews

We interviewed the following Senior Officers and Independent Members:

- Chair of Board;
- Chief Executive;
- Executive Director of Finance;
- Executive Director of Strategic Planning;
- Executive Director of Public Health;
- Interim Director of Corporate Governance;
- Vice Chair of Board;
- Chair of People and Culture Committee;
- Chair of Audit and Assurance Committee;
- Chair of Digital and Health Intelligence Committee;
- Deputy Director of Strategic Planning; and
- Consultant in Public Health.

Saunders Nathan
21/03/2024 12:15:52

Appendix 2

Progress made on previous-year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports

Recommendation	Description of progress
<p>R1 The Health Board plans to refresh its ten-year strategy by 2023. It should seek to use this opportunity to review and reshape its wider processes, structures, resources, and arrangements to ensure they are fully aligned to the organisation's refreshed strategic objectives and associated risks, with a particular focus on its (2022 Structured Assessment):</p> <ul style="list-style-type: none">• Board Assurance Framework• Performance Management Framework• Committee structures, terms of reference, and workplans• Long-term financial plan	<p>In progress – see paragraphs:</p> <ul style="list-style-type: none">• Board Assurance Framework – see paragraph 67.• Performance Management Framework - see paragraph 72.• Committee structures, terms of reference, and workplans – see paragraphs 49, 50 and 2023 R4.• Long-term financial plan – see paragraph 93.

Saunders Nathan
21/03/2024 12:15:52

Recommendation	Description of progress
<p>R2 The Integrated Performance Report provides a good overview of the Health Board's performance. However, details of the actions being taken to sustain or improve performance that falls below target appears in some sections of the report but not others. The Health Board, therefore, should ensure this information is provided consistently throughout the report to strengthen the assurances provided to the Board that appropriate action is being taken to sustain or improve performance (2022 Structured Assessment).</p>	<p>In progress – see paragraph 72</p>
<p>R3 Whilst the Health Board has good arrangements in place for conducting Board and committee business effectively and transparently, opportunities exist to enhance these arrangements further. The Health Board, therefore, should (2022 Structured Assessment):</p> <ul style="list-style-type: none"> a) post more frequent reminders about Board and committee meetings on social media and provide links to papers; b) ensure the papers for all Advisory Group meetings are published on the Health Board's website in a timely manner; c) make abridged minutes of private Board and committee meetings available publicly as soon as possible after each meeting; d) ensure the dates Terms of Reference were last reviewed and approved are clearly displayed on the documents; 	<ul style="list-style-type: none"> a) Not complete – see paragraph 38 b) In progress – see paragraph 39 c) Not complete – see paragraph 40 d) Complete – see paragraph 50 e) Complete – see paragraph 52 f) Complete – see paragraph 40

Saunders Nathan
21/03/2024 12:15:52

Recommendation	Description of progress
<ul style="list-style-type: none"> e) circulate presentations in advance of meetings or, where this is not possible, make copies available to members and the public (via the website) as soon as possible afterwards; and f) ensure public papers include an explanation as to why some matters are being discussed in private rather than in public. 	
<p>R2 The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by (2021 Structured Assessment):</p> <ul style="list-style-type: none"> a) ensuring these plans contain clear summaries of key actions/deliverables, timescales, and measures to support effective monitoring and reporting; and b) providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance. 	<ul style="list-style-type: none"> a) Complete – see paragraph 31 b) Complete – see paragraph 32

Saunders Nathan
21/03/2024 12:15:52

Appendix 3

Organisational response to audit recommendations

Exhibit 4: Health Board's response to our audit recommendations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Well-being Objectives Whilst the Health Board's new well-being objectives are underpinned by clear priorities, they do not encompass all aspects of sustainable development. Furthermore, the Health Board has not aligned its objectives to the national well-being goals or to the well-being objectives of partner	The Future Generations and Wellbeing Steering Group commenced this work in parallel to the strategy refresh and it will be discussed at Board as it progresses	Probable Board Discussion Apr 24 and overarching response/update to Audit Committee 2 nd July	Executive Director of Strategic Planning

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	<p>organisations. The Health Board, therefore, should:</p> <p>a) consider incorporating additional priorities that encompass all aspects of sustainable development, particularly those that relate to the environment; and</p> <p>b) set out how each individual well-being objective aligns to the national well-being objectives and the well-being objectives of its partners.</p>			
R2	<p>Accessibility of public Board meetings</p> <p>In order to enhance public transparency of Board business, the Health Board should improve public access to Board meetings by:</p>	<p>An initial test of livestreaming was conducted in Sep 23 and the Jan 24 Board will also be livestreamed. Assuming success, the intention is that all subsequent public Board meetings will be livestreamed.</p>	<p>The Jan 24 Board meeting will be livestreamed. An update to Audit Committee will be provided 2nd July.</p>	<p>Director of Corporate Governance</p>

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	<ul style="list-style-type: none"> • livestreaming and recording public Board meetings; and • making the recordings available on the Health Board's website shortly after each meeting. 			
R3	<p>Public accessibility of governance documents</p> <p>We found a number of outdated or unavailable governance related documents on the Health Board's website for example Standing Orders and Standing Financial Instructions. The Health Board should review its website, ensuring the latest versions of governance documents and papers are available.</p>	<p>A new Corporate Governance SharePoint online site has been launched which will host a lot of documentation for internal audiences and link to the externally facing website for other elements. As part of this ongoing work this will include an audit of documents.</p>	<p>This will form part of the 2024 work plan with an update to Audit Committee 2nd July.</p>	<p>Director of Corporate Governance</p>

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R4	<p>New committee structure effectiveness review</p> <p>As part of its 2023-24 Board and committee effectiveness review, the Health Board should review the effectiveness of its new committee structure. The review should pay particular attention to whether:</p> <ul style="list-style-type: none"> the committee structure supports sufficient oversight of the refreshed strategic objectives; committee terms of reference and workplans adequately cover all aspects of Board business; there is merit in instigating a regular meeting for committee chairs; there is an appropriate training and development for new committee chairs and new committee members; and 	<p>In accordance with 10.2 of Standing Orders Board and Committee effectiveness reviews are now embedded as a constant feature both of the meetings themselves and as a standing item in the Chair/DCG weekly 1-1 meetings. The expectation is that rather than conduct an annual, wide ranging review that it will exist as a standing design principle. Annual reports from committees will form part of this process.</p> <p>The embedding of a standing agenda item in Board Development sessions to discuss the strategy means that committee structure can be considered in parallel with the strategy and other connecting factors such as annual planning, the BAF and so on.</p> <p>Wider elements such as Chairs meetings, training, induction etc are all</p>	Ongoing.	Director of Corporate Governance

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	<ul style="list-style-type: none"> officers and Members have the capacity and resources to support more frequent committee meetings. 	contained within the above 1-1, IM Management Group, Chair's Governance Group and so on.		
R5	Hearing patient stories Currently the Quality, Safety, and Experience Committee does not receive patient stories. The committee should start every other meeting with a patient story to usefully set the tone for the remaining meeting and to ensure that members hear about patient experiences and related learning.	Patient stories are heard at Board every 2 months. The QSE Committee has been reviewed and amended in the last year in terms of content, frequency and administration and so there is a pattern of review in place. It is anticipated that incorporating patient stories back into those agendas as recommended will commence before the Jul 24 Audit meeting.	This will form part of the 2024 work plan with an update to Audit Committee 2 nd July.	Executive Director of Nursing and Director of Corporate Governance

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R6	<p>Improving performance reporting</p> <p>The Health Board has improved its Integrated Performance Report (IPR). Whilst we recognise it is a new and evolving report, we have found potential to enhance it by:</p> <ul style="list-style-type: none"> strengthening its links with the Annual Plan Delivery Report to ensure the relationship between some of the delivery milestones and key performance indicators is clearer; having a more consistent focus on actions being taken to tackle underperformance in both the IPR and its cover report; being clearer about whether the metrics in section two of the IPR are on target or not; being consistent in providing reasons why data charts are 	<p>The IPR is under constant review and has a standing slot on both public Board and Board Development sessions of a minimum hour that allows Board Members to interrogate and scrutinise the information that also leads to 'deep dives' being brought back to Board or the appropriate Committee.</p> <p>The comments and recommendations in the SA will be factored into the ongoing review of the IPR as it evolves in presentation and use. In relation to the specific recommendations:</p> <ul style="list-style-type: none"> Links with the annual plan, milestones and performance indicators will be reviewed and consideration given to how changes to format could improve clarity 	Review of SA recommendations and actions/changes will be reported to Audit Committee 2 nd July.	Chief Operating Officer

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	<p>unavailable in section two of the IPR, instead of leaving the section blank; and</p> <ul style="list-style-type: none"> providing benchmarking data (where available) to show how the Health Board compares to other health bodies. 	<ul style="list-style-type: none"> A review of how actions are monitored will be undertaken with particular thought to the correlation / integration with the Board Assurance Framework (BAF). The BAF includes risks and associated actions for many of the performance domains. Work will continue to ensure all relevant sections of the IPR have data tables and that performance against standards are clear. The organisational approach to reporting benchmarked performance will be considered. Consideration will be given to integrating it within the IPR or developing a complementary approach. 		

Saunders Nathan
21/03/2024 12:15:52

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R7	<p>Enhancing recommendation tracking</p> <p>The Health Board has good recommendation tracking arrangements but there are opportunities to enhance them further to support learning and improvement. The Health Board should:</p> <ul style="list-style-type: none"> a) formally refer recommendations and/or audit and review reports to relevant committees for deeper scrutiny, with the committees reporting back to the Audit and Assurance Committee for assurance, and b) develop a report for the Audit and Assurance Committee pulling together common themes, issues and learning from the internal, external and regulatory compliance reports. 	<p>A review of these processes will also be factored into the Corporate Governance work plan.</p> <p>Work has been done to understand how the AMAT software might be better used for policy tracking, recommendation tracking and risk management with policy tracking being the primary focus initially following an internal audit recommendation. Work has commenced with AMAT to develop a risk module with CAV as the lead NHS organisation on this matter.</p>	An update will be brought to Audit Committee 2 nd July.	Director of Corporate Governance

Saunders Nathan
21/03/2024 12:15:52

Saunders Nathan
21/03/2024 12:15:52



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Saunders Nathan
21/03/2024 12:15:52

Report Title:	Corporate Risk Register				8.3	
Meeting:	Board Meeting	Public	x	Meeting Date:	25 March 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:

The Corporate Risk Register (“the Register”) has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Register includes risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The 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.

Appendices:

- 1. Corporate Risk Register
- 2. Assurance Map

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

The Risk and Regulation Team (“the Team”) continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board’s Risk Management and Board Assurance Framework Strategy and associated procedures.

The Team’s predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks, and the refinement of their internal risk management processes. In addition, the Team continue to support requests from senior risk managers to deliver risk assessment and risk management training to their teams and newly appointed risk managers. The Board should note that Clinical Board risks are also monitored and scrutinised at Monthly Clinical Board Review Meetings. Clinical risk is addressed through the clinical safety and excellence group governance framework.

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.

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.

Candidate risks were accepted from Capital Estates and Facilities, Children and Women, CD&T, PCIC and Finance. No returns were received from Specialist Services, Digital Health, Medicine and Mental Health with the Surgery Clinical Board reporting no risks scoring 20 and above.

The Capital, Estates, and Facilities (CEF) risk register now includes a new section titled Critical Risk Project, which contains five extra risks. Due to the increased risks, a new tab has been added to the corporate risk register for CEF. The overall number of risks now stands at 58. Due to the increase in risks a meeting will be arranged between the lead executives, directors and senior managers to review the CEF risk register in respect to the Board Assurance Framework.

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 sectors, making best use of our people and technology	x

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

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

Prevention	x	Long term		Integration		Collaboration	x	Involvement	x
------------	---	-----------	--	-------------	--	---------------	---	-------------	---

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

Risk: Yes

The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processed and procedures.

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Saunders, Nathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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
Medicine	22			<p>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.</p> <p>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</p> <p>Impact: Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards</p>	5	5	25	<p>Clinical validation of surveillance waiting list completed until the end of 2021</p> <p>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</p> <p>Some high risk surveillance patients started to be listed for procedures</p>	5	4	20	<p>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</p> <p>DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance</p> <p>UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG</p> <p>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.</p> <p>Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk</p>	5	2	10	Aug-23	Finance & Delivery Quality, Safety and Experience	Patient Safety Cancer Planned Care	
	23			<p>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;</p> <p>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</p>	5	5	25	<p>Locum cover for the Medical Workforce gaps and progressing active recruitment</p> <p>Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses</p> <p>Work with NEP on recruitment strategy #BeVital</p> <p>Weekend insourcing to increase capacity</p> <p>Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms</p> <p>Business Case and Endoscopy expansion</p> <p>Implementation of FIT stool testing as part of patient risk stratification/management</p>	5	4	20	<p>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</p>	5	2	10	Aug-23	People and Culture Committee Quality, Safety and Experience	Patient Safety Cancer Workforce Planned Care	

Saunders Nathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
	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. Establish staffing able to achieve BSOTS. Registrar now allocated to OAU during daytime hours BSSOT's audit received for 2022/2023. Requirement for re-audit to establish current staffing capacity. New consultant staff allocated time on OAU.	5	3	15	Monthly	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. Risk initially reduced from 25 as no lifts out of action with 3/4 working consistently within the last month. Additional DATIX due to staff lift entrapment - no harm caused.	5	2	10	Monthly	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 foetuses 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	Quality, Safety and Experience	Patient Safety Exacerbation of Health Inequalities Maternity Planned Care
	29	02/2023		Issue - Obstetric Staffing Level Challenges Risk/Impact - Risk of serious adverse outcomes (stillbirth, neonatal death and/or maternal morbidity) due to delayed or moved antenatal appointments due to inadequate senior obstetric staffing levels. Additionally the quality of care women receive may be lower due to not having senior reviews.	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 developed 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	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety

SaundersNathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
Children and Wome	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	PARIS training rollout awaited to progress with switchover from paper to electronic system. Will need training of all staff to ensure all staff able to use in gynaecology. Tania to liaise with CS about how this training is disseminated 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	Emergency Gynae Nurse Practitioner now in post. Temporary reorganisation of rooms to enable better emergency care provision. Wider planning in progress to right size gynae. Right sizing meeting held. Side room to be used for emergency gynaecology. Presence of senior nursein emergency gynae.	4	2	8	Monthly	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	Monthly	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 Consultant Obstetrician for GDM clinic appointed and commenced in role. Specialist Diabetic Lead Midwife appointed, awaiting commencement.	4	1	4	Monthly	Quality, Safety & Experience	Patient Safety Health Inequalities Maternity

SaundersNathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
	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 Bid successful and huntleigh monitors to be introduced into Delivery Suite. Telemetry monitors requested for consideration. Risk remains whilst new huntleigh monitors awaited	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. Successful bid for Badgernet system achieved. Risk remains whilst the transition from Euroking to Badgernet is awaited.	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	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	Apr-24	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	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	Apr-24	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety

Saunders Nathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
	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 sensitive 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 condioing 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 9. Air flow from outside unit can be altered to improve temperature within lab, estates more responsive when temperatures beginning to rise 10. Replacement programme due to commence April 2024	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

SaundersNathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
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		The submitted IMTP had a planned deficit of £88.4m for 2023/24, due to additional funding provided by Welsh Government, the deficit reduces to £16.46m. The Health Board does not have a plan to achieve its revenue statutory breakeven duty without reliance on WG financial support.	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. £16m of additional actions have been identified to ensure the UHB meets it's forecast deficit of £16.46m.	5	2	10	Feb-24	Finance and Delivery	Financial Sustainability Delivery of IMTP 22-25
	49	April 22		Due to a planned deficit of £16.46m 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	Feb-24	Finance and Delivery	Financial Sustainability Delivery of IMTP 22-25

Saunders Nathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
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
PCC	51	05/07/2023		Change to medication policy and impact on supporting patients with the provision of Monitored Dosage System (MDS). Risk: Inability to support people with medication in their own homes (for those needing support from domiciliary care), this could result in delays in discharging patients from hospital. Source of uncertainty/cause: change in policy and no formal requirement for community pharmacies to issue an MDS. Consequence: Impact on supporting people with medication at home and possible delay in discharges. Considerable amount of staffing resource used to ring round community pharmacies to try and find one with the capacity and goodwill to supply an MDS. This may be out of the local area to the patient and cause more logistical issues regarding prescription transfer. It also shifts workload to community pharmacies who are willing to provide MDS and could impact on sustainability of their service provision. NOTE NATIONAL POLICY AGREED - TO BE RATIFIED FOR IMPLEMENTATION THROUGH CAVUHB. BUSINESS CASE FOR ADDITIONAL FUNDING IN PROGRESS.	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	1. Regional Medication Support Policy to be approved by CAVUHB and Cardiff and Vale LAs 2. National Community pharmacy MAR service needs to be approved 3. Funding for National Community pharmacy MAR service needs to be agreed 4. Commissioning of Community pharmacy MAR service from Cardiff and Vale community pharmacies 5. Care workers need to be trained to administer medication from original packs with a MAR chart Update 06/12/22: 1. LA medication support policy agreed. Awaiting establishment of implementation board. 2. National service likely to be published December 22. 3. Business case awaiting input from finance which will then inform next steps	4	2	8	1.05.2024	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 within 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 are 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

Saunders Nathan
21/03/2024 12:15:52

CORPORATE RISK REGISTER JANUARY 2024

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			
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 servisce 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

Saunders Nathan
21/03/2024 12:15:52

Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Initial Risk Rating			Controls	Current Risk rating			Actions	Who	When	Target Risk rating			Date of next review
					Consequence	Likelihood	Total		Consequence	Likelihood	Total				Consequence	Likelihood	Total	
Catering																		
CFPU																		
16		18/12/2023	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.	GW	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	SD/LP/SS	ASAP	5	2	10	Jan-24
Compliance																		
S3			Issue: BMS Controls Failure of IT to provide connectivity from new systems to BMS Risk / potential impact: unable to monitor new systems remotely resulting in the potential for not knowing when systems are failing or need adjusting	GW	4	5	20	All systems are under a regular PPM program and can be analysed by taking a tablet to the system and plugging in directly to the system	4	5	20	Press IT to provide the necessary links to be able to resume remote monitoiing	Tony Ward / Richard Sheppard	01-Jun-23	4	1	4	
S19			Issue: Ventilation Smoke/Fire Dampers. Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.		5	4	20	Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatched through to existing services prevent void access.	5	4	20	Carry out remedial work to provide access where possible. Note not all dampers will have access available after this process	Tony Ward / Richard Sheppard	01-Dec-23	5	3	15	Monthly
S19A			Issue: Ventilation Smoke/Fire Dampers. DENTAL HOSPITAL UHW Regular inspection and / or maintenance is not possible as fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos. Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.		5	4	20	The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas.	5	4	20	Continue with schemes to made area accessible.			5	3	15	
S35			Issue: Fire Doors. Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.		5	4	20	All assets not currently known. Many fire doors are being inspected regularly however not clear if all are being inspected within regulation timeframe or in some cases at all.	5	4	20	Collation of assets, production of fire door drawings to indentify correct fire doors. Impliment programme via in house Estates team to carry out inspections. Final target to achieve >95% compliance at any one time.	Tony Ward / R Sheppard	01-Aug-21	5	1	5	Monthly
Electrical																		

Saunders Nathan
21/03/2024 12:15:52

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. 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	4	5	20	Put a replacement plan in place for lifts	Senior Electrical engineer	01-Dec-25		4	1	4			
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	Senior Electrical engineer	01-Dec-24		5	1	5			
HS12	Site disposal	21/12/2023	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 palisade fencing. Structural engineer attended during the last site visit. Experienced personnel only enter the building. PPE is mandatory. Security screens have been installed 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.	CEF discretionary/ major capital teams. CEF assurance and compliance team. CEF security team/ security contractor.	Ongoing		5	1	5	21/03/2024
Mechanical																					
M17		Feb-20	Risk/Issue: UHW HSDU Chiller Plant. Chiller is 22 years old and failing with new spare parts now unavailable chiller will require to be renewed in the near future Impact: Failure leading to loss of cooling to HSDU department.			5	4	20	Regular maintenance being carried out. Actions currently being progressed.		5	4	20	prepare plans to renew the Chiller	DC Team	Sep-20		5	1	5	
M18		Feb-20	Risk/Issue: UHW Main Chiller Plant. Chiller plant circuits are constantly breaking down and becoming expensive to repair chiller may need replacing in the future Impact: Failure leading to loss of cooling to Main Theatres department.			5	4	20	Regular maintenance being carried out. Actions current being progressed.		5	4	20	prepare plans to renew the Chiller	DC Team	Sep-20		5	1	5	
M27		Mar-21	Risk/Issue: UHW Tunnels corroded Main 4inch O2 Copper pipework due to building leakage. Pipework is within the tunnels of UHW and one section of pipework is effected. Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	GW		5	4	20	Cover pipework to prevent further ongoing decay		5	4	20	Bid to WG for funding under EFAB scheme has been approved for implementation 2023/2024	DC Team	funding dependant		5	1	5 Bi Monthly	
M28		Mar-21	Risk/Issue: UHL Main Boiler Hotwell TANKS are badly corroded and require renewing Impact: Corrosion causing tanks to leak and loss of Heating throughout Hospital			5	4	20	Cleaning of tank is not carried out as cleaning tanks may result in leakage		5	4	20	WG for funding has been approved and replacement tank under EFAB will be completed in 2024				5	1	5	

Saunders Nathan
24/03/2024 12:15:52

Saunders Nathan
21/03/2024 12:15:52

M29			Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. Impact: Not compliant	GW	5	4	20	Maintenance intermittent due to access issues to the AHU within ward waste room. Fan coils in ward are not accessible unless ward emptied fan coils do not comply	5	4	20	Acute Site Master Planning schemes are looking to resolve most issues around the HTM in particular the ventilation. This is however a medium term plan and requires significant funding. C3South & C3 North are currently going through the design stage	DC Team	funding dependant	5	1	5	Bi Monthly		
M30			Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW ITU B3N North does not comply with HTM's for ventilation. Impact: Not compliant Risk; loss of critical services that will effect patients	GW	5	4	20	Maintenance intermittent due to access issues AHU within ward	5	4	20	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly		
M31			Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation. Impact: Not compliant	GW	5	4	20	Regular maintenance being carried out	5	4	20	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly		
M32			Apr-22	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. Impact: Loss of refrigerated drugs causing interuption to service	GW	5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required	DC Team		5	1	5	Bi Monthly		
M33			Apr-22	Risk/Issue: 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	GW	5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required	DC Team		5	1	5	Bi Monthly		
M34				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. Impact: Quality of Air supplied & Not compliant			5	5	25	Regular maintenance being carried out	5	4	20	Bid to WG for funding under EFAB schemehas been improved for implimentation 2024/2025	DC Team		5	1	5	Bi Monthly	
M35				Risk/Issue: Ambulatory Care 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. Impact: Quality of Air supplied & Not compliant			5	5	25	Regular maintenance being carried out	5	4	20	Bid to WG for funding under EFAB schemehas been improved for implimentation 2024/2025	DC Team		5	1	5	Bi Monthly	
M36				Risk/Issue: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients			5	5	25	Regular maintenance being carried out	5	4	20	UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the			5	1	5	Bi Monthly	
M46			Oct-23	Risk/Issue: Ventilation verification of critical systems has identified a non compliant plant and airflow serving main recovery at UHW Impact: Potential AHU failure leading to loss of main recovery	GW	5	4	20	Regular maintenance being carried out.	5	4	20	prepare plans to renew the AHU	DC team		5	1	5			
M49			Oct-23	Risk/Issue: Ventilation AHU serving Maternity delivery suites does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. Impact: Potential AHU failure leading to loss of service.	GW		4	5	20	Regular maintenance being carried out to maintain the systems as is		4	5	20	prepare plans to renew the AUH.	DC Team	01-Aug-20	4	1	4	
M50			Oct-23	Risk/Issue: Ventilation AHU serving Obstetrics east and west does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. Impact: Potential AHU failure leading to loss of service.	GW		4	5	20	Regular maintenance being carried out to maintain the systems as is		4	5	20	prepare plans to renew the AUH.	DC Team	01-Aug-20	4	1	4	
M51			Oct-23	Risk/Issue: Biochemistry Lab at UHW over heating due to increased equipment and failure of existig cooling systems. Impact: Potential closure of Lab and service loss.	GW		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.	DC Team	01-May-24	4	1	4	

Estates
 20/05/2024 12:15:52
 Nathan

Estates_38	UHW	UHW wide - LGF areas	Issue: Fire doors identified as requiring replacing due to condition of doors not meeting fire requirements Risk: fire doors non compliant Impact: door will not perform in accordance with standards in the event of fire thus not containing the spread of fire and putting patients staff and visitors at risk	GW	5	4	20	Door inspected weekly as part of a PPM by estates staff	5	4	20	Quotation required for replacement doors in line with fire legislation requirements -Fire doors have been reclassified around the C&V estate, New PPM to reflect this	Estates	ASAP	5	1	5	
Estates 30	UHW	MGPS Obsolete PRV	Risk/Issue: 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 unsection.	GW	5	4	20	No specific control for this equipment, only visual inspection.	5	4	20	plan in place to incorporate the difficulties in changing obsolete and live working safety valves and obsolete PRV /GAUGES whilst maintaining the med gas supplies	IF/PG All MGPS	31-Dec-22	5	1	5	21/12/2022
Estates_43	UHL	Boilers - Fuel	Risk/Issue: There is not fuel line back-up for the main boilers, if there is a gas shortage or a gas leak that may cause a result of no gas. We have no alternative back up of supply to keep the boilers running.	GW	5	4	20	To source a contractor to supply gas lorry to feed a temporary gas supply to the main boilers.	5	4	20	To get a quotation to install new pipeline for the oil fuel line back up for the 3 main boilers.	Mark Branch	31-Dec-23	5	1	5	
Estates_44	UHL	Boilers - Parts	Risk/Issue: No 1 & 3 boilers - Obsolete parts for the control panel for the two main boilers. Which now is more likely not to be able to source a replacement part, which cannot be repaired. This would cause the boilers to fail and cause the loss of central heating, hot water and steam supply.	GW	5	4	20	To look to source the availability of new or second hand parts for the Deep Sea Controller.	5	4	20	To get a quotation to install two new control panels for the two main boilers. Parts now obsolete and none available anywhere. NEW burner and control required	Mark Branch/Gareth Simpson	31-Dec-23	5	1	5	
Estates 44a	UHL	Boilers - Parts	Risk/Issue: No 3 boiler -(in Conjunction with RR E44 Steam Boilers 1 & 3 - obsolescence of parts- Control issues / failures with Boilers 1 & 3) Boiler 3 Control circuit is now unreliable, whole control circuit has encountered failures of control (Boiler Modulation /control) over the last month (Aug 23) –Parts are unavailable to buy or fit, (to reduce the risk of failures). UHL does not have the temporary boiler, this was removed due to the installation of new boiler 2, which is incomplete, increasing the failure Risk	GW	5	4	20	Look to source New control system required for Boiler 3	5	4	20		Mark Branch	30-Oct-23	5	1	5	23/08/2023
Estates 44b	UHL	Boilers - Parts	Boiler number 1 - The Alpha-link burner controller is now confirmed obsolete for the burner and boiler; all critical spare parts are now currently obsolete and no longer be able source even in the second-hand market. If one of the parts fail to breakdown or if this controller powers down there is a high risk that the controller will not be able to function and power back up. The boiler will out of action and will not produce steam or hot water. Cochran has carried out a survey condition report and confirmed the - The Alpha-link burner controller & Burner is now obsolete controllers need replacing. This Boiler is now very unreliable and constantly breaking down.		5	4	20	Look to source New control system required for Boiler 1	5	4	20		Mark Branch	30-Oct-23	5	1	5	23/08/2023
Estates_49	UHB	Lift AE	Risk/Issue: 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	GW	4	5	20	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system.	4	5	20	To research and obtain quotes for service of a Lift AE.	Paul George	31-Mar-23	4	1	4	
Estates 76	UHW	CHW Phase 2 Plant room	Risk/Issue: Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	GW	5	4	20	None Specified	5	4	20	None specified	Chris Watts	04/07/2023	5	1	5	31/07/2023
Estates_85	Building	Building	Risk/Issue: Crack in brick work external & internal, crack from ground level to wall plate. The risk is, this is structural & brickwork above the (top window could be loose)? Please note we believe that this has been like this for a long time, but it is now highlighted.	GW	5	4	20	None Specified	5	4	20	None specified	Mark Branch	31/01/2024	5	1	5	31/08/2023

Saunders Nathan
21/03/2024 12:15:52
Estates Boilerhouse

Estates 85	UHL	Estates_Bollerhouse	Risk/Issue: Crack in brick work external & internal, crack from ground level to wall plate. The risk is, this is structural & brickwork above the (top window could be loose)? Please note we believe that this has been like this for a long time, but it is now highlighted.	GW	5	4	20	None Specified	5	4	20	None specified	Mark Branch	31/01/2024	5	1	5
Estates 93	UHW	LV Substation 2A	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	GW	4	5	20	None Specified	4	5	20	None specified	Chris Watts	29/07/2023	4	2	8
Estates 111	UHW	Main Chiller Pipework	Risk/Issue: External supply and return main chiller plant pipework is severely corroded for 2 metres in length, where lagging is missing. Estimate 3mm thickness has corroded on pipe thickness. (behind D5510 HV S/S)	GW	5	4	30	Monitor condition until planned replacement	5	4	30	Both sections of the corroded 2 metre length of supply and return pipework needs to be replaced.	Estates, tbc	2023/24	5	1	5
Estates 112	UHW	D554 HV & LV Sub Doors	Risk/Issue: Both D554 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.	GW	5	4	30	Monitor condition until planned replacement	5	4	30	Replace both sets of doors to metal/steel type with securefixing and locks, with CLIQ key system.	P George	2023/24	5	1	5
Estates 116	UHW	A,B,C,T. Blocks	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)	GW	4	5	30	controlled access to area, base supports appear to be in good condition	4	5	30		Jody Shepperd	02/11/2023	4	2	8
Estates 122	UHW	A Block Roofing sheet	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	GW	4	5	30	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration)	4	5	30				4	1	4
Estates 131	UHW	Main Oxygen VIE Supply	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.	GW	5	4	20	We have emergency manifold system for any emergency scenario, but not for longevity to maintain oxygen 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.	P George	31/12/2024	5	1	5
Estates 132		BMS Sigma control module	Risk/Issue: Satchwell Sigma BMS control cards are no longer supported, Areas of concern include, Heating/ventilation/cooling/LTHW/DHW controls in sensitive areas include UHW Operating theatres (plantroom 19), CHFW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	GW	5	5	30	Failed outstation on MLU Theatre now NOT CONTROLLING, balance of risk, removed working network card controlling Monmouth House, Monmouth House now operating 24/7 heating and no control, BMS panel left in hand, no set back option, no temperature offset	5	4	30		Chris Watts	27/11/2023	5	2	10

13			Risk/Issue Energy Cost pressures. Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	GW	5	5	25	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	5	5	25	None	Head of Energy and Performance	20-May-22	5	4	20	Bi Monthly
19			Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023	GW	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.	Head of Energy and Performance/Head of Discretionary Capital & Compliance/Head of Facilities	Ongoing	5	2	10	
Switchboard																		
6		01/04/2021	Multitone bleep / paging system is antiquated and not compatible with Windows 10 software, which was a necessary upgrade. Funding was agreed for the upgraded multitone system in January 2022, current upgrade is ongoing and expected to be completed by May 2022. Switchboard are currently utilising one Windows 7 computer to continue to manage the multitone bleeping system.	GW	5	4	20	Regular meetings providing updates on progress with Telecoms and IM&T management.	5	4	20	Delays encountered due to the UHB IT infrastructure. Planned resolution to be completed by September 2022	IM&T	Sep-22	5	2	10	30/09/2022
Building																		
B4			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	GW	5	4	20	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss	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	DC team	Aug-21	5	2	10	
B10		26/10/2023	UHL Staff Restaurant Major Roof Leaks into severy and dining area. Possible Food Standards Agency (EHO) Food Hygiene rating could be affected/contaminated food	GW	5	4	20	Temporary Repairs/Additional Cover Sheets Installed	5	4	20	Consideration to replace roof covering and roof lights ASAP	DC team	Sep-23	5	2	10	
PFI																		
PFI SDH H 07		08/11/2023	Risk/Issue: Financial Requirement for the ongoing management of St Davids post handover Impact: Financial requirement associated with the ongoing operation of the site post PFI.	GW	4	5	20		4	5	20	Post PFI financial model required.	UHB		4	1	4	
PFI SDH H 08		08/11/2023	Risk/Issue: Joint UHB/PFI Expiry Plan Impact: A joint plan including strong governance structure is required to oversee the end of the PFI. This does not exist at the moment.	GW	4	5	20		4	5	20		UHB		4	1	4	
PFI SDH H 11		08/11/2023	Risk/Issue: Recruitment of workforce as necessary. Impact: Should there be insufficient resource available via TUPE, the UHB will need to employ staff to deliver services.	GW	4	5	20	Linked to PFI SDH H 05 above.	4	5	20				4	1	4	
3PD UHL 05		08/11/2023	Risk/Issue: 3PD Transition - Potential End Term Payment Impact: UHL 3PD requires payment of sum to 3PD partner in the region of £1.2m	GW	5	5	25	Valuation being undertaken. Contracts being reviewed by specialist.	5	5	25	Ongoing contract review	UHB/CWAS	Ongoing	5	1	5	
3PD UHL 07		08/11/2023	Risk/Issue: Financial Requirement for the ongoing management of Accommodation and Nursery post handover Impact: Financial requirement associated with the ongoing operation of the site post 3PD.	GW	4	5	20		4	5	20	Post 3PD financial model required.	UHB		4	1	4	
3PD UHL 08		08/11/2023	Risk/Issue: Joint UHB/3PD Expiry Plan Impact: A joint plan including strong governance structure is required to oversee the end of the 3PD. This does not exist at the moment.	GW	4	5	20		4	5	20		UHB		4	1	4	
3PD UHL 11		08/11/2023	Risk/Issue: Recruitment of workforce as necessary. Impact: Should there be insufficient resource available via TUPE, the UHB will need to employ staff to deliver services.	GW	4	5	20	Linked to 3PD UHL 05 above.	4	5	20				4	1	4	
3PD UHL 12		08/11/2023	Risk/Issue: UHB resource to manage transition process. Impact: Should there be insufficient resource available to effectively manage the transition process, the UHB will be at a disadvantage in negotiations and preparedness.	GW	5	4	20		5	4	20				5	1	5	

Saunders Nathan
21/09/2024 12:15:52

Critical Risk Project															
2		20/11/2023	Issue: High voltage load shedding equipment Risk/Potential Impact : •The system relies on external data from the building management system which is now old and newer systems available •The system age is now not compatible with latest BMS installed •Failure of the system could result in no power being distributed to site. •Failure could result in overload of generator and no power available •External parts could fail and not work correctly causing loss of power •There is only one system no N+1 •No simple override system •Only know it's working when required to do so •Only Authorised people high voltage (APs) able to remedy		5	5	25	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system.	5	5	25	•Upgrade existing system and associated equipment to latest standard •Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure •Look at simple override function (remote switching) •Possibly move away from BMS control and move to independent system			515
7		22/11/2023	Issue: 2 Pumped cold water mains to roof tanks Risk/Potential Impact: •Failure of pipework (resilience) •Unable to supply cold water to roof tanks •Age of original pipe and number of repairs •+1 pipe is now approximately 20 years old •Both pipes converge into one riser (single point failure) •Disruption to site when failure occurs •Treated water (chlorine dioxide) not supplied in event of total failure •Labour intensive to resolve		5	4	20	•N+1 installed one can supply the site •Contractors usually effect repair within 2 days •Pipes separated for most of run minimizing accidental damage, or subsidence. •+1 installed within 20 years •Alternative supply available in LGF (untreated)	5	4	20	•Plan to replace original pipe with modern materials and jointing techniques. •Look at secondary riser either full bore or emergency capacity. •Look at life cycle of +1 and plan replacement			144
15		01/12/2023	Issue: Blowdown vessel of main steam boilers Risk/Potential Impact: •Operational difficulty in controlling quality of boiler water •Failure to meet pressure vessel regulations (subject to defect notice) •Contravention for water discharge permit by Welsh water •Scalding risk •Isolation vales showing signs of wear •Age of vessel beyond working life		5	4	20	•Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event) •Approved people in boiler house and trained •Daily checks carried out	5	4	20	•Suggest new vessel and associated valves replaced •Repair existing vessel and controls to comply •Improve PPMS and reporting procedures •Carry out remedial maintenance works			144
25		13/12/2023	Issue: Steam raising boilers 1 and 3 Risk/Potential Impact: •Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop. •Parts are obsolete and repairs have become harder to instigate and effect reliability. •Main suppliers wont support due to age of boilers •Cost of extended maintenance and time spent hire etc. •Next failure could result in several critical parts being non repairable. •Lack of expertise or contractors to be able to assist reliant on one company •Critical spares unavailable		5	4	20	•Boiler 2 upgraded for new boiler due on-line December 2023 •Temporary boiler connected as insurance back up •Local company sourcing spare parts •Welsh government case for money and upgrades and replacement early 2024 •Regular checks and maintenance carried out	5	4	20	•Boiler 2 due on line completely new installation •Replacement upgrade of boiler 1 and 3 •Source spare parts in interim			248
Property and Accomodation															
Security															

Saunders Nathan
21/03/2024 12:15:52

CRR Reference as at 12.03.2024	Corporate Risks as at 10.01.24	Current Risk Score as of 12.03.2024	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.			Reviewed Assurance Level
			Operational Processes and Management Reviews	Management Information and data	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit / NWSP Estates	External Audit (Audit Wales)	
CEF	CRR1	Risk of patient harm do to obsolete Medical Gas and air delivery equipment and plant.	5x4=20	x	x		x	x	x	x	x	
CEF	CRR2	Risk of patient harm due to corrosion of Main O2 pipeline in UHW tunnels which may impact equipment failure leading to loss of service and interruption of oxygen supply.	5x4=20	x	x	x	x	x	x	x	x	
CEF	CRR3	Risk of loss of heating throughout UHL due to main boiler F&E tanks which are badly corroded.	5x4=20	x	x	x	x	x		x		
CEF	CRR4	Risk of safety to staff due to ventilation verification of critical systems identified across UHW site which does not comply with HTMs for ventilation.	4x5=20	x	x	x	x	x	x	x		
CEF	CRR5	Risk of overspend in financial plans due to unstable energy markets resulting in significant tariff increases.	4x5=20	x	x		x	x	x		x	
CEF	CRR6	A: Satchwell Sigma BMS control cards are no longer supported with increased outstation failures due to the start-up of heating session instigation across various locations B: Risk of Service Interruption and patient harm due to an inability to remotely connect into the Building Management System	5x4=20	x	x		x	x	x		x	
CEF	CRR7	Risk of patient harm, reputational damage, regulatory penalty and service interruption due to limited asset identification and inspection or maintenance of Health Board Ventilation, Smoke/Fire Dampers and Fire Doors	5x4=20	x	x	x	x	x		x		
CEF	CRR8	Risk of Power Outage as automatic changeover system to start low voltage generator is not functioning	5x4=20	x	x	x	x	x				
CEF	CRR9	Risk of lifts failing as urgently need replacing and no authorised engineer assigned to lifts. Impacting public and patient staff movement	4x5=20	x			x		x			
CEF	CRR10	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 unavailable 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.	5x4=20	x			x					
CEF	CRR11	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	5x4=20	x	x	x	x					
CEF	CRR12	Risk/Issue: Biochemistry Lab at UHW over heating due to increased equipment and failure of existing cooling systems. Impact: Potential closure of Lab and service loss.	5x4=20	x			x					
CEF	CRR13	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 Panel board in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2	4x5=20	x			x		x			
CEF	CRR14	Risk/Issue: Both DSS4 Maternity HV substation double doors and LV switchroom single door are made from slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	4x5=20	x			x					
CEF	CRR15	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)	5x4=20									

Saunders Nathan
21/03/2024 12:15:52

CEF	CRR16	<p>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</p> <p>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</p> <p>UHL Staff Restaurant Major Roof Leaks into servery and dining area. Possible Food Standards Agency (EHO) Food Hygiene rating could be affected/contaminated food</p>	5x4=20	x			x	x	x				
CEF	CRR17	<p>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.</p>	5x4=20	x				x	x				
CEF	CRR18	<p>Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023</p>	5x4=20	x									
CEF	CRR19	<p>The return of listeria within the high risk kitchen and not enough patient provisions being produced to satisfy demand: 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 instead of previous 1 hour per day. CFPU unable to increase provisions of patient frozen meals to provide a contingency levels should equipment fail.</p>	5x4=20										
CEF	CRR20	<p>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.</p> <p>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.</p>	5x4=20										
CEF	CRR21	<p>Financial Requirement for the ongoing management of St David's post handover Financial requirement associated with the ongoing operation of the site post PFI.</p> <p>3PD Transition - Potential End Term Payment 3PD requires payment of sum to 3PD partner in the region of £1.2m</p>	5x4=20										
CEF	CRR22	<p>High voltage load shedding equipment -</p> <ul style="list-style-type: none"> •The system relies on external data from the building management system which is now old and newer systems available •The system age is now not compatible with latest BMS installed •Failure of the system could result in no power being distributed to site. •Failure could result in overload of generator and no power available •External parts could fail and not work correctly causing loss of power •There is only one system no N+1 •No simple override system •Only know it's working when required to do so •Only Authorised people high voltage (APs) able to remedy 	5x5=25	x				x	x				
CEF	CRR23	<p>2 Pumped cold water mains to roof tanks</p> <ul style="list-style-type: none"> •Failure of pipework (resilience) •Unable to supply cold water to roof tanks •Age of original pipe and number of repairs •+1 pipe is now approximately 20 years old •Both pipes converge into one riser (single point failure) •Disruption to site when failure occurs •Treated water (chlorine dioxide) not supplied in event of total failure •Labour intensive to resolve 	5x4=20	x				x	x				
CEF	CRR24	<p>Blowdown vessel of main steam boilers</p> <ul style="list-style-type: none"> •Operational difficulty in controlling quality of boiler water •Failure to meet pressure vessel regulations (subject to defect notice) •Contravention for water discharge permit by Welsh water 	5x4=20	x				x	x				
CEF	CRR25	<p>Brick built circular chimney at rear of main boiler house UHL</p> <ul style="list-style-type: none"> •Failure of flues due to age preventing boilers being used to produce steam etc. (actually occurred). •Damage to chimney fixture fittings and erosion of joints, banding lightning protection and cowls. (from elements, wind, rain, lightning, other) •Only specialist contractors able to work at height and on boiler pipes •Big financial impact for repairs etc. (hire of temporary boilers) •Possible legislation changes in future (beyond our control) 	5x4=20	x				x	x				

CEF	CRR26	<p>Steam raising boilers 1 and 3 UHL</p> <ul style="list-style-type: none"> Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop. Parts are obsolete and repairs have become harder to instigate and effect reliability. Main suppliers wont support due to age of boilers Cost of extended maintenance and time spent hire etc. Next failure could result in several critical parts being non repairable. Lack of expertise or contractors to be able to assist reliant on one company Critical spares unavailable 	5x4=20	x					x	x					
Med	CRR27	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.	5x4=20	x	x	x	x			x					
Med	CRR28	Risk of patient harm due to workforce and capacity constraints across Gastroenterology & Endoscopy.	5x4=20	x	x		x	x	x						
Med	CRR29	Risk of patient harm due to delays receiving timely assessment for Thrombolysis	5x4=20	x	x	x	x		x	x					
Med	CRR30	Risk of patient harm due to delays providing Home Parenteral Nutrition services and treatment	5x4=20	x	x		x		x						
C&W	CRR31	Risk of patient harm due to inadequate midwifery and medical staffing issues on obstetric assessment unit	5x5=25	x	x		x		x						
C&W	CRR32	Risk of harm to mothers and babies due to delayed lift replacement works and inadequate repairs within the Maternity Services lifts.	5x4=20	x	x		x	x	x	x	x				
C&W	CRR33	<p>Issue - Fetal medicine capacity shortfall and breach of ASW 5 day referral standard.</p> <p>Risk/Impact - due to fetal medicine capacity shortfall and breach of ASW 5 day referral standard, there is a risk of harm to compromised foetuses 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 may be denied that option after 24+0 weeks which they could have had if seen earlier i.e. potential for wrongful life litigation.</p>													
C&W	CRR34	<p>Issue - Obstetric Staffing Level Challenges</p> <p>Risk/Impact - Risk of serious adverse outcomes (stillbirth, neonatal death and/or maternal morbidity) due to delayed or moved antenatal appointments due to inadequate senior obstetric staffing levels. Additionally the quality of care women receive may be lower due to not having senior reviews.</p>	5x4=20	x	x		x	x	x	x	x				
C&W	CRR35	<p>Issue - Paper Based Clinic Records - PAS Service</p> <p>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).</p> <p>B) Poor service data quality, underreporting of clinical workload, loss of funding, prolonged or insufficient clinical governance projects</p> <p>C) Treatment delay, vital info previously gathered unavailable at the point of care – risk of clinical errors, failing to promptly diagnose complications</p> <p>D) Confidentiality at risk when paper files get lost in transit.</p> <p>E) Risk of legal challenges and implications due to non-compliance with statutory abortion framework. Particular legal risk: non-reporting of abortion treatment</p>	x	x	x		x								
C&W	CRR36	There is a risk of harm and poor patient experience as a result of lack of available provision for emergency gynaecology care resulting in delays.	4x5=20	x	x	x	x	x	x						
C&W	CRR37	There is a risk of patient harm to C&YP due to the increased demand of PCCU and NICU beds as there is a UK wide shortage of paediatric and Neonatal Intensive Care capacity	5x4=20	x	x	x	x	x	x						
C&W	CRR38	There are risks clinically, experientially and reputationally associated as a result of the current non-compliance against the Ockenden Report recommendations across Maternity and Neonatal Services	4x5=20	x	x		x		x						
C&W	CRR39	<p>Issue - Waiting times for C&YP awaiting ND Assessment</p> <p>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.</p>	4x5=20	x	x										
C&W	CRR40	There is the risk of poor patient experience / outcomes in maternity due to staffing levels within Maternity services	5x4=20	x	x	x	x		x	x					

C&W	CRR41	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	5x4=20										
C&W	CRR42	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.	5x4=20										
C&W	CRR43	Issue - Euroking System Capability - UK Wide Alert Risk/Impact - Data Overlay of any previous medical/surgical history for patient data	4x5=20										
CD&T	CRR44	There is a risk to the delivery of modern, safe and sustainable healthcare due to suboptimal estate across the CD&T Clinical Board.	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR45	There is a risk to the delivery of modern, safe and sustainable healthcare due ageing equipment across CD&T Clinical Board.	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR46	Risk of regulatory penalty and reputational damage due to potential non-compliance with regulatory accreditation requirements	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR47	Risk of air conditioning not providing adequate air cooling, which has failed, in the biochemistry lab and is unable to maintain a consistent temperature and has the potential to produce erroneous results.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR48	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient nursing workforce.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR49	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient bed capacity.	4x5=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR50	Risk that patients will not receive care in a suitable environment due to a number of shortcomings in Critical Care facilities.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR51	Risks to harm to haematology patients (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	5x4=20	x	x	x	x	x	x	x		x	
Spec Serv	CRR52	Risk of patient harm due to reduced access to Epilepsy Telemetry Services	5x4=20	x	x	x	x		x	x	x		
Fin	CRR53	Risk failure to achieve revenue statutory duty breakeven duty and achieve an approved three year IMTP	5x4=20	x	x	x	x		x		x	x	
Fin	CRR54	Risk of failure to achieve an approved 3 year IMTP due to a revised planned deficit of £16.46 million	5x4=20	x	x	x	x		x		x	x	
Dig H	CRR55	Due to national and international Cyber Security theatre, there is a risk that the Health Board's IT infrastructure could be compromised.	5x4=20	x	x	x	x		x	x	x	x	
PCIC	CRR56	Risk of patient harm due to a potential inability to support patients with Monitored Dosage Systems in their own homes	4x5=20	x	x		x		x				
PCIC	CRR57	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.	5x4=20	x	x		x		x				
Strategic SP	CRR58	Risk of Service Interruption due to comprehensive and inconsistent Business Continuity procedures and processes across the Health Board	4x5=20	x	x		x		x				
Mental Health	CRR59	Risk of patient harm to do severe high risk eating disorders getting timely access to inpatient beds	5x4=20	x	x		x		x				
Mental Health	CRR60	RFA Issued in regard to estates and fire risk. Recommended CAU shut down.	5x4=20	x	x		x		x				

Assurance Key	
Assurance on one line of defence, limited or no third line of defence, assurance over 3 years old.	Low
Assurance across two lines of defence, positive assurance on third line of defence, assurance within last three years.	Medium
Assurance across all three lines of defence, positive assurance on the third line of defence, assurance within last three years.	High

Third Line of Defence - External Audit Rating Key	
Limited	Low
Reasonable	Medium
Substantial	High

Saunders Nathan
21/03/2024 12:15:52

Report Title:	Three-Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act			Agenda Item no.	8.4	
Meeting:	Board	Public	X	Meeting Date:	28.03.2024	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval		Information	X
Lead Executive Title:	Executive Nurse Director					
Report Author (Title):	Nurse Staffing Levels Lead					

Main Report

Background and current situation:

The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) became law in March 2016. As per the requirements of the 2016 Act following each three-yearly reporting cycle an Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act must be submitted to the Welsh Ministers no later than 30 days after the last day of the reporting period. Due to the reporting time frame, this caveated three-yearly report is submitted to Board in March 2024 for information.

This report references the Annual Assurance reports previously submitted to board in May 2022 and May 2023 and in relation to this year's annual assurance report (due to board in May 2024) information is included up to 31st January 2024.

A final, updated version of the report - including all quality indicators reported in relation to nursing care which occurred prior to April 5th 2024, will be presented to the Board in September 2024 and then Welsh Government in October 2024.

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

During this three-yearly reporting period Cardiff and Vale UHB has continued to experience challenges in maintaining nurse staffing levels following the COVID-19 pandemic and into the recovery phase. The Health Board continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Highlights of this report include:

- This three-yearly report is a caveated report that will be updated following the closure of this reporting period.
- The Nurse Staffing Levels reported to Board in the Annual Assurance report presented in May are the current nurse staffing levels. This is to ensure the most recent signed off establishments are shared with the Executive board, noting this presentation is a cycle ahead of the reporting within the All-Wales template.
- The introduction of SafeCare has had a significant operational impact and reporting on this data using the power-bi dashboard is enabling in-depth conversations about nurse staffing levels and workforce models that are appropriate for the needs of the patients.
- The use of the digital solutions is still evolving, however empowering nurses to record the appropriateness of their nurse staffing levels and raise red flags when concerned will support timely responses to minimise risks to patients.
- An Internal Audit was undertaken in March 2023 of compliance with the 2016 Act which found reasonable assurance with agreed action plan to be implemented.
- There has been variation in the way incidents are recorded during the three-yearly cycle and this is replicated across Wales.

Recommendation:

The Committee is requested to:

- a) Receive the caveated report as per the requirements of the Nurse Staffing Levels (Wales) Act 2016.
- b) Note a final, updated version of the report will be presented to the Board in September 2024 and then Welsh Government in October 2024.

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	X
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
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	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act:

Report for Welsh Government

Health board	Cardiff and Vale UHB		
Reporting period	<p>The reporting period is 6th April 2021 - 5th April 2024.</p> <p>As per the requirements of the Nurse Staffing Levels (Wales) Act 2016 following each three-yearly reporting cycle this nurse staffing levels report must be submitted to the Welsh Ministers no later than 30 days after the last day of the reporting period. Due to the reporting time frame, this caveated three-yearly report is submitted to Board in March 2024 and will only include information up to 31st January 2024.</p> <p>A final, updated version of the report - including all serious incident (reportable via the quality indicators) that occurred prior to April 5th 2024, which should by then be closed, will be presented to the Board in September 2024 and then Welsh Government in October 2024.</p>		
	2021/2022	2022/2023	2023/2024
Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	<p>26th May 2022</p> <p>cavuhb.nhs.wales/files/board-and-committees/board-2022-23/26522-public-board-meeting-v6pdf/</p> <p>(Page 379)</p>	<p>25th May 2023</p> <p>cavuhb.nhs.wales/files/board-and-committees/board-2023-24/2023-05-25-public-board-papers-v7-pdf/</p> <p>(Page 295)</p>	<p>Annual Assurance Paper is due May 2024 for reporting period 4th April 2023 - 5nd April 2024.</p> <p>Data within this report will include information up until 31st January 2024.</p>
Number of adult acute medical inpatient wards where section 25B applies	19-21	18-19	20-21

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Number of adult acute surgical inpatient wards where section 25B applies	21-23	22-23	18
Number of paediatric inpatient wards where section 25B applies	2	2	2
Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B	Adult acute surgical inpatient wards: 1	0	0
	Adult acute medical inpatient wards: 3	0	2
	Paediatric inpatient wards: 0	0	0
Changing the purpose of section 25b wards to support the management of COVID or opening new COVID wards.	<p>Across Cardiff and Vale UHB there was significant organisational change in response to the COVID-19 pandemic to meet the needs of patients and to maintain patient safety. As a direct result of this organisational change there were ongoing reviews of the nurse staffing levels. There were other substantial changes required across the organisation such as adaptations to the surgical pathways. Different zones were introduced and across elective surgery there was the introduction of the 'green zone'. Wards were re-located to minimise transmission risks and, on some occasions, this occurred across sites. Additional capacity has also been created on the University Hospital of Wales site with the building of Lakeside Wing. Within this building there are two 25B wards and the Integrated Assessment Care Unit which currently has 60 beds.</p> <p>The information below is summarised from the annual assurance reports:</p>		

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

2021/2022

The annual assurance report produced to board in May 2021 (outside of the 3-yearly report) outlined the extent to which the Health Board needed to repurpose clinical areas to effectively manage the Covid-19 pandemic. Several areas were repurposed as 'novel wards' and additional capacity was opened. These wards were not subject to the prescribed triangulation methodology to calculate staffing levels. For the reporting period, 2021-2022 all repurposed wards were either closed or the additional capacity created formed part of the necessary calculations for 25B wards. The establishment changes reported are summarised below:

Wards	Reason For Establishment Changes
C4N	Ward opened to accommodate additional capacity
C4S	RN uplift to support acuity associated with thrombolysis/thrombectomy care on nights
B7	RN uplift required to accommodate 'red' AGP covid capacity
C7	RN and HCA uplift required to meet acuity needs of 'red' AGP covid capacity
E4	RN and HCA uplift required for additional beds in annex
W2	HCA uplift required in response to change in ward environment, following transfer from W6
A2	RN uplift required to accommodate additional green elective capacity
CAVOC	RN numbers requirement reduced, HCA requirement increased. Change associated with green capacity status
A5	'Green' elective requirement has fluctuated across reporting period, requiring frequent adjustments to establishments
A6S	Increase HCA during night shifts due to patient acuity levels
A5N & A5S	Establishments merged to form a single ward
E8	Increase in RN and HCA levels in response to change of care model to support higher acuity associated with covid
LSW GFA	Repurposed and Transitional Care Unit 2 opened (25A ward)
Island	Increase headroom from 24% to 26.9% in line with requirements of nurse staffing act
Gwdihw	Increase headroom from 24% to 26.9% in line with requirements of nurse staffing act

2022/2023

There continued to be unprecedented demand on clinical services with ongoing review and monitoring of nurse staffing levels to ensure the operational footprint was maintained. There were several changes to the nurse staffing levels during the bi-annual establishment reviews and these changes are summarised below:

Ward	Reason for Establishment Change
B7	Change in skill mix, pilot of Band 4 Assistant Practitioner role.
Heulwen North	Ward Closure.
Heulwen South	Reduction in establishment as Heulwen North Closed.
LSW 1	Change to skill mix, pilot of Band 4 Assistant Practitioner role.
LSW 2	Change to skill mix, pilot of Band 4 Assistant Practitioner role.
Annex	Winter capacity, ward closure.
CAVOC	Increase in bed base from 27 to 35, returning towards previous activity.
Acute Surgical Ward A5	Reduction in establishment following a reduction in bed base on previous ward (previously on A1L 23 beds). Currently 19 beds.

Saunders Nathan
21/03/2024 12:15:52

porting Sul
les Nurse S

2023/2024

During this reporting cycle there has been significant re-organisation of wards at the University Hospital Wales. This has required additional out of cycle re-calculations of the nurse staffing levels. This was reported during the Annual Presentation of the Nurse Staffing Levels to Board presented in November 2023. There was also significant re-organisation within the Emergency and Acute Medicine Directorate, with a number of areas now under the assessment unit footprint.

There are further ward moves planned during the next reporting cycle as we continue to recover from the COVID-19 pandemic and with this will require re-calculations of the nurse staffing levels.

Informing patients

The statutory guidance states that “LHBs and Trusts must make arrangements to inform patients of the nurse staffing level”. The Health Board is required to inform patients of the nurse staffing levels by ensuring that the most up to date information is displayed on wards in relation to the staffing levels agreed.

The Covid-19 pandemic significantly impacted on the Health Boards ability to inform patients of the nurse staffing levels for infection prevention and control reasons and due to the ongoing operational pressures. Compliance with informing patients of the nurse staffing levels is improving and this information is displayed on information boards at the entrance to the wards.

In March 2023 the Health Boards Internal Audit Department undertook a formal review of the Health Boards compliance with the 2016 Act and the report provided “reasonable assurance”. The report highlighted that in most cases the nurse staffing levels were being displayed on the wards however the establishment templates forms that were being used to display the nurse staffing levels were incorrect and in some cases the information was of the previous establishment reviews.

Saunders Nathan
21/03/2024 12:15:23

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Work has been done to ensure the templates on display are the All Wales Informing Patients templates and available bilingually. The frequently asked questions have been made available to all the Ward Sisters and Charge Nurses and can be accessed from the Nurse Staffing Share Point. Questions related to the informing patients' templates have now been created within the digital audit platform Tendable and ward sisters and charge nurses are able to audit themselves on compliance with this element of the 2016 Act.

There is still further work in this area to be done, particularly following re-organisation of the wards. It is also being considered how the Frequently Asked Questions are displayed bilingually and as part of the All Wales Nurse Staffing Reporting Sub-Group a review on how patients can access this information is being conducted.

Section 25E (2a) Extent to which the nurse staffing level is maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Required establishment (WTE) of adult acute medical and surgical inpatients wards at the end of the last reporting period – (as of 5th April so data from the annual presentation of the NSL to the report in Nov 2020)

Number of wards: 38

RN: 1107

HCSW: 560

Extent to which the required establishment has been maintained within adult acute medical and surgical inpatients wards

Required establishment (WTE) of adult acute medical and surgical inpatients wards calculated during first cycle

2021/2022

2022/2023

2023/2024

Number of wards: 42

Number of wards: 42

Number of wards: 38

RN: 1013.97

RN: 970.59

RN: 829.09

HCSW: 671.12

HCSW: 673.39

HCSW: 643.52

WTE of required establishment of adult acute medical and surgical inpatients wards funded following first) calculation cycle

Number of wards: 42

Number of wards: 42

Number of wards: 38

RN:1013.97

RN: 970.59

RN: 829.09

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

		HCSW: 671.12	HCSW: 673.39	HCSW: 643.52
	Required establishment (WTE) of adult acute medical and surgical inpatients wards <u>calculated</u> during second cycle	Number of wards: 41	Number of wards: 40	Number of wards:
		RN: 981.66	RN: 927.94	RN:
		HCSW: 649.13	HCSW: 666.86	HCSW:
	WTE of required establishment of adult acute medical and surgical inpatients wards <u>funded</u> following second (calculation cycle)	Number of wards: 41	Number of wards: 40	Number of wards:
		RN: 981.66	RN: 927.94	RN:
		HCSW: 649.13	HCSW: 666.86	HCSW:
		2021/2022	2022/2023	2023/2024
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	WTE: 38 (Nov 23) *Note change to the reporting template requiring this way of reporting.
	Accompanying narrative: <u>All Wales Set Paragraph:</u> <i>The number of wards under section 25B is likely to have changed during the reporting period. For more details of individual wards and their required establishments refer to the annual assurance reports. In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance reports on the additional multi-professional staff that contribute to the coordination and delivery of patient care.</i> <u>Cardiff and Vale UHB Update</u>			

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

In Cardiff and Vale UHB the information reported to board within this section of the annual assurance report is the current nurse staffing levels which have been approved by the Executive Director of Nursing (EDON) during the most recent establishment review. Establishments are reviewed every 6 months and signed off by the EDON. An annual assurance report as well as annual presentation of the nurse staffing levels is provided to board. This three-yearly report to Welsh Government needs to align with the UHB reporting arrangement as such the first cycle of this report aligns to November 2021 and the final cycle relates to May 2024. As a result, within this caveated report the final cycle is not completed as these establishment reviews have not taken place and will be presented to the Executive Board in May 2024. This will be updated and presented within the October 2024 completed paper.

Wards where Section 25B of the 2016 Act pertains specifically includes acute surgical and medical inpatient wards across adults and paediatrics. The data provided would appear to show a reduction in the total number of Registered Nurses and Health Care Support Workers particularly in 22-23 however this needs to be reviewed with caution. The template above only applies to 25B wards and there has also been a reduction in the number of wards meeting the 25B wards definition of the 2016 Act. The Nurse Staffing Levels (Wales) Act 2016: Statutory Guidance contains a list of clinical areas that do not meet the definition of adult acute medical/surgical inpatient wards and therefore there are clinical areas excluded from this reporting.

Some examples of areas excluded would be the Emergency Unit, Critical Care and Rehabilitation Units. Furthermore, the Assessment Unit and Same Day Surgical Decision Units are excluded and there has been a rise in demand for these services as models of care are developed to prevent patients being admitted into hospital. In previous annual assurance reports some of the assessment and short stay wards have been included within the reporting, but given the organisational change and changes to the models of care these areas no longer meet the 25B definition. Across Cardiff and Vale UHB other areas, such as the Integrated Assessment Unit has been developed for patients not requiring acute care and therefore these areas are also not included within the 25B wards definition.

Prior to triangulation an uplift of 26.9% is applied to support staff absences from the ward (26.9% was agreed in 2011 as the evidence-based uplift factor for use in Wales by Nurse Directors). Ward Sisters and Charge Nurses are supernumerary to the planned roster and the signed off establishment, however the WTE has been included in the calculation in Year 1 and Year 2. For this cycle in year 3 Ward Sisters and Charge Nurses in the adult 25B wards are separated out of the calculation due to a change in the All Wales reporting template which requires this separation. This is a further reason to interpret the reduction in Registered Nurses in Year 3 with caution. There is one example captured in November 2023 annual presentation of the nurse staffing levels where the supernumerary status of the ward sister was not being protected due to an increase in the number of beds and the acuity of patients. During the most recent cycle this has been uplifted to ensure there is 1 WTE supernumerary ward sister.

Due to the current workforce challenges and short notice unavailability of staff in order to mitigate risk the Ward Sisters and Charge Nurses are required to work as part of the roster. This only occurs on a short notice basis and where other mitigating actions have been considered. The redeployment of Ward Sisters and Charge Nurses does not occur as part of roster planning and systems are in place to monitor the number of occasions where this redeployment has occurred. Furthermore, as part of the All-Wales Standard Operating

Saunders Nathan
21/03/2024 12:15:23

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Procedure in the use of SafeCare a Red Flag can be raised when the Ward Sister/ Charge Nurse is not supernumerary to the planned roster.

Required establishment (WTE) of paediatric inpatient wards prior to extension of the 2nd duty of the Act (October 2021)

Number of wards: 2
RN: 101.85
HCSW:23.02

Extent to which the required establishment has been maintained within paediatric inpatient wards

NB (*) The 1st calculation was presented to the Board in September 2021 prior to extension of the 2nd duty to the Act on 1st October 2021.

	2021/2022	2022/2023	2023/2024
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first	Number of wards: (*) 2	Number of wards: 2	Number of wards: 2
	RN: (*) 103.93	RN: 106.21	RN: 106.25
	HCSW: (*) 24.77	HCSW: 24.21	HCSW:25.02
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first calculation cycle	Number of wards: (*) 2	Number of wards: 2	Number of wards: 2
	RN: (*) 103.93	RN: 106.21	RN: 106.2
	HCSW: (*) 24.77	HCSW: 24.21	HCSW:25.02
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second cycle	Number of wards: (*) 2	Number of wards: 2	Number of wards:
	RN: (*) 103.93	RN: 106.21	RN:
	HCSW: (*) 24.77	HCSW: 25.02	HCSW:
WTE of required establishment of paediatric inpatient wards	Number of wards: (*) 2	Number of wards: 2	Number of wards:
	RN: (*) 103.93	RN: 106.21	RN:

Saunders Nathan
21/03/2024 12:15:39

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

	funded following second (Nov) calculation cycle	HCSW: (*) 24.77	HCSW: 25.02	HCSW:
		2021/2022	2022/2023	2023/2024
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 2 The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	WTE: 2 The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	WTE: 2 The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster. This will be separated out in line with the adult reporting in future reports.
<p>Accompanying narrative:</p> <p><u>All Wales Set Paragraph</u></p> <p><i>For more details of individual wards and their required establishments, refer to the annual assurance reports.</i></p> <p><i>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report on the additional multi-professional staff that contribute to the coordination and delivery of patient care.</i></p> <p>On 1st October 2021, the Nurse Staffing Act was extended to paediatric wards. The calculations undertaken in preparation for this extension was reported to the Executive Board in November 2021. Paediatric wards in CAVUHB continue to report in line with the adult 25B wards above, ensuring the current nurse staffing levels are presented to the Board. The uplift in staffing was agreed as part of the requirement to achieve a headroom of 26.9% and to ensure the supernumerary status of ward sister or charge nurse. Within Paediatrics all inpatient areas have SafeCare in place and there is a flow co-ordinator role with oversight for nurse staffing levels across all areas. This includes Paediatrics Critical Care and Paediatrics Same Day Emergency Care and risk mitigation, in relation to nurse staffing, occurs across the paediatric footprint.</p>				
<p>Saunders Nathan 21/03/2024 12:15</p>				

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Extent to which the planned roster has been maintained within adult acute medical and surgical inpatients wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2021/2022						
June 2021	2161	73.2%	2.3%	5.2%	19.3%	94.8%
Jan 2022	1896	58.8%	1.9%	13.5%	25.8%	89.9%
2022/2023						
June 2022 (Prior to SafeCare)	1348	66.10%	3.26%	6.53%	24.11%	54.8%
2023/2024 (Data produced from August 2023- Feb 2024, using SafeCare)	12920	48.3%	8.6%	28.6%	14.5%	83.6%

NB: The change in data capture is reported below and caution is advised with interpreting this data.

Saunders Nathan
21/03/2024 12:15:23

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Extent to which the planned roster has been maintained within paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2021/2022 January 2022	122	33.6%	2.5%	54.1%	9.8%	98.4%
2022/2023 June 2022	118	61.0%	0	11.86%	27.12%	98.3%
2023/2024 (Data produced from August 2023-Feb 2024, using SafeCare)	840	11.17%	1.54%	69.23%	18.07%	98.6%

NB: The change in data capture is reported below and caution is advised with interpreting this data.

Adult Acute Medical and Surgical Inpatient Wards

In adult acute medical and surgical inpatients wards there has been a significant decline in the percentage of shifts where the planned roster has been met and the nurse staffing levels are appropriate. It is notable however the significant number of shifts that are reported as not meeting the planned roster but still remains appropriate, some reasons for this may be due to closures of beds for reasons such as infection control and reduction in some services during industrial action. In total the number of shifts reported by the nurse in charge as appropriate is 76.9% which is a small reduction on the data provided in June 2021 (78.4% appropriateness). There is a reduction in the percentage of shifts reported as not met and not appropriate reducing over the three-year period.

Paediatric Inpatient Wards

There is a significant rise in the number of shifts reported in paediatrics as nurse staffing levels not met but appropriate using professional judgment. The data has been reviewed by paediatrics and it is recognised that the established nurse staffing levels are not being met however the nurse staffing levels have been appropriate. As part of winter planning and in a focused effort to reduce waiting lists there has been an increase in the number of day surgery cases, and hence a reduction in acuity. The assistant practitioner role is also being

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

introduced to support this model of working. The Lead Nurse continues to monitor sickness and vacancies and there are initiatives in place across the clinical board to support the retention of staff.

All Wales Set Paragraph

NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards to meet the reporting requirements of the Act and the Once for Wales approach to ensure consistency.

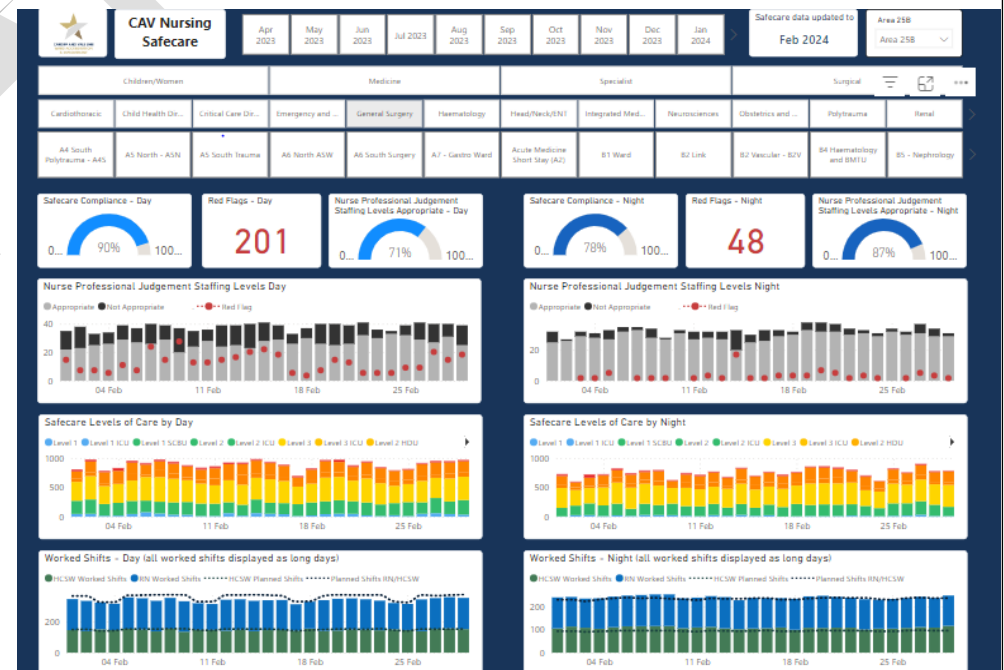
Each health board has implemented Allocate Safecare system at different times during the 3-year reporting period and has relied on using the HCMS, which has been adapted to ensure consistency in the data collection and analysis to aid reporting during the earlier part of the reporting period.

Cardiff and Vale UHB Update

There has been a significant change to the way nurse staffing levels are reviewed and recorded in Cardiff and Vale UHB and some caution should be applied to the data produced during this reporting period due to the different systems being used. The Health Board has moved away from using the HealthCare Monitoring System following the introduction of the Allocate software SafeCare. SafeCare was introduced in January 2023 and the system has now been implemented across all 25B wards. The operational benefits of SafeCare has been recognised across the organisation and the system has been introduced across over 90 clinical areas. Mental Health are the most recent Clinical Board to implement the system in January 2024.

During the May 2023 Board paper following the introduction of SafeCare and Health Roster a complete data picture in relation to the nurse staffing levels was not presented. This was due to the system being newly implemented and the software not being fully updated; only partial data was available. During this three-yearly cycle the production of

Infographic 1



VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023



the nurse staffing visualiser produced by the All Wales Nurse Staffing Programme ceased to continue with the change in reporting systems. This required solutions to be developed from individual Health Boards. In Cardiff and Vale UHB there has been significant progress in the ability to report data and a power Bi-dashboard (Infographic 1) has been created. A data analyst has been employed within the corporate nursing team and works closely with the Nurse Staffing Levels Lead to produce information contained with the dashboard relevant to nursing teams. The availability of licensing in Power-Bi has had a significant impact on ward teams being able to access and review their data and hence provide assurance around the accuracy of the data.

The dashboard continues to evolve and has been shared with other organisations across Wales including Health Education Improvement Wales and Digital Health Care Wales. The dashboard currently contains information in relation to the nurse staffing levels, patient acuity and the professional judgment of the nursing teams around the appropriateness of nurse staffing. This dashboard is updated monthly and is triggering further in-depth conversations about the nursing establishments outside of the bi-annual audit. The dashboard provides ward to board reporting and offering nursing teams the opportunity to be more responsive to emerging trends; ensuring the nurse staffing levels are appropriate for the clinical areas and the care required by patients.

Infographic 2 is a snap shot of a newly created dashboard. This has been created to provide a monthly update to the Executive Nurse Director on the above reporting requirements required as part of the Annual Assurance Report. The infographic provides a visual of the information to be reported in the above table but also has the ability to review individual ward areas. The data displayed within the table and indeed in infographic 1 is based on the signed off establishments agreed within the Nurse Staffing Establishment Reviews. Following each establishment review the workforce planning templates are shared with colleagues in the People and Culture team to ensure the Health Roster system is updated to reflect the signed off establishment.

Process for maintaining the nurse

Throughout this reporting period Cardiff and Vale UHB has had an established process in place to review nurse staffing levels on a daily basis. This process has evolved and adapted to meet the needs of the service demands and in response to peaks in activity and the recovery plans following the pandemic. The use of SafeCare enables live monitoring of patient acuity and nurse staffing and aids operational decision making and mitigation of risk in relation to nurse staffing.

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

**staffing level for
Section 25B wards**

Consideration of operational risk and mitigating actions associated with nurse staffing include:

- The Nurse-In-Charge reviews staffing levels on the ward and completes SafeCare at the start of each shift, if any there are any concerns related to nurse staffing levels a Red Flag is raised within SafeCare and the Senior Nurse informed.
- Daily review of nurse staffing levels throughout each Clinical Board takes place by the Senior and Lead Nurses, reviewing SafeCare and actioning any red flag.
- Twice daily staffing meetings take place to provide Health Board overview of risks in each clinical board. This is chaired by a Director of Nursing and any outstanding Red Flags are reviewed.
- Nurse staffing levels and concerns are shared with the operations site teams through daily operational site meetings.
- Registered Nurses and Health Care Support Workers re-deployment takes place when required, this is supported with the "Principles to move staff in Exceptional Circumstances to Maintain Patient Safety"
- There is a Senior Nurse Staffing Rota to provide weekday cover until 20:30hrs and weekend cover 07:00-21:00hrs.

In addition to these operational efforts, during the reporting period broader work has been undertaken to maintain nurse staffing levels, these include:

- Over 400 nurses have joined the Health Board through the overseas nurse recruitment programme.
- Recruitment events held across a range of settings including attendance at student streamlining events.
- A Director of Nursing is in post and responsible for Strategic Nursing Workforce Planning.
- Development of the Assistant Practitioner role and an educational programme to support this.
- The introduction of Rostering Principles and Good Practice Guidance.
- The Clinical Standards and Innovation Group, with agenda items focusing on addressing the Chief Nursing Officer's Priorities.
- The introduction of a Ward Accreditation Programme, an opportunity to promote and celebrate quality improvement strategies.

Temporary Staffing

The challenging financial pressures across the Health Board has been well documented. In previous reports it has been documented the significant reliance on temporary staffing to cope with the effects of pandemic and subsequent workforce challenges. Significant work is being undertaken across nursing to reduce the reliance on temporary staffing. In particular agency is no longer used for Health Care Support Workers and work is progressing to reduce agency usage for registered nurses. To enable this a number of work streams are ongoing (e.g. recruitment and retention strategies) and this is overseen by the Director of Nursing for Workforce and is also closely monitored at the Nursing Productivity Group chaired by the Executive Nurse Director.

Saunders Nathan
21/03/2024 12:15:23

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
		TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	Year 1	25	9	0	0
	Year 2	44	14	0	0
	Year 3	20	7	1	0
Total number of incidents/complaints not closed and to be reported on/during the next reporting period	TOTAL	4	2	0	3
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	Year 1	2	0	0	0
	Year 2	13	5	0	0
	Year 3	3	0	0	0
Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	Year 1	1	0	0	0
	Year 2	6	1	0	0
	Year 3	1	0	0	0

(NB report completed with data until the 31st January therefore the 30 days for response to complaints had not yet passed on compiling this report)

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

All-Wales Standard Paragraph

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020 and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).*
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).*
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).*
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))*

The data to be reported for each of the above from 6th April 2024 will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.*
- Total number of incidents/ complaints not closed and to be reported on/during the next year*
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore, to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual assurance reports may be lower than those in previous years.

On reviewing the data there is variation in the number of reported incidents on 25B wards predominantly in relation to pressure damage and falls. A significant rise is seen in Year 2 as a result of **actual harm** being recorded. This change in reporting occurred in order to align reporting in Cardiff and Vale UHB with the Nurse Staffing Programme and the Once-for-Wales Approach. Year 1 and 3 both are reporting closed patient safety incidents which have been validated with a reportable level of harm (i.e. avoidable harm) in relation to pressure damage (Grade 3, Grade 4 and unstageable) and falls resulting in serious harm or death.

In relation to medication errors, never events, there is 1 incident being recorded in year 3. This incident was closed during the previous reporting cycle, year 2 when the area was not considered a 25B ward. Due to the acuity of patients the area is now considered a 25B ward and meets the definition within the statutory guidance therefore the incident is being recorded as part of this 3 -yearly reporting period.

This is a caveated report with data presented until the 31st January 2024; there may be additional incidents to report in the remaining reporting cycle of Year 3.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current reporting period.	Year 1 (*)	0	0	0	0	0
	Year 2	0	0	0	0	0

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	Year 3	0	0	0	0	0
	TOTAL	0	0	0	0	0
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had <u>not</u> been maintained	Year 1 (*)	0	0	0	0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had been maintained	Year 1 (*)	0	0	0	0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0

NB (*) for year 1 paediatrics inpatients only reported incidences and complaints from the 1st October 2021 when the 2nd duty of the Act was extended

During the review of incidents in Datix, there were 2 incidents recorded on 25B paediatric wards relating to extravasation injuries. However, on review of these incidents both were closed and recorded as no harm and therefore not included in the above table due to the description of “infiltration and extravasation injuries”. There were no other incidents to be reported on against the above metrics across paediatrics.

All-Wales Standard Paragraph

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period 6th April 2024.

The measures going forward will include:

Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
Total number of incidents/ complaints not closed and to be reported on/during the next year

Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained or not appropriate

Actions taken when the nurse staffing level was not maintained in section 25B wards

As documented in both the Year 1 and Year 2 annual assurance report, maintaining the planned rosters has continued to be challenging with the Covid-19 pandemic response impacting the ability of teams to maintain their planned rosters. During this three-yearly reporting cycle there has been an increase in the bed capacity across the Health Board as well as increased acuity which has previously been reported. Additional demand across the Emergency Department and rising length of stay has further strained the ability of the nursing workforce to maintain established staffing levels. Actions taken in response to not maintaining established staffing levels are varied.

Efforts to mitigate short staffing are shared across clinical board and across the organisation as recorded in the “Maintaining the Nurse Staffing Levels” Section above. Other steps take place to support the planned rosters where there is short term unavailability of nursing staff and this includes consideration of:

- Redeploying staff from other areas clinical area to support (including specialist nurses) and support from Allied Health Professionals.
- Redeploying ward sisters/ charge nurses into the planned roster when no further options available.
- Consideration if beds are closed in other areas and whether staff can be redeployed.
- Use of temporary staff where other possibilities have been explored.

During daytime hours staff are able to contact the Senior and Lead Nurses to support them with professional and clinical concerns and out of hours there is a senior nurse on call until 20:30 weekdays and during daytime hours at the weekend. The clinical site team offer further support with there are concerns out of hours.

For any incidents where the failure to meet staffing levels were considered to be a factor, these incidents are investigated by the Ward Manager and Senior and Lead Nurses and supported with the Patient Safety Team. These incidents if appropriate are reported

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

to Welsh Government as part the normal reporting procedure. Within the organisation, all injurious falls are investigated using the Root Cause Analysis principles and reported to the MDT falls delivery group for lessons learned.

The pressure damage collaborative was formed in April 2021 and is led by a Director of Nursing with the aims of:

- reducing the incidence of healthcare acquired pressure damage within the Health Board.
- speeding up adoption of innovation into practice to improve clinical outcomes and patient experience.

Measuring pressure damage per 1000 bed days, data available to the pressure damage collaborative showed that in February 2023 for HealthCare Acquired Pressure Damage there has been a reduction of 27% since May 2021. It is noted and accepted that there has been a change to Datix systems during this time period.

The Patient Safety Team are alerted to any serious incidents that occur and there is a weekly executive meeting with the Executive Nurse Director where any concerns or serious incidents that have been reported are reviewed. The Patient Safety Team contribute to the All Wales Quality and Safety meeting where learning can be shared and disseminated across Wales.

Conclusion & Recommendations

During this three-yearly reporting period Cardiff and Vale UHB has continued to experience challenges in maintaining nurse staffing levels following the COVID-19 pandemic and in the recovery phase. The Health Board continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Highlights of this report include:

- The introduction of SafeCare has had a significant operational impact and reporting on this data using the power-bi dashboard is enabling in-depth conversations about nurse staffing levels and workforce models that are appropriate for the needs of the patients.
- For the first 5 years of the 2016 Act the UHB only had the capability to review the nurse staffing levels twice a year. With the introduction of SafeCare the UHB is now in a position to report nurse staffing levels on every shift. Not only does this strengthen our reporting abilities but it enables the UHB to understand the impact of nursing levels on patient care in real time.
- The use of the digital solutions is still evolving, however empowering nurses to record the appropriateness of their nurse staffing levels and raise red flags when concerned will support timely responses to minimise risks to patients.
- There appears to be a significant reduction in the total number of WTE RN available. This is the WTE RN on 25B wards only.
- An Internal Audit was undertaken in March 2023 of compliance with the 2016 Act which found reasonable assurance with agreed action plan to be implemented.

Saunders Mathen
21/03/2024 12:15:23

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

- The Nurse Staffing Levels reported to Board in the Annual Assurance report presented in May are the current nurse staffing levels. This is to ensure the most recent signed off establishments are shared with the Executive board, noting this presentation is a cycle ahead of the reporting within the All-Wales template.
- This three-yearly report is a caveated report that will be updated following the closure of this reporting period.
- There has been variation in the way incidents are recorded during the three-yearly cycle and this is replicated across Wales.

The Board is asked to:

- Receive the caveated report as per the requirements of the Nurse Staffing Levels (Wales) Act 2016.
- Note a final, updated version of the report will be presented to the Board in September 2024 and then Welsh Government in October 2024.

DRAFT

Saunders Nathan
21/03/2024 12:15:23

VERSION 12092023

Date approved by the Reporting Sub group: 11/09/2023

Date approved by All Wales Nurse Staffing Group: 25/09/2023

Report Title:	Local Partnership Forum Report			Agenda Item no.	
Meeting:	UHB Board	Public	x	Meeting Date:	25 January 2024
Status (please tick one only):	Assurance	Approval		Information	x
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				
Main Report					
Background and current situation:					
<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 8 February 2024 can be summarised as follows:</p> <p>The Chief Executive provided an update report to the Forum. Key points included:</p> <ul style="list-style-type: none"> • She expressed thanks to staff for their continued efforts under significant operational pressures • Encouraging conversations had taken place with colleagues over the Christmas and New Year period around their experience of working in the organisation, and there was a sense that things are improving and that this was the best Winter experienced for some years • The financial pressures currently faced, including the ask of Welsh Government for 2024-25 and the impact of the BMA industrial action. • The impact of seasonal pressures including flu and measles • Infrastructure – a huge amount of work has taken place over the last 12-18 months including work underway on electrical resilience and the improvements to the tunnels. A lot of work is taking place behind the scenes as opposed to new buildings and facilities. However, conversations are continuing with the Welsh Government about creating a plan that looks credible and can deliver new infrastructure. • Despite good efforts, the return rate for the Staff Survey was approximately 22%. The results are due to be published in February 2024 and we will examine the findings together and understand what is needed. Staff representatives noted the importance of communicating back to staff the outcome and what has been achieved in order to realise greater uptake of the survey in the future <p>The Director of Capital, Estates and Facilities attended to provide an update on the Estates Plan and the approach to risk management. It was noted that the Estates Strategy was developed 2018, and while much of it remains relevant it originally focused on new buildings, whereas the main efforts</p>					

currently are on managing the estate and the associated risks. The scale of this was described, including the number of engineering assets which require inspection and the age of some of the equipment used. There is a comprehensive Estates Risk Register which is reviewed regularly in collaboration with Health and Safety. It was agreed that the Capital, Estates and Facilities IMTP would be shared with trade unions and that the senior engineer currently undertaking the Capital Risk Project would attend a staff side meeting to go through their findings in more detail.

The Director of Corporate Governance who is the Senior Responsible Office for the Covid Public Inquiry provided an update to the Forum on the requirements of the Inquiry and what these mean for the UHB. It was noted that UHW is one of the 20 healthcare settings in the UK asked to provide the Inquiry with the required information. 46 questions had been issued and were sent out to all parts of the organisation for completion. This will then be shared with the legal team who will turn the responses into one witness statement. Staff representatives registered their disappointment that none of the Lead Clinical Board representatives had been asked to provide an input into the responses.

The Head of Strategic Planning attended to provide an on the IMTP process. It was noted that the key focus for the Plan was the ambition to give high quality care and providing the best outcomes which are cost effective and give the best value. The Executive Director of People and Culture asked Trade Union members if they felt there was sufficient partnership working, as the Lead reps in the Clinical Boards, with the IMTP process. It was felt that there was inconsistency and while there was engagement at the early stages and end point, they would welcome further involvement through every stage of the process to ensure understanding and ensure there was an opportunity to share more ideas and comments.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by the Board. A report on the Business Continuity Event on 7 November 2023, 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	
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									

Saunders, Nathan
21/03/2024 12:15:52

Minutes of the Public Audit & Assurance Committee Meeting
Held On 7 November 2023 at 9:00am
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance and Committee Chair (CC)
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Rhian Thomas	RT	Independent Member for Capital and Estates (IM-CE)
In Attendance:		
Rachel Gidman	RG	Executive Director of People and Culture
Mark Jones	MJ	Audit Manager – Audit Wales
Lucy Jugessur	WW	Interim Deputy Head of Internal Audit (IDHIA)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist (LLCFS)
Robert Mahoney	RM	Deputy Director of Finance
Sion O’Keefe	SK	Directorate Manager – CD&T
Urvisha Perez	UP	Audit Lead - Audit Wales
Catherine Phillips	CP	Executive Director of Finance (EDF)
Matt Phillips	MP	Director of Corporate Governance (DCG)
Ian Virgil	IV	Head of Internal Audit (HIA)
James Webb	JW	Head of Information Governance
Adam Wright	AW	Head of Operational Planning
Observers:		
Keisha Megji	KM	Management Graduate Trainee
Glynis Mulford	GM	Risk & Regulation Officer
Aimee Osborne	AO	Financial Management Graduate Trainee
Frankie Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Ceri Phillips	CP	UHB Vice Chair
David Thomas	DT	Director of Digital & Health Intelligence

Item No	Agenda Item	Action
AAC 23/11/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 23/11/002	Apologies for Absence Apologies for absence were received. The Committee resolved that: a) Apologies were noted.	
AAC 23/11/003	Declarations of Interest The Committee resolved that:	

	a) No Declarations of Interest were noted.	
AAC 23/11/004	Minutes of the Meeting Held on 5th September 2023 The Minutes of the Meeting Held on the 5 th September 2023 were received. The Committee resolved that: a) The draft minutes of the meetings held on 5 th September 2023, were held to be a true and accurate record of the meeting.	
AAC 23/11/005	Action Log – Following Meeting held on 5th September 2023 The Action Log was received. The Committee resolved that: a) The Action Log was discussed and noted.	
AAC 23/11/006	Any Other Urgent Business The Committee resolved that: a) No other urgent business was noted.	
AAC 23/11/007	Internal Audit Progress Report The Internal Audit Progress Report was received. The Head of Internal Audit (HIA) reminded the Committee that the report outlined the work undertaken by the Audit & Assurance Service in accordance with its annual plan and set out the program of work for the year ahead. He added that the 6 assignments noted in the table of the report, which included: <ul style="list-style-type: none"> • Estates Assurance – Estate Condition • Shaping Our Future Wellbeing – Future Hospitals Programme • Implementation of Health Roster System • Mental Health Clinical Board Governance • Mortality Reviews • Alcohol Standards Had been planned to be reported to the November Audit Committee but had not met the deadline. It was noted that the Estates Assurance and Shaping Our Future Wellbeing – Future Hospitals Programme reports were more complex and required further discussion with management to ensure that both sides were happy with the reports and the outcomes before being finalised. The HIA advised the Committee that 8 assignments had been finalised since the previous meeting of the Committee and were highlighted in the report along with the allocated assurance ratings which included: <ul style="list-style-type: none"> • Refresh of the Health Board's Strategy – Substantial Assurance • Urgent and Emergency Care – Welsh Government Six Goals Programme – Substantial Assurance 	

Saunders, Nathan
21/03/2024 12:15:52

- PARIS System – Reasonable Assurance
- Follow-up: Chemocare IT System – Reasonable Assurance
- Surgery Clinical Board - Consultant Job Plans – Limited Assurance
- Pentyrch Surgery Development – Site Evaluation Process – Advisory
- Leadership and Management Training and Development – Advisory
- Quality, Safety & Experience Governance – Advisory

The Committee was advised of the overall progress on the delivery of the 2023/24 Internal Audit Plan which included:

- 8 audits from the 2023/24 plan had been finalised and 5 others had reached the draft report stage.
- 7 audits were currently a work in progress with a further 8 at the planning stage.

The HIA noted that of the 36 audits within the plan, there were only the 8 yet to be started which provided good assurance to the Committee.

He added that the appendix A received by the Committee included details of the 3 audits from the 2022/23 plan that had not been sufficiently progressed to be included within the Head of Internal Audit Opinion for 2022/23 and noted that the outcomes from those audits would feed into the 2023/24 Opinion.

It was noted that appendix C received by the Committee showed the current level of performance against the Audit & Assurance Key Performance Indicators (KPIs).

The Interim Deputy Head of Internal Audit (IDHIA) and HIA summarised the final audit reports which included:

- The Refresh of the Health Board's Strategy and noted the assurance rating of Substantial.

The Independent Member – Capital & Estates (IMCE) asked what recommendations could be made based upon the findings from Internal Audit around the stakeholder engagement on the Health Board's Strategy.

The IDHIA responded that at the time of writing the report, Welsh Government (WG) had released a document that stated the level of engagement required and noted that the document was very well produced.

- Urgent and Emergency Care – Welsh Government Six Goals Programme and noted the assurance rating of Substantial.
- PARIS System and noted the assurance rating of Reasonable.
- Follow-up: Chemocare IT System and noted the assurance rating of Reasonable.
- Surgery CB - Consultant Job Plans and noted the assurance rating of Limited.

The HIA advised the Committee that the significant matters which required management attention included but were not limited to:

- Not all job plans were on the allocate e-job planning system.
- All job plans were out of date or not agreed and fully signed off
- No evidence to confirm additional approval of job plans with over 12 sessions per week.
- Personal outcomes were not being recorded.

The Executive Director of People & Culture advised the Committee that all job planning had a two signature sign off and noted that the Executive team were asking for trajectories at the Executive reviews with each clinical board.

- Leadership and Management Training and Development – It was noted that it was an advisory review to support management, rather than an assurance report, therefore no assurance rating was offered.
- Quality, Safety & Experience Governance - It was noted that it was an advisory review to support management, rather than an assurance report, therefore no assurance rating was offered.

The Head of Operational Planning (HOP) joined the meeting to provide further information on the Limited Assurance received on the Surgery CB - Consultant Job Plans.

The HOP advised the Committee that the team had identified issues within job planning across a number of areas and had focused on two of the biggest surgical specialties in the surgical clinical board:

- General surgery
- Trauma

It was noted that those 2 areas covered around 58 consultants.

It was noted that the findings from Internal Audit had been received and accepted by the clinical Board and that there was no dispute into the accuracy of the report.

The HOP added that a lot of the general surgery actions had been completed and that outstanding actions had a completion date set for November and December 2023 and so assurance could be provided that actions would be completed.

It was noted that the Trauma speciality was not quite as ahead as General Surgery and that an update had been provided the week prior to the meeting which had highlighted that all of the consultants who were missing from the job planning had been added onto the allocation of job plans.

The HIA thanked the HOP for the summary and noted he would liaise with him to bring back a report to the Committee in April 2024.

The Committee resolved that:

- a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit report were considered.

Saunders, Nathan
21/03/2024 12:15:52

<p>AAC 23/11/008</p>	<p>CD&T Clinical Board Medical Records Tracking Update</p> <p>The CD&T Clinical Board Medical Records Tracking Update was received.</p> <p>The Directorate Manager for CD&T (DMCDT) advised the Committee that 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> <p>He added that the audit outlined seven recommendations and significant progress had been undertaken against those with two 'High' priority recommendations completed and two 'High' priorities in progress.</p> <p>It was noted that the report also outlined two 'Medium' priorities, both of which were in progress and one 'Low' priority which was also in progress.</p> <p>The DMCDT outlined and provided assurance on each of the priorities which included:</p> <ul style="list-style-type: none"> • Recommendation R1/ 7: The Health Board's Records Management Policy (UHB 142 v3) and Procedure (UHB 326 v2) which required review. • Recommendation R3/ 7: Management should consider viable options to address the issues identified through our observations of security and storage arrangements of Health Records. • Recommendation R5/7: Management should ensure staff were reminded of their responsibilities to return health records once used and the importance of updating PMS or PARIS following a change in location. • Recommendation R2/7: In alignment with the review of the Records Management Policy and Procedure, the governance arrangements should be redesigned to provide effective oversight of the tracking of health records, to ensure there was a line of sight to the accountable executive of the policy and procedure. • Recommendation R4/7: Management should formally track progress of taking forward lessons learnt to mitigate the risk of known issues recurring and to assist in identifying barriers that could be escalated for resolution. • Recommendation R6/7: Management should consider enhancing the operational efficiency and effectiveness to track medical records, based on the findings associated with the alternative filing systems in use, the indexing of records, the inconsistencies between University Hospital Llandough (UHL) and University Hospital of Wales (UHW), and random spot checks on locations. • Recommendation R7/7: Following the implementation of recommendations 1 and 2 within the report, consideration should be given by management and the relevant governance forums of how the known barriers to digitisation could be addressed, if the Health Board aspired to digitise Health Records. 	
--	--	--

Saunders, Nathan
21/03/2024 12:15:52

	<p>The CC thanked the Clinical Board for all of the hard work being undertaken to achieve the recommendations outlined and noted that seeing the progress as well as the digitalisation of records was a good thing for patients.</p> <p>The HIA added his thanks and noted the comprehensive update provided which would help to inform Internal Audits follow up report.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report and progress made against recommendations were noted.</p>	
<p>AAC 23/11/009</p>	<p>Updated Policies Plan</p> <p>The Updated Policies Plan was received.</p> <p>The Director of Corporate Governance (DCG) advised the Committee that the update followed an internal audit report received in May 2023 and provided updates on the actions being taken which included:</p> <ul style="list-style-type: none"> • A dedicated Policy lead within the Corporate Governance Team • Baselining the entire catalogue of policies in the Health Board to identify which policies were out of date and who owned the policies. It was noted that policy owners would be contacted to provide an update. • Identification of the benefits of using the Audit Management and Tracking platform (AMaT) that was currently used by a number of Clinical Boards for Audits, Inspections and Projects. <p>The DCG advised the Committee that Internal Audit would review the policies plan in quarter 4 (Q4), by which time the remaining policy owners and authors would have been identified and the works to transfer each policy to AMaT in progress, allowing for full demonstration of the increased controls, transparency, access and ownership.</p> <p>The CC asked if Q4 was an appropriate timescale.</p> <p>The DCG responded that he welcomed the timescale but noted that there were over 500 policies that needed attention and so the help of Internal Audit would be of benefit.</p> <p>The HIA added that he was comfortable with the approach identified and would liaise with the DCG to ensure actions were taken.</p> <p>The Committee resolved that:</p> <p>a) The update and the intended Course of action was noted.</p>	
<p>AAC 23/11/010</p> <p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>Audit Wales Update</p> <p>The Audit Wales Update was received.</p> <p>The Audit Lead - Audit Wales (ALAW) advised the Committee that Exhibit 2 received by the Committee summarised the status of Audit Wales' current and planned performance audit work.</p>	

	<p>She added that she would take the report as read and highlighted key points which included:</p> <ul style="list-style-type: none"> • The draft report for the review of workforce planning arrangements had been issued and later in November 2023, the draft Primary Care follow up review report would be issued for clearance through the Health Board. • The Structured Assessment for the Health Board was being finalised and would be received by the Committee at its February meeting. <p>The ALAW advised the Committee that the original plan had been to provide a deep dive on digital arrangements on the structured assessments but noted that due to the financial challenges across NHS Wales, a piece of work would be undertaken which would focus on approaches being taken by Health Bodies to achieve cost improvements and financial sustainability.</p> <ul style="list-style-type: none"> • NHS workforce data briefing. It was noted the briefing highlighted the workforce challenges faced by the NHS in Wales and brought together a range of metrics and comparisons with other nations as well. <p>The ALAW noted that it would be beneficial for the People & Culture Committee to receive the briefing.</p> <p>The EDPC responded that the briefing would be taken to the People & Culture Committee as well as the Senior Leadership Board.</p> <p>The ALAW concluded that the report would be received by the Committee at its February 2024 meeting.</p> <p>The Committee resolved that:</p> <p>a) The Audit Wales Update was noted.</p>	
<p>AAC 23/11/011</p>	<p>Internal Audit Recommendation Tracker Report, Audit Wales Recommendation Tracking Report and Regulatory Compliance Tracking Report</p> <p>The Internal Audit Recommendation Tracker Report, Audit Wales Recommendation Tracking Report and Regulatory Compliance Tracking Report were received.</p> <p>The DCG advised the Committee that he would take the 3 reports together and would take them as read by the Committee.</p> <p>He added that the overarching point was that alongside the update he had provided around policies earlier in the meeting, there would be a restructuring of the Corporate Governance Team with the intention that each tracker received by the Committee would be split between 3 Corporate Governance Officers.</p> <p>He added that each of the reports provided specific attention and representation of ongoing discussions.</p> <p>The DCG advised the Committee that he attended all Committee of the Board meetings and that another layer of assurance he could provide was that the discussions happening at those meetings were taking place.</p>	

Saunders, Nathan
21/03/2024 12:15:54

	<p>The HIA responded that it was a sensible approach to split the responsibility for the trackers across the Corporate Governance Team.</p> <p>He added that from within the trackers received, he had been able to identify older audits which were felt to still be appropriate.</p> <p>The DCG added that as an outstanding action, all audits from 2019/2020 would be looked at and ongoing action taken.</p> <p>The CC noted that he was assured that at each meeting, good progress was being made.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The tracking report for tracking audit recommendations made by Internal Audit was noted. b) The progress which had been made since the previous Audit and Assurance Committee Meeting in July 2023 was noted and assurance provided c) The progress which had been made in relation to the completion of Audit Wales recommendations was noted and assurance provided. d) The continuing development of the Audit Wales Recommendation Tracker was noted e) The updates shared were reviewed and assurance was taken from the continuing development and review of the Legislative and Regulatory Compliance Tracker. 	
<p>AAC 23/11/012</p>	<p>Procurement Compliance Report – Chair’s Action Review</p> <p>The Procurement Compliance Report – Chair’s Action Review was received.</p> <p>The EDF advised the Committee that a lot of Chairs Actions were received and an improvement project was requested to see how improvements could be made because the finance team were having to ask some very senior people to make decisions of high value at short notice.</p> <p>She added that the improvement piece of work had been in train for about 6 to 12 months now and that there was still quite a high volume of Chairs Actions being received, but noted that any contract over £1,000,000 would need that standard of approval.</p> <p>The EDF concluded that a Chairs Actions review would be received by the Committee every 6 months.</p> <p>The CC asked how many of the Chairs Actions requests had been received by the Board.</p> <p>The EDF responded that she would include that data on future analysis reports.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The contents of the Report was noted. 	
<p>AAC 23/11/013</p>	<p>Procurement Compliance Report / Single Tender Actions</p>	

	<p>The Procurement Compliance Report / Single Tender Actions were received.</p> <p>The Deputy Director of Finance (DDF) advised the Committee that he would take the report as read and noted that the Single Tender Actions (STAs) were coming down and comparators had been referenced within the paper received by the Committee.</p> <p>The Committee resolved that:</p> <p>a) The contents of the Report were noted and approved/agreed.</p>	
<p>AAC 23/11/014</p>	<p>Annual Clinical Audit Plan</p> <p>The Annual Clinical Audit Plan was received.</p> <p>The Executive Medical Director (EMD) advised the Committee that she would take the paper as read.</p> <p>She added that the assurance provided from the audit team was strengthening all the time and that the report gave an overview of audit plans going forward.</p> <p>It was noted that whilst it was recognised that there was a significant amount of clinical audit underway across the Health Board, the oversight and governance of that audit was lacking and the activity was not always focused on quality and patient safety priorities.</p> <p>The EMD advised the Committee that a Clinical Effectiveness Committee had been strengthened to support improved membership and engagement from Clinical Boards where audits were reviewed.</p> <p>She added that Clinical Boards attend the Clinical Effectiveness Committee as a priority and noted that anything major would be escalated to the Quality, Safety & Experience Committee.</p> <p>The Committee was advised that the introduction of the Audit Management and Tracking (AMaT) system was a big step taken to provide assurance against audits.</p> <p>The Committee resolved that:</p> <p>a) The assurance provided by the development of the clinical audit policy and strategy as well as the audit underway and planned for 2023/24 was noted.</p>	
<p>AAC 23/11/015</p>	<p>Counter Fraud Progress Report - Review the effectiveness of Counter Fraud Specialist.</p> <p>The Counter Fraud Progress Report - Review the effectiveness of Counter Fraud Specialist was received.</p> <p>The Lead Local Counter Fraud Specialist (LLCFS) advised the Board that he would take the report as read and noted that the report sought to provide assurance to members of the Audit Committee that the Counter Fraud work being undertaken was satisfactory, robust and compliant with NHS Counter Fraud Authority requirements.</p>	

	<p>He added that fraud work had started in relation to 5 areas which included:</p> <ul style="list-style-type: none"> • Progress made against the Annual Counter Fraud Plan • Promotional /Educational Activity • Summary of Investigations • Prevention activity • National Fraud Initiative work <p>It was noted that the work should be completed by February 2024.</p> <p>The CC asked if there was sufficient staff to complete investigations.</p> <p>The LLCFS responded that there was but noted that it was sometimes difficult to prioritise well within the team.</p> <p>The Committee resolved that:</p> <p>a) The report was noted.</p>	
AAC 23/11/016	<p>Internal Audit Reports for information</p> <p>The Internal Audit Reports for information were received and included:</p> <ul style="list-style-type: none"> • Refresh of the Health Board's Strategy - (Substantial Assurance) • Urgent and Emergency Care – Welsh Government Six Goals Programme – (Substantial Assurance) • PARIS System – (Reasonable Assurance) • Follow-up: Chemocare IT System – (Reasonable Assurance) • Surgery CB - Consultant Job Plans – (Limited Assurance) • Leadership and Management Training and Development (Advisory) • Quality, Safety and Experience Governance (Advisory) <p>The Committee resolved that:</p> <p>a) The final Internal Audit reports were considered and noted.</p>	
AAC 23/11/017	<p>Review of Draft Charitable Funds Annual Report and Accounts</p> <p>The Review of Draft Charitable Funds Annual Report and Accounts were received.</p> <p>The DDF advised the Committee that he would take the report as read and noted that the timetable for the Charity accounts was different from the main set of Health Board accounts.</p> <p>He added that they accounts had been completed and sent to Audit Wales</p> <p>The Committee resolved that:</p> <p>a) The reported financial performance contained within the Draft Annual Accounts was noted.</p> <p>b) The response of the audit enquiries to management and those charged with governance was noted.</p> <p>c) The Draft Annual Accounts were supported and endorsed.</p>	

AAC 23/11/018	Agenda for Private Audit and Assurance Committee <ul style="list-style-type: none"> <i>i. Audit of Accounts Report Addendum – Recommendations (Confidential Discussion)</i> <i>ii. Pentyrch Advisory Internal Audit Report (Confidential Discussion)</i> <i>iii. Cyber Security Update (verbal)</i> <i>iv. Counter Fraud Progress Update (Confidential – ongoing investigations)</i> <i>v. Overpayments of Salary (Confidential Discussion)</i> <i>vi. Procurement Improvement Plan Update</i> 	
AAC 23/11/019	Any Other Business No Other Business was discussed.	
AAC 23/11/020	Items to be deferred to Board / Committee No items were deferred to Board / Committees.	
AAC 23/11/021	Date and time of next committee meeting Tuesday 6 th February at 9am via MS Teams	

Saunders, Nathan
21/03/2024 12:15:52

**Minutes of the Public People and Culture Committee
Held On 14th November 2023
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Emma Cooke	EC	Deputy Director of Therapies & Health Sciences
Lisa Dunsford	LD	Director of Operations - PCIC
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Anna Llewellyn	AL	Director of Nursing - PCIC
Lianne Morse	LM	Deputy Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Ian Phillips	IP	Independent Member – Hywel Dda
Matt Phillips	MP	Director of Corporate Governance
Rachel Pressley	RP	Head of People Assurance & Experience
Jason Roberts	JR	Executive Nursing Director
Nicola Robinson	NR	Head of People and Culture
Richard Skone	RS	Deputy Executive Medical Director
Rachael Sykes	RS	Assistant Head of Health & Safety
David Thomas	DT	Director of Digital and Health Intelligence
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing and Culture (ADODWC)
Observers		
Keisha Megji	KM	General Management Graduate Trainee – Education & Culture
Ian Phillips	IP	IM Powys Teaching Health Board and Chair of PTHB People and Culture Committee
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member for Local Community
Suzanne Rankin	SR	Chief Executive Officer
Robert Warren	RW	Head of Health and Safety

Item No	Agenda Item	Action
P&C 14/11/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 14/11/002	Apologies for Absence Apologies for absence were noted.	
P&C 14/11/003	Declarations of Interest The IM-CE declared an interest with the Board of Cardiff and Vale Credit Union.	

<p>P&C 14/11/004</p>	<p>Minutes from meeting on 12th September 2023</p> <p>The Minutes were received and accurate.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 12th September 2023, were held to be a true and accurate record of the meeting.</p>	
<p>P&C 14/11/005</p>	<p>Action Log following 12th September 2023 Meeting</p> <p>The Action Log was received.</p> <p><u>P&C 11/09/019 – AOB – Industrial Action</u></p> <p>The DDPC provided the following summary:</p> <ul style="list-style-type: none"> - Welsh Government (WG) had confirmed that at present it was just the junior doctors that the British Medical Association (BMA) had balloted. - There would be a meeting between WG and the BMA the following Thursday, where they would discuss the derogation process and when the 72hr strike would likely take place. - There was an expectation that all elective work would be stood down, and there was an expectation from the BMA that consultants, SAS doctors, etc would step down to support the junior doctors on strike. - The UHB regularly met with WG in terms of operational planning, and that they needed to await the outcome of the ballot which would be announced in the coming weeks. <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 14/11/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
<p>P&C 14/11/007</p>	<p>Vice Chair Nomination</p> <p>It was agreed that the IM-TU would become the People & Culture Committee Vice Chair.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 14/11/008</p>	<p>Staff Story</p> <p>The EDPC introduced the digital staff story. The staff member was also part of the Army Reserve, and it highlighted that employees who undertook other pieces of work outside of their normal day job provide extra skills and value to the organisation.</p> <p>The Staff Story video was presented.</p> <p>The CC highlighted that it was great to see that the organisation had supported staff to stay engaged and continue to learn and develop.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	

Saunders, Nathan
21/03/2024 12:15:52

<p>P&C 14/11/009</p>	<p>Board Assurance Framework Report</p> <p>The ADODWC introduced the Board Assurance Framework (BAF) Report which focused primarily on staff wellbeing, and provided the following summary:</p> <ul style="list-style-type: none"> - The BAF looked at the potential impact of the post-pandemic period on colleagues, and it was being reviewed over time to reflect the current climate's challenges; - Work had been undertaken with Clinical Boards Reviews to identify the impact on colleagues, and they had received valuable insights; - Recent pressures included – flow within the system, the cost of living crisis, and staff sickness and staffing levels; - A new All Wales database was introduced in August-September, and the benefits had been seen already in terms of manager referrals; - The BAF would align with the actions from the People & Culture Plan to support staff wellbeing; - Teams continued to work with Trade Union partners and external bodies around financial wellbeing, which included the money and pension service recommended through Welsh Government (WG). - They had recently been recognised in an award ceremony for their work being undertaken with the Credit Union in supporting staff; - Teams continued to focus on financial wellbeing - Awareness Weeks and roadshows had been held across the organisation to ensure sign-posting was available to all colleagues; - The Employee Wellbeing Service (EWS) was available to colleagues, and work was being undertaken on analysis to ensure they were getting effective measures; - They were working to make the BAF more strategic (as opposed to operational); - They worked closely with the Comms team to ensure staff understood what support was available; - The Health & Wellbeing Group had been reinstated – a new ToR and membership had been drafted; - They had worked with their Heads of People & Culture to broaden their understanding with the Clinical Boards, particularly around their sustainability agenda; - In September they had an advisory audit on leadership and management – they would work with Exec colleagues develop relevant programmes of support. - They worked closely on the Freedom to Speak Up (F2SU) initiative with the Corporate Governance team and people services. <p>The IM-CE asked what the roadshows involved, how many people had attended, and how they evaluated the outcomes of these events.</p> <p>The ADODWC explained that their ECOD and EWS teams would visit areas within the C&V site to encourage participation in the staff survey, and to signpost wellbeing and financial support. She added that staff could complete an online evaluation to provide their feedback on the roadshows, where they had received excellent feedback the previous year. The ADODWC noted that previously, the C&V staff sign-up rate to the Credit Unions had been in the thousands.</p>	
--	---	--

Saunders, Nathan
21/03/2024 12:15:53

<p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>The IM-CE asked how accessible these roadshows were for staff.</p> <p>The ADODWC responded that they would sometimes go on a walkabout and take information to those staff who were unable to attend.</p> <p>The IM-TU asked if these walkrounds were requested from within clinical boards, and whether there any took place during night shifts or weekends.</p> <p>The ADODWC responded that the walkarounds were more spontaneous, and they often received requests from different teams/departments for additional support. She added that they had supported night-shifts, and that they would be open to conversations around working on the weekends.</p> <p><u>Action:</u></p> <ol style="list-style-type: none">1. To present a schedule for the WalkRounds with the roadshows to demonstrate where they had visited, who they had been approached by, and what had been discussed in the sessions (CW). <p>The CC asked how assurance and updates could be provided to the Committee regarding the impact of the wellbeing interventions.</p> <p>The ADODWC responded that they had worked with the EWS to use the same reporting mechanisms, to better understand from an employee wellbeing perspective.</p> <p>The DOC informed the Committee of a detailed paper produced for the Health Charity on the back of COVID interventions, which evaluated the psychological health of the organisation and provided a breakdown in terms of how the pandemic had impacted on waiting times for counselling and psychological intervention.</p> <p><u>Action:</u></p> <ol style="list-style-type: none">1. Health Charity COVID interventions paper (referred to above by the DOC) to be circulated to the Committee. <p>The EDPC explained that the DDTHS and her team had previously provided a presentation on their work within the communities and rehab, and how this work was being evaluated.</p> <p>The DDTHS offered her help in the evaluation of wellbeing and mental health within the organisation.</p> <p><u>Action:</u></p> <ol style="list-style-type: none">1. EDPC, DDTHS, & DOC to discuss and present how they were fulfilling the organisation's strategies and values from a wellbeing and culture perspective, and how staff's wellbeing was being managed within teams (RG / JB / EC).2. To include an account from Directorates regarding wellbeing and culture as they present to the Committee in turn, to give assurance beyond the figures and KPIs received (All Directors). <p>The Committee resolved that:</p> <ol style="list-style-type: none">1) The attached risk in relation to Wellbeing was reviewed	
---	--	--

	2) They agreed comments to the Exec Director should be addressed prior to Board consideration on 30.11.2023.	
P&C 14/11/010	<p>Key Workforce Performance Indicators</p> <p>The DDPC introduced the Key Workforce Performance Indicators Report which provided the UHB position against the People & Culture KPIs. The report is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.3.</p> <p>The EDPH shared a slide which illustrated the COVID and flu vaccination rates amongst staff from two weeks prior, and highlighted the following:</p> <ul style="list-style-type: none"> - Vaccination uptake – 18-35% for flu and 37% for COVID - This demonstrated variation across the clinical boards, and they had asked leadership teams to continue to pursue uptake - All staff were given appointments to mass vaccination clinics, and pop-up sessions had been held - Clinical Boards had been asked to nominate vaccination champions - They would have up to date statistics by the following day - They hoped to reach the target of 75% uptake - CVUHB had fairly high Did Not Attend (DNA) rates <p>The IM-TU asked if the number of completed exit questionnaire responses had improved.</p> <p>The DDPC responded that they had not improved significantly and a recently changed format was being trialled via online form (rather than on ESR).</p> <p>The EDPC added that Health Education and Improvement Wales (HEIW) had sponsored a retention role for all Health Boards and Trusts. They hoped that the role would be hybrid between clinical boards and themselves.</p> <p>The IM-CE asked how they had achieved the reduction in agency usage and fill Band 5 & 6 vacancies.</p> <p>The DDPC responded that registered nurse and local recruitment had been conducted one by the Central Resourcing Team working with Clinical Boards. Work was also underway with the universities to increase the number of graduates coming into the organisation.</p> <p>The EDPC explained that their data was improving all the time, and that there had been a huge collaboration between the Executive portfolios around workforce.</p> <p>The CC asked about regional working with other Health Boards, and whether the UHB still relied on doctor and nurse recruitment from overseas.</p> <p>The DDPC responded that the UHB decided they would not undertake a blanket international recruitment campaign this year, and instead would focus their efforts on recruiting overseas within Neonatal and Gastro.</p> <p>Regarding regional working, the DDPC noted that they had worked closely with ABUHB and CTMUHB around the medical rates for</p>	

Saunders, Nathan
21/03/2024 12:15:55

	<p>consultants and junior doctors, and they had agreed a consistent rate card for additional hours.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	
<p>P&C 14/11/011</p>	<p>Clinical Board Spotlight - <u>Primary, Community and Intermediate Care (PCIC)</u></p> <p>The DO-PCIC shared the presentation on the PCIC Clinical Board which provided a summary of the Clinical Board from a People & Culture lens. The slides are available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.4.</p> <p>The CC asked what more could be done corporately to help.</p> <p>The DO-PCIC responded that PCIC had tried to prioritise the highlighted service areas to be clear on what support was needed, but that support from the Improvement & Innovation (I&I) team would be helpful.</p> <p>The CC asked if the I&I team could support them on demand capacity.</p> <p>The DN-PCIC responded that there was a potential lack of understanding about services, and that they needed to raise the profile of their community services to prevent admissions into hospital.</p> <p>The DOC advised that there was a huge amount of work ongoing between the Comms team and PCIC.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. Rachel Gidman to propose how the Committee is made aware of the hotspots where cultural change was needed, and what was being done to support improvement and change in those areas. <p>The Committee resolved that:</p> <p>a) The Medicine Clinical Board Spotlight was noted.</p>	
<p>P&C 14/11/012</p>	<p>Communication and Engagement Plan</p> <p>The DOC introduced the Communication and Engagement Plan. The draft plan is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.5.</p> <p>The EDPH asked if there was an opportunity to enhance the work regarding the population health improvement even further.</p> <p>The DOC agreed, and noted that a public needs assessment would help provide data to inform their communications plan.</p> <p>The CC provided a few comments on the draft Communication & Engagement Plan, which included:</p> <ul style="list-style-type: none"> - It would be useful to know what the areas of interest were for the focus groups and what staff themselves wanted information and engagement on; - Welsh language needed to be strengthened beyond supporting the Equalities team, and to proactively communicate in Welsh; 	

Saunders, Nathan
21/03/2024 12:15:52

	<ul style="list-style-type: none"> - To make it clear when living healthier lives was discussed, that this included the health of their staff. <p>It was agreed that an update would be brought back to the Committee once the Plan had developed further.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> 1) The draft People and Culture Communications Plan was reviewed and the feedback and comments were provided. 	
<p>P&C 14/11/013</p>	<p>Health and Safety Update</p> <p><u>Health and Safety Chair's Report – 24.10.2023</u></p> <p>The AHHS introduced the report which summarised the key issues discussed at the Health and Safety Sub-Committee Meeting held on 24.10.2023. The paper is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.6.</p> <p>The IM-TU praised the work of the waste management team.</p> <p>The EDPC noted that the COO's team had been looking at the transportation of patients through the tunnels at UHW. She had requested for the DCEF to highlight some of the key risks at their Committee, which would be brought here going forward.</p> <p><u>Health and Safety Risks</u></p> <p>The AHHS noted that Health and Safety Risks were covered in the discussion above.</p> <p>The CC asked the AHHS to elaborate on the Health & Safety Executive (HSE) interventions around violence and aggression.</p> <p>The AHHS responded that:</p> <ul style="list-style-type: none"> - HSE had been undertaking a national programme of inspections of Health Boards and Trusts across England and Wales which were recently resurrected after a pause during COVID. - They had looked at the management of musculoskeletal disorders and management of violence and aggression within UHBs - The HSE had been at CVUHB over the previous few days, and would be speaking to staff later that day. They had met with the CE, EDPC and HHS at the end of September to look at the strategic direction that the UHB had taken. <p>It was agreed that the EDPC would bring the feedback from these inspections back to the Committee.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. Feedback from the inspection into the management of musculoskeletal disorders and the management of violence and aggression within the UHB to be brought to a future Committee. <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The contents of both reports were noted. 	

Saunders, Nathan
21/03/2024 12:15:52

	Items for Approval / Ratification	
P&C 14/11/014	<p>Policies for Approval</p> <p>The HPAE noted that the procedure for consideration was an All Wales procedure for staff to raise concerns. It was summarised that:</p> <ul style="list-style-type: none"> - This had been in place for some years, but it had been reviewed on an interim basis following the publication of Speaking Up Safely Framework and the Lucy Letby case. - It was no longer considered appropriate for concerns to be dealt with informally without due process. - The Policy had already been approved on an All Wales basis, and the UHB was required to implement it. <p>The CC asked how they would monitor if this procedure had worked.</p> <p>The EDPC responded that they would look into how they could monitor this work to provide the Committee with assurance.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> a) For an update on the UHBs process of monitoring the concerns raised by staff, and what the UHB does as a result of those concerns, to be brought to a future Committee for assurance. <p>The Committee resolved to:</p> <ul style="list-style-type: none"> a) The Procedure for NHS staff to Raise Concerns would be formally adopted. 	
P&C 14/11/016	<p>Introducing a consistent, evidence-based approach to Cultural and Leadership at CAVUHB</p> <p>The ADODWC introduced the paper and presented slides which summarised the new cultural approach to be adopted across the organisation. The paper is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 3.2.</p> <p>The CC praised the amount of work and collaboration undertaken and thanked the teams involved.</p> <p>The COO explained that they had some fairly long-standing cultural hotspots within the organisation, however there was not enough resource to enact all of the actions required.</p> <p>The CC noted that the long-term problematic cultures had led to real patient safety issues, and that often non-executives were not cited on these until it reached crisis point. She asked how the Committee would be assured on where the hotspots were and how the issues were being tackled.</p> <p>The COO responded that:</p> <ul style="list-style-type: none"> - Open discussions were had during Board Development sessions, and that the EDPC would highlight the cultural hotspots in a future session. - They had used Clinical Summits and Executive reviews to build trust and confidence for staff to come forward with issues. 	

Saunders, Nathan
21/03/2024 12:15:52

	<ul style="list-style-type: none"> - They did not yet have a clear plan, but they would demonstrate in due course the actions and improvements made within the highlighted areas. <p>The ADODWC explained that an Executive Sponsor would be assigned to a piece of work/area to ensure there was a full programme management approach, as well as providing regular updates and assurances at Executive and Board level that actions were being undertaken.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. As the work to tackle the cultural hotspots within the organisation develops through the different stages, for updates, themes, and actions undertaken to be brought back to the Committee for assurance (CW, RG, PB). <p>The ADODWC added that they had begun diagnostic work on two areas where they had undertaken surveys, and over 50% of colleagues had participated – this was due to great work from the management team on communicating this widely, as well as Trade Union partners who were on board.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The information included within the paper was noted; 2) The approach was approved. 	
	Items for Information & Noting	
P&C 14/11/017	<p>Employment Policy Sub Group Update</p> <p>The EDPG introduced the paper which summarised the good work from the previous 12 months from the Employment Policy Sub-Group. She added that:</p> <ul style="list-style-type: none"> - Within a recent JET meeting, their audits were discussed – there was one limited assurance around policies and procedures being out of date. - They had taken this seriously within P&C, and they were working through any policies and procedures that were out of date. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the report was noted; b) The frequency of future update reports to be brought to the Committee was agreed. 	
	Any Other Business	
P&C 14/11/018	No items.	
	Private Agenda Items	
P&C 14/11/019	<ol style="list-style-type: none"> i) Approval of Private Minutes ii) Culture Hotspots iii) Employment Tribunal Cases iv) Fire Prosecution Verbal Update 	
	Review & Final Closure	
P&C 14/11/020	Items to be deferred to Board/Committees	
	Date & time of the next meeting:	

	Tuesday 23 January 2024 at 9am via MS Teams	
--	---	--

Saunders Nathan
21/03/2024 12:15:52

**Minutes of the Public People and Culture Committee
Held On 23rd January 2024
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Rachel Gidman	RG	Executive Director of People & Culture
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Angela Parratt	AP	Director of Digital Transformation
Matt Phillips	MP	Director of Corporate Governance
Rachel Pressley	RP	Head of People Assurance & Experience
Rebecca Aylward	RA	Deputy Executive Nursing Director
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Robert Warren	RW	Head of Health & Safety
Sarah Martin	SM	Research & Development Manager
Donna Davies	DD	Head of People & Culture
Helen Luton	HL	Interim Director of Nursing – CD&T
Sarah Lloyd	SL	Director of Operations – CD&T
Claire Whiles	CW	Assistant Director of OD, Wellbeing & Culture
Mitchell Jones	MJ	Head of Equity and Inclusion
Katrina Griffiths	KG	Head of People Services
Geoff Walsh	GW	Director of Capital & Estates
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director
David Thomas	DT	Director of Digital Health & Intelligence

Item No	Agenda Item	Action
P&C 23/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 23/01/002	Apologies for Absence Apologies for absence were noted.	
P&C 23/01/003	Declarations of Interest The IM-CE declared an interest as the Chair of the C&V Credit Union, which would be an ongoing declaration.	

<p>P&C 23/01/004</p>	<p>Minutes from meeting on 14th November 2023</p> <p>The Minutes were received and accurate.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 14th November 2023 were held to be a true and accurate record of the meeting.</p>	
<p>P&C 23/01/005</p>	<p>Action Log following 14th November 2023 Meeting</p> <p>The Action Log was received, and the following comments were made:</p> <p><u>P&C 14/11/009 – Board Assurance Framework:</u></p> <ul style="list-style-type: none"> - The DCG would cross-reference with Claire Whiles around the WalkRounds. - The evaluation report from the Health Charity around COVID interventions had been distributed to Committee members. Additionally, the staff wellbeing team had been made permanent, and had worked with the Deputy Director of Allied Health to use the patient rehab model for staff. - Conversations were needed around when the Health & Wellbeing Framework would be brought back to the committee. <p><u>P&C 11/07/015 – Gender Pay Gap Report 2022:</u> to be brought to a future Committee once the Strategic Equality Plan had been presented in March. The EDPC will liaise with the HEI around dates to bring back to the Committee.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 23/01/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 23/01/007</p>	<p>Staff Story – My Health Passport</p> <p>The EDPC introduced the Staff Story about the My Health Passport, which had launched just before Christmas. She noted that the passport was a document that individuals could have for personal use, but it also supported conversations with managers around support or adjustments needed at work due to pre-existing or new health conditions. The passport could also be used for individuals with injuries or mental health issues.</p> <p>The Staff Story was presented to the Committee, where the Service Improvement Officer and Data Administrator for Occupational Health described her personal experience of using My Health Passport.</p> <p>The IM-CE asked for an example of the My Health Passport to be circulated.</p> <p>The IM-TU suggested that it would be useful for the passport to be utilised across Wales and England, so that staff who had been redeployed or transferred between Health Boards could be supported.</p>	

Saunders, Nathan
21/03/2024 12:15:54

	<p>The IM-LC asked what the mechanism was for spreading awareness about the Passport, and whether there was a culture which promoted confidence for individuals to disclose their passports to their managers.</p> <p>The EDPC responded that:</p> <ul style="list-style-type: none"> - The Health Passport was promoted through inductions, management courses, and education to staff - The Passport was not mandated, but it was intended to facilitate healthy conversations between employees and managers. - The wellbeing team and trade unions had been involved in this initiative - The passport was transferable and it had been benchmarked against a similar initiative in England - Regarding the name, a decision was made to broaden the scope from a 'Disability Passport' to a 'Health Passport'. <p>The CC emphasised the importance of normalising the use of the Passport, and that it should be an option for everybody. She suggested that the passport sit alongside the Value-Based Appraisals (VBAs).</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 23/01/008</p>	<p>Board Assurance Framework Report - Workforce</p> <p>The ADPR provided the following summary:</p> <ul style="list-style-type: none"> - A risk to the UHB was being unable to recruit, attract and retain staff to deliver high-quality services. - This risk was due to an increased demand for services, national shortages in certain professions, the impact of COVID and staff burnout, the negative media portrayal of the NHS, and a lack of awareness of the range of professions in the NHS. - The People Resourcing Team, in place since September 2021, had developed action plans to address these issues: <ul style="list-style-type: none"> • The improvement of inclusive recruitment – teams had reached out to deprived areas and supported initiatives for people with autism, learning disabilities, and care leavers. • Schools and colleges – they had potentially reached over 5000 students through virtual meetings and taster sessions in various departments, generating interest in different career pathways. • They also worked with refugees and people coming out of prison to provide them a fresh start. • Apprenticeships – they hoped to have 1% of employees on apprenticeship schemes. • Recruitment events were held three times a year in Cardiff City Centre which helped recruit for difficult areas such as housekeeping, catering, and healthcare support workers. • Retention – they had relaunched the exist questionnaire and starter surveys for new employees. • They had received positive feedback from their newly qualified nurses, with 8.7 out of 10 recommending Cardiff as a good place to work. <p>The IM-LC highlighted the importance of having a strategy to follow, and he suggested that it would be useful for the survey results for new starters to be shared.</p>	

Saunders, Nathan
21/03/2024 12:15:52

	<p>The EDPC responded that the teams would implement a planned framework to widen access to complement the People and Culture Plan. Initial conversations around this framework had recently begun, and it would be brought to a future Board for review.</p> <p>The CC highlighted to the ADPR the need for a cover report for the BAF which outlined metrics such as time to recruitment, efficiency of the service, and support provided for recruiting teams.</p> <p>The IM-CE asked what questions had been asked in the starter survey and whether any themes had been observed, and what was the response rate.</p> <p>The ADPR responded that:</p> <ul style="list-style-type: none"> - The response rate to the surveys was not as high as they would have liked, and it was between 22-25% - The survey aimed to gather information to improve the experience for the next cohort of nurses, and included concerns around the length of the supernumerary period, staff having appropriate support, the fear of having appropriate support and training, fear of making mistakes, and being short-staffed. - However, 87% of respondents said that they would recommend Cardiff as an employer, and the negative feedback was fed into the Nursing Productivity Group to be addressed. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The risks to the delivery Strategic Objectives (Workforce) detailed on the BAF for January 2024 were reviewed and noted. 	
<p>P&C 23/01/009</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC provided the Key Workforce Performance Indicators Report which provided the UHB position against the People & Culture KPIs. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.4.</p> <p>The DCEF commended the department managers within his team for meeting the Value Based Appraisals (VBAs) compliance targets.</p> <p>The IM-CE asked about the data in terms of:</p> <ol style="list-style-type: none"> 1) The sickness and turnover rates, and whether there were any particular hotspots across the UHB; and 2) The increase in the overall health board staffing numbers, and whether this was due to backfilling, new posts, or posts that had gone through a screening process to ensure their feasibility. <p>The DDPC responded that:</p> <ol style="list-style-type: none"> 1) Staff in post – a robust scrutiny panel had been in place since August 2023 to look into all posts, and that this was the first month in which they had seen an impact, with only 10 new posts in the previous month. There had been a lot of growth in medical and dental posts, which had always been built into their recruitment plan; and 	

Saunders, Nathan
21/03/2024 12:15:52

	<p>2) Hotspots – Healthcare Support Workers (HCSWs) and registered nurses had always been challenging in terms of turnover and sickness rates, but they had worked hard to reduce this.</p> <p>The COO explained that the Scrutiny Panel focused on all clinical posts Band 7 and above, and on all admin and clerical posts. He added that HCSWs, nurses, and midwives did not have the same restrictions.</p> <p>The CC queried why only just over half of clinicians had a signed off job plan.</p> <p>The COO responded that:</p> <ul style="list-style-type: none"> - They were committed to getting this right, and the goal was to create meaningful job plans which helped the organisation given that there was so much development happening. - It was important to redesign medicine in a meaningful way, with a focus on 7-day working and the continuity of care. - This was a significant task which had already started in Gastro, but he noted that it would take time to get right. - There was a focus on tackling the cultural hotspots and ensuring that people follow the organisation's values. <p>The COO added that the increase in the number of employee relations cases was not a negative. It meant that issues were being addressed.</p> <p>The DDPC highlighted the following:</p> <ul style="list-style-type: none"> - Job Planning - a consultant anaesthetist had been appointed to lead on job planning to support the clinical boards to make improvements. It was suggested that they be invited to a future meeting to outline their plan for improvement. - Employee relations cases - there had always been fluctuations in the number of cases, without a rationale or themes. They had a robust initial assessment process which stopped anything inappropriate from being investigated, and that they were tackling some historic bad behaviour. <p>The EDPC highlighted that the department had set a target for benchmarking, and that they had identified from learning that learning that discrimination was probably rising. She suggested that this be brought back as a topic for future discussion.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted and discussed.</p>	
<p>P&C 23/01/010</p> <p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>Clinical Board Spotlight – <u>CD&T Clinical Board</u></p> <p>The DO-CDT, IDN-CDT, and HPC shared the presentation which provided a summary of the Clinical Board from a People & Culture lens. The presentation is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.4.</p> <p>The CC asked how reliable the staff demographics were.</p> <p>The IDN-CDT responded that the data had been pulled from ESR, and that it was dependent on staff having populated their personal information.</p>	

	<p>The CC praised the presentation and the work undertaken by the clinical board across the various areas of the UHB.</p> <p>The IM-TU praised the partnership work undertaken between the CD&T Clinical Board and the Trade Unions. He asked what was the response rate for the exit questionnaires, and how they would rate staff morale within the clinical board.</p> <p>Regarding staff morale, the DO-CDT highlighted that staff were going through a particularly difficult time with winter pressures. She had received feedback that staff felt supported, but they were worn out. The DO-CDT suggested to share the information regarding exit questionnaires outside of the meeting.</p> <p>The CC asked what the Committee could do to support.</p> <p>The DO-CDT responded that the current financial challenge was at the forefront of their minds regarding the reshaping the workforce piece. She was not convinced that every team had the capability or capacity to manage all of the difficult work that lay ahead.</p> <p>The EDPC explained that a paper was being developed to address areas of the People and Culture Plan that had become lean over the years, with the first phase focusing on building workforce planning capacity. She acknowledged that the organisation was not currently engaging in strategic workforce planning, but rather forecasting, due to a lack of headspace and capability.</p> <p>The DDPC noted that they had worked closely with the Improvement team to create a training programme for managers on how to redesign their services. A draft proposal would be available to clinical boards within the following few weeks.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. To consider how to bring workforce redesign planning to the Committee (RG / SM) <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Medicine Clinical Board Spotlight was noted. 	
<p>P&C 23/01/011</p> <p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>Speaking Up Safely Update Paper</p> <p>The DCG presented the Speaking Up Safely (SUS) Report which provided the Committee with a summary of the new framework. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.5.</p> <p>The COO suggested the use of a portal which signposted the different avenues for staff to report concerns, to avoid the process becoming too convoluted and complicated. He added that in other organisations they had Freedom to Speak Up (F2SU) guardians.</p> <p>The CC asked about the additionality that SUS brought, given that there were already systems in place for reporting concerns, and how to differentiate between the channels and methods used by the organisation</p>	

	<p>and the plethora of external places. The CC suggested that the organisation make their process clearer and more streamlined for staff.</p> <p>The DCG responded that:</p> <ul style="list-style-type: none"> - The goal was to create a portal space that was accessible to everyone – however there needed to be a discussion around digital inclusion as there was a difference between the CAV website and SharePoint Online; - Oversimplifying the process into one place where anyone could go would require someone to apply judgement over the next steps, which could negate the purpose of the framework; - There were arguments both for and against the F2SU guardians, and England were taking a slightly different approach - There was concerns around not losing sight of culture and leadership, which was where the real additionality came from. <p>The IM-LC suggested that the analysis of which approach to take could be multi-disciplinary, and that Cardiff University might be able to help.</p> <p>The DCG confirmed that the organisation was compliant with the legislation; however, the process was not as effective as it could be.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1) For a progress update on SUS to be provided to a future Committee (MP) <p>The Committee resolved to:</p> <ol style="list-style-type: none"> 1) The update was noted; and 2) An update once the above actions had taken place was agreed. 	
<p>P&C 23/01/012</p>	<p>People and Culture Plan End of Year 2 Review</p> <p>The EDPC presented the Progress against the People and Culture Plan (Year 2 Review) which provided the Committee with a summary of the progress made, how they had responded to challenges faced, and the proposed next steps for 2024/25. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.6.</p> <p>The COO praised the Strategic Plan, and noted that he had not seen anything similar in other organisations.</p> <p>The CC suggested that it might be useful to differentiate between the different kinds of performance indicators, and who held responsibility for the delivery.</p> <p>The EDPC explained that the Plan affected every Executive portfolio, and Shared Services also had an input.</p> <p>The CC asked how the Committee could support the Plan in its next phases of development and how they can be kept accountable.</p> <p>The EDPC reminded colleagues that the People and Culture Plan was to be incorporated and owned by everyone.</p> <p>The Committee resolved to:</p>	

Saunders, Nathan
21/03/2024 12:15:52

	<p>1) The contents of the report were noted and the assurance around progress made in 2023 against delivery of the People and Culture Plan was received;</p> <p>2) The proposed next steps for 2024/25 were noted and supported.</p>	
<p>P&C 23/01/013</p>	<p>Health and Safety Update</p> <p>The paper was noted as read, and the HHS informed the Committee that a response to the actions following the Musculoskeletal and V&A intervention programme was required by the 29th February 2024.</p> <p><u>Estates</u></p> <p>The DCEF shared a presentation which provided the Committee with a summary of the ongoing risks within Estates.</p> <p>The COO acknowledged the UHB's difficult position going forward due to the limited capital and the need to make essential repairs. If the organisation was unable to safely provide services in a part of the building, a conversation would be needed around stopping that service or relocating to another part of the real estate. The COO highlighted that if they wished to attract people to work in their organisation, they would have to improve the facilities.</p> <p>The CC suggested that this issue be escalated to the Board, and noted that it was crucial for Welsh Government (WG) to be kept informed.</p> <p>Notwithstanding the financial pressures, the IM-CE asked what their status is in terms of their internal skills to deal with these problems, and how responsive they could be to tackle estates problems sooner rather than later.</p> <p>The DCEF responded that the UHB had some of the best engineers and construction professionals in the region. He added that the teams had provided assurance to staff that the problems were being dealt with proactively and logically.</p> <p>The EDPC reinforced that a poor work environment would affect the wellbeing of staff.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. For a paper on the Estates challenges across the organisation to be presented to Board, which also outlined the actions being taken to mitigate these risks (RW / GW) <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The contents of both reports were noted. 	
	Items for Approval / Ratification	
<p>P&C 23/01/014</p>	<p>Policies for Approval</p> <p>The All-Wales Flexible Working Policy was approved, and the Recruitment of Locum Doctors and Dentists Operational procedure was agreed to be rescinded.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The policies were approved / rescinded. 	

	Items for Information & Noting	
P&C 23/01/015	No items.	
	Any Other Business	
P&C 23/01/016	No items.	
	Private Agenda Items	
P&C 23/01/017	<i>i) Approval of Private Minutes ii) Employee Relations Risks (Verbal) iii) Fire Prosecution Update (Verbal)</i>	
	Review & Final Closure	
P&C 23/01/018	Items to be deferred to Board/Committees	
	Date & time of the next meeting: Tuesday 12 th March 2024 at 9am via MS Teams	

Saunders,Nathan
21/03/2024 12:15:52

**Minutes of the Mental Health Legislation and Mental Capacity Act Committee
Held on 31 October 2023
Via MS Teams**

Chair:		
Ceri Phillips	CP	Committee Chair / University Health Board Vice Chair
Present:		
Sara Moseley	SM	Committee Vice Chair / Independent Member – Third Sector
Susan Elsmore	SE	Independent Member - Council
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Francesca Thomas	FT	Head of Corporate Governance
Rebecca Aylward	RA	Deputy Executive Nursing Director
Daniel Crossland	DC	Director of Operations - Mental Health
David Seward	DS	Mental Health Act Manager
Neil Jones	NJ	Clinical Board Director – Mental Health
Jeff Champney-Smith	JCS	Chair, Powers of Discharge Sub-Committee
Katie Simpson	KS	Deputy General Manager for Children, Young People & Family Health Services (DGM-CYPFS)
Mark Doherty	MD	Director of Nursing – Mental Health
Observers:		
Secretariat:		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Meriel Jenney	MJ	Executive Medical Director
Suzanne Rankin	SR	Chief Executive
Jason Roberts	JR	Executive Nurse Director
Rhian Thomas	RT	Independent Member – Capital & Estates

Item No	Agenda Item	Action
MHLMCA 23/10/001	Welcome & Introductions The Committee Chair (CC) welcome everybody to the meeting in English and in Welsh.	
MHLMCA 23/10/002	Apologies for Absence Apologies for Absence were noted	
MHLMCA 23/10/003	Declarations of Interest No Declarations of Interest were noted.	
MHLMCA 23/10/004	Minutes of the Meeting held on 1 August 2023 The Minutes of the Meeting held on 1 August 2023 were received. The Committee Resolved that: a) The minutes of the meeting held on 1 August 2023 were agreed as a true and accurate record.	
MHLMCA 23/10/005	Action Log from the meeting held on 1 August 2023	

	<p>The Action Log was received and discussed.</p> <p>MHLMCA 23/05/010 – it was noted that the module was not ready to be put onto ESR as of yet. An update would be deferred to the January 2024 Committee.</p> <p>MHLMCA 23/05/013 – an update would be provided in the April 2024 Committee.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was noted.</p>	
MHLMCA 23/10/006	<p>Chair’s Action taken since last meeting</p> <p>The Committee Resolved that:</p> <p>a) No Chair’s Actions were taken since the last meeting.</p>	
MHLMCA 23/10/007	<p>Any Other Urgent Business Agreed with the Chair</p> <p>The Committee Resolved that:</p> <p>a) No other urgent business was agreed with the Chair.</p>	
	Mental Capacity Act	
MHLMCA 23/10/008	<p>Mental Capacity Act Monitoring Report and DoLS Monitoring</p> <p>The DEND presented the Monitoring report which provided a general update on current issues relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. A summary of the updates can be found in the report alongside the papers received for the Mental Health Committee on the 31.10.2023 for Agenda item 8.1.</p> <p>The IM-C asked when the memorandum of understanding between LAs and the Health Board would be in place.</p> <p>The DEND responded that it would be in place by the following Mental Health Committee in January 2024.</p> <p>The IM-C asked how long this would take to have an impact.</p> <p>The DEND responded that the work programme from the peer review would create a lot of recommendations, and that while there would be incremental improvements, it could be around 12-18 months before they saw any real results.</p> <p>The CC commented that the Consent Lead seemed to be a busy part-time role.</p> <p>The DEND responded that the individual was on a 12-month secondment which was up for review in June 2024.</p> <p>In terms of compliance, the CVC noted that it would be interested to know how they compared to other Health Boards.</p> <p>The DEND responded that for Deprivation of Liberty, they were on par with other Health Boards, however she was unsure from a consent perspective.</p> <p><u>Action:</u></p>	

Saunders, Nathan
21/03/2024 15:55:35

	<p>1. For a comparative benchmarking piece of work on the Deprivation of Liberties and Consent across the Welsh Health Boards to be presented to the following Committee (RA / DS).</p> <p>The Committee resolved that:</p> <p>a) The contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators were noted.</p>	
	Mental Health Act	
MHLMCA 23/10/009	<p>Mental Health Act Monitoring Exception Report</p> <p>The MHAM presented the Exception report which provided further information relating to the wider issues of the Mental Health Act (MHA). He highlighted that they had a few fundamentally defective reports, with one application and three 5(2) reports. A summary of these incidents is available to view in detail in the report alongside the papers received for the Mental Health Committee on the 31.10.2023 for Agenda item 9.1.</p> <p>The MHAM explained that these incidents highlighted the need for training within UHW. He had worked with colleagues in EU and wards and they had produced a training package, and a list of the main wards they received 5(2)s from had been pulled together. The MHAM explained that in the new year, he would provide training on 5(2)s in these wards.</p> <p>The CC commented that it was alarming to have 3 fundamentally defective reports in one quarter, but that the responsibility did not just lie with the MHAM.</p> <p>The CBD-MH confirmed that he would liaise with the EMD given the level of basic errors highlighted in the incidents, and that it would be brought to the following Clinical Board Directors meeting.</p> <p>The IM-C noted that the correct attention was not given to these legal forms.</p> <p>The MHAM agreed, and explained that he would impress the urgency and importance of these situations onto the professionals who were responsible for these forms. He added that people might not know that the contact information and the help was there if needed.</p> <p>The CC noted the team had their full support, and he asked for an update to be brought to the following Committee.</p> <p><u>Action:</u></p> <p>1. To spread awareness and increase education on the process for completing the necessary legal documentation, and for an update to be brought to the following Committee (DS).</p> <p>In terms of Section 136, the MHAM provided the following summary:</p> <ul style="list-style-type: none">- The use of Section 136s had decreased within the previous quarter;- They had 3 Section 136's which had lapsed with no assessments – two were due the patient having taken an overdose and so they were not medically fit for assessment, and the other incident they had classed as a lapse because the assessment team had arrived late;- The number of CAMHS assessments remained the same at 12;- There had been 9 repeat presentations.	

Saunders, Nathan
21/03/2024 12:15:52

	<p>The CVC asked if there was a reason for the spike in Section 136s in hospital assessments above the control limit.</p> <p>The MHAM responded that within the previous quarter, it was due to a very young new presentation which took them above the control limit. He confirmed that the patient had been moved to a placement out of area.</p> <p>Regarding Tribunals, the MHAM highlighted that:</p> <ul style="list-style-type: none">- They had received new guidance which set out new timescales of when an application for observation needed to be put into the tribunal, and what constituted as an observer.- They had received three observer requests – two had been approved, and one was declined due to it being submitted outside of the timescale.- A list of accredited Mental Health Solicitors used to be issued in the wards, however the tribunal had stopped this with immediate effect. Now the expectation was on the Mental Health Act Administrators to complete this task on behalf of the Tribunal, and they had stopped sending Clerks to Section 2 Tribunal hearings.- This had put a lot of added pressure onto administrators to do a clerk’s role, and it had caused a lot of difficulty for the UHB.- There had been no discussion or consultation with colleagues, and all Health Boards were in the same position. <p>The CC suggested that he would bring the issue to the Vice Chairs Group who could take it to the attention of Welsh Government (WG).</p> <p>The CVC asked whether the administration of the tribunal was devolved to WG, or if this was a UK-wide arrangement.</p> <p>The MHAM responded that the tribunal had been devolved to WG, however the President and Deputies were separate as they were part of the judicial system.</p> <p>The MHAM added that he was in the process of reconfiguring how their team could support the training due to a key team member going on maternity leave.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none">a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report was noted.	
<p>MHLMCA 23/10/010</p> <p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>Feedback and Next Steps from the Community Mental Health Summit (verbal)</p> <p>The DO-MH provided the following summary from the Community Mental Health Summit:</p> <ul style="list-style-type: none">- PCIC, Mental Health, and Children & Women’s Clinical Boards were involved in this;- They discussed the key challenges that community mental health teams were facing;- <u>ADHD referrals</u> had increased over recent years. These referrals required a psychiatrist to prescribe, and so the demand had largely fallen into secondary care (CMHT). <p>In turn, this had an impact on their compliance with the Part 2 targets, as Part 1 individuals who were seen within a Part 2 service were automatically made a Part 2 patient.</p>	

- 'Stable severe' provision was also legislated as being a Part 1 service was still being seen within Part 2 services;
- These both contributed to provide the highest caseloads in Wales – in C&V, they currently had 838 people per 100,000 on a Part 2 Caseload (whereas the average in Wales was around 600 per 100,000 people).

The CVC asked if there was a creative way to train and support nurse prescribers and non-psychiatry staff to fill the prescribing role more.

The DO-MH responded that there were three issues with ADHD referrals:

1. The assessments were quite in depth and took around 1-2hrs to complete, plus the time to write up.
2. Individuals transferring from CAMHS or from prison, where they might have received a diagnosis from elsewhere, would come into secondary services and require allocation.
3. There had sometimes been concern in the quality of private assessments and diagnoses, and on occasion they had felt that they did not compare to NHS assessments.

The DO-MH responded that given the demand they had recently experienced, they would need a completely different way of managing the assessment and prescribing process. He added that there had been extensive discussions around this, and GP providers were happy to engage, however this would be a large piece of work.

The DO-MH continued with the Verbal Update, and summarised that:

- Pathways – patients had complained over recent years around the multiple assessments and entry points.
- They had a new service provision with 111 press 2.
- There were particular risks and pinch points with community provision across the services, and the Summit resulted in productive discussions. They had proposed a number of possible solutions, and discussions would be held around the next steps;
- They talked about large scale workforce and service changes – therefore there would need to be decent consultation and discussion around planning before this work progresses.

In terms of Children & Women Clinical Board, the DGM-CYPFS added that:

- They had received positive recognition from PCIC in terms of the structural changes made within the Clinical Board, for example the single point of access and their restructured assessment team.
- More work was needed around early intervention and prevention, and how they utilised their schools in the REACH team and with GPs.
- One of the biggest challenges in relation to young people was around suitable places across the Health Board estate for those aged between 16-17 years old who were in emotional distress or crisis – they hoped for resolution with Clinical Boards over the coming months.

The CC explained that the atmosphere in the summit was one of collaboration between primary care providers and the respective Clinical Boards. It was agreed at the Summit that there was not a need for a follow-up meeting, as they had developed action plans which were underway.

The Committee resolved that:

Saunders Smith
21/03/2024 15:15:52

	a) The contents of the report were noted.	
MHLMCA 23/10/011	<p>Section 117 Supreme Court Ruling Implications</p> <p>The DO-MH introduced the report and summarised that:</p> <ul style="list-style-type: none">- An SBAR had been produced and submitted;- Following a Secretary of State decision, the key change was that Section 117 responsibility of an individual changes at the point of a Section 3;- This could provide a potential challenge to the UHB – C&V was at particular financial and clinical risk due to the very high number of placements and individuals placed here by other Health Boards and Local Authorities. There was a degree of uncertainty around the number and quality of these placements, and the responsibility of the provider;- They had sought legal advice to clarify queries about the retrospective implications of the ruling;- The NCCU had also sought legal advice – The DO-MH had met with peer leads across Wales to have an open discussion about the Section 117 ruling. Discussions were also had with LA leads across Wales around the legal ruling and implications. Further actions included to develop a Freedom of Information (FoI) request to go into English and Welsh Health Boards to understand the degree to which the risk sits with CVUHB. <p>The IM-C noted that prior to the Supreme Court ruling, the responsibility had been with the LAs, and she asked what CVUHB thought.</p> <p>The DO-MH responded that C&V was concerned. Part of the challenge was that while they were aware of a number of providers that offered/commissioned work within Cardiff, they were unsure quite how many there were. He added that they would have to guard against being entirely financially driven as it might be divisive between the UHB and LAs – they had to be unified to manage the risks.</p> <p>The DO-MH explained that this had been discussed with the finance team to ensure they were fully aware of the implications and that it formed part of their risk register. Additionally, conversations had started with the DCG and his team around the risk score.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none">1. For an update on any new developments and for clarity over the potential risks regarding the Section 117 rulings to be brought to the following Committee (DC). <p>The Committee resolved that:</p> <p>a) The report was noted.</p>	
	Mental Health Measure	
MHLMCA 23/08/012	<p>Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report</p> <p>The DO-MH and the DGM-CYPFS presented the Monitoring report which provided further information on the UHB Mental Health Measure performance. The report is available to view alongside the papers received by the MH Committee on 31.10.2023 for Agenda item 10.1.</p>	

	<p>Regarding the CMHT caseloads within Part 2, the IM-C asked what the impact this had on staff morale.</p> <p>The DO-MH responded that this was tricky to answer, but noted that:</p> <ul style="list-style-type: none">- The number of vacancies within community and mental health terms was significant, with some areas at around 40% vacancy rate – this had improved more recently however;- Vacancies were potentially due to the risks/level of responsibility that the teams face, as well as the additional caseload due to other vacancies within the team. In addition, the cost of living may be an issue as there was no shift allowance or weekend working – as a result, the number of applications for Part 2 services had been low on occasions, however there was variation across teams.- They had listened and engaged with staff to think about reasonable alternatives – they conducted an equality audit of Care and Treatment Plans each quarter, which had indicated that there were some performance issues in some areas.- The Recovery College’s approach suggested that they would like to develop a course around care and treatment planning for staff, users and carers to engage with – this was a particularly challenging environment. <p>The IM-C congratulated the Mental Health Clinical Board for their level of compliance and advocacy standards in terms of Part 4.</p> <p>The CC reiterated that figure that the average CMHT caseload within Cardiff was 838 per 100,000 population, and asked to what extent there was variation within C&V.</p> <p>The DO-MH responded that they did not see a huge variation as they did not have a Part 1 ‘stable severe’ or RAMP provision currently in place – this was universally an issue across all teams, particularly with ADHD and ‘stable severe’ provision. Additionally, they had a challenge around the digital approach.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report were noted.</p>	
<p>MHLMCA 23/10/013</p>	<p>Development of a Recovery and Maintenance Protocol as part of a Part 1 Scheme under the Mental Health (Wales) Measure 2010</p> <p>The DO-MH provided the Committee with a summary of the Recovery and Maintenance Provision (RAMP) which aimed to resolve some of the challenges around that particular Part 2 issue. He summarised that:</p> <ul style="list-style-type: none">- The protocol was that Part 1 service users were attending a Part 2 service, and therefore were being counted in the numbers of their Part 2 compliance;- A draft of the RAMP had been produced and they were receiving comments/feedback from various services. They would need to undertake an equality health impact assessment to ensure they did not disadvantage anyone with protected characteristics. The pathway would also need work to ensure people were clear on how it would be used;- There had been significant work around this and it had been discussed in some of the locality implementation groups with service users present. They aimed to have a completed draft by the following Controlled Oversight Group meeting; <p>They had hoped to implement this as soon as possible – they felt that this was material in their long-term improvement in their Part 2 possession to achieve the 7% a month growth.</p>	

Saunders Nathan
21/03/2024 12:15:52

	<p>The Committee resolved that:</p> <p>a) The Development of a Recovery and Maintenance Protocol as part of a Part 1 Scheme under the Mental Health (Wales) Measure 2010 was noted.</p>	
	Items to bring to the attention of the Committee for Noting / Information	
MHLMCA 23/08/014	<p>Sub-Committee Meeting Minutes:</p> <p>The Committee received copies of the Sub-Committees' meeting minutes:</p> <ul style="list-style-type: none"> Hospital Managers Power of Discharge Sub-Committee Minutes – October 2023 Mental Health Legislation and Governance Group (MHLGG) – October 2023. <p>The C-PDSC highlighted that:</p> <ul style="list-style-type: none"> Their main concern was the quality of care and treatment plans; They were concerned with the drop in the percentage of advocacy managers hearings – this had been taken to M-LAG to determine the cause and what could be done about this; They were returning to face-to-face hearings which had gained some traction. <p>The DO-MH offered to discuss whether specific areas fit in with their audit documentation.</p> <p>The MH-AM commented that he had had a meeting with the Advocacy Team leader and manager the previous week to see if they could streamline the service for referral traffic.</p> <p>The Committee Resolved that:</p> <p>a) The Sub-Committee Meeting Minutes were noted.</p>	
	Items for Approval / Ratification	
MHLMCA 23/10/015	No items for approval.	
MHLMCA 23/08/016	<p>Any Other Business</p> <p>The CC noted that the WG were in the process of developing a new Mental Health strategy which would be in parallel with the Suicide and Self-Harm Strategy for Wales.</p> <p>The CC added that the Mental Health Wales Bill had been proposed and accepted as one of the Private Member's bills to be taken forward by the Senedd in the forthcoming year.</p> <p>The CC acknowledged that this was the IM-C's final meeting, and he expressed thanks for her commitment to the Mental Health Agenda.</p>	
MHLMCA 23/10/017	<p>To note the date, time and venue of the next meeting:</p> <p>30th January 2024 Via MS Teams</p>	

Saunders, Nathan
21/03/2024 12:15:52

**Minutes of the Public Finance and Performance Committee Meeting
Held on 13 December 2023 at 2.45pm
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
Abigail Harris	AH	Executive Director of Strategy
Robert Mahoney	RM	Deputy Director of Finance
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:		
Andrew Gough	AG	Deputy Director of Finance – Strategy
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 22 November 2023 The minutes of the meeting held on 22 November 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 22 November 2023, were held as a true and accurate record of the meeting.	
FPC 23/11/014	Actions following the Finance and Performance Committee meeting on 22 November 2023 The Action log was received.	

	<p>The Chief Operating Officer advised the Committee that the Outpatients Deep Dive action would not be completed until January 2024 and it was agreed that the Committee would receive a report at its next meeting.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 23/11/015</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 23/11/016</p>	<p>Financial Report – Month 8</p> <p>The Financial Report – Month 8 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p>“At month 8, the UHB reported an overspend of £17.393m. This was 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)”.</p> <p>The Deputy Director of Finance (DDF) advised the Committee that he would pick out key points from the report which included:</p> <ul style="list-style-type: none"> There was a shortfall on the savings programme at month 8 of £2.295m and an operational deficit of £4.124m which meant that the Health Board's financial position was at £17.393m against the £10.973m planned deficit. <p>The Committee was advised that the forecast year end position had been amended in line with the revised target control total issued by Welsh Government (WG) on the 20th October 2023 and it was outlined how the control total of £16.460m was set against the movement throughout the year.</p> <ul style="list-style-type: none"> An analysis of the £17.393m overspend at Month 8, between Income, Pay and Non-Pay had been completed and provided to the Committee and outlined that the Health Board were £6.419m off the target. <p>The DDF added 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.</p> <p>The UHB Chair asked what assurance could be provided, if any that actions were in place to allow the Health Board to deliver against the revised forecast deficit of £16.460m.</p> <p>The DDF responded that there were 2 original themes that were identified to deliver the £32m which then became a £36m ambition to deliver cost savings which continued to be pushed very hard by the finance teams and it was forecast to deliver towards the end of the financial year.</p> <p>He added that on top of that, the Organisation had started to focus on areas that had pushed out and enhanced controls were put in place in terms of trying to slow down the fill rate on non-essential posts and also focus on the cost of high inputs such as locum costs.</p> <p>The UHB Chair noted that the Actual Total Variance (ATV) had started to move away from the forecast position trajectory and asked if the actions identified had disturbed that trajectory and how confident was the team that it could get back onto track.</p> <p>The DDF responded that there was a high level of risk and noted that the ATV had flat lined on the graph provided because the position held in the Medicine Clinical Board had to be recalibrated due to push outs on spends, mainly around medical locum fees.</p>	

Saunders, Nathan
21/03/2024 12:15:52

<p>Saunders, Nathan 21/03/2024 12:15:52</p>	<p>He added that efforts had been taken across the Medicine Clinical Board as well as across the whole Organisation to move the ATV back towards the forecast trajectory but noted that complete assurance could not be provided at that time.</p> <p>The Executive Director of Finance (EDF) highlighted 2 further points:</p> <ul style="list-style-type: none"> • The Finance Team and Executives were working with the Clinical Board who had had pressures placed on their budget that had emerged throughout the financial year and work was ongoing to see how they could get back into a positive run rate. • The development of the next financial year's savings had begun. • Financial Performance of Clinical Boards – It was noted that budgets were set in the anticipation that they were sufficient to deliver the Health Board's plan. • The operational position remained at an overspend of £6.419m in month and 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 which was required as the Health Board moved into the challenging winter months. • A deterioration of £ £1.300m was reported in month for the Medicine Clinical Board, which followed a deterioration of £0.998m in the previous month. It was noted that a continuation of the current level of overspend would significantly impair the Health Board's ability to meet its forecast year end outturn position and so as a consequence, further support was being focussed on the Medicine Clinical Board with an emphasis on actions which would enable the service to reduce its expenditure run rate and work within delegated budgets. <p>The UHB Vice Chair noted that the narrative within the report also mentioned the PCIC Clinical Board and asked that given the pressures seen within PCIC, to what extent could the Health Board address the PCIC overspend.</p> <p>The DDF responded that PCIC was particularly complex because it was made up of a number of contractors and the budget of the Clinical Board was larger than others.</p> <p>He added that the finance team were working with PCIC to see how a reduction in the cost of providing out of hours support with could be achieved as well as a number of other key areas being looked at.</p> <ul style="list-style-type: none"> • COVID 19 Expenditure – The Committee received a month 8 summary on Covid-19 expenditure and it was noted that Local Response expenditure was no longer funded by WG and as such was included within the Health Boards Financial Plan. <p>The forecast cost at Month 8 for Covid expenditure was a reduction of £3.0m against the £34.2m included within the Financial Plan and was also included within the Health Boards savings plans.</p> <ul style="list-style-type: none"> • Finance Department's Risk Register – It was noted that the key risk which fed into the Corporate Risk Register was the failure of the Health Board to deliver a breakeven position by 2023-24-year end with the current planned deficit of £88.4m. • Additional Actions – The DDF advised the Committee of additional actions that were progressing to recover the month 8 operational & CRP deficit to enable the Health Board to deliver the revised forecast £16.460m deficit and included: <ul style="list-style-type: none"> - Limit catalogue for non-clinical pay expenditure - Elimination of non-clinical overtime - Waiting list initiative management following Health Board rate card - Rationalise study leave to the minimum required to meet regulatory requirements. 	
---	---	--

<p style="transform: rotate(-45deg); transform-origin: left bottom; white-space: nowrap;">Saunders, Nathan 21/03/2024 12:15:52</p>	<p>He added that reducing premium pay expenditure across all staff groups was a large component of the additional actions and it was noted that significant actions were taken during August 2023 to ensure that opportunities were realised.</p> <p>The CC asked if a figure against each of the additional actions could be received by the Committee as it moved into the final quarter of the financial year.</p> <p>The DDF responded that he would look at that to ensure further transparency.</p> <p>The UHB Chair added that it would also highlight the hard work undertaken by all of the relevant teams.</p> <ul style="list-style-type: none"> • The Committee received a graph which outlined the Profile of Savings Delivery • The Committee received a graph which outlined the Progress of Identification of Schemes • 2023-24 Savings Summary – The Committee was provided with a table which showed where the Health Board had distributed the £32m savings plans and demonstrated over the different themes and Clinical Board where savings would be delivered. <p>The DDF advised the Committee 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>He added that the additional 10% Improvement required was planned to be realised through the review, management and scheduling of specific expenditure programmes and it was noted that £5.4m of green and amber opportunities had been identified to date against the £8.8m target.</p> <ul style="list-style-type: none"> • Cash Flow Forecast – It was noted that the cash balance at the end of November 2023 was £6.632m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support. The DDF advised the Committee that the Health Board were still outstanding around £75m to £100m of the allocation and discussions with WG were ongoing. • Capital (as at Month 7) – The DDF advised the Committee the Health Board were on track with Capital plans as all schemes were currently in line with the revised forecasts with the exception of UHL infrastructure, Endoscopy, Genomics, and Park View which were slightly behind plan year to date, however those were still expected to deliver in 2023/24. <p>The DDF concluded that the Financial Plan included a revised forecast deficit of £16.460m and that the revised forecast deficit was based on the receipt of an additional £63.100m funding from WG and additional Health Board action to reduce its expenditure base by £8.840m.</p> <p>He added that the further reduction in expenditure represented an increase in risk which the Health Board needed to manage.</p> <p>The UHB Chair asked if expenditure was expected if Junior Doctors decided to take industrial action.</p> <p>The Chief Operating Officer (COO) responded that it was inevitable that there would be industrial action taken and that it would most likely lead to Consultants being paid to “act down” which would come at a significant cost to the Health Board.</p> <p>The UHB Chair added that it would be important to provide the relevant communications around that and to manage patient expectations.</p> <p>The Finance and Performance Committee resolved that at Month 8:</p>	
--	--	--

	<p>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.</p> <p>b) The reported year to date overspend of £17.393m and the forecast deficit of £16.460m was noted</p> <p>c) The financial impact of forecast COVID 19 costs which were assessed at £44.264m was noted</p> <p>d) The month 8 operational overspend against plan of £4.124m with a further £2.295m savings gap was noted</p> <p>e) The progress against the savings target, with £34.462m (108%) of schemes identified at Month 8 against the £32m target with year to date deficit was noted</p> <p>f) It was noted that delivery of the forecast was also predicated on the confirmation of all outstanding income streams.</p>	
<p>FPC 23/11/017</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"> 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. Cancer Performance – The COO advised the Committee 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 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. October 2023 saw further improvement in Health Board compliance against some key Sentinel Stroke National Audit Programme (SSNAP) measures for the Stroke Pathway. <p>The COO advised the Committee that in 2022, the Health Board had achieved a D rating from SSNAP and that in November 2023, the Health Board had been awarded with an A rating which highlighted all of the great work undertaken by the stroke team to improve the position in 12 months.</p> <ul style="list-style-type: none"> 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. <p>The COO advised the Committee that the Health Board would deliver the ministerial expectation on 104 weeks 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.</p> <p>He added that there was approximately 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.</p> <ul style="list-style-type: none"> 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. <p>The COO advised the Committee that it was anticipated that the ongoing work around LoS would result in an improved experience and shorter length of stay for</p>	

Saunders,Nathan
21/03/2024 12:15:52

	<p>patients, and deliver operation benefits such as improved flow and taking some pressures out of the Emergency Unit (EU).</p> <p>The CC asked for further information around Endoscopy and the increased capacity.</p> <p>The COO responded that the 2 new Endoscopy rooms were completed and due to opened from January 2024 with an official opening in February 2024.</p> <p>He added that an insourcing arrangement was in place to make up any shortfall of capacity.</p> <p>The UHB Vice Chair noted that the report had identified that the 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.</p> <p>He added that whilst performance was not where it needed to be in terms of target, the downward trajectory observed was important to note and noted that the teams had initiated actions to continue that downward trajectory which could provide the assurance required.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes were noted.</p>	
<p>FPC 23/11/018</p>	<p>Decarbonisation Update</p> <p>The Decarbonisation Update was received.</p> <p>The Executive Director of Strategic Planning advised the Committee that she would take the paper as read and reminded the Committee that they had received a Decarbonisation update in 2022.</p> <p>She added that the report 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.</p> <p>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.</p> <p>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.</p> <p>The Finance Committee noted:</p> <p>a) The content of the report and appendices was noted.</p>	
<p>FPC 23/11/019</p>	<p>Monthly Monitoring Returns – Month 8</p> <p>The Month 8 Monitoring Returns was not received due to the short turn around in signing off of returns.</p> <p>The EDF advised the Committee that the Monthly Monitoring Returns – Month 8 would be received at the January 2024 Committee meeting.</p>	
<p>FPC 23/11/020</p>	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 13 December 2023 via Teams</p>	

Saunders Nathan
21/03/2024 12:15:52

**Minutes of the Public Finance and Performance Committee Meeting
Held on 17 January 2024
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
Abigail Harris	AH	Executive Director of Strategy
Robert Mahoney	RM	Deputy Director of Finance
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance (joined at 3pm)
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – Information Communication & Technology
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director

Item No	Agenda Item	Action
FPC 24/01/011	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 24/01/012	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 24/01/013	Declarations of Interest No Declarations of Interest were noted.	
FPC 24/01/014	Minutes of the Finance and Performance Meeting held on 13 December 2023 The minutes of the meeting held on 13 December 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 13 December 2023, were held as a true and accurate record of the meeting.	
FPC 24/01/015	Actions following the Finance and Performance Committee meeting on 13 December 2023	

	<p>The Action log was received.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 24/01/016</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 24/01/017</p>	<p>Financial Report – Month 9</p> <p>The Financial Report – Month 9 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p><i>At month 9, the Health Board was reporting an overspend of £17.575m. This was comprised of £5.230m unidentified savings/operational overspend and the revised planned deficit of £12.345m (nine twelfths of the revised forecast year end deficit of £16.460m).</i></p> <p>The Deputy Director of Finance (DDF) advised the Committee that he would pick out key points from the report which included:</p> <ul style="list-style-type: none"> As at month 9, the shortfall on the savings plan was £2.181m and the operational overspend in delegated budgets was £3.049m. <p>It was noted that the total overspend at month 9 was £17.575m with an aim to get back to the target of £16.460m by year end.</p> <ul style="list-style-type: none"> The Financial Plan Approved by Board and submitted to Welsh Government outlined the planned 2023-24 deficit of £88.4m <p>It was noted that the changes in allocation from Welsh Government (WG) at the midpoint of the year gave the Health Board some additional funding and stretched it with an additional savings target of going further 10% which meant that WG had set an anticipated target of £16.460m at year end.</p> <ul style="list-style-type: none"> An analysis of the £17.575m overspend at Month 9, between Income, Pay and Non-Pay – The Committee were provided with a table that outlined the Summary Financial Position for the period ended 31st December 2023 where it was noted that delivery of the revised forecast deficit of £16.460m would require continuing focus and downward pressure on the Health Boards cost base, the achievement of the full £32m savings programme and restoration of operational financial balance. <p>The UHB Chair asked if the DDF could contextualise the total operational and savings programme deficits and the profile of the additional savings actions on the total variance and how the Health Board compared to other Health Boards across Wales.</p> <p>The DDF responded that a number of other Organisations across Wales increased their deficits during the year significantly and materially and that whilst they were online to deliver against the revised deficit forecast, those were outside what had previously been reported to WG.</p> <ul style="list-style-type: none"> Total Variance Forecast – The Committee received a graph which outlined the Total Variance Forecast and showed the total operational and savings programme deficits and the profile of the additional savings actions on the total variance. <p>It was noted that if schemes delivered in line with the profile after peaking at month 6 the reported deficit would continue on a trajectory to hit the £16.460m revised forecast deficit.</p> <p>The DDF advised the Committee that the graph received was a good representation of how various multiple programmes, both in terms of cost restrictions, enhanced run rate focus and the continued delivery of the savings programme that had been set out during the year had all contributed to get the trend back online.</p>	

Saunders, Nathan
21/03/2024 12:15:52

- Financial Performance of Clinical Boards – It was noted that the report summarised each of the clinical boards as well as some of the central commissioning budgets which demonstrated how the teams effectively slowed the increase in deficit down to the £17.575m.
- Summary of Month 9 COVID 19 Net Expenditure – It was noted that Local Response expenditure was no longer funded by WG and as such was included within the Health Boards Financial Plan.
- Risk Register - The Finance Department's Risk Register was received and the key risk which fed into 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 £16.46m.

The CC noted that winter pressures were not mentioned within the risk register and asked for further information.

The DDF responded that the plans had been worked up well in advance of the winter period and were communicated clearly and were being transacted at present.

The Chief Operating Officer (COO) added that from a financial perspective a provision had been made in the way that winter funding had been allocated and he reminded the Committee that the Health Board had sought permission to make the £1.5m a recurrent investment into the schemes for 2023/24 which had been done.

- Savings Programme – It was noted that at month 9, the health Board had identified £32.590m of green and amber schemes against the £32m savings target.

The DDF advised the Committee that the month 9 position included a Savings Programme variance of £2.181 due to the shortfall in delivery against some schemes.

He added that the progress of the agreed additional actions and focus on operational pressures was expected to cover the month 9 Savings Programme variance by year end, enabling the Health Board to deliver its revised planned deficit position of £16.640m.

- Going Further by 10% - It was noted that in addition to the Savings target included in the Health Boards initial plan, there was a requirement 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.

The DDF advised the Committee 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 £4.8m of green and amber opportunities had been identified to date, with an extra £1.7m opportunities being worked on.

- Cash Flow Forecast - The Committee was advised that the cash balance at the end of December 2023 was £6.623m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support from WG.
- The DDF noted that the Health Board had relayed an accountable officer's letter, on the 22nd November 2023, to formally request the strategic cash assistance in line with the revised forecast outturn and that in addition, the Health Board urgently required confirmation and action of outstanding cash allocations that had been included since the beginning of the year.

He added that there was a concern outlined via the risk table received which noted that the number of outstanding allocations yet to be received from WG could potentially impinge upon the ability to pay suppliers in February and March 2024 but noted that conversations were ongoing with WG.

Saunders, Nathan
21/03/2024 12:15:52

	<ul style="list-style-type: none"> Public Sector Payment Compliance – It was noted that the Health Boards public sector payment compliance performance was above the target of 95% and performance for the month to the end of December was 97.42% Capital – It was noted that out of the Health Boards Capital Resource Limit, 15% was expended at the end of December 2023. <p>It was noted that two capital schemes were currently classified as medium risk:</p> <ul style="list-style-type: none"> Genomics - forecasted a potential £0.847m overspend which was to be managed through the discretionary programme. Eye Care – discussions were ongoing with Digital Health and Care Wales (DCHW) in relation to the future of the asset and the ongoing service provision. <p>The DDF advised the Committee that WG had published its Draft Budget for 2024-25 on the 19th December 2023 and highlighted some of the key areas which included:</p> <ul style="list-style-type: none"> There was 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 came from reshaping Welsh Government spending plans, was on top of the additional £425m made available in October 2023 and represented an increase of more than 4% in 2024-25. <p>The DDF concluded that the key risk to identify to the Committee as previously stated was that the Financial Plan included a revised forecast deficit of £16.460m.</p> <p>The Finance and Performance Committee resolved that at Month 8:</p> <ol style="list-style-type: none"> 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. The reported year to date overspend of £17.575m and the forecast deficit of £16.460m was noted. The financial impact of forecast COVID 19 costs which was assessed at £44.064m was noted. The month 9 operational overspend against plan of £3.049m with a further £2.181m savings gap was noted. The progress against the savings target, with £32.590m (102%) of schemes identified at Month 9 against the £32m target with year to date deficit was noted. The delivery of the forecast which was also predicated on the confirmation of all outstanding income streams was noted. The initial assessment of the Welsh Government Draft Budget 2024/25 and Health Boards Revenue Allocations 2024/25 was noted. 	
<p>FPC 24/01/018</p> <p>Saunders, Nathan 21/03/2024 12:15:52</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"> Urgent and Emergency Care – it was noted that December 2023 saw a reduction in the average ambulance handover time and that the Health Board continued to meet its commitment on reducing the number of lost hours. 	

<p style="transform: rotate(-45deg); transform-origin: left bottom;">Saunders, Nathan 21/03/2024 12:15:52</p>	<p>It was noted that the ongoing focus and work undertaken by the Emergency Unit (EU) and patient flow teams had led to a significant reduction in average handover time and 1-hour handovers, in the context of a very challenging national picture.</p> <p>The COO advised the Committee that considerable improvement had been made on patients waiting 12 hours in the EU and that whilst October 2023 saw periods of sustained pressure and an increase from September 2023 in the number of patients waiting 12 and 24 hours in the EU, the more recently picture had seen a significant reduction in the number of 12-hour breaches which was reflected in the November and December 2023 data.</p> <ul style="list-style-type: none"> Stroke Performance – it was noted that November 2023 saw further improvement in the Health Boards compliance against some key Sentinel Stroke National Audit Programme (SSNAP) measures and the percentage of patients directly admitted to the stroke unit within 4-hours had increased to 63% and remained significantly above the all Wales average. Hip/Fracture Performance – it was noted that performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) had shown some improvement and that rapid fracture pathway improvements had led to a significant reduction in the median time taken for patients to get to the ward. <p>It was noted that compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remained well above the NHFD average.</p> <ul style="list-style-type: none"> Cancer Update – The COO advised the Committee that performance in October 2023 had increased to 64.7% as the teams continued to work through the longest waiting patients. <p>He added that performance had dipped in November 2023 due to particular challenges with endoscopy which had impacted the upper and lower GI pathways but noted that performance was expected to improve to 62% by the next reporting period.</p> <p>It was noted that there would be a disruption to the cancer pathway due to the Industrial Action being taken by Junior Doctors and the impact of that disruption was being assessed.</p> <ul style="list-style-type: none"> Planned Care – it was noted that the Health Board had delivered the 104-week waiting standard at the end of December 2023. 3970 patients waiting over 2 years. <p>The COO noted that in terms of patients waiting over 3 years, 176 patients were waiting across 2 specialities (spinal and urology) and 22 patients were currently waiting over 4 years which were complex spinal patients.</p> <p>He added that the focus was to have those patients cleared by the end of March 2024.</p> <ul style="list-style-type: none"> Diagnostics – It was noted that the waiting list position for Diagnostics had deteriorated, with particular challenges in Radiology and Endoscopy. <p>It was noted that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would hopefully address radiological backlogs.</p> <p>The COO advised the Committee that a deep dive on diagnostics would be received at its February meeting.</p> <ul style="list-style-type: none"> Delayed pathways of care and acute ward length of stay – It was noted that the metrics were included in the productivity and efficiency section of the Integrated Performance Report 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. 	<p>PB</p>
---	---	-----------

	<p>The COO advised the Committee that reducing the time patients spent in hospital was a current operational focus and was the subject of the most recent 'Ask Suzanne' CEO session.</p> <p>He added that the ongoing work focused on patients and family, clinicians, integrated discharge service, hub and flow teams and that it was anticipated that the work would 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.</p> <p>The COO concluded that the area of most concern for him in terms of operational performance was in the Mental Health position which remained incredibly pressured.</p> <p>He added that the demand for adult and children's Mental Health services remained significantly above pre-Covid levels, which included an increased presentation of patients with complex mental health and behavioural needs.</p> <p>It was noted that Part 2 compliance remained challenging and that an improvement trajectory was shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance.</p> <p>The CC asked if it was a similar position on Mental Health in other Health Boards.</p> <p>The COO responded that the whole of the UK was seeing a large demand on Mental Health services.</p> <p>The UHB Chair expressed his concern on the Mental Health situation and noted that the Health Boards ability to deal with the level of demand fluctuated.</p> <p>He asked if it was down to a lack of resource or capacity issues, demand or a combination of both.</p> <p>The COO responded that the biggest thing was the increase in demand and that work was required to understand what the capacity was to meet that demand.</p> <p>The UHB Chair asked if there was any opportunity to transform Mental Health services.</p> <p>The COO responded that a large review would be undertaken and that whilst a lot of focus was put on Hafan Y Coed, a lot of the issues were raised in the Community and so that was being looked at and would be reported to a Mental Health Summit taking place in September 2024.</p> <p>Deep Dive Outpatients:</p> <p>The COO reminded the Committee that a deep dive on Outpatients had been requested by the Committee and noted that the purpose of the paper received was to provide an update on the current performance in outpatient services and the approach to improvement.</p> <p>He added that it was clear that the progress of improvement in outpatient services in terms of productivity, efficiency and meeting standards for patients needed enhanced focus.</p> <p>It was noted that the organisation set the aim of having no more than 9000 patients waiting longer than 52 weeks by the end of the 2023/24 financial year and the COO advised the Committee that organisation remained on trajectory to achieve that aim.</p> <p>The COO added that the progress on the numbers of patients waiting longer than they should for follow up appointments had not made the progress required and noted that the planned care programme as part of the overall refresh had reset both ambitions for the next three years as well as improvement actions for standards, productivity and efficiency.</p> <p>This paper will cover the current performance as well as the aims the programme has with associated timelines.</p>	
--	--	--

Saunders Nathan
21/03/2024 12:15:52

	<p>It was noted that through the 2023/24 financial year the focus had been on the delivery of the revised ministerial ambitions of reaching 97% of patients treated in 104 weeks or less by December and 99% by March 2024.</p> <p>The COO advised the Committee that the specialties remained on trajectory to meet the less than 9000 ambition by March 2024, however it would be dependent on factors such as junior doctors' industrial action.</p> <p>He added that work had been undertaken to review the patients within the follow up cycle and noted that within Cardiff and Vale there were 61844 patients that had their follow up delayed, of which 35021 were more than 100% delayed beyond their target date set.</p> <p>The Committee was advised that whilst the volume outlined was significant there had been some improvement through validation over the last 2 months as demonstrated within the data presented.</p> <p>The COO noted that he was not expecting the Health Board to reduce capacity over the next 12 to 18 months, but it was expected to be able to reduce the waiting times.</p> <p>The CC asked for the deep dive on outpatients to be received by the Committee quarterly to assess progress.</p> <p>The Executive Director of Strategic Planning (EDSP) advised the Committee that it was recognised that there was further improvement required within outpatients in order to have a sustainable planned care programme for the organisation.</p> <p>She added that a programme of work focused on sustainable improvement was underway and the success of that approach would be improvements to waiting times standards, but importantly the creation of sustainable capacity from productivity and efficiency improvements.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The current performance, productivity and efficiency for outpatients was noted b) The approach to improvement for DNA rates and specialty improvement programme was noted. c) The improvement ambitions over the next 2 financial years were noted. 	PB
FPC 24/01/019	<p>Monthly Monitoring Returns – Month 8 & 9</p> <p>The month 8 and month 9 monitoring returns were received.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The month 8 and month 9 monitoring returns were noted. 	
FPC 24/01/020	<p>Any Other Business</p> <p>The UHB Chair expressed his congratulations to Executive colleagues and their teams for all of the hard work which helped to continue great quality of care towards patients.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 21 February 2023 via Teams</p>	

Saunders Nathan
21/03/2024 12:15:52

Minutes of the Quality, Safety & Experience Committee

Held on 19th December 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
Mike Jones	MJ	Independent Member – Trade Union
In Attendance		
Charles Janczewski	CJ	The UHB Chair
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
Edward Chapman	EC	Head of Clinical Engineering
Mark Doherty	MD	Director of Nursing – Mental Health
Sarah Martin	SM	Research & Development Manager
Matt Wise	MW	Consultant – Critical Care
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Fiona Kinghorn	FK	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Suzanne Rankin	SR	Chief Executive

QSE 23/12/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	ACTION
QSE 23/12/002	Apologies for Absence Apologies for absence were noted.	
QSE 23/12/003	Declarations of Interest No declarations of interest were raised.	
QSE 23/12/004	Minutes of the Committee meeting held on 28.11.2023 The minutes of the Committee meeting held on 28.11.2023 were received. The Committee resolved that:	

	a) The minutes of the meeting held on 28.11.2023 were approved as a true and accurate record of the meeting.	
QSE 23/12/005	<p>Action Log following the Meeting held on 28.11.2023</p> <p>The Action Log following the Meeting held on 28.11.2023 was received.</p> <p>The UHB Chair suggested that the items on the Action Log that were too far in the future be reviewed and placed on the annual work plan.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 28.11.2023 was noted.</p>	
QSE 23/12/006	<p>Committee Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
Items for Review & Assurance		
QSE 23/12/007	<p>Mental Health Clinical Board – Assurance Report</p> <p>The DON-MH provided two Staff Stories around the Recovery College, which included the experiences from a student nurse, and a service user.</p> <p>The DON-MH provided the Mental Health Clinical Board Assurance Report which provided assurance to the QSE Committee, and aimed to demonstrate that quality, safety and patient experience was at the heart of the delivery of services to mental health services users within CAVUHB.</p> <p>The UHB Chair asked whether the length of stay for inpatients formed part of their 'Business as Usual' portfolio, as he sought continual assurance on this.</p> <p>The DON-MH provided assurance that there was a piece of work underway around this, which formed part of the wider Length of Stay work across the UHB.</p> <p>The CC suggested that this be articulated on the 'Business as Usual' diagram included within the report.</p> <p>In the context of violence and aggression, the UHB Chair asked about staff wellbeing.</p> <p>The DON-MH responded that a wellbeing exercise had been put together by the Head of Psychology and People's Services, but it was not yet complete. Signposts were available across the UHB, such as Canopi, and the ability to provide clinical supervision from quality and practice development nurses had improved. He added that a programme of wellbeing support, which was mental health bespoke, would be in place sometime in the new year.</p> <p>The CC asked if there was any risk to other patients.</p> <p>The DON-MH confirmed that there were risks, and that they had seen assaults between patients. He explained that the only way to successfully mitigate this risk was to have appropriate staffing levels to intervene when necessary.</p> <p>Regarding one of the elements of the Inpatient Safety and Stability Plan (ISSP), the UHB Chair asked if the original footprint in Hafan Y Coed was still fit for purpose.</p> <p>The DON-MH responded that:</p> <ul style="list-style-type: none"> - It would be an oversimplification to say that they wished to return to the old footprint, as the nature and function of wards had altered by design since COVID - Bed capacity currently met demand, but it needed to be managed carefully 	

Saunders Nathan
21/03/2024 11:15:52

- Elm Ward had been closed due to concerns around managing it safely, and its future use was still being discussed
- The review of incidents had been completed and disseminated, and suicide prevention training had been rolled out to inpatient services, and it was being considered for the community, prison, and elsewhere in the UHB
- The cluster response plan was ongoing, and the WARRN risk assessment tool had been implemented
- The Royal College of Psychiatrists (RCP) Review was completed in October, and feedback was expected in January. The observation policy had been reviewed and was now more detailed and helpful.

The CVC asked for more detail on the RCP Review.

The DON-MH responded that they had approached the RCP to undertake a specific review on the suicide cluster that took place several years ago, and the clinical risk management processes within the clinical board. The College requested no immediate assurances, and they expected some more detailed feedback in January 2024.

The END added that the outcome of their internal investigation would be brought back to a future QSE and Board meeting in early 2024.

Action:

1. To report back on the feedback from the Royal College of Psychiatrists review (JR / MJ)

The UHB Chair asked for additional assurance around the Young People / CAMHS Interface, as it did not contain much detail.

The DON-MH responded that they had previously reported on the bed pressures and the issue of having young people in adult settings. Earlier in the year, they had set up a steering group called 'Young People in Psychological Distress' which included colleagues from Children & Women's departments – however, due to a lack of bandwidth, the group was currently on hiatus. He added that the expectation was for the conversation to continue the following year, but he wished to ensure that the Committee was kept up to date with its progress.

The CVC asked for the Committee to be continually briefed on progress in this area for assurance.

The UHB Chair noted two observations:

1. More information was needed around how learning from adverse events had been implemented, and how they intended to monitor future improvements as a result; and
2. For the DON-MH to liaise with the Director of Corporate Governance around the format of risk registers.

The EMD explained that the structure of the assurance reports was being worked through, to allow Clinical Boards to represent their data more clearly to the Committee.

The IM-C agreed that the risk registers needed to be clearer, and asked for an update on the mitigations regarding the smoking and fire risk assessment.

The DON-MH responded that mitigation was an inherent part of risk assessments, and that fire risks now formed part of individual's clinical care plans. He added that smoking had been switched off, and that technology had been introduced at the door of each ward to check every person when they entered.

Regarding the Mental Health Audit, the UHB Chair asked who was accountable for monitoring and implementing the actions to improve the turnaround of the recommendations, and when it would be on track.

Saunders Matt
21/03/2024 12:15:55

	<p>The END provided assurance that this information was tracked through their monthly Executive Reviews, and that they continually saw an improved picture.</p> <p>The UHB Chair asked if the Audit Committee could look at these recommendations to ensure that actions were being taken as appropriate, to provide the Board with full assurance.</p> <p>The ADWPS noted that they could take the audits through the Clinical Effectiveness Committee and Clinical Safety Group.</p> <p>The EMD informed Members that they had recently provided a presentation on the clinical audits being undertaken to the Audit & Assurance Committee, and that they had moved from a position of limited assurance to a position of assurance. She noted that the size and scope of the audits that they needed to review was enormous, but that the introduction of AMaT had made a significant difference in their ability to systematically review these audits.</p> <p>The CC asked whether there had been elements of double counting in the figures presented.</p> <p>The ADWPS noted that there could be, and that they needed to fine-tune the system.</p> <p>The CC emphasised that the interaction between the Audit Committee and this QSE Committee was vital, and that any audit recommendations and trackers that related to QSE issues should be return to this forum.</p> <p>The CC suggested that they needed to work at pace on how these Clinical Board Assurance Reports were framed, to be able to provide the necessary indicators to the Board for assurance.</p> <p><u>Action:</u></p> <ol style="list-style-type: none">1. To share the report template with Clinical Boards to effectively provide assurance to the Board in the future (MJ) <p>The ADPE praised the work being undertaken on the Recovery College.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none">1) The content of the report were noted and discussed.	
<p>QSE 23/12/008</p>	<p>Quality Indicators Report</p> <p>The ADWPS and the ADPE provided the Quality Indicators Report and slides which provided assurance in relation to a number of quality, safety, and patient experience priorities.</p> <p>Regarding National Reportable Incidents (NRIs), the DDPH asked if an analysis had been undertaken to determine whether the revised guidance around reporting intrauterine and neonatal deaths had accounted for the increase in NRIs.</p> <p>The ADWPS responded that there were additional reasons why the number of NRIs had increased:</p> <ul style="list-style-type: none">- They had revised their approach to reviewing Infection, Control & Prevention (IP&C) incidents – patients who had contracted an infection that was potentially healthcare associated were now being reported. Some of these reports were retrospective, which dated back to the beginning of 2023.- The Medical Examiner in Wales had reviewed close to 100% of inpatient deaths since 2021, and had picked up on some cases of harm or concern that had previously not been detected.- Once the UHB had reported their NRIs every month, they would subsequently be stood down after investigation, as they had received the assurance required.	

Saunders Nathan
21/03/2024 12:15:52

	<p>The CVC noted that there seemed to be a reoccurring issue around the storage of medication.</p> <p>The END responded that in every HIW inspection, medication was highlighted as an issue, due to the fast-paced nature of the ward staff's work.</p> <p>The CVC asked if there was any appetite or resources available to tackle this issue. She acknowledged that a lot could be attributed to behaviour and stresses, but this issue should be resolved.</p> <p>The ADWPS agreed, and highlighted that:</p> <ul style="list-style-type: none"> - The Clinical Safety Group (CSG) sought to address this – they had to move away from investigating individual incidents, and instead take a more strategic and Health Board wide approach. - The CSG sought to bring clinical advisory groups together to deliver strategies to reduce these risks. - A recent inspection in the Children's Hospital for Wales (CHfW) highlighted that they had not always systematically recorded the temperature of their fridges – once they investigated, they realised that information was not readily available to staff. A protocol had since been developed and displayed across the site. - Regarding medication storage, they realised that Estates needed to be involved in the strategic approach. <p>The SSIPM noted that as part of the ward accreditation and improvement work, medication errors, storage, and other issues were addressed via the Tendable audits. Additionally, the improvement plans for the wards included tackling medication issues.</p> <p>The IM-C asked about the timeline around this work, and whether something could be reported back to the Committee in the following 3-6 months to measure improvement.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. For an update to be shared on the assurance work around the omitted medication being undertaken by Tendable, and the electronic prescribing project to a future committee (AS) <p>The EMD provided assurance that there was an action plan against all of the themes highlighted, however there was concern around the volume of this work.</p> <p>The ADWPS highlighted that a Deep Dive on Medication Safety would be provided at the following Committee meeting.</p> <p>Regarding the use of Tendable, the UHB Chair asked whether there was a way that they could measure IP&C issues within the programme.</p> <p>The END responded that there were separate audits and inspections - the Executive Walkrounds contained a specific set of questions, the Ward Sisters conducted a range of audits in their clinical environments, and the IP&C team conducted specialist IP&C audits.</p> <p>The UHB Chair praised the Concerns team for the volume of work they had undertaken.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> a) The assurance provided by the report were noted. 	
<p>QSE 23/12/009</p>	<p>Research Update</p> <p>The EMD explained that the purpose of the paper was to provide an initial background regarding the breadth, depth, and complexity of the research and development undertaken within the organisation. She added that much of their core funding came from Health and Care Research Wales, who had recently reviewed the organisation positively.</p>	

	<p>The R&DM provided the Research and Development Update which summarised the research activities which had been undertaken by the UHB.</p> <p>The CVC asked what key risks Research & Development (R&D) faced.</p> <p>The R&DM responded that the main area of risk historically recorded on the risk register was the risk of an inspection. There were also risks to research within the organisation, mainly from an estates point of view. She added that the whole process needed to be reviewed, and that the risk register needed to contain sub-categories which linked to particular studies or directorates. The R&DM noted that this was in its early stages, and that the plan was to link with the University and the Joint Research Office to develop similar systems.</p> <p>The UHB Chair asked whether 700 studies were proportionate to the size of the organisation.</p> <p>The R&DM responded that the UHB could definitely do more, and that the team had looked at how to align research activity to the new Health Board strategy, and to be more strategic in their approach to research.</p> <p>The C-CC added 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.</p> <p>The EMD highlighted the risk that research inherently held, and added that another risk was whether they could deliver that research, which was to be considered within the current climate. She noted that they were the most research active Health Board within Wales, but that they still did not do enough.</p> <p>The CC explained that given the current climate, it was important that the UHB was at the forefront of developments and driving research forward. He suggested that a conversation be had outside of the meeting on how they could work together to take this forward.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. To discuss proposals on how to increase the number and quality of research studies and report back to a future committee (MJ / MW / SM / CP) <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The Committee noted the reassurance provided by the report. 	
<p>QSE 23/12/010</p>	<p>Learning Committee Update - Verbal</p> <p>This agenda item was delayed to the following meeting.</p>	
<p>QSE 23/12/011</p>	<p>HIW Activity Overview to include HIW Primary Care Contractors</p> <p>The END took the paper as read.</p> <p>The UHB Chair asked how they recorded and monitored the progress made against the HIW recommendations.</p> <p>The ADWPS responded that:</p> <ul style="list-style-type: none"> - A function had been implemented onto the AMaT system – Clinical Boards were in the process of updating and completing them. - In some cases, clinical audits had been undertaken to provide assurance - An exercise was ongoing to put historical HIW inspections onto the system - The following year, work would be done to start putting coding around the inspections to extrapolate themes such as medication or transfusion. 	

Saunders Nathan -
21/03/2024 12:15:52

	<p>The END added that the Directors of Nursing provided an update on where they were regarding AMaT and the closure of action plans in their monthly Executive reviews.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The level of HIW activity across a broad range of services was noted; 2) The assurance provided by the improvements implemented and the processes to monitor and audit the improvements were noted. 	
QSE 23/12/012	<p>Quality, Safety and Experience Framework – effectiveness review</p> <p>The ADWPS and the ADPE provided a presentation which summarised the Quality, Safety and Experience Framework – effectiveness review.</p> <p>The CC suggested that the presentation be distributed and that they allow some time at the following meeting for comments and questions.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The QSE Framework – effectiveness review was noted. 	
	Items for Approval / Ratification	
QSE 23/12/013	<i>No items.</i>	
	Items for Noting & Information	
QSE 23/12/014	<p>Minutes from Clinical Board QSE Sub-Committees</p> <p>The Clinical Diagnostics and Therapeutics Clinical Board QSE Sub-Committee Minutes were noted for information.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The minutes from the Clinical Board QSE Sub-Committees were noted. 	
QSE 23/12/015	<p>WHSSC Patient Safety Minutes</p> <p>The WHSSC Joint Committee Minutes were noted for information.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The minutes from the WHSSC Patient Safety Minutes were noted. 	
QSE 23/12/016	<p>Items to bring to the attention of the Board / Committee:</p> <p>The CC highlighted the need to ensure there was liaison between the Audit & Assurance Committee and the QSE Committee around the trackers.</p>	
QSE 23/12/017	<p>Agenda for Private QSE Meeting</p> <ol style="list-style-type: none"> i) <i>Private Minutes</i> ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i> 	
QSE 23/12/018	<p>Any Other Business</p> <p><i>No items.</i></p>	
	<p>Date & Time of Next Meeting: 13th February 2024 - 2pm-5pm - via MS Teams</p>	

Saunders, Nathan
21/03/2024 12:15:52

**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP
MEETING HELD ON TUESDAY 28 NOVEMBER 2023
HELD IN NANT FAWR 1, WOODLAND HOUSE, MAES Y COED ROAD, LLANISHEN,
CARDIFF**

Present:

Siva Sivapalan	Third Sector, Older Persons (Vice Chair)
Sam Austin	Llamau
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Lani Tucker	Glamorgan Voluntary Services

In Attendance:

Chris Dawson-Morris	Aneurin Bevan UHB
Abigail Harris	Director of Strategy & Planning, UHB
Michaela John	All Wales Medical Genomics Service
Jessica Mannings	Llais
Clive Morgan	All Wales Medical Genomics Service
Matt Phillips	Director of Corporate Governance, UHB
Suzanne Rankin	Chief Executive (item SRG23/43 only)
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB

Apologies:

Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police
Joanna Davoile	Registered Social Landlords
Paula Martyn	Independent Care Sector
Christopher Willis	WAST

SRG 23/39 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 23/40 APOLOGIES FOR ABSENCE

Although not members of the SRG apologies had been received from Stephen Allen, Marie Davies and Angela Hughes.

SRG 23/41 DECLARATIONS OF INTEREST

There were no declarations of interest.

The Vice Chair reported that there was only one remaining expression of interest in becoming Chair of the SRG. This expression of interest had been received from Lani Tucker.

The SRG approved Lani Tucker as its nomination for Chair.

Matt Phillips explained that a paper confirming this nomination would be considered by the UHB Board at its meeting on 30 November. If the Board supports the nomination it will be sent to the Minister to make a final decision.

Action: Matt Phillips

The Vice Chair welcomed Suzanne Rankin back to the SRG.

Suzanne Rankin stated that the Health Board was operating in a particularly challenging environment at present. Public sector finances are extremely restricted, there is an ongoing cost of living crisis and the country is still recovering from a pandemic. The UHB was performing reasonably well considering this context and the commitment, positivity and resilience of its staff remained remarkable.

Suzanne Rankin highlighted some specific achievements/issues.

- The UHB had launched its refreshed Strategy that contains four very clear strategic objectives.
- The first NHS Wales Staff Survey since the pandemic has just closed for responses. The results will be shared widely in due course
- The UHB's recruitment and retention rates are improving and vacancy rates are stabilising. It is imperative that staff are able to work in an inclusive, respectful, kind and emotionally and physically safe environment. The UHB has succeeded in reducing its use of agency staff by almost a half.
- The UHB has 300-400 more staff than it did in 2019. The UHB is reviewing these posts are in the right areas and provide the correct skill mix.
- The NHS Wales has a current deficit of circa £1 billion. Cardiff and Vale UHB's financial position is not amongst the worst of the Welsh Health Boards. The UHB has a planned deficit of £88m but has received an additional £63m from Welsh Government (WG) conditional on it delivering a controlled deficit of £16m.

- The UHB has sustained its planned care activity recovery without additional theatre lists.
- The Safer at Home Programme enables people to access rapid community support thus preventing the need for them to be admitted to hospital.
- The UHB is undertaking a considerable amount of work with other Health Boards to assess potential regional solutions.
- The condition of the estate is the UHB's biggest risk and there have been some critical infrastructure failures. A detailed survey of its sites is being undertaken to identify the critical risks. Abigail Harris explained the Royal College of Physicians had visited the UHB a few weeks ago and had highlighted the poor condition of much of the estate and the immaturity of the UHB's digital systems.
- Abigail Harris informed the SRG that infections were still tracking relatively high and the level of infections had not returned back to pre-pandemic levels.

SRG raised a number of questions and made several observations

- Given that the UHB has such a key role in providing tertiary/specialist services and undertakes such a high percentage of the health research in Wales, could the UHB legitimately make the case that it is a special case in terms of requiring funding to address deficiencies with its estate? Suzanne Rankin explained that the UHB always emphasised that UHB was the University Hospital 'for' Wales. Abigail Harris reported that it had been agreed with WG that a thorough survey of the UHB site be undertaken.
- Is Cardiff and Vale UHB comfortable with the quality control mechanisms for those services it procures from other Health Boards and can it put things right if/when things go wrong? Suzanne Rankin explained that the UHB was both a provider and commissioner of health care services. In England there are extremely detailed service specifications and quality assurance mechanisms. In Wales there are insufficient staff to undertake such a sophisticated level of contract monitoring. Service providers would usually respond to any complaints about their service but the UHB as a commissioner would review frequency of complaints

SRG members agreed to send any further questions for Suzanne Rankin to Gareth Lloyd to co-ordinate a response

Action: All/Gareth Lloyd

SRG 23/44

**MINUTES AND MATTERS ARISING FROM
STAKEHOLDER REFERENCE GROUP MEETING
HELD ON 26 SEPTEMBER 2023**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 26 September 2023 subject to an additional bullet point being inserted on page 4 under item SRG 23/34, Transport and Sustainable Travel Initiatives. The additional bullet point should refer to the importance of the UHB working in partnership with other organisations to implement changes to public transport to improve the patient experience.

Action: Gareth Lloyd

SRG 23/45

FEEDBACK FROM BOARD

Matt Phillips reminded the SRG that UHB Board meetings were held in public and full recordings of these meetings were available on the UHB's website.

Matt Phillips then drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 28 September 2023.

- Reinforced Structures and Condition within Cardiff and Vale UHB Estate - Reinforced Autoclave Aerated Concrete (RAAC) – The broad message was that the presence of RAAC was 'unlikely' in the vast majority of the UHB's buildings. Only one building on the UHL site was 'likely' to contain RAAC and this building was used for storage.
- Neonatal Care – Countess of Chester Hospital NHS Foundation Trust – The UHBs response to 'Speaking Up Safely'.
- The Board approved the Winter Plan.

Abigail Harris reported that the UHB Board had been informed that UHB representatives had attended a recent meeting of the WG Infrastructure Investment Board to set out the case for change at UHW and to discuss a way forward. It had been agreed that a comprehensive survey of UHW be undertaken to assess what was required to make it appropriate for provision of health care in the 21st Century and a phased approach to redevelopment of the UHW site had been agreed in principle. A more detailed report setting out what WG had committed to would be presented to the UHB Board in January

SRG 23/46

**CO-PRODUCTION, ENGAGEMENT AND
CONSULTATION FRAMEWORK AND TOOLKIT**

The SRG **RECEIVED** a presentation from Sarah Tipping on the Health Board's Co-production, Engagement and Consultation Framework and Toolkit.

The Framework and Toolkit had been approved by the UHB's Senior Leadership Board and had been submitted to the UHB Board for approval at its meeting on 30 November.

Jessica Mannings informed the SRG that the Llais national team was looking to develop an all-Wales approach to co-production, engagement and consultation and would be developing a similar framework and toolkit which she would share with the UHB in due course. It was anticipated that these documents would be complementary

SRG made several observations

- The UHB and Local Authorities must have a consistent approach
- There is a danger of 'engagement fatigue'.
- It would be helpful to have an online central register of engagement activities to identify where engagement had already taken place .

It was agreed that a copy of the Framework and Toolkit be issued to members of the SRG for information.

Action: Sarah Tipping/Gareth Lloyd.

SRG 23/47 REGIONAL OPHTHALMOLOGY SERVICES

The SRG **RECEIVED** a presentation from Chris Dawson-Morris on future Regional Ophthalmology services as part of the engagement process for Phase 2 of the Regional Ophthalmology proposals.

The SRG was informed that the Regional Ophthalmology Programme Board had agreed there should be a phased approach to delivering sustainable cataract services in the region. Phase 1 objectives were set out in a business case that was approved by WG. A number of workstreams have been established to implement these proposals. The focus is on additional cataract capacity in the north and south of the region. Additional capacity is being delivered from the Vanguard theatres on the UHW site and from the end of December there will be additional capacity at Nevill Hall Hospital. There will also be an element of outsourcing to private providers. Prior to implementation of these proposals an engagement exercise had been undertaken to obtain views on accessibility. 3 year waits for cataract surgery have now been eliminated and it is anticipated that there will shortly be no-one in the region who has been waiting for two years or more for cataract surgery.

Phase 2 is the development of a sustainable staffing and clinical model for the longer term. The engagement process commenced on 13 November and will

run until 2 February 2024. The purpose of the engagement is to understand the views and priorities of the public and stakeholders before proposals are developed and a business case produced. The SRG was informed that there would continue to be some local provision but high volume low complexity activity would be undertaken at a regional level.

SRG raised a number of questions and made several observations.

- Could mobile units be used? Chris Dawson-Morris explained that they could not as there is an issue with stability of their bases as eye surgery is an incredibly delicate procedure.
- What has been the feedback on phase 1? Chris Dawson-Morris explained that feedback had been very positive because waiting times had been reduced. There had been some issues with car parking at UHW.
- Adequate transport services must be available to patients and this is particularly important for people with sight issues. Chris Dawson-Morris concurred and explained that in developing proposals discussions had been held with WAST and voluntary transport providers.
- There has been a suggestion that optometrists can predict cataracts and that some are making pre-emptive referrals for surgery. Chris Dawson-Morris agreed that cataracts can be diagnosed early and the earlier they are diagnosed the simpler the surgery. Ophthalmology specialists discuss referral pathways with optometrists. It is more efficient and better from a patient experience perspective to have surgery on both eyes at the same time and this should be a consideration.

Members of the SRG were encouraged to complete the engagement survey a link to which would be sent to them.

Action: Gareth Lloyd/All

SRG 23/48 ALL WALES MEDICAL GENOMICS SERVICE

The SRG **RECEIVED** a presentation from Michaela John and Clive Morgan on the relocation of the All Wales Medical Genomics Service from the Institute of Medical Genetics at UHW to the Canolfan Iechyd Genomig Cymru (Wales Genomic Health Centre), at Cardiff Edge Business Park.

The SRG was informed that the benefits of moving were:

- State of the art purpose built clinic space
- Integration of services
- Improved sustainability of clinical services

- Improved accessibility
- More flexibility to meet patient needs and increase choice around accessing the service.

The SRG raised several questions.

- Is Cardiff Edge a potential site for the UHW replacement? Abigail Harris explained that the site was not large enough and furthermore due to the lack of capital across NHS Wales, it had been agreed with WG that a phased redevelopment of the UHW site be considered.
- Are there any plans for the vacated accommodation at UHW? Clive Morgan explained that there is very limited scope for re-purposing the accommodation. Some services will continue to be provided at UHW but this will be reviewed.

SRG 23/49

NEXT MEETING OF SRG

To be confirmed.

**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP
MEETING HELD ON TUESDAY 24 JANUARY 2023
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Sam Austin	Llamau (Chair)
Rhys Burton	South Wales Police
Janice Charles	Vale of Glamorgan Local Authority
Richard Cox	One Voice Wales
Shayne Hembrow	Wales and West Housing Association
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Care Collective
Chris Willis	WAST

In Attendance:

Marie Davies	Deputy Director of Strategy & Planning, UHB
	Programme Support Officer, UHB
Abigail Harris	Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
James Quance	Interim Director of Corporate Governance
Suzanne Rankin	Chief Executive, UHB
Calum Shaw	Sustainability Improvement Manager, UHB
Caitlin Thomas	NHS Wales Graduate Trainee

Apologies:

Frank Beamish	Volunteer
Jason Evans	South Wales Fire and Rescue
Zoe King	Diverse Cymru
Lani Tucker	Glamorgan Voluntary Services

SRG 23/01 WELCOME AND INTRODUCTIONS

The Chair wished members of the Group happy New Year and welcomed Richard Cox and Chris Willis to the Group.

The Chair explained that Nikki Foreman would be leaving the UHB at the end of the month and wished to formally record her thanks for Nikki Foreman's huge contribution to SRG meetings. James Quance the Interim Director of Corporate Governance was then introduced and welcomed to the Group

SRG 23/02 APOLOGIES FOR ABSENCE

Although not members of the SRG apologies had been received from the Community Health Council.

SRG 23/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 23/04 REFLECTIONS OF THE UHB'S CHIEF EXECUTIVE

The Chair welcomed back Suzanne Rankin.

Suzanne Rankin explained that her initial positive impressions of the UHB had been proved correct and indeed they had deepened. She now had a much greater understanding of the very complex underlying challenges and now felt far more emotionally connected to the Health Board and its population.

Suzanne Rankin then briefly outlined what she perceived to be the UHB's strengths, weaknesses, opportunities and threats

Strengths

- Its people are indisputably the Health Board's biggest strength. They are warm, compassionate, capable, resilient, ambitious yet humble.

Weaknesses

- The appalling state of much of its infrastructure. Many of its estate facilities are no longer fit for purpose and there is a large maintenance backlog. The digital infrastructure is extremely poor which means that the UHB's data is not comparable to that of English teaching hospitals.

Opportunities

- The desire of staff to learn.
- The population it services including the capital city
- Good communications links
- Partnerships with Local Authorities, the third sector, higher education institutions, social enterprise etc.
- Cardiff Edge at Coryton, which provides facilities to support Life Sciences and will be the new home for Genomics Partnership Wales.

Threats

- High staff sickness and turnover rates due to the unrelenting pressures facing the NHS.

- The pressures created by the worst flu season for many years, the ongoing prevalence of COVID and Strep A. One example of the additional pressures being faced is that on a normal day the Paediatric Emergency Unit at UHW would expect to see 50-60 patients per day but at the height of Strep A this figure was in excess of 200.
- The industrial action being taken by different sectors of the NHS. The UHB understands that the cost of living crisis is affecting its staff and has done as much as possible to support them.
- The difficult financial environment. At the beginning of the year the UHB had a balanced budget but it was now predicting a circa £27m deficit by the end of the financial year. Nevertheless, it is one of the better performing Health Boards in Wales.
- The deepening of health inequalities and outcomes.

Suzanne Rankin explained that the UHB will focus on delivering best value healthcare and there will be an emphasis on strategic interventions to prevent people requiring healthcare e.g. public health initiatives. There have been a number of significant recent improvements in the care that the UHB delivers. Ambulance handover times have improved greatly with many patients being handed over within an hour. Cancer performance has improved and post-COVID planned care recovery is well underway with no planned admissions being cancelled over the Christmas/New Year period. The UHB's Mental Health Service is doing some extraordinary outreach work and signposting citizens to other potential services e.g. those provided by the third sector

Chris Willis thanked the UHB for the work it had undertaken which had resulted in the improvement to ambulance handover times. The industrial action is extremely difficult to plan for and manage. It was worth noting that the volume of ambulance calls dropped dramatically during the days on which there was industrial action.

The SRG enquired whether there were lessons to be learned from the industrial action and whether there was anything that the UHB could do to prevent further action. Suzanne Rankin explained that the UHB recognises the right of staff to strike. It was always possible to learn lessons but the UHB is unable to influence pay scales and the cost of the pay demands are unaffordable to Welsh Government.

The SRG thanked Suzanne Rankin for attending. It was agreed that Suzanne Rankin would return to the SRG later in the year.

SRG 23/05

MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 29 NOVEMBER 2023

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 29 November 2022.

SRG 23/06

FEEDBACK FROM BOARD

It was noted that the UHB Board had not met since the SRG's previous meeting.

SRG 23/07

DECARBONISATION PLAN

The SRG received a presentation from Calum Shaw on the development of the UHB's Decarbonisation Plan which will be published in March 2023.

The context in which the Decarbonisation Plan would be developed was explained. Welsh Government has set a target of a net zero carbon Wales by 2050 and a net zero carbon public sector by 2030. The UHB through the NHS Wales Shared Services Partnership Decarbonisation Strategic Delivery Plan, also has emission reduction targets of 16% by 2025 and 34% by 2030. The UHB's 2021/22 emissions profile was outlined and the challenges faced by the UHB if it was to meet this target were explained. Although calculation of supply chain emissions is immature, it is estimated that 81% of the UHB's emissions can be attributed to its supply chain which has a single use business model. It is worth noting that even a 50% reduction in electricity use would save just 2% of carbon emissions. A lot of different initiatives undertaken by many people will therefore be required to make significant progress with reducing carbon emissions.

The SRG was then asked some specific questions

- Do you have any advice or suggestions around the Decarbonisation Plan process?
- Do you have any comments/thoughts on the approach?
- Has anyone had any experience of decarbonisation behaviour change with their organisation? What worked well/not so well?
- Any other comments?

Abigail Harris explained that the UHB was not developing its Decarbonisation Plan in isolation as both Cardiff and Vale of Glamorgan Public Services Boards have carbon reduction in their respective draft Wellbeing Plans. The UHB Strategy and Delivery Committee had discussed how decarbonisation could be embedded in the organisation and there was extremely good clinical

leadership with one of the UHB's Associate Medical Directors championing decarbonisation.

The SRG then made a number of observations and suggestions.

- It will not be possible to achieve the desired reduction in emissions unless individuals relate to decarbonisation in their everyday lives
- Can pharmaceutical regulations be revisited to reduce waste? Abigail Harris agreed that pharmaceutical waste needed to be addressed and informed the SRG that the UHB had its own pharmaceutical production unit that produced generic drugs.
- Drugs should only be prescribed if they will benefit patients rather than patients obtaining automatic repeat prescriptions.
- Further work needs to be undertaken on the way staff and patients travel to the UHB's sites and more sustainable means of transport must be encouraged. Calum Shaw agreed and confirmed that the Action Plan would address how the UHB can improve public transport links and encourage active travel.

SRG 23/08 STRATEGY REFRESH

Marie Davies thanked the SRG for the role it had played in the development of the Strategy Refresh Engagement pack before talking the Group through the pack.

The Strategy refresh timeline will be as follows:

January to mid-March – The UHB will undertake the initial staff and key stakeholder engagement.

March to April – The feedback from engagement will be reviewed and a draft Strategy will be produced.

May to June – Formal engagement on the refreshed strategy

Autumn 2023 – Launch of refreshed strategy which will be a very high level document of 5-10 pages in length. It was worth noting that the UHB Chair is keen for the launch to be brought forward to late summer if possible.

Marie Davies informed the SRG that Duncan Innes and his colleagues in Cardiff Third Sector Council would help with rolling-out the engagement to the third sector networks and harder to reach groups. The Community Health Council would also run a number of public engagement sessions. Members of the SRG were encouraged to complete the online survey themselves and were asked to take the engagement pack out to their own organisations and networks. The engagement pack could be downloaded from the Shaping Our Future Wellbeing website, where there was also a link to the online survey. A link to the website would be sent to members.

Action: All

SRG 23/09 ANY OTHER BUSINESS

Future Provision of Cochlear Implant and Bone Conduction Hearing Implant Device Services for Children and Adults in South East Wales, South West Wales, South Powys

Marie Davies informed the SRG that Welsh Health Specialised Services Committee had launched engagement on the Future Provision of Cochlear Implant and Bone Conduction Hearing Implant Device Services for Children and Adults in South East Wales, South West Wales, South Powys and encouraged the SRG to participate in the engagement a link to which would be issued with the notes of the meeting

Action: All

SRG 23/10 NEXT MEETING OF SRG

9.30am -12pm, Thursday 23 March 2023.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 January 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. These included:

- Meeting with Ministers in December where there was some unsolicited positive reflections from Judith Paget on the role of NWSSP, particularly in helping to support NHS Wales in meeting the challenges of the financial climate;
- NHS Wales Chairs' meeting in January which is always helpful in terms of being kept informed on developments and risks; and
- Attending the Velindre University Trust Board at the end of November with the Managing Director to provide updates on development within NWSSP and progress with the IMTP.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The recent JET meeting with Welsh Government colleagues covering performance, governance, quality, and workforce planning was very positive with Welsh Government acknowledging the significant role that NWSSP plays within NHS Wales;
- The significant involvement in the response to the industrial action taken in the week of the 15th January and particularly the impact on the NWSSP Payroll Division with the need to amend the pay of those on strike;
- An incident was noted immediately prior to Christmas that led to a number of staff, primarily employed in BCUHB, not receiving their pay as expected.

Although NWSSP received the calls relating to this issue, the delay was caused by the Health Board's flexible pay arrangements provider. This incident has led to an acknowledgement of the need to revisit the respective responsibilities for this arrangement and Workforce Directors are meeting to discuss this;

- The TUPE process for the Cwm Taf laundry staff is underway and we are also supporting Hywel Dda UHB in the meetings with the staff affected by the planned closure of their laundry and the associated creation of a laundry hub; and
- Advanced negotiations with the landlord are on-going for the fit-out of the building on the Nantgarw estate that will be used to house staff moving from both Companies House and our current HQ in Nantgarw. The expected date for us to move into this accommodation will be in the latter part of 2024.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2024-27

The draft IMTP was submitted for approval. The Ministerial Priorities for 2024-25 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services. The financial allocation letter for 2024-2027 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December and has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years. In line with the direction from the Minister for Health and Social Care, we recognise the need to focus on a smaller number of priorities for 2024-25 which are as follows:

- Doing the basics well;
- Financial sustainability;
- Duty of Quality; and
- Staff Wellbeing.

It was noted that NWSSP did not receive the 3.67% core uplift provided to other NHS organisations which has limited the ability to deliver certain service developments and initiatives that would benefit NHS Wales. The Committee acknowledged that there was a need to uplift the services provided by NWSSP under a SLA. The achievement of the financial plan for 2024-27 will be challenging and there are several significant financial risks to be managed to achieve this aim.

The plan was well received by Committee members who emphasised the need for a co-ordinated approach to ensure that all NHS Wales organisations were working to support each other in the light of the financial challenges that all organisations

currently face. The Plan would be reviewed at touch point meetings scheduled for February.

The Committee **APPROVED** the IMTP for submission to Welsh Government subject to any further significant changes being brought back for review.

Mamhilad Lease

The renewal of the lease for the part of Mamhilad House occupied by the NHS Wales Counter Fraud Service was presented to the Committee for approval.

The Committee **APPROVED** the renewal of the Lease.

All-Wales Overpayments Procedure

The procedure was submitted to the Committee for approval. Over recent years the number and value of overpayments has risen substantially and operating with 13 separate overpayment policies across NHS Wales hinders attempts to comprehensively address this issue which has been a regular finding in internal audit reports. Despite a number of attempts to introduce a once-for-Wales approach, this has not been achieved, and so the Directors of Finance tasked the Deputy Directors of Finance to establish a Task and Finish Group to take this forward. The Group included representation from Payroll, Counter Fraud, Internal Audit and Finance. The group had consulted widely and taken on board an extensive range of comments and produced a number of iterations and were currently on version 10 of the procedure. Presentations had been made to the All-Wales Deputy Directors of Finance forum and the All Wales Directors of Workforce forum. The outcome of the Group was the procedure that was presented to Committee for approval, and which generated significant discussion. Members acknowledged the significant amount of work that had gone into producing the draft procedure and welcomed the progress made in producing an All-Wales procedure. A number of constructive comments were made which would be incorporated in the final version of the procedure. Although this is a procedure rather than a policy, it was thought helpful for the document to be reviewed at the Business Committee of the National Partnership Forum.

It was therefore agreed to further update the procedure to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.

Commercial Storage and Distribution

The renewal of the contract for the commercial storage of medical consumables was presented to the Committee. The proposed renewal represents a saving on the current contract as less storage space is required.

The Committee **APPROVED** the renewal of the Contract.

Radiopharmacy Clean Room

The closure of legacy facilities in the Cardiff area makes the case for development of an alternative facility an urgent priority. The SSPC approved the business case for the Radiopharmacy service at the November meeting and were now presented with a proposal for the design and build of a Clean Room. Funding for this development has been approved, but the work will be undertaken in phases with each phase being dependent on the satisfactory conclusion of the previous stage. A formal tender exercise has been undertaken and contract award is dependent upon SSPC and then the Velindre University Trust Board approval.

The Committee **APPROVED** the Clean Room Proposal.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP is reporting a break-even outturn position for 2023/24. The 2023/24 forecast is currently being reviewed which may lead to an increase in the £1.6m distribution identified in August 2023. The Welsh Risk Pool forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. NWSSP is on track to fully utilise its capital allocation.

People & OD Update – Sickness absence rates have reduced further to 2.89% (against a target of 3.3%) for the 12 months to 31 December 2023. Statutory and Mandatory training compliance is above 96% although this figure excludes the Single Lead Employer staff.

Performance – The report covered the period to 30th November. Of the 42 KPIs reported 37 were on target. The targets that were off track covered recruitment services (2) and audit and assurance (3).

Project Management Office Update – All projects are on track with the exception of the TRAMs programme and the Primary Care Workforce Intelligence System. The TRAMs programme has been hit by the lack of available capital funding, but good progress is now being made with the Radiopharmacy Unit. The Primary Care system has been impacted by a six-week delay in receiving key information from the supplier.

Corporate Risk Register – The number of red-rated risks has reduced from seven to five covering industrial action, financial climate, TRAMs programme, Brecon House, and the COVID-19 Public Inquiry.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 8 and 9).

AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none">The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	21 March 2024

Saunders,Nathan
21/03/2024 12:15:52

LOCAL PARTNERSHIP FORUM MEETING
Wednesday 12th December 2023 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Co-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
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
Matt Phillips	Director of Corporate Governance
Robert Mahoney	Deputy Director of Finance
Janice Aspinall	Unison
Abigail Harris	Executive Director of Planning
Mathew Thomas	Unison
Julia Davies	Unison
Lorna McCourt	Unison
Rhian Wright	RCN
Robert Warren	Head of Health and Safety

In Attendance

Mitchell Jones	Head of Equity and Planning
Ellie Webber	NHS Wales General Management Graduate Trainee

Apologies

Lianne Morse	Deputy Director of People and Culture
Jonathan Strachan	GMB
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Catherine Phillips	Executive Director of Finance
Suzanne Rankin	Chief Executive
Sarah Hill	RCN
Fiona Jenkins	Executive Director Therapies and Health Science
Ceri Dolan	RCN
Joe Monks	UNISON
Rebecca Christy-Harrold	BDA

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
-----------------	---

LPF 23/064

WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everyone to the meeting and apologies for absence were noted. DW made the request to add Rebecca Christy-Harold to the distribution list as the BDA representative.

LPF 23/065 DECLARATIONS OF INTEREST

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

LPF 23/066 MINUTES OF THE PREVIOUS MEETING

Minutes of the previous meeting on 12th October 2023 were received and agreed as an accurate record.

LPF 23/067 ACTION LOG

The action log was noted and the following update provided:

- **LPF 23/056:** Following discussion between DW and Jonathan Pritchard (JP) on the reshaping work, lead reps have been allocated to each of the People and Culture Plan themes.

LPF 23/ 068 CHIEF EXECUTIVE'S REPORT

Abigail Harris (AH) gave an update in Suzanne Rankin's absence. Key points included:

- AH expressed thanks to staff for their efforts under continued operational pressures and explained good progress is being made with delivering the commitments against the plan for this year.
- There are 3 important areas to note in terms of service delivery to include improvements to the emergency and unscheduled care pathway, to planned care and also to progress in the cancer pathway.
- There is a requirement to achieve a Financial Improvement Program of £33m for this year. Achievements have been made by reducing expenditure on temporary overtime staffing costs and reshaping our staff teams. Stricter measures expected to be in place for the last quarter to ensure we deliver against the control total set by the Welsh Government.
- A Joint Executive Meeting (JET) with Welsh Government was held at the end of October 2023 and correspondence has since been received where a concern has been expressed over our ability to deliver what we have committed to in the 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.
- Board development is focusing on planning for next year. Planning guidance is yet to be received but the broad headlines include the continuation of the ministerial targets, an expectation there will be a focus on diabetes and also the sustainability work. The financial outlook is likely to be more challenging than this year. Once the plans are approved by Board, they are submitted to the Welsh Government.

• The condition of our Estates and our digital infrastructure remain very high on our Board assurance framework and risk log. We know that some areas of our workplace are not fit for

Saunders Nathan
21/03/2024 12:15:32

purpose and presents many challenges. We continue to raise this with the Welsh Government.

- We recognise the challenge of affordability and are currently going through a process of prioritising the current suite of business cases that we have with Welsh Government for next year.
- We commissioned the King's Fund to do a joint piece of work, looking at enhancing prevention within our communities and also within our wider population health agenda. The findings from the report were looked at in a joint workshop where it was identified there would be a focus on the 1st 1000 Days of Life for individuals and the challenges around homelessness and housing. Work will be carried out that targets the populations that most need our help and resources from a population health and health inequity context.

Mathew Thomas (MT) commented on the importance of taking a compassionate approach when delivering messages and requested the Executives to champion this request. MT added that talking to people, saying Good Morning and thank you for your hard work can help to motivate people which is particularly important with the more difficult times ahead. AH agreed with this comment adding that we need people to be engaged in the conversations about how we continue to evolve and develop our services. AH explained that the Executives are continuing to do their walkabouts and this is an opportunity to connect with staff and hear about their experiences, challenges and issues that they're facing. It is also a good opportunity to see the brilliant work that our teams are doing despite all the challenges.

DW explained that Geoff Walsh, Head of Capital Estates and Planning, attended the LPF Development Session previously, presenting the Estates plan and queried whether an update on the Estates plan would be provided since this is an area of concern moving forward. AH suggested that an update could be provided on what has been identified as the most pressing priorities at the next meeting.

Action – Louise Blunsdon

DW referred to the latest financial situation highlighted by AH and stated that the Trade Unions are aware of the requirement to tighten the finances for the last quarter. DW expressed her concern over how this will translate next year and the apprehension felt by the Trade Unions and will look forward to further discussions.

DW also referred to the King's Fund report and asked if the Trade Unions could receive a copy. AH agreed to circulate the report and presentation that was shown to the SLB.

Action: AH to share the reports and presentation with the LPF.

LPF 23/069 STRATEGIC EQUALITY PLAN 2024-2028

Mitchell Jones (MJ) presented the Strategic Equality Plan (SEP) and reflected on some of the work completed over the last 4 years to meet the current strategic equality objectives. The main points discussed included:

- A Strategic Equality Plan was explained as a set of objectives and actions outlining the work that is required to meet our Public Sector Equality Duty & the UHB is bound under the Equality Act (2010) to develop Strategic Equality Objectives every 4 years.

Saunders, Nathan
21/03/2024 12:15:52

- 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.
- 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.
- The objectives from 2020-2024 were discussed and examples provided to include the development of 4 Staff networks: Access Ability, One Voice, LGBTQ and Rhwyd -iaith (a network for staff who speak Welsh).
- Staff within these staff networks have helped to shape some key pieces of work in the organisation. For example, My Health Passport and also the Anti Racist Wales Action Plan.
- The UHB has Inclusion Ambassadors and Welsh language at Executive and Board level and at senior leadership level in a number of the clinical boards. An 'Inclusion Ambassador Starter Pack' has been published.
- Recruitment initiatives have also been undertaken, for example the Overseas Nursing Programme, Kickstart and Project Search, which looks at diversifying our workforce and supporting people into work.
- An equality health impact assessment and the EHIA training package has been developed as there is an awareness of the importance of the EHIA's in assessing the impact of strategies.
- The gender pay gap year has reduced.
- There has been an improvement in compliance of Welsh standards -currently comply with 82 of the 121 standards. A Welsh language policy has been developed and a think Welsh campaign which looks at encouraging people to speak Welsh.
- Two Welsh language translators have been recruited and supporting with Welsh language capability and translation services.
- It was noted that the branding on the presentation aligns with that of the Shaping of our Future Wellbeing strategy. The importance of having strategic alignment between our objectives throughout the organization was expressed.

MJ requested if the LPF could provide some feedback about the key issues that should be considered when shaping our strategic equality plan objectives for 2024-2028 and how to communicate the Strategic Equality Objectives & Plan in a way that people will understand. MJ stated he is happy to attend a Staff Side Trade Union meeting to which DW expressed her thanks and support of this.

Peter Hewin (PH) referred to the recent audit by Diverse Cymru which highlighted the need for large organisations such as the NHS to acknowledge they are inherently discriminatory. PH added that there are systemic problems with racism and other forms of discrimination that are difficult to acknowledge. PH queried how we bridge the gap between all the important work that is going on and the reality that discrimination does occur.

MJ reiterated the importance of looking at the alignment of strategies. He explained that in addition to our internal strategy, for example the Shaping Our Future Wellbeing, the People and Culture Plan, other organisational strategies and plans need to be considered when developing our strategic equality plan. MJ clarified that the audit that Diverse Cymru have undertaken into our policies, is part of the Anti-Racist Wales Action plan and it is captured within our local anti-racist action plan. MJ explained they are hoping to consider other streams, such as our Anti-Racist Action plan and build it into our strategic Equality Plan. This will ensure we have one overarching strategy and supports alignment.

Saunders
21/03/2024 12:52

Fiona Kinghorn (FK) suggested to MJ that there should be a framework to enable other people to do pieces of work so that the onus is not on MJ's team to deliver it all.

Rhian Wright (RW) referenced the people and culture communications plan and the inclusive recruitment brand that will encourage more representation from across our workforce. RW referred to the job pages on the Cardiff and Vale UHB website and questioned the first image for not being inclusive. MJ added that we need to ensure that we're representative in our communities and the importance of inclusive recruitment.

Joanne Brandon (JB) explained that in terms of visual representative there are 3600 pages on the website and the aim is to have representation across all of the website. The recruitment and retention side is important and this has 10% of our website views, which is 3.4 million. There is a demand to look at Cardiff and Vale as an employer of choice, and this is our opportunity to make sure that we're representing our communities. The Communications team work really hard in trying to ensure that across the broad range of the website and our social media channels and platforms have visual representation. Sometimes there's a really good reason why we've chosen particular images and we work with those subject matter experts on their particular pages as well.

Action: JP to investigate image used on the job pages.

In relation to communication and publishing, MT reminded the Forum that some staff are still not being provided with email addresses. This is something staff need and should be given rather than being offered. MT stressed the importance of engaging with everybody and the possibility of each department having one person who is up to date with specific plans and who can they relay information.

DW explained the Trade Union 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. DW also expressed the importance of targeting certain groups to attract people in wanting to work for the Health Board and make it their organisation of choice. In addition, if we want people to get involved and be engaged, we need to be clearer about them being listened to and be clear on how we measure this.

LPF 23/ 070

PEOPLE AND CULTURE COMMUNICATIONS PLAN.

Joanne Brandon, Head of Communications, delivered a presentation on the People and Culture Communications Plan. The main points included:

- Good internal communications increase retention, productivity and it also builds trust and confidence. The importance of keeping open transparent communication with our communities and colleagues was expressed.
- The People and Culture Communications Plan was written in line with the Shaping our Future Wellbeing and is based around strategic objectives but mainly focusing on putting people first.
- It is a dynamic Communications and Engagement 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 values and behaviours.

The plan is constantly evolving and it reacts to the operational elements of the day.

- Analytical data and algorithms are used to drive communications and engagement.

Saunders, Nathan
21/03/2024 11:15:52

- There have been 3.4m views on our website since January with 10% relating to the job pages.
- Internal communication avenues include SharePoint, staff emails, CEO Connects, Ask Suzanne and Weekly Staff Email. Data analysis is used to assess numbers, seasonality trends.
- Social media is growing more influential than traditional media. Analytics identify number of followers, by location and also by age and gender. An increase in followers by location noted as a result of an increase in engagement within this area.
- Direction of campaigns can change in order to target women as analytics indicate that 82% of our followers are female.

A discussion ensued between MT and JB regarding the analytics presented. JB explained that women are more interested in health-related issues and the reason why we change our campaigns is because we try to target the men through the females of their family groups. Around certain awareness days, then we will proactively target men.

MT suggested the possibility of having some training regarding email and SharePoint. JB explained that they are aware of the issue of accessibility. They have tried the Staff Connects App and relaunched it. CEO connects has gone from a paper format to a video format. Ongoing work is required in this area to increase accessibility.

AH informed the group that the older People's Commissioner reports that 30% of people over 75 are not online and don't have access to the Internet. AH explained this will need to be considered as those who use our services most, are those who are most digitally excluded in terms of communicating. This figure would be higher in our more deprived communities.

Rachel Gidman (RG) highlighted the importance of partnership working so that messages can be spread once the offering is known. With the support of the new Digital and OD Manager within Education, we are looking at producing webinars and quick video clips. SharePoint training was noted as being beneficial and the issue regarding all staff having access to emails would be followed up.

LPF 23/071 INTEGRATED PERFORMANCE REPORT

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

Population Health

DW thanked FK for her contributions and wished her well in her retirement.

FK commented on respiratory infection. Flu is starting to increase but numbers are still not high in Wales. There are cases in the community and some hospitalisations. COVID is relatively stable and RSV which particularly affects the under 5s has decreased but remains at a very high level.

For staff vaccination, there was the 39% uptake for all staff for the COVID Booster and 35% for the flu vaccination.

There will be a desktop measles exercise taking place with Emergency planning to ensure we have a Health Protection mechanism in place should we have a bigger measles outbreak.

Saunders-Nathan
21/03/2024 12:15:52

Also to note that as of the 1st December 2023, all mental health settings across the health board have gone smoke free.

People and Culture

RG referred to the Staff survey and raised the following points:

- Cardiff and Vale UHB were at the top of the biggest Health Boards and had an uptake of 21%.
- The result will be used as a foundation to influence HEIW regarding confidentiality and the requirement to anonymise the staff survey further.
- Plan to link in with other Health Boards in England who had higher uptakes, for learning purposes.

RG also referred to the Widening access schemes and the work undertaken by Jonathan Pritchard, Assistant Director of Resourcing, to include Project Search which offers training and work experience to young people with Additional Learning needs (ALN).

We will be embarking on a project, to which we have received £30k from HEIW, to look at individuals that were brought up in care. We are also in the final for the Macro Employer of the Year for the Apprenticeship Awards Cymru where we hope to hear the outcome in March.

Speaking up Safely is being led by Matt Phillips and as this continues, will be brought back at some stage.

MT reminded the forum of the importance of informing staff of what we are going to do and ensuring we come back to certain questions to ask staff if anything has changed and to do this at regular intervals. RG agreed this is important and explained it is key to not see it in isolation as just the staff survey since we also have our strategy of Putting People First, the People and Culture Plan where one of the themes is having an engaged workforce. A discussion at the Workforce Partnership Group and SLB would be good around how we co-produce and to identify the plan on how we get our staff involved with the actions. It was felt that different styles of communication would be beneficial to get the staff involved. RG would communicate further on this outside of the meeting.

Operational Performance

Paul Bostock (PB) expressed thanks to staff for their continued efforts as we are beginning to go into the most difficult period of the year.

There have been a couple of debriefs regarding the Business Continuity Event and we will be bringing a paper back to our Board in January which will then be shared with the Local Partnership Forum. A Business Continuity incident was declared on the 6/11/23, as there were concerns around the overcrowding in ED, about the discharge profile and about the time for ambulances waiting to hand over patients. A year ago, a 4-hour wait would have been accepted but now we do not accept anybody waiting longer than two hours. The focus is around 60 minutes.

With reference to patient safety and patient experience, PB explained that we have got the best ambulance handover performance night and day between us and the other health boards, and we would compare ourselves really well with the top 20% of Trusts in England. This is due to the culture of the organisation and the hard work of the team.

Saunders
21/03/2024 12:15:52

In addition, we have the best cancer performance since the single cancer pathway was introduced into Wales and, for Stroke services, we were awarded an A in the SNAP data.

In terms of planned care, at any one time on our waiting list, there are about 122,500 people but of these just over 4,000 are waiting 2 years. Of those 4000, just under 300 are waiting 3 years, under 300 are waiting over 3 years and 23 patients are waiting over 4 years. In terms of the overall context on the size of the waiting list, lots of people do get their treatment before two years and we want to continue to reduce that down.

DW requested an update on the concerns expressed at the Staff Representative Pre Meet around GP core services and the lack of available face to face appointments.

PB explained that there is no evidence of people coming into A&E because they can't get an appointment with their GP. In the last year there are over 1200 appointments a week for urgent primary care centres. This means appointments are available with a GP, either face to face or via other means on the same day.

PB commented that GPs are under pressure and there is uncertainty as a result of the ongoing discussions between the GPs and the Welsh Government.

PB also reference the junior Doctor strike which is potentially going to take place in January and will probably be a rolling dispute thereafter.

Action: PB to provide the paper on the Business Continuity Event.

Finance

Robert Mahoney (MH) explained to the Forum that month 8, November, has been difficult. The target that we've been set by Welsh Government which is £16.4 million, involves another 10% stretch on our previous forecast so another £8.8 million of savings. There are a number of additional initiatives in Clinical Boards to find savings and reductions in the run rate of expenditure before year end. RM added it will be extremely tight but we endeavour to make the 16.4 million set by Welsh Government.

LPF 23/072 EPSG MINUTES

LPF noted the EPSG minutes from 27 September 2023.

LPF 23/073 STAFF BENEFITS GROUP REPORT

LPF noted the report from the Staff Benefits Group.

LPF 23/074 ANY OTHER BUSINESS

No other business was raised.

LPF 23/063 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 8th February 2024 at 10am with a staff representatives pre-meeting at 8.45am.

Saunders, Nathan
21/03/2024 12:15:52



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
17 JANUARY AT 14:30HOURS
VIRTUALLY BY MICROSOFT TEAMS LIVE**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen HARRY	Chief Ambulance Services Commissioner (CASC)
Jennifer Winslade	Executive Nurse Director, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive, Betsi Cadwaladr BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Chief Operating Officer, Velindre University NHS Trust

In Attendance:	
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Ross Whitehead	Deputy Chief Ambulance Services Commissioner (DCASC)
Aled Brown	Policy Division, Welsh Government
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary
Sian Ashford	Senior Nurse Lead, Quality and Delivery Frameworks
Phil Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/001	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair
EASC 23/002	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Nicola Prygodzicz, Mark Hackett, Steve Ham and Tracey Cooper.</p>	Chair
EASC 23/003	<p>DECLARATIONS OF INTERESTS</p> <p>There were none.</p>	Chair
EASC 23/004	<p>MINUTES OF THE MEETING HELD ON 6 DECEMBER 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 6 December 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 6 December 2022. 	Chair
EASC 23/005	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/139</p> <ul style="list-style-type: none"> • Performance Report (Ministerial Summit 28 November) <p>It was reported that discussions were being held with Chief Operating Officers to ensure a coordinated approach. Action closed.</p> <p>EASC 22/119</p> <ul style="list-style-type: none"> • Performance Report <p>Jason Killens reported that relevant metrics and charts have been updated following the roster changes, ensuring an accurate reflection of the current position. This action has been completed and was closed.</p> <p>EASC 22/123</p> <ul style="list-style-type: none"> • WAST Provider Report <p>Jason Killens confirmed that work to provide additional information on the improvement trajectory and understand the impact of interventions was underway and a more detailed report would be included at a future meeting.</p> <p>EASC 22/101</p> <ul style="list-style-type: none"> • WAST Provider Report – Red variation <p>As previously agreed, this would be to be discussed in more detail at the EASC Management Group to be held on 16 February.</p>	Chair

Saunders Nathan
21/03/2024 12:25:53

	<p>Stephen HARRY added that this has been identified in the Welsh Government Integrated Quality, Planning and Delivery (IQPD) meetings with the Welsh Ambulance Services NHS Trust (WAST) and WAST had been asked to undertake some modelling for this matter.</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • Different staff input to WAST Control / call options <p>It was reported that the number of patients in 'hear and treat' had increased and this was expected to rise further.</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • Red Demand and Variation <p>It was felt that this has already been picked up and that this action could be linked link with above action (EASC 22/101).</p> <p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews <p>Members noted that the roster reviews had been completed and a table showing the breakdown of numbers and the investment level would be shared via the Committee Secretary.</p> <ul style="list-style-type: none"> • Changes to WAST working practices <p>It was reported that these discussions were currently on hold.</p> <p>EASC 22/20</p> <ul style="list-style-type: none"> • Performance Report <p>It was noted that this would be a standard item in the Chief Ambulance Services Commissioner's (CASC) Report.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>WAST/ EASCT</p>
EASC 23/006	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 23/007	<p>CHAIR'S REPORT</p> <p>The Chair's report including the Chair's Objectives was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report • NOTE the Chair's objectives set by the Minister • NOTE the continuation of Chair's action from the last meeting in relation to the engagement materials for the formal engagement on the Emergency Medical Retrieval and Transfer Service Review process. 	Chair

Saunders Nathan
21/03/2024 12:15:52

Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/008	<p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.</p> <p>Noted that:</p> <ul style="list-style-type: none"> the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January Chart 1 – significant challenge in relation to call volume and answer times Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of “hear and treat” and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4) the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5) that CHARU is a key driver of improved outcomes for sicker patients the continued challenges regarding red and amber performance (Chart 7 & 8) the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10) the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm. Each health board provided an update on their handover improvement plans and commitments further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community 	

Saunders-Nathan
21/03/2024 12:15:53

	<ul style="list-style-type: none"> the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee. <p>Agreed that:</p> <ul style="list-style-type: none"> a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the discussion content of the report NOTE the Ambulance Services Indicators NOTE the handover improvement Ministerial summit discussion and the specific requirements of organisations AGREE to consider all additional actions that could be taken to improve performance delivery of commissioned services. 	
EASC 23/009	<p>LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE</p> <p>The Local Integrated Commissioning Actions Plan Update report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs each health board has submitted outline ICAPs which have been reviewed by the EASC Team going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST the actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs updated ICAPs will also be included within the EASC Action Plan. <p>Members RESOLVED to: NOTE the report as presented.</p>	

Saunders Nathan
21/03/2024 12:15:53

EASC 23/013	<p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process while Members had approved Chair's Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads 	
----------------	--	--

Saunders Nathan
21/03/2024 12:15:52

	<ul style="list-style-type: none"> • following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board • a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work. <p>Agreed that</p> <ul style="list-style-type: none"> • (as at previous meeting), Chair's Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February. <p>Further noted that</p> <ul style="list-style-type: none"> • members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months • key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful • early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming. <p>The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair's Action when he has the required assurance that all materials and arrangements were in place.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented • AGREE that Chair's Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022. 	
<p>EASC 23/010</p> <p>Saunders Nathan 21/03/2024 12:15:52</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team 	

	<ul style="list-style-type: none"> • responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided on a number of specific areas with HIW recently accepting the progress made to date. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response • establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120') • that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients • work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report • there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021 • the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances • the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented. 	
<p>EASC 23/01/23</p>	<p>EASC INTEGRATED MEDIUM TERM PLAN UPDATE</p> <p>Stephen Harrhy provided an oral update on the development of the EASC Integrated Medium Term Plan (IMTP).</p>	

	<p>Noted that:</p> <ul style="list-style-type: none"> the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee IMTPs would need to be submitted to Welsh Government by end of March 2023. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the update provided. 	
EASC 23/012	<p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The reports of the Welsh Ambulance Services NHS Trust (WAST) were received. These included:</p> <ul style="list-style-type: none"> Provider Report Immediate Release Manchester Inquiry Recommendations Meeting requirements of the Civil Contingencies Act WAST Integrated Medium Term Plan (Oral). <p>WAST Provider Report</p> <p>Members received the Provider Update.</p> <p>Noted that:</p> <ul style="list-style-type: none"> this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS); work is currently being undertaken to reduce the length of the Provider report there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the report as presented. <p>Immediate Release</p> <p>Members received the Report.</p>	

Saunders Nathan
21/03/2024 12:53

Noted that:

- the All Wales Immediate Release Protocol was approved in July 2022 subject to a review after 3 months
- feedback from partners (Chief Operating Officers) had now informed a review of the protocol as requested
- from a commissioning perspective, this was felt to be a sensible approach.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the amendments to the All Wales Immediate Release Protocol as set out in paragraph 2.2, Appendix 1 and Appendix 2.

Manchester Inquiry Recommendations

Members received the Report.

Noted that:

- the report was prepared following an initial review of the emergency response to the Manchester Arena bombing
- the WAST Emergency Preparedness, Resilience & Response (EPRR) team would need to develop the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report
- the Inquiry recommendations (specifically drawn to recommendations R105 and R106) are clear that ambulance trusts should make recommendations to NHS commissioners about additional resources required to ensure an effective response to mass casualty incidents.

Agreed that:

- WAST would collaborate with the CASC and the EASC team and bring forward recommendations to EASC.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that WAST collaborate with the CASC and the team and bring forward recommendations to EASC.

Meeting requirements of the Civil Contingencies Act

Members received the Report.

Noted that:

- the operational and clinical pressures were worsening across health and social care in Wales

Saunders Nathan
21/03/2024 12:15:52

- WAST were concerned about its ability to provide a major incident and/or mass casualty incident response to the people of Wales in a way that met the obligations as established within the Civil Contingencies Act (CCA) and as a Category 1 responder
- during prolonged periods, WAST had seen more than 50% of its conveying capacity being unavailable to respond to patient incidents due to extreme handover delays with some handovers reaching over 48 hours
- when business continuity and critical incidents were declared by WAST last month, due to WAST's inability to respond to patients categorised as immediately life threatening, no meaningful improvements to ambulance availability were seen
- WAST were concerned that the health system would not be able to release ambulances held at emergency departments without delay should a major incident be declared. This would delay arrival of life saving care to those sadly caught up in any incident
- WAST had developed a new risk for entry on its corporate risk register covering this issue and intended to raise this at the next public Trust Board meeting on Thursday 26 January 2023. It was anticipated that this risk would score as HIGH.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **NOTE** the system risk that WAST may fail to meet its Civil Contingency Act Category 1 responder responsibility if inhibited from sending its pre-determined attendance to a declared major incident or mass casualty incident due to emergency department handover delays
- **AGREE** that Health board CCA officers engage with WAST to confirm WAST/health board CCA arrangements and for any issues arising to be escalated where needed to EASC Management Group.

WAST Integrated Medium Term Plan (Oral)

Noted that:

- the WAST IMTP would need to be consistent with Commissioning Intentions and financial constraints;
- there were 3 key areas:
 - actions to improve the quality of service and to improve patient outcomes
 - staff (recognising the pressure that staff have been under in recent years)
 - financial sustainability including reducing costs, improved efficiency and generating additional income with the aim to deliver a balanced financial plan

Saunders Nathan
21/03/2024 12:15:52

	<ul style="list-style-type: none"> the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting there was an appropriate balance of strengthening core services and the longer-term strategic view. <p>Members RESOLVED to: NOTE the report as presented.</p>	
EASC 23/014	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner's Update Report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> the 'Plurality Model' was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG) there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources WAST had recently commissioned work to model how best to use resources as part of this work there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication. <p>Members RESOLVED to: NOTE the report as presented.</p>	

Saunders Nathan
21/03/2024 12:15:53

EASC 23/015	<p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. This included</p> <ul style="list-style-type: none"> • Commissioning Framework • Integrated Medium Term Plan • Commissioning Intentions <p>Noted that:</p> <ul style="list-style-type: none"> • progress had been made against the key elements of the collaborative commissioning approach • the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2 • the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023 • a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023 • Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee. <p>Members RESOLVED to: NOTE the report as presented.</p>	
EASC 23/016	<p>EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23</p> <p>The EASC Financial Performance Report at month 8 in 2022/23 was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • there was a current break-even position with no significant variance • work would continue on the income received from Welsh Government • health board Directors of Finance would be involved as appropriate 	

Saunders Mathias
21/03/2024 12:15:52

	<ul style="list-style-type: none"> work would be undertaken in relation to WHSSC and EASC Standing Financial Instructions and presented at the next meeting (Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the current financial position and forecast year-end position. 	
EASC 23/016	<p>EASC SUB GROUPS</p> <p>The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received.</p> <p>Members RESOLVED to APPROVE the notes.</p>	
EASC 23/017	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it was felt would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023 the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal 	

Saunders Nathan
21/03/2024 12:15:53

	<p>The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website</p> <ul style="list-style-type: none"> • This occurred due to annual leave of a member of the EASC Team with responsibility for the website • Further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content • a further update would be provided as the investigation continued. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented • APPROVE the updated risk register. 	
EASC 23/018	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions.</p> <p>Members RESOLVED to: APPROVE.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 23/019	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		ACTION
EASC 23/020	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 14 March 2023 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed

Christopher Turner (Chair)

Date

Saunders, Nathan
21/03/2024 12:15:52

Report Title:	Emergency Medical Retrieval and Transfer Service Review			Agenda Item no.	8.7	
Meeting:	Board	Public	X	Date:	21 March 2024	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval		Information	X
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					
Main Report						
Background and current situation:						
<p>EASC has been considering the EMRTS development proposal and the appendices to this report provide an update on that work and some information that the Board should be aware of. A verbal update on the current state of the decision making process will be provided during the CEO's report.</p> <p>Appendix A is the draft report provided by EASC.</p> <p>All other appendices are referenced within Appendix A and are contained within the supporting documents folder.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<p>As the situation is currently evolving as to when a final recommendation and decision will be forthcoming the purpose of this report is to make the Board aware of the work undertaken so far and latest information. As such, the recommendation is for Board to note the information in its entirety rather than to run through the recommendations in the template report individually.</p>						
Recommendation:						
<p>The Board is requested to:</p> <ul style="list-style-type: none">• Note this report and the appendices in their entirety						
Link to Strategic Objectives of Shaping our Future Wellbeing: <i>Please tick as relevant</i>						
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: No									
Safety: No									
Financial: Yes									
Workforce: Yes									
Legal: Yes									
Reputational: Yes									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Approval/Scrutiny Route:									
EASC		19 Mar							

Saunders,Nathan
21/03/2024 12:15:52



Emergency Ambulance Services Committee

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER
SERVICE REVIEW

Dyddiad y Cyfarfod / Date of Meeting	Click or tap to enter a date.
Statws Cyhoeddi / Publication Status	Choose an item. Choose an item.
Awdur yr Adroddiad / Report Author	Stephen Harrhy, Chief Ambulance Services Commissioner
Cyflwynydd yr Adroddiad / Report Presenter	(Insert Name & Title) Health board presenter
Noddwr yr Adroddiad / Report Sponsor	Stephen Harrhy, Chief Ambulance Services Commissioner
Pwrpas yr Adroddiad / Report Purpose	Note the recommendations from the Chief Ambulance Services Commissioner Note further work is underway in relation to: <ul style="list-style-type: none">• Responding to the issues raised by Llais and other representation• Further development of recommendation 4 Endorse further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making.

**Engagement (internal/external) undertaken to date
(including receipt /consideration at Committee/Group)**

Committee / Group / Individuals	Date	Outcome
EAS Committee	19/03/2024	Choose an item. Discussed and noted

Acronyms / Glossary of Terms

CASC	Chief Ambulance Services Commissioner
CCH	Critical Care Hub
ED	Emergency Department/s
EMRTS	Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
RRV	Rapid Response Vehicle
RTC	Road Traffic Collision
WAAC	Wales Air Ambulance Charity
WAST	Welsh Ambulance Services NHS Trust

1. SITUATION /BACKGROUND

1.1 The purpose of this report is to update the Health Board on the conclusion and the recommended option for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

1.2 The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the Emergency Ambulance Services Committee (EASC) meeting on 8 November 2022 which is a joint Committee of all health boards in Wales. EASC Members (Chief Executives) agreed at that meeting that further scrutiny was required in a few key areas and that this impartial scrutiny would be undertaken by the Chief Ambulance Services Commissioner (CASC) called the EMRTS Service Review.

1.1 The purpose of the EMRTS Service Review is:

- To ensure that as many people as possible benefit from the excellent clinical outcomes that the critical care teams of EMRTS deliver (in partnership with the Wales Air Ambulance Charity) where there is currently un-met patient need across Wales (approximately 2-3 patients per day from all health boards across Wales who need the EMRTS service but who currently do not receive it)
- To improve the under-utilisation of clinical teams across the national EMRTS service (some are busier than others)
- To ensure geographical coverage across Wales
- To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly.

1.2 The (then) Community Health Councils across Wales (now Llais) asked the Chief Ambulance Services Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales (this included a review of the process after 6 weeks followed by another 2 weeks of engagement).

1.3 The engagement approach delivered on behalf of health boards is summarised below:

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us...)	Gathering of feedback on factors, weightings, and other suggestions to inform Options to be developed.	March-June 2023

Saunders Nathan
21/03/2024 12:15:52

Phase	Stage	Purpose	Timing
2	Share (We are doing...)	Outline of options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.	October - December 2023
3	Formal engagement	Seek views on: <ul style="list-style-type: none"> The six options shortlisted and evaluated in the Options Appraisal workshop The two shortlisted options - Options A and B The additional actions that have been identified to address the public and stakeholder feedback from Phases 1 and 2. 	February 2024

2. SPECIFIC MATTERS FOR CONSIDERATION

Engagement Process

- 2.1 The approach to the formal engagement process has been presented and detailed in previous EASC papers, most recently on 30 January 2024.
- 2.2 The EMRTS Service Engagement Report (**Appendix 1**) details the engagement methodology, participation and emerging themes following all three engagement phases.
- 2.3 In summary:
- 23 weeks of engagement with 45 engagement sessions between March 2023 and February 2024 inclusive
 - In Phase 1, there were 14-weeks of engagement, more than double the time recommended for the initial 'listening' phase
 - In Phase 2 there were 5 weeks, more than double the time recommended for the second 'listening' phase
 - Phase 3 has comprised 4 weeks online engagement throughout February with Health Boards complementing by using their extant activities and engagement structures to give the opportunity to their respective populations to participate
 - Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes.
- 2.4 Phase 3 engagement built on the previous two engagement phases undertaken in 2023 and did not disregard any of feedback received in the previous phases.

Saunders Nathan
21/03/2024 12:15:52

- 2.1 Phase 3 engagement concluded on 29 February where 568 questionnaire responses were received. Where data was provided, the breakdown of responses by Health Board area is as follows:
- 66% response from Powys THB
 - 20.6% Betsi Cadwaladr UHB
 - 5.8% Hywel Dda UHB
 - 1.7% Swansea Bay UHB
 - 1.1% Cardiff and Vale UHB
 - 0.9% Aneurin Bevan UHB
 - 0.2% Cwm Taf Morgannwg
 - 3.7% 'Not Sure'
- 2.2 To keep abreast of emerging themes from the feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC team provided Llais and with regular feedback updates to demonstrate that due consideration is being given to feedback. An email response to the draft Engagement Report was received from Llais on 8 March 2024 and for ease of reference as table as a response is attached at **Appendix 2**. A further letter was received on Sunday 17 March 2024 from Llais and is attached at **Appendix 2.1**. At the EASC meeting on 19 March 2024, it was agreed that the Chief Ambulance Services Commissioner would respond formally and in detail to the Llais letters.
- 2.3 Snap-shot reports of feedback have been provided to Health Board colleagues and Llais national leads each week throughout February including a final summary report from the feedback received.
- 2.4 Each week, information was provided within a PowerBI in order that information could be examined by each Health Board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.
- 2.5 The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from themes in earlier phases.
- 2.6 However, Phase 3 engagement did note the negative sentiment towards the engagement and decision-making processes. Additional responses have been received following the closure of the formal engagement phase and these have been answered in **Appendix 3**.
- 2.7 The Commissioner has been available to all stakeholders in Phase 3 of this Review as has been done throughout the Review period.

Saunders, Nathan
21/03/2024 12:15:52

Engagement Conclusion

2.8 Feedback throughout the overall engagement falls into two general categories:

- You.Gov representative sample reflecting the national perspective
- Feedback from engagement shown in emergent themes reflecting localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

2.9 It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

2.10 These themes highlight the importance identified by the respondents to the need to address the needs of rural communities not near to hospitals, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

2.11 Notwithstanding the concerns of the public and stakeholder feedback in these areas from where it was expressed that citizens feel more vulnerable, there is a consensus of understanding that:

- Un-met patient need must be provided for by the service
- Highly skilled clinical teams need to be used in the best way to provide for patients; and
- That rural communities should not be disadvantaged in order to achieve this.

Saunders, Nathan
21/03/2024 12:15:52

- 2.12 The national feedback undertaken by the Picker Institute (**Appendix 4**) identified the following priorities:
- Everyone in Wales should have equal access to the service
 - The service should be structured to treat as many people as possible
 - Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.
- 2.13 The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation.
- 2.14 There has been a shift from positive to negative sentiment about the engagement and decision-making process from Phases 1 and 2 that were reported, compared to Phase 3 in responses notably from Powys and Betsi Cadwaladr areas.
- 2.15 An updated Equality Impact Assessment (EIA) is attached at **Appendix 5** and referenced within the EMRTS Service Review Engagement Report as well as published on the EASC website. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's process, as the host organisation for EASC.

The EMRTS Service Review

- 2.16 The EMRTS Service Review is attached at **Appendix 6**.
- 2.17 The Report provides a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales. It outlines the process and methodology used to review the service, covering the following:
- service delivery
 - operational efficiency
 - stakeholder engagement, and
 - analysis of service coverage across Wales.
- 2.18 The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the prehospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

- 2.19 The report makes four recommendations as follows:

- **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.
- **Recommendation 2** - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.
- **Recommendation 3** - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.
- **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

2.20 Legal advice has been sought in relation to the Review and will be shared with health boards in due course.

2.21 Members should note that EASC met on 19 March 2024 to consider the Review and Recommendations further work is underway in relation to:

- Responding to the issues raised by Llais and other representations
- Further development of recommendation 4
Endorse further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making.

2.22 The establishment of the new Joint Commissioning Committee has influenced the timing of this request.

2.23 Members are asked to consider the Review and recommendations to inform the final discussion at the extraordinary EASC meeting on 28 March 2024.

3. KEY RISKS / MATTERS FOR ESCALATION

- 3.1 Public and political concerns remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal. This has resulted in ongoing challenges for the Committee, EMRTS and the Charity.
- 3.2 Members will understand that the WAAC is particularly impacted in waiting for a decision and this is a key risk for health boards.
- 3.3 There is an ongoing risk of delaying service improvement in delivering more critical care to patients across Wales where unmet patient need has been identified as approximately 2-3 patients per day across Wales.
- 3.4 There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.
- 3.5 Staff morale within EMRTS following a protracted Review.
- 3.6 Members are asked to consider and discuss the above risks.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Inspiring People Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Choose an item.
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Choose an item.



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below:
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) There are ongoing implications which are identified within the Review	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) There are ongoing implications which are identified within the Review	

5. RECOMMENDATION

5.1 The Health Board is asked to:

- **NOTE** the recommendations from the Chief Ambulance Services Commissioner
- **NOTE** further work is underway in relation to:
 - Responding to the issues raised by Llais and other representation in Appendices 2 and 3
 - Further development of recommendation 4
 - Endorse further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making.
- **NOTE** the risk to the Charity
- **NOTE** the national feedback provided by the Picker Institute

Saunders, Nathan
21/03/2024 12:15:52

- **NOTE** the risk to patients and under-utilisation levels across Wales
- **NOTE** the conclusion of Phase 3 and the overall engagement process
- **NOTE** that the EASC Team continue to work with your Health Board engagement, communication and service change lead, and Llais throughout the conclusion of the Review.

6. Next Steps

- 6.1 EASC extraordinary meeting on 28 March 2024 to inform the final discussion
- 6.2 Staff, public and stakeholder communication will be issued following the EASC meeting.

DRAFT

Saunders Nathan
21/03/2024 12:15:52