

Public Board Meeting

Thu 30 May 2024, 09:30 - 14:00

Woodland House - Room: Coed Y Bwl

Agenda

09:30 - 09:40 **1. Welcome & Introductions (9:30 - 09:40)**

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 Extraordinary Board Meeting held on 10 April 2024 and the Board Meeting held on 28 March 2024**

0 min

Charles Janczewski

-  4a Extra Ordinary Public Board Meeting Minutes 10.04.2024.pdf (4 pages)
 -  4b Public Board Minutes 28.03.2024.pdf (19 pages)
-

09:40 - 09:40 **5. Actions – following meeting held on: 28 March 2024**

0 min

Charles Janczewski

-  5 Action Log - Public Board.pdf (1 pages)
-

09:40 - 12:35 **6. Items for Review and Assurance (09:40 - 12:35)**

175 min

6.1. Patient Story – Rapid Access Clinic – Julie’s Story

Jason Roberts

15 minutes

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

Charles Janczewski

10 minutes

-  6.2 Chairs Report May Board.pdf (6 pages)
-

6.3. Chief Executive Report

Suzanne Rankin

15 minutes

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📄 6.3 Chief Executive May Board Report.pdf (5 pages)

6.4. Board Assurance Framework

Matt Phillips

10 minutes

📄 6.4 BAF Cover Report.pdf (2 pages)

📄 6.4a Board Assurance Framework.pdf (69 pages)

6.5. Chairs' reports from Committees of the Board:

1. *Finance & Performance 20.03.24 & 17.04.24*
2. *People & Culture 12.03.24*
3. *Charitable Funds Committee 19.03.24*
4. *Quality, Safety & Experience 26.03.24*
5. *Mental Health Legislation & Mental Capacity Act 30.04.24*

📄 6.5.1 Finance & Performance Chairs Report 17.04.2024.pdf (3 pages)

📄 6.5.2 P&C Chairs Report 12.03.2024.pdf (3 pages)

📄 6.5.3 Charitable Funds Chairs Report 19.03.2024.pdf (6 pages)

📄 6.5.4 QSE Public Chairs Report from 26.03.2024.pdf (4 pages)

📄 6.5.5 MH Chairs Report from 30.04.2024.pdf (3 pages)

6.6. BREAK – 10 minutes

6.7. Integrated Performance Report:

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

60 minutes

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

📄 6.7 IPR May 2024.pdf (8 pages)

📄 6.7a Integrated Performance Report May 2024.pdf (36 pages)

6.8. Strategic Planning, Commissioning and Partnership Update

Marie Davies

15 minutes

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

6.9. Integrated Annual Plan Quarter 4 Report

Marie Davies

10 minutes

📄 6.9 Integrated Annual Plan 2023-24 Quarter 4 Report.pdf (2 pages)

📄 6.9a Integrated Annual Plan Quarter 4 Report v.2.pdf (32 pages)

6.10. 2024/25 Finance Planning Update

Catherine Phillips

10 minutes

📄 6.10 Finance Planning Update 2024-25.pdf (3 pages)

6.11. Bi-Annual Nurse Staffing Act Calculation Report (verbal update)

Jason Roberts

10 minutes

12:35 - 13:45 7. Items for Approval / Ratification (12:35 - 13:45)

70 min

7.1. Funded Nursing Care: Setting the 2024/25 Interim Rate & Care Provider Fee Uplift Required for 2024/25

Catherine Phillips

10 minutes

- 📄 7.1A FNC Uplift 2024-25.pdf (4 pages)
- 📄 7.1B CHC Fees Uplift 2024-25.pdf (4 pages)

7.2. Break for Lunch at 12:45 – 30 minutes

7.3. Renewal of the Lease of Units 1 And 2 Bridge Road, Treforest

Catherine Phillips

5 minutes

- 📄 7.3 ALAS Treforest Lease Renewal.pdf (3 pages)

7.4. Purchase of Land for the Provision of Pentyrch Surgery

Catherine Phillips

5 minutes

- 📄 7.4 Pentyrch Land Purchase.pdf (6 pages)

7.5. Corporate Parenting Charter

Rachel Gidman

10 minutes

- 📄 7.5 Corporate Parenting Charter.pdf (3 pages)
- 📄 7.5a Corporate Parenting Charter Appendix 1.pdf (2 pages)

7.6. Annual Reports for Committees and Advisory Groups of the Board:

Matt Phillips

5 minutes

Reports can be found under the Supporting Documents folder.

1. Local Partnership Forum
2. Stakeholder Reference Group
3. Quality, Safety & Experience
4. Mental Health Legislation & Mental Capacity Act
5. People & Culture
6. Charitable Funds
7. Finance & Performance
8. Audit & Assurance
9. Digital & Health Intelligence

- 📄 7.6 Committee Annual Reports 2023-24.pdf (2 pages)

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7.7. Standing Orders Amendment

Matt Phillips

5 minutes

- 7.7 Board Standing Orders Amendment Report.pdf (2 pages)
- 7.7a Welsh Health Circular 2024 Interim Amendments to LHB & Trust Model SO's.pdf (12 pages)

13:45 - 13:45 8. Items for Noting and Information (13:45)

0 min

8.1. Corporate Risk Register

Matt Phillips

- 8.1 CRR Board Report.pdf (3 pages)
- 8.1a CRR Detailed Corporate Risk Register - May 2024.pdf (9 pages)
- 8.1b CRR Detailed Corporate Risk Register - May 2024.pdf (7 pages)
- 8.1c CRR Assurance MAP combined May 2024.pdf (7 pages)
- 8.1d CRR Assurance MAP combined May 2024.pdf (6 pages)

8.2. Reports from Advisory Groups and Joint Committees:

Matt Phillips

1. Stakeholder Reference Group Chairs Report
2. NWSSP Assurance Report 21.03.24
3. Local Partnership Forum 11.04.24

- 8.2.1 Stakeholder Reference Group Report.pdf (3 pages)
- 8.2.2 NWSSPC Assurance Report 21.03.24.pdf (5 pages)
- 8.2.3 LPF briefing 11.04.24.pdf (3 pages)

8.3. Committee, Advisory Group and Joint Committee Minutes:

1. *Audit & Assurance 06.02.24*
2. *Finance & Performance 21.02.24 & 20.03.24*
3. *Quality, Safety & Experience 13.02.23*
4. *Stakeholder Reference Group 05.02.24*
5. *Local Partnership Forum 08.02.24*

- 8.3.2a Public Finance Minutes 21.02.24.pdf (6 pages)
- 8.3.2b Finance Minutes 20.03.2024.pdf (9 pages)
- 8.3.3 QSE Minutes 13.02.2024.pdf (7 pages)
- 8.3.4 Minutes of SRG Meeting 05.02.24.pdf (5 pages)
- 8.3.5 LPF Minutes 08.02.24.pdf (9 pages)

8.4. Draft Cardiff and Vale UHB Annual Report 2023/24

Matt Phillips

The Draft Cardiff and Vale UHB Annual Report 2023/24 can be found in the supporting documents folder.

- 8.4 Annual Report Cover Report final.pdf (3 pages)

13:45 - 13:45 9. Agenda for Private Board Meeting:

0 min

Charles Janczewski

- i. Approval of Private Board minutes
- ii. Infected Blood Inquiry verbal Update
- iii. Covid Inquiry verbal Update
- iv. Fire Prosecution verbal Update

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- v. *Ophthalmology verbal Update*
 - vi. *Approval of Private Committee minutes*
-

13:45 - 13:45 10. Any Other Business

0 min

Charles Janczewski

13:45 - 13:45 11. Review of the meeting

0 min

Charles Janczewski

13:45 - 13:45 12. Date and time of next meeting:

0 min

Thursday 25 July 2024 – Woodland House Room TBC

13:45 - 13:45 13. Declaration

0 min

Charles Janczewski

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

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Extra Ordinary Public Board Meeting
Cardiff and Vale University Health Board

10 April 2024 at 10am

Via Microsoft Teams

[Please click here to view a recording of this meeting](#)

Nominated Chair:		
John Union	JU	Independent Member – Finance
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Emma Cooke	EC	Deputy Director of Therapies & Health Sciences
Marie Davies	MD	Interim Director of Strategic Planning
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Akmal Hanuk	AH	Independent Member – Local Community
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
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
In attendance:		
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Helen Williams	HW	Interim Regional Director for Llais
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	University Health Board Chair
Ceri Phillips	CP	University Health Board Vice Chair
Suzanne Rankin	SR	Chief Executive Officer
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Mike Jones	MJ	Independent Member – Trade Union
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Sara Moseley	SM	Independent Member – Third Sector
Lani Tucker	LT	Chair of the Stakeholder Reference Group

Item No	Agenda Item	Action
UHB 24/04/001	<p>Welcome, Introductions & Apologies for Absence</p> <p>(Nomination of Chair - click to watch)</p> <p>The Director of Corporate Governance welcomed everybody to the meeting and noted that due to the absence of the University Health Boards Chair and Vice Chair, Independent Members would be required to nominate a Chair for the meeting.</p> <p>The IMF was elected as the Chair for the meeting and welcomed Helen Williams, the interim Regional Director for Llais (IRDL) to the meeting.</p>	

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UHB
24/04/002

[Emergency Medical Retrieval and Transfer Service \(EMRTS\) - click to watch](#)

The Emergency Medical Retrieval and Transfer Service (EMRTS) information was received.

The IMF advised the Board that detailed papers had been received as part of the Board pack which had also been received by the Board at its meeting on 28th March 2024.

The DCG advised the Board that they were being asked to approve the recommendations that had been made by the Emergency Ambulance Services Committee (EASC) to all Health Boards in Wales which regarded the future provision of the EMRTS.

He added that the extensive supporting documents received had all stemmed from the decision to carry out a review of EMRTS and that the reason the Board was being asked to make a decision was because there were some duties and powers which had been retained by Health Boards regardless of any Joint mechanisms.

It was noted that EASC had met in March 2023 to discuss and finalise the recommendations around the options that had fallen out of the review of EMRTS.

The DCG opened up the discussion to questions.

The Executive Director of Public Health (EDPH) noted that from reading the detailed papers, it did not seem like there would be much of an impact on the Cardiff and Vale population and asked if that could be confirmed.

The Interim Director of Strategic Planning (IDSP) confirmed that from an engagement angle, the process around the review of EMRTS had been very detailed and encompassing but noted that some of the recommendations had proven controversial with parts of North Wales and the Powys population.

The IMICT acknowledged that the impact on the Cardiff and Vale population would be minimal and asked that if the recommendations were not approved, whether that would create a risk in terms of impact on the Cardiff and Vale population.

The IDSP responded that the risk would be associated with the potential impact on the existing service and the existing staff and noted that the Air Ambulance charity was keen that the process could reach an agreement.

The IRDL provided the stance of Llais and advised the Board that the EMRTS would stay the same until the modelling had been completed and noted Llais' uncertainty as to why Health Boards had been asked to make a decision at the current stage of the process rather than at the end.

She added that Llais had written to all Health Boards as well as EMRTS and that the letter had been received by the Cardiff and Vale University Health Board.

The Executive Director of Finance (EDF) asked if it was fair to recognise that in the absence of the Chief Executive Officer (CEO), the letter sent by Llais would show the view into the newly formed Joint Commissioning Committee (JCC) and into the service provider which would be picked up as part of the decision-making process by the JCC on April 23rd 2024.

The DCG responded and confirmed that the letter received from Llais had been circulated to all Board members via email and would form part of the consideration by the JCC on April 23rd 2024.

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He added that recommendation 4 had evolved between the first drafting in the review document and that which was in front of the Board today as a result of the ongoing engagement with Llais.

The IMF added that Board members had been given the opportunity to read through all of the detailed papers since 28th March 2024 and if they had wanted to raise any queries, they could have with the DCG and the IDSP.

He proceeded to read through the recommendations and the recommendations that required approval were approved by the Board - [click here to watch](#).

The EDF noted the 4th and 5th recommendation talked about further work to be undertaken by a Task & Finish Group and asked how the Board would be sighted on that work.

The DCG responded that the further work would be discussed via the JCC which was attended by the CEO who would report that back to Board via Board meetings.

The IDSP added that in terms of the supporting work that was ongoing to look at the feasible options to mitigate the impact on the more report and rural communities, that would be taken forward through the JCC.

The IMF read through the full recommendations 1 to 4 and the Board approved the recommendations - [click here to watch](#)

The DCG advised the Board that he would communicate the Boards decision with other Health Boards and the JCC.

The Board resolved that:

- The recommendations from the Chief Ambulance Services Commissioner were approved.
- All the recommendations were approved be considered collectively
- The representations raised by Llais and the other representations and the responses updated accordingly in Appendices 2 and 3 were noted.
- The work undertaken to further develop recommendation 4 and to establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024 was approved.
- The further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making was endorsed.
- The risk to the Charity was noted
- The national feedback provided by the Picker Institute was noted
- The risk to patients and under-utilisation levels across Wales was noted.
- The conclusion of Phase 3 and the overall engagement process was noted.
- It was noted that the Ambulance and 111 Commissioning Team as part of the new JCC would continue to work with the Health Board engagement,

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	<p>communication and service change lead, and Liaisons throughout the conclusion of the Review.</p> <ul style="list-style-type: none"> • Recommendation 1 – The Board approved 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 Board requested that the Charity secure an appropriately located operational base in line with the findings of the EMRTS Service Review Report. • Recommendation 3 - The Board required that a joint plan was developed by EMRTS and the Charity, that maintained service provision across Wales during the transition to a new base and that this plan was included within the Health Boards commissioning arrangements. • Recommendation 4 - The Board approved the development of a commissioning proposal for bespoke road based enhanced and/or critical care services in rural and remote areas. It was recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. Recognising that no changes would be made to current EMRTS base locations until 2026 at the earliest and would be subject to implementation of the plan agreed in September 2024. The Group would work in partnership with health boards and key stakeholders and report to the Joint Commissioning Committee. 	
<p>UHB 24/04/003</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
<p>UHB 24/04/004</p>	<p>Close</p> <p>The IMF thanked members of the Board and the IRDL for attending the extra ordinary Public Board meeting.</p>	

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**Minutes of the Public Board Meeting
Held On 28 March 2024
Woodland House, Nant Fawr 1, 2 & 3**

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Sian Griffiths	SG	Consultant in Public Health Medicine
Akmal Hanuk	AH	Independent Member – Local Community
Abigail Harris	AHa	Executive Director of Strategic Planning
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Meriel Jenney	MJ	Executive Medical Director
Mike Jones	MJ	Independent Member – Trade Union
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
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
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Lani Tucker	LT	Chair of the Stakeholder Reference Group
John Union	JU	Independent Member – Finance
Adam Wright	AW	Operational Planning and Performance Director
In attendance:		
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Observers:		
Ethan Evans	EE	Management Graduate Trainee
Emily McCann	EMC	Management Graduate Trainee
Keisha Megji	KM	Management Graduate Trainee
Ellie Webber	EW	Management Graduate Trainee
Christianah Ugbaja	CU	Welsh Government Board Shadowing Programme Participant
Members of the Public		Present
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Sara Moseley	SM	Independent Member – Third Sector

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Item No	Agenda Item	Action
UHB 24/03/001	Welcome & Introductions The UHB Chair welcomed everybody to the meeting in English and Welsh. He welcomed Susan Lloyd-Selby as the new Independent Board Member representing Local Authorities and noted that she was a Councillor for Vale of Glamorgan Council and had a background in social care.	
UHB 24/03/002	Apologies for Absence Apologies for absences were noted.	
UHB 24/03/004	Declarations of Interest The Executive Director of Strategic Planning (EDSP) declared an interest against agenda items 7.4 (Joint Commissioning Committee) and 8.7 (Emergency Medical Retrieval and Transfer Service (EMRTS) Review) due to having been appointed as the Interim Chief Commissioning for the new NHS Wales Joint Commissioning Committee.	
UHB 24/03/005	Minutes of the Meeting Held on 25 January 2024 The minutes from the Board meeting held on 25 January 2024 were received. The Board resolved that: a) The minutes from the Board meeting held on 25 January 2024 were approved as a true and accurate record of the meeting.	
UHB 24/03/006	Action Log The Action Log was received. The Board resolved that: a) The Action Log was reviewed and noted.	
UHB 24/03/007	Patient Story – Frank’s Story The Patient Story was received. The Board were played a video which outlined a patient named Frank and their story from being referred for a hip operation to ultimately not requiring that hip operation thanks to the Health Board’s Therapies team who worked with Frank. The video noted that the patient had been offered a 6-week physiotherapy course which had provided them with information around diet, drinking, smoking cessation and exercise. The Independent Member – Local Authority (IMLA) asked if the 6-week course would be offered more widely to patients in a similar position. The Executive Director of Therapies & Health Sciences (EDTHS) responded that it would but noted that a lot of resource would be required.	

	<p>The CEO added that the longitude of data would need to be collected from the courses also.</p> <p>The Chair of the Stakeholder Reference Group (CSRG) advised the Board that it was a positive story to observe and noted that the success of the Patient's story was down to the individual agreeing to attend that 6-week course.</p> <p>She added that it was positive to see the use of community resources but noted that assurance would need to be given that the resources were available if rolling out wider.</p> <p>The Operational Planning and Performance Director (OPPD) advised the Board that the Patient's story showed the importance of the Planned Care Programme around the 3 P's:</p> <ul style="list-style-type: none"> • Promotion • Prevention • Preparation <p>The Board resolved that:</p> <p>a) The Patient Story was noted.</p>	
<p>UHB 24/03/008</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"> • The resignation of Professor Meriel Jenney as Executive Medical Director (EMD), with effect from 28 March 2024. It was noted that the EMD had been a first-class member of the Board and had made a very full contribution during her term of office. • The resignation of Doctor Fiona Jenkins as Executive Director of Therapies & Health Sciences (EDTHS), with effect from 30 April 2024. The UHB Chair noted that it was the final public Board for the EDTHS but that she would be attending the final private Board Development meeting in April. He thanked the EDTHS for her very full contribution during her term of office and as a member of the Board. • The change of role for Abigail Harris, the Executive Director of Strategic Planning. It was noted that the EDSP had been appointed at the Interim Chief Commissioning for the new NHS Wales Joint Commissioning Committee (NHSJCC). • The Appointment of Akmal Hanuk, Independent Member – Community (IMC) to Vice Chair of the People and Culture Committee. • The fantastic work that continued to be undertaken by colleagues and teams across all areas of the Health Board on a daily basis including the wide-ranging services provided by the Paediatrics & Community Care Teams. <p>It was noted that the work they did was incredible in supporting children, young people and their families across a wide range of services which were outlined within the report.</p>	

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	<ul style="list-style-type: none"> Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting were noted. <p>The Board resolved that:</p> <ol style="list-style-type: none"> The report was noted The Chairs Actions undertaken were approved. The application of the Health Board Seal and completion of the Agreements detailed within the report were approved. 	
<p>UHB 24/03/009</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"> The successful refresh of the Health Boards strategy Shaping our Future Wellbeing to 2035 ("the Strategy"), Living Well, Caring Well, Working Together which was completed in summer 2023. <p>The CEO advised the Board that the refreshed strategy had allowed the Health Board to clarify its shared vision and purpose, reaffirm organisational values and create the strategic framework for delivery set over short, medium- and long-term time horizons.</p> <p>She added that building on that, the Health Board had begun to solidify programmes of work in both strategic and operational environments to allow the Health Board to secure, embed and sustain progress in delivery of the Strategy.</p> <p>It was noted that the first iteration of that work was shared at Board Development session in February and that there would be further opportunity for the Board to shape it throughout the next year.</p> <ul style="list-style-type: none"> Six Goals for Urgent and Emergency Care – it was noted that the Health Board had sustained commitment to its objectives under the 6 Goals programme during 2023-2024 and had seen a real success in many areas of work, some of which were highlighted in the report and included: <ul style="list-style-type: none"> Medical Same Day Emergency Care (MSDEC) Hip Fracture Pathway Stroke Urgent Primary Care Centres (UPCC) Emergency Unit and Ambulance Handover Planned Care – The CEO advised the Board that in most cases, the Health Board had met or exceeded requirements and sustained an improvement trajectory for planned care services. Safe @ home – it was noted that the new multi-agency and multi-professional integrated urgent response service was launched which formed part of the Health Boards longer-term solutions to address the current gap in the range of intermediate care services. 	

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The CEO expressed her delight to see the launch of that partnership initiative which presented a new opportunity to improve the Health Boards offering of healthcare and support to patients in the community.

- QuickChange – The CEO advised the Board she had discussed the launch of the collaboration between the Local Public Health Team and the Podiatry Team in her most recent Ask Suzanne session with colleagues.

She added that QuickChange was a tool for classroom based physical activity in school children aged 4-6 years old to encourage strength, balance and mindfulness which the team were aiming to spread and scale further.

- Florence Nightingale Foundation Academy Member – it was noted that the Health Board had become a Member of the Florence Nightingale Foundation (FNF) Academy in August 2023, a global initiative that helped develop, support and retain nurses and midwives.

The CEO advised the Board that she fully endorsed the core principles of the Florence Nightingale Foundation in its relentless pursuit of excellence in healthcare and noted that the Health Boards collaboration would empower nurses and midwives to reach new heights and deliver even better patient care.

- Staff Survey – it was noted that a lot of high-level feedback had been received by the Health Board and the CEO expressed her disappointment at some of the results highlighting cultures of bullying within the Health Board.

She added that there was a zero-tolerance approach to bullying and noted that the results would be addressed in a passionate way to ensure that Staff could be assured that they would be heard.

Digital Infrastructure – the CEO advised the Board that it was a priority to enable the delivery of the digital roadmap which could be achieved 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.

- Emergency Medical Retrieval and Transfer Service (EMRTS) – it was noted that work had been undertaken for a number of years led by the Emergency Ambulance Services Committee (EASC) to review the opportunity to improve access to the EMRTS service across Wales.

The CEO added that from looking at the utilisation data, it was clear that access to EMRTS was not always available for patients and so a proposal had been looked at to help improve the service and to centralise it at a new based in the mid-north of Wales.

She added that an engagement process had taken place and that the main feedback had been around the concern and dissatisfaction of the proposals, particularly in the Powys area.

It was noted that Llais had also been involved in the conversations and had raised issues around the procedure.

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	<p>It was noted that there was not a great deal of response from the Cardiff and Vale area and noted that the work was reviewed on 19 March by EASC where it was agreed that the Health Board would not agree the recommendations outlined and that more work would be required around detailed planning on “recommendation 4”.</p> <p>The CEO concluded that there was a further meeting that evening and that work was ongoing to get to a position where all Health Boards could agree a way forward.</p> <p>The UHB Chair noted that a short public Board meeting may need to be held in April to discuss EMRTS in further detail.</p> <p>The Board resolved that:</p> <p>a) The Strategic Overview and Key Executive Activity to provide assurance described in the report were noted.</p>	
<p>UHB 24/03/010</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.</p> <p>He added that the document received kept the track changes on to show the key changed to the risks since the January Board meeting and noted that no net risk scores had been altered since.</p> <p>The Board resolved that:</p> <p>a) The 15 risks to the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.</p>	
<p>UHB 24/03/011</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 of the Committees:</p> <p>Mental Health – The level of pressure on Mental Health services continued to be vast in numbers as well as the complexity of patients being seen.</p> <p>It was noted that the Mental Health Team were doing remarkable work whilst remaining compliant in a number of areas but the pressure could not be underestimated.</p> <p>It was noted that the Director of Operations for the Mental Health Clinical Board had demonstrated that the Health Board may need to accept going below the compliance rates in order to manage in a more effective way.</p> <p>Audit & Assurance – It was noted that May 2024 would be a busy time for the Audit & Assurance Committee aligned with the review of the Annual Report and Annual Accounts.</p>	

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	<p>Quality, Safety & Experience – it was noted that medication safety was a risk being looked at by the Committee and a deep dive would be received by the Committee around the importance attached to Electronic Prescribing.</p> <p>Digital & Health Intelligence – The risk on Digital Transformation was highlighted and it was noted that there were a lot of opportunities for the Health Board to advance if the resource could be met.</p> <p>The Board resolved that:</p> <p>a) The Committee Chairs' Reports were noted.</p>	
<p>UHB 24/03/012</p>	<p>Integrated Performance Report</p> <p>The Integrated Performance Report was received.</p> <p>Public Health:</p> <p>The Executive Director of Public Health (EDPH) advised the Board that she would take the paper as read and would identify a key area for discussion which included;</p> <ul style="list-style-type: none"> Smoking Cessation – it was noted that smoking remained the biggest preventable cause of ill health and that Welsh Government (WG) had set a target of reducing smoking prevalence to 5% by 2030 from the current rate in Cardiff and Vale of 12.7% <p>The Board was advised that 'Help Me Quit' smoking cessation clinics continued to be delivered in 12 locations across Cardiff and the Vale of Glamorgan with the majority of clinics at capacity and that work was underway to explore options to increase the number of clinics being offered by the team with Group sessions being utilised where appropriate to make efficiencies.</p> <p>Operational Performance:</p> <p>The Operational Planning and Performance Director (OPPD) advised the Board that he would take the report as read and highlight key areas for discussion which included:</p> <ul style="list-style-type: none"> Ambulatory handovers – it was noted that focus had continued on ambulance handovers, in particular a reduction of the number of patients waiting over 1 hour before handover. <p>It was noted that although a notable increase had been observed in January and February, the Health Board had continued to meet its commitment on reducing the number of lost hours.</p> <ul style="list-style-type: none"> Stroke – it was noted that January 2024 saw a deterioration in health Board compliance against some key SSNAP measures for the Stroke Pathway where by the percentage of patients directly admitted to the stroke unit within 4-hours had reduced to 48.2%, but did remain significantly above the all Wales average. <p>It was noted that the Operational Team continued to work across Clinical Boards to progress the Stroke Service Improvement Plan which had led to the Health Boards SSNAP grade improving to "A" for the period July-September 2023 which was a significant improvement from the previous quarters and a reflection of the work undertaken by the teams.</p>	

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- Cancer - compliance with the 62-day single cancer pathway standard improved in December to 70.2%, the Health Boards highest performance since the development of the Single Cancer Pathway.

The Board was advised that as forecasted a drop in compliance to 64.4% was observed in January 2024, as a result of the Junior Doctors Industrial Action (IA), where 121 cancer appointments and treatment slots were lost, and patients who chose to start their definitive cancer treatment after the Christmas and New Year period.

The Independent Member – Capital & Estates (IMCE) asked what the projections were to recover on the Cancer lists following the recent IA.

The OPPD responded that the team wanted to achieve 75% by end of Q1 and 80% by end of year. He added that with IA continuing, there would be an impact on performance but how much was yet to be determined.

He added that the Health Board continued to treat the longest waiting patients as a priority and continued on the pathway work to improve times to first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment and that as a result a sustained reduction was seen in the number of patients waiting over 62 and 104 days for their definitive treatment.

People & Culture:

The EDPS advised the Board that she would take the report as read and highlight key areas for discussion which included:

- Values Based Appraisals (VBA) – it was noted that the reported compliance at the end of January 2024 was 68.59%, and in the subsequent 3 weeks the compliance had risen to 71.43%.

The EDPC added that at the Board Development session held in February 2024, the Chief Operating Officer (COO) had confirmed the commitment to ensure that all staff working within the Clinical Boards would have a meaningful VBA with their manager.

- Sickness – it was noted that in January sickness had hit 6% but was beginning to decrease.
- Staff Turnover – it was noted that staff turnover continued to reduce and that the turnover rate at January 2024 was 11.47%, which had been steadily reducing since November 2022.

The EDPC advised the Board that deep dives on Clinical Boards which included turnover rates were received at the people & Culture Committee regularly.

Workforce Planning – The EDPC advised the Board that she was pleased to announce that the Workforce Planning Role had gone out to recruitment and that to compliment the role a redesign was being looked at as well as a scrutiny panel looking at what roles were being accepted and if they were the right ones.

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	<p>Quality and Safety:</p> <p>The Executive Nurse Director (END) advised the Board that he would take the report as read and highlight key areas for discussion which included:</p> <ul style="list-style-type: none"> Concerns – it was noted that over 687 concerns had been received in March 2024 and that 642 had been closed which showed an 80% compliance rate on 30 day closure. <p>The END added that 35 concerns had been closed by early resolution.</p> <ul style="list-style-type: none"> CIVICA – it was noted that the Patient CIVICA system was continuing on its journey to be embedded right across the Organisation but that the current response rates sat stagnant at 1718%. The END added that work was ongoing to increase that percentage. Infection, Prevention & Control (IP&C) – it was noted that there had been reductions in cases of C difficile and P Aeruginosa compared to the previous year, however, there had been increases in S. aureus bacteraemia and E coli compared to the corresponding period last year. <p>The END advised the Board that the Health Board was currently number 1 in Wales regarding reduction targets.</p> <p>Finance:</p> <p>The Executive Director of Finance (EDF) advised the Board that she would take the report as read and noted that at month 11, the Health Board was reporting an overspend of £16.818m 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).</p> <p>She added that additional actions continued to recover the month 11 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 UHB Chair noted that it was encouraging to see the work being taken across the Health Board to help achieve that control total.</p> <p>The Board resolved that:</p> <p>a) The contents of the report was noted.</p>	
<p>UHB 24/03/013</p> <p style="transform: rotate(-45deg); font-size: small;">Saunders, Nathan 29/05/2024 09:27:05</p>	<p>Strategic Planning, Commissioning and Partnership Update</p> <p>The Strategic Planning, Commissioning and Partnership Update was received.</p> <p>The Executive Director of Strategic Planning (EDSP) advised the Board that she would take the report as read and highlighted a few key points which included:</p> <ul style="list-style-type: none"> Progression of the South East Wales Planning Agenda which was reflected in the Annual Plan being received by the Board later in the meeting. Orthopaedics (Cardiff and Vale UHB lead) –The most recent Programme Board took place on 15th March and colleagues shared learning and best practice from 	

	<p>across the regional in relation to pre-operative assessment and surgical site infections.</p> <ul style="list-style-type: none"> • Ophthalmology (Aneurin Bevan UHB lead) – An engagement exercise regarding the sustainable plan for a regional approach to cataract surgery had been undertaken and the results from the exercise were 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 had three strands of work: pathology, community diagnostics and endoscopy. Work was progressing on the proposals in all three areas but were at different stages of maturity. • Regional Integration Fund – it was noted that the Regional Integration Fund (RIF) was a £19.6m fund which supported delivery of the priorities of the partners and that in 23/24, the Health Board received c.£5.89m, with the same amount planned for 24/25. • Shaping Our Future Hospital Programme - Following the Infrastructure Investment Board which took place on 13th November 2023, work had been progressing to scope the master planning work agreed with WG and to create a tender to find a supplier who could deliver the masterplan. <p>The EDSP added that conversations were still ongoing with WG and the work was being jointly with Cardiff University.</p> <p>The UHB Chair noted that the view of the Health Boards strategy on a regional basis was becoming more important in NHS Wales and noted that the Minister had recently formed a Joint Commissioning Committee across all of Welsh Health Boards.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted. b) An update on Shaping Our Future Clinical Services and Hospitals Programme would be received at the April Board Development session. 	
<p>UHB 24/03/014</p>	<p>Integrated Annual Plan Quarter 3 Report</p> <p>The Integrated Annual Plan Quarter 3 Report was received.</p> <p>The EDSP advised the Board that she would take report as read and noted that it had been received on a number of occasions and complimented the Integrated Performance Report and gave a holistic review of all of the actions and provided assurance that the Health Board were on track against commitments.</p> <p>The CEO advised the Board that the strategic objectives had not been set by the Health Board and noted that where the objectives were critically dependent on their success on partnership, if those partners did not help, the Health Board could not deliver.</p> <p>The EDSP added that a 6 monthly review would be undertaken on the refreshed strategy to ensure things were on track.</p> <p>The Board resolved that:</p>	

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	<p>a) The progress achieved in Quarter 3 towards the delivery of The Health Boards Integrated Annual Plan 2023/2024 was noted.</p>	
<p>UHB 24/03/015</p>	<p>Estates Update</p> <p>The Estates Update was received.</p> <p>The EDF advised the Board that the purpose of the paper was to talk about the confidence to manage the Health Boards estate whilst noting that there had been a number of failures.</p> <p>She added that the report provided a breakdown of the risks relating specifically to Estate and Infrastructure identified by Capital, Estates & Facilities (CEF).</p> <p>It was noted that the report should not provide the Board with the assurance that it was “done” and the EDF advised the Board that there was a dedicated Team working on the risks full time.</p> <p>It was noted that appendix 2 of the report provided the Board with a schedule of the findings of the critical risks project with the associated risk rating and that it was anticipated that the work would continue for a further 6 months with the CEF team reviewing the findings and identifying the risks on a cycle of 25 completed surveys.</p> <p>The EDPC advised the Board that collaboration with the Health & Safety Team would be important and noted that she had asked the relevant Teams how that could be reflected within the agendas for Health & Safety alongside the people element. Rach – Collaboration with H&S and Catherine’s team is good and important. Asked the team how was reflect the H&S agenda with the People element.</p> <p>The Executive Director of Therapies and Health Sciences (EDTHS) noted that the CEF Team had held the risks for a long time and labelled them as “keeping the lights on” because the general estate conditions were poor.</p> <p>The EDF responded that she agreed and noted that people were working in conditions that were less than ideal and noted that there was also a lot of “good estate” which could be utilised and so work was ongoing to identify those areas and manage them.</p> <p>She added that the ongoing work would eventually lead in the replacement of the estate but noted that it was a big stepping stone.</p> <p>The CEO added that the case for a replacement to UHW did not need to be made to WG because it already had been made and WG did not have the money and so part of the work was to expose some of the opportunities to get to where the Health Board needed to be.</p> <p>She added that it would be 3 to 5 years horizon work to help understand where the risks were.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The ongoing work being undertaken by CEF to establish all Critical and high risks associated with the UHB Estate was noted. b) The processes introduced by CEF for monitoring and managing the risks included on its departmental and Service Board risk registers was noted. c) The ongoing ‘Critical Risk’ project being progressed and the process for the prioritisation of risks for future investment was supported. 	

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<p>UHB 24/03/016</p>	<p>Findings of the Bevan Commission – A Conversation with The Public Report</p> <p>The Findings of the Bevan Commission – A Conversation with The Public Report was received.</p> <p>The EDSP advised the Board that she would take the paper as read and would draw attention to a few points which included:</p> <ul style="list-style-type: none"> • The Bevan Commission was an independent panel of 24 internationally renowned expert Commissioners who gave their time freely to Wales, from a variety of disciplines including industry, NHS, local government, armed forces, academia and the third sector. It was committed to ensuring Wales could achieve its ambition of building sustainable, integrated health and care services that meet the needs of people across villages, towns and cities, positioning Wales amongst the best systems in the world. • 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. The 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>It was noted that during those events, groups talked through the challenges that the health and social care sector was facing, and discussed how things could be improved and sustained in the future with attendees.</p> <p>The EDSP advised the Board that the findings from Cardiff and the Vale specifics were summarised in the report received and noted that there was nothing “of surprise” in it.</p> <p>She added that a number of themes came out of the report including;</p> <ul style="list-style-type: none"> - Prevention, Early Intervention and Lifestyle - Shared Responsibility - Wider Determinants of Health - Communication - Services and Support - Demographics - Workforce <p>It was noted that in November 2023 the board had approved the “Co-production, Engagement and Consultation” framework and toolkit which set out the Health Boards approach as an organisation to public engagement by working to ten key principles.</p> <p>The Vice Chair of the Health Board noted that communication was key in the success and that the Health Board needed to engage more.</p> <p>The Independent Member – Local Authority (IMLA) advised the Board that in terms of the national survey, it was predominantly white women who had been asked.</p> <p>She added that the work needed to be undertaken by the Health Board needed to understand the communities it served and noted that it would interesting to see how that work would progress and be designed as it moved forward.</p>	
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	<p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The findings of the report were noted b) The commitment was reaffirmed and the approach taken to develop the Health Boards approach to future public engagement was noted. 	
<p>UHB 24/03/017</p>	<p>Staff Survey Results</p> <p>The Staff Survey Results were received.</p> <p>The EDPC advised the Board that it would not be the last time the results would be seen by the Board.</p> <p>She added that the NHS Wales Staff Survey had run regularly in Wales since 2013, taking place in 2013, 2016, 2018, 2020 and 2023 and that the content and format of the survey questions had changed over time which had presented challenges with measuring progress, however, each year had provided both a participation rate and engagement score.</p> <p>It was noted that the Board were receiving the high level results from the survey and that the granular detail was yet to be received from HEIW.</p> <p>The EDPC expressed her disappointment at the response rate from Health Board staff which sat at 21%.</p> <p>She added that a decline in the engagement side of staff had been observed and provided some examples of responses which included:</p> <ul style="list-style-type: none"> • In 2020, staff had noted that they would go the extra mile at 89% and in 2023 that had decreased to 80% • In 2020, 74% of staff said they were proud to work for the Health Board. In 2023 that had decreased to 65% <p>The UHB Chair expressed their disappointment with the uptake and noted the importance of engagement with staff.</p> <p>The Independent Member – Trade Union (IMTU) advised the Board that one of the issues raised was that some of the questions asked contained easily identifiable data which had put people off filling in the survey.</p> <p>He asked if the survey was fit for purpose and noted that it could be better if individual Health Boards framed their own questions as opposed to HEIW offering blanket questions to every Health Board.</p> <p>The UHB Chair added that assurance could be given that a dedication to improve the situation for staff would be taken.</p> <p>The Independent Member – Community (IMC) advised the Board that the report could be looked at by the People & Culture Committee to provide focus.</p> <p>The OPPD added that 2020 was a time when there was a huge amount of pride in the NHS and noted that as that changed over time, the waiting lists had grown and so it was not surprising that results had also come down.</p>	

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	<p>He added that moving forward – the 2 areas to look at would be leadership and development of staff.</p> <p>The EDPC concluded that once the detail had been received by HIEW she would circulate that to Board members and noted that engagement would be held at the Senior Leadership Board (SLB) to drill down into the different Clinical Boards.</p> <p>The Board resolved that:</p> <p>a) The information provided and the planned next steps were noted.</p>	
<p>UHB 24/03/018</p>	<p>Annual Plan Approval of 2024/25 Annual IMTP</p> <p>The Annual Plan Approval of 2024/25 Annual IMTP was received.</p> <p>The EDSP reminded the Board that each year, Health Board's in Wales were required to submit a 3-Year Integrated Medium-Term Plan (IMTP) WG as part of their statutory duties under the NHS Finance (Wales) Act 2014.</p> <p>She added that the full plan received by the Board reflected the output of the Board Development session held in February 2024 where it had been fully tested with colleagues.</p> <p>It was noted that both the approach to plan development and proposed content of the plan and priorities had been tested through the Local Partnership Forum and the Stakeholder Reference Group where feedback was positive, notwithstanding fair challenge on the deliverability of the Health Boards ambitions within such a constrained environment.</p> <p>The EDSP advised the Board that the WHSSC Integrated Commissioning Plan (ICP) was approved by the Joint Committee on the 19th March 2023 and included a number of commissioner risks if over performance materialised and intrinsic provider risks for services not prioritised for investment.</p> <p>The EDF added that the 2024/25 annual financial plan aimed 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.</p> <p>She added that delivery of the position included a £47.2m savings programme with a clear improvement trajectory to financial balance and sustainability over the next 2 years.</p> <p>The Board resolved that:</p> <p>a) The contents of the annual integrated plan 2024/2025 were noted. b) The submission of the plan for onward submission to Welsh Government on the 28th March was approved.</p>	
<p>UHB 24/03/019</p>	<p>Decarbonisation Plan</p> <p>The Decarbonisation Plan was received.</p> <p>The EDSP advised the Board that the purpose of the paper was to present Board with the 2024/25 Decarbonisation Action Plan with the full action plan being provided to Board Members along with the paper.</p>	

	<p>The CEO advised the Board that there was no BAF risk identified around the Decarbonisation Plan which needed to be highlighted.</p> <p>She added that the Executive Team would need to review the BAF to see if the risks needed to be added on.</p> <p>The Board resolved that:</p> <p>a) The 2024/25 Decarbonisation Action Plan was approved.</p>	
<p>UHB 24/03/020</p>	<p>All Wales Capital Prioritisation</p> <p>The All Wales Capital Prioritisation was received.</p> <p>The EDSP advised the Board that WG had requested an All Wales Capital Prioritisation exercise to be completed by 31 March 2024 and that WG's NHS Wales Infrastructure Investment Board (IIB) had agreed a framework which provided a common basis for investment decision making.</p> <p>She added that the Health Boards prioritisation exercise was expanded to inform the Health Board's Annual Planning process and the scoring of all proposed schemes that would require All Wales Major Capital had 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 held on 1st February.</p> <p>It was noted that the summary outcome of the prioritisation exercise included identification of projects that were to be funded by a blend of funding e.g. the Integrated Regional Capital Fund and All Wales Capital Programme funding.</p> <p>The EDSP concluded that the report had been taken through all of the relevant governance routes.</p> <p>The Board resolved that:</p> <p>a) The development of the Health Boards 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 was noted.</p> <p>b) The Health Boards response to Welsh Government's request to complete an All Wales Capital Prioritisation exercise was approved.</p>	
<p>UHB 24/03/021</p>	<p>Joint Commissioning Committee</p> <p>The Joint Commissioning Committee was received.</p> <p>The EDSP advised the Board that the report set out the new NHS Wales Joint Commissioning Committee (JCC) which would come into being in April 2024.</p> <p>She added that there was a commitment to review all of the national arrangements in Wales and that WG wanted to see that through and so the review was undertaken and the recommendation was to form a new JCC consisting of:</p>	

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	<ul style="list-style-type: none"> • Emergency Ambulance Services Committee (EASC) • Welsh Health Specialised Services Committee (WHSSC) • National Commissioning Unit <p>It was noted that the new body would be responsible for commissioning the 111 service which could provide a model for managing other commissioned services within NHS Wales going forward.</p> <p>The DCG advised the Board that the Board needed to approve the JCC's standing orders.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers was noted. b) The fact that the JCC would 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 was noted c) The development of the JCC's governance framework, as a key component of the Health Board's governance framework was noted. d) 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 were adopted e) 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 were adopted f) The JCC's Accountability Map for information was noted. 	
<p>UHB 24/03/022</p>	<p>Water Safety Control Measures</p> <p>The Water Safety Control Measures were received.</p> <p>The EDF advised the Board that the measures were being received by the Board due to the financial element involved at a cost of £1.7m over a period of 5 years.</p> <p>The UHB Chair asked if the Finance & Performance (F&P) Committee had received the information.</p> <p>The Independent Member – Finance (IMF), Chair of the F&P Committee confirmed that a detailed discussion had been held by the Committee.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The award of the contract for Provision of Water Safety Control Measures was approved. 	
<p>UHB 24/03/023</p>	<p>Strategic Equality Objectives & Annual Equality Reports</p> <p>The Strategic Equality Objectives & Annual Equality Reports were received.</p> <p>The EDPC advised the Board she would take the paper as read and noted its importance.</p>	

	<p>She thanked the Head of Equity & Inclusion and their Team for the huge amount of work undertaken on the report.</p> <p>She added that the mandate would be published following the meeting if approved.</p> <p>The IMC confirmed that extensive discussions had been held around the Strategic Equality Objectives & Annual Equality Reports at the People & Culture Committee.</p> <p>The Board resolved that:</p> <p>a) The Strategic Equality Objectives and Reports were approved.</p>	
<p>UHB 24/03/024</p>	<p>Saving Lives – TV Series</p> <p>The Saving Lives – TV Series update was received.</p> <p>The Director of Communications, Arts, Health Charity and Engagement (DCAHCE) advised the Board that the purpose of the paper was to seek Board approval to participate in a second series of the BBC documentary “Saving Lives”.</p> <p>She added that the series addressed the waiting lists and the clinical decisions made by teams on a daily basis and covered some discussions held by staff and was a fly on the wall approach.</p> <p>It was noted that the Health Board had made representations to label1 (now Freemantle) to make the series more community focussed but the BBC had responded and said no because the current formula worked.</p> <p>The DCAHCE advised the Board that her Team were heavily involved with the production team as well as the IPC, H&S teams and Clinical Boards.</p> <p>The IMTU asked if the DCAHCE was in a position to be able to predict how much good publicity the Health Board would get.</p> <p>The DCACHE responded that from the research undertaken, researchers had said that there were a number of hugely important factors such as a spiked interest in recruitment, Public Relations and education factors.</p> <p>The IMCE asked how comfortable staff were that the correct processes were in place.</p> <p>The DCACHE responded that everybody involved had to provide consent and that work was undertaken with the Head of Information Governance around that.</p> <p>She added that in terms of preparing the teams for filming, a briefing pack was provided as well as a boot camp which had a number of areas such as H&S, IPC.</p> <p>The CEO noted that she could not endorse it to Board more because it provided such a positive impact and showcased the Health Board well.</p> <p>She added that there as a slight risk because the Health Board did not have editorial control but the programming did not want to shine a bad light on NHS and it was pleasing to see that a second series had been commissioned.</p> <p>The Board resolved that:</p>	

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	<ul style="list-style-type: none"> a) Participation in a second series of Saving Lives in Cardiff and the timescales involved were approved. b) The reputational impact and credibility of the Health Board, but also the benefits to patients and colleagues was considered. c) The opportunities for showcasing the work of Cardiff and Vale on national television and potentially further afield in relation to waiting lists and treatment were considered. d) The implications for colleagues including the additionality of the production crew but also the impact on morale were considered e) The opportunities for subsequent series if successful for Cardiff and Vale UHB were considered. 	
UHB 24/03/025	<p>Operation POET</p> <p>Operation POET was received for noting.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The content of the report and the post project review, were noted b) 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 was supported. c) The intention to undertake the operation 'POET' exercise on an annual basis across all of sites with the results reported through the Health and Safety subcommittee were noted. 	
UHB 24/03/026	<p>Structured Assessment</p> <p>The Structured Assessment was received for noting</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Structured Assessment was noted. 	
UHB 24/03/027	<p>Corporate Risk Register</p> <p>The Corporate Risk Register (CRR) was received.</p> <p>The DCG advised the Board that the report was for noting.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Corporate Risk Register and the work in that area which was now progressing was noted. 	
UHB 24/03/028	<p>Three Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act – Caveated Report</p> <p>The Three Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act – Caveated Report was received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) It was noted that a final, updated version of the report would be presented to the Board in September 2024 and then Welsh Government in October 2024. 	

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<p>UHB 24/03/029</p>	<p>Chair’s Reports from Advisory Groups and Joint Committees:</p> <p>The Chair’s Reports from Advisory Groups and Joint Committees were received.</p> <p>The Board resolved that:</p> <p>a) The Chair’s Reports from Advisory Groups and Joint Committees were noted.</p>	
<p>UHB 24/03/030</p>	<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>UHB 24/03/031</p>	<p>Emergency Medical Retrieval and Transfer Service (EMRTS) Review</p> <p>The Emergency Medical Retrieval and Transfer Service (EMRTS) Review was received.</p> <p>The Board resolved that:</p>	
<p>UHB 24/03/032</p>	<p>Any Other Business</p> <p>No other business was received.</p>	
	<p>Agenda for Private Board Meeting:</p> <ul style="list-style-type: none"> <i>i. Approval of Private Board minutes</i> <i>ii. Covid Public Inquiry Update</i> <i>iii. Blood Inquiry Update</i> <i>iv. Accountability Letter</i> <i>v. Approval of Private Committee minutes</i> 	
	<p>Date & time of next Meeting:</p> <p>Thursday 30 May 2024 – Woodland House, Room TBC</p>	

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ACTION LOG
Public Board Meeting
30 May 2024

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS / COMMENT
Actions					
UHB 24/03/013	Strategic Planning, Commissioning and Partnership Update	Shaping Our Future Hospital Programme update to be received around the shape and scope of the work around UHW site.	30.05.2024	Marie Davies	COMPLETED On Forward Plan for May's meeting – Agenda item 6.8
UHB 24/03/019	Decarbonisation Plan	Executive Team to review the BAF to see if Decarbonisation risks need to be included	30.05.2024	Matt Phillips	COMPLETED <i>Update to be provided at May Board meeting via BAF item (agenda item 6.5)</i>
UHB 24/03/014	Integrated Annual Plan Quarterly Report	The Executive Team to review the way in which quarterly Annual Plan performance updates are presented to Board along with performance updates on Strategic Objectives	30.05.2024	Executives	COMPLETED <i>Update to Management Executives in May and on Forward Plan for Board Development in June</i>
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHB 24/03/017	Staff Survey Results	People & Culture Committee to focus on issues raised from Staff Survey. Update to be received at next Committee meeting.	14.05.2024	Rachel Gidman	COMPLETED <i>Discussed on 14.05.24</i>
Actions referred <u>FROM</u> Committees of the Board/Board Development					

Report Title:	Chair's Report to Board			Agenda Item no.	6.2
Meeting:	Board	Public	X	Meeting Date:	30 May 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 retirement of Fiona Jenkins as Executive Director of Therapies & Health Science, with effect from 30 April 2024. I would like to thank Fiona for her very full contribution during her time with Cardiff & Vale, where she has done so much to raise the profile of Allied Health Professionals and Healthcare Scientists and has fully promoted the Health Boards relationship with the Armed Services and veterans. I wish Fiona a very happy and healthy retirement.

I would like to acknowledge and thank Emma Cooke, who has assumed the role of Interim Executive Director of Therapies & Health Science from 1 May 2024.

- B. The Board will also wish to note the secondment of Abigail Harris, Executive Director of Strategy & Planning to the recently established NHS Wales Joint Commissioning Committee (JCC). Abi has taken up the position of Interim Chief Commissioner and I wish Abi every success in her secondment.

Meanwhile I am grateful to Marie Davies for taking up the position of Interim Executive Director of Strategy & Planning with effect from 1 April 2024.

2.2 Board Development Session – 25 April 2024

The Board Development Session held on 25 April provided Board members with the opportunity to consider and discuss a series of significant issues and developments including:

- The Decarbonisation Action Plan which was agreed at our March Board was further discussed and the session focused on:
 - The impact the changing climate is having on Wales,
 - How colleagues working across the organisation can help to mitigate our impact
- Barriers to change
How our operational priorities are contributing to the management of our carbon footprint.

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- Integrated Performance Report (IPR) – In depth discussions were had regarding performance year to date along with changes being highlighted to the IPR for 24/25 to reflect the NHS Performance Framework and feedback from recent and future audits.
- Strategic Portfolio – Discussed the progress being made with the development of the strategic portfolios that are designed to underpin the delivery of our refreshed strategy, Shaping Our Future Wellbeing.
- Clinical Services plan – presentation and discussion on the potential requirements of our clinical services looking forward to 2035.

2.3 Diary Highlights since the last Board Meeting

Capitol Region of Denmark visit to University Hospital Wales – 19 April 2024

I am delighted to share that colleagues hosted a visit to University Hospital Wales with visitors from the Healthcare sector of Denmark which included politicians, civil servants and delegates from the Committee for Recruitment and Affiliation. The visit was arranged by Health Education and Improvement Wales (HEIW) and the aim of the visit was to learn about the theoretical underpinnings of compassionate leadership and understand how we are embedding this in practice through the implementation of our People and Culture plan. Presentations were shared with our visitors from colleagues across our Clinical Boards demonstrating the work that is underway with the support of our People and Culture team. The visit was a great success and I would like to thank all colleagues involved in hosting this visit for all of their hard work in making the visit a success for our Danish visitors. I have shared some images below of the day.



Spotlight story - Posture and Mobility Service



I wanted to take the opportunity to share the fabulous work undertaken by our Posture & Mobility Service following a recent visit undertaken by my Vice Chair, Professor Ceri Phillips. The Posture and Mobility Service assess for and provide manual and powered wheelchairs for adults and children across Wales. The service provides the delivery, collection, repair and maintenance of this wheelchair equipment. In South Wales we have approximately 45,000 service users who require essential wheelchair and seating equipment from ourselves, ranging from a straightforward issue of a standard manual wheelchair to having an individual assessment for

specialised manual or powered wheelchair, including bespoke seating. They receive approximately 750 referrals a month, totalling around 9,000 per year. The percentage of referrals received are split as 40% are requests for standard equipment, and 60% for more complex equipment, noting the percentage of referrals requiring complex equipment has increased over the past 10 years.

The Service is based in two sites, Treforest Industrial Estate, Pontypridd and Rehabilitation Engineering, in Morriston Hospital, Swansea. The team consists of approximately 90 staff members, which includes Occupational Therapists, Physiotherapists, Technicians, Clinical Scientists, Rehabilitation Engineers, Workshop Engineers, Field service engineers, administrators, stock operatives and delivery drivers.

The team purchases new equipment from a range of manufacturers and refurbish existing wheelchairs, accessories and cushions for reissue back to service users. The work undertaken is truly amazing and the team are dedicated to service improvement and education, they even provide training courses for referrers in to the service. I was pleased to learn that a Posture and Mobility service development day is now held on an annual basis which has served to help team building as well as share and inspire research and development. The images below showcase different aspects of the work undertaken by the team, in addition to some testimonials from some recipients of equipment from the service which demonstrates the impact the work undertaken by the team has on our patients.



Feedback from users of the Posture & Mobility Service

Luna loves her chair.

From the moment she sat in it to now it brings her nothing but fun. Luna uses her chair in school to participate fully in play time and to whizz around the shops. She wheeled herself around LEGOLAND and had the best day ever which would not be possible without her chair. She has independence and confidence in accessing pretty much anywhere she wants to go. This has opened up Luna's little world and allowed her to be included in anything she chooses.



I am delighted with my wheelchair and now able to get out and about to complete activities that I enjoy again. My mood has lifted and this has also had a positive impact on my family and carers.

My independence would be very restricted without my electric wheelchair. It is like legs would be for a non-wheelchair user.

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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
1077	Multiple lift upgrade scheme	Upgrade and refurbishment of 19 lifts. Appointment of contractor OTIS Ltd NEC4 agreement
1078	Ward C3 Link	Contractor contract, between CAVUHB and ET&S Construction Refurb works Proc CP122
1079 & 1080	Unilateral Undertaking	S111 Between Cardiff Council and CAVUHB Relating to Land at Parkview Wellbeing Hub, Cardiff. Associated with S106 planning agreement that will govern the site redevelopment
1081	Encon 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.
1082	ISG Construction Ltd	2nd Generation Building Framework (South Wales) - As above.
1083	Knox & Wells Ltd	2nd Generation Building Framework (South Wales) - As above.
1084	Tilbury Douglas Construction Ltd	2nd Generation Building Framework (South Wales) - As above.
1085 & 1086	Kier Construction Ltd	2nd Generation Building Framework (South Wales) - As above.

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

Date Signed	Type of Document	Background Information
15.03.24	Rowan House External Works	£23,406.14 exc. VAT VAT non-reclaimable Total value £31,687.37 inc. VAT
01.03.24	Service agreement relating to Cardiff and Vale Electronic and Medicines Administration (EPMA)	This agreement outlines the terms and conditions between Cardiff and Vale University Health Board and Nervecentre Software Ltd for the provision of a managed services arrangement
21.03.24	DC23112 - CRI Car Parking Improvements	£39,798.26 exc. VAT VAT non-reclaimable Total value £47,757.91 inc. VAT
15.03.24	Heads of Terms - Post Office Concourse Lease UHW	£3.5K Per annum. Income generation
09.03.24	Heads of Terms - Transfer Whitchurch Hospital to Velindre NHS Trust	

21.03.24	DC23108 - UHW Neo Natal Services Cooling - UHW Pharmacy room services Air conditioning systems.	£29,503.60 exc. VAT VAT non-reclaimable Total value £35,404.32 inc. VAT
19.03.24	Barry Gateway Redevelopment Heads of Terms 1: Disposal of Broad St Clinic to Vale of Glamorgan Heads of Terms 2: Lease of New Clinic Facility from Vale of Glamorgan	Terms 1 – Value £172,264.00 Terms 2 - Nil value
22.03.24	DC23113 - Biochem Lab Ventilation and Cooling	£412,679.00 exc. VAT VAT non-reclaimable Total value £495,214.80 inc. VAT
19.03.24	DC23084 - UHW Multi Storey Car park Security Fencing	£58,091.56 exc. VAT VAT non-reclaimable Total value £69,709.87 inc. VAT
18.04.24	Challenge Fund Endoscopy Novation Agreement	Nil Value
02.04.24	NWSSP Management Software Agreement	2 year contract £29,400.00 exc. VAT Total value £35,280.00 inc. VAT

There were no **Chairs Actions** taken on behalf of the Health Board since the last Board meeting.

Recommendation:

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	Long term		Integration		Collaboration	X	Involvement	
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Report Title:	Chief Executive's Report to Board			Agenda Item no.	6.3
Meeting:	Public Board Meeting	Public	x	Meeting Date:	30 May 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Governance				
Main Report					

1. EXECUTIVE SUMMARY

The purpose of this report is to give Board assurance that any outstanding matters from last year's annual plan have been delivered. I am pleased to confirm that the year end financial control total was met as anticipated. I would like to thank colleagues and the Senior Leadership Team's commitment in achieving this. Looking ahead, the financial delivery for 2024/2025 will see a continuation of the requirement to have a robust financial sustainability programme in what continues to be a very difficult operational and financial environment. Financial updates will continue to be shared via the Financial & Performance Committee and to Board via the Director of Finance.

I also want to give Board assurance that the delivery of the Shaping Our Future Wellbeing Strategy is well underway and this is guiding activities across the Executive Team. I will share updates against each of the strategic objectives with Board over the coming months. This month I am going to cover:

- ***A Focus on Delivering in the Right Places***
- ***A Focus on Acting for the Future.***

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

Annual Plan 2024-2025

The Annual Plan 2024/2025 aims to inspire hope and confidence in the ability to sustain and improve the quality of services offered to the population and communities we serve. It is important the plan balances realism with ambition; is stretching but credible and that the Board and the organisation can be confident of an effective plan for successful delivery.

This year each of the four strategic objectives has a areas of emphasis aligned with the purpose of framing and enabling delivery of the aims described above, For example:

- Developing a **population needs based planning approach** which features a greater emphasis on prevention, upstream shift and reducing inequities through developing the care pathways.
- Establishing the ***Shaping Our Future Quality Excellence*** programme.
- Investing in **digital as an enabler to transformation** of services, and prioritisation of the estates infrastructure improvements.
- Driving **value and sustainability** throughout all that we do – fulfilling the ambitions under the **Decarbonisation** Action Plan for 24/25 recognising that operational priorities play a part in the management of the organisation's carbon footprint.

Shaping Our Future Wellbeing- continuing Strategy deployment and alignment

As previously reported to Board, work continues to strengthen the strategy deployment and alignment. A campaign is underway for the year ahead to shine a light each month on the strategic objectives set out within the Strategy. Updates will be shared with the team via the communications channels, additionally I will be inviting colleagues from across the organisation to join me on my monthly Ask Suzanne sessions and my Chief Executive Connects (CEC) episodes to discuss different topics that align to the strategy. I have outlined below how the teams are already working together to help us achieve just some of the ambitions and it is great to see momentum building within teams to enable success.

Strategic Objective - A Focus on Delivering in the Right Places

People – a number of initiatives are underway led by the People & Culture teams to ensure the workforce supply and shape meets future requirements. The teams are developing strategic workforce plans which align to Shaping the Future Workforce and Clinical Services. Work is also underway to fulfil the Strategic Equality Objectives and the Socio-economic Duty around engaging with the community to understand what models of care / pathways are required which in turn will support the development of models of care and assist with inclusive recruitment.

Call 4 Concern – Board have previously been made aware of the Call 4 Concern service which I am delighted to share has now completed its pilot with real success. Call 4 Concern is the in-hospital patient safety initiative that allows patients and families to call for help and advice from nurse practitioners who are experienced in acute deterioration. This is an extremely important service for us to embed in hospitals, especially as it aligns to "Martha's rule", which is the result of an extremely sad case close to the hearts of colleagues here at CAVUHB as we were involved in Martha's care immediately after her tragic accident whilst on holiday in Wales in 2021. I am extremely pleased to share with Board that work is progressing at pace following the pilot and an update was provided to Senior Leadership Board in May to agree the next phase of the service which included the requirement for an agreed strategy for paediatrics to support the service and the requirement for a Standard Operating procedure for second opinion requests to be formalized, all of which was fully supported by the Senior Leadership Board. Work now begins to take the service forward to its next phase with the view of the service being implemented HB wide by September 2024. I am extremely grateful to colleagues in the Patient at Risk Team who are leading on taking this important service forward across the organisation and driving and supporting a positive shift in changing the culture to embed the service.

Pan Cluster Planning Groups (PCPGs) - In order for us to *deliver in the right places* we need to be planning and engaging in the right places and as such we need to apply a whole system approach to health and social care. It was positive to receive an update in the Senior Leadership Board meeting in May setting out the work underway in the Primary, Community and Intermediate Care (PCIC) Clinical Board looking at strengthening Pan Cluster Planning Groups (PCPGs). I am pleased to share with Board that work is now underway for key Executive, Governance and Partnership Planning Leads to establish a model of working where PCPGs can be considered within the planning, delivery and commissioning architecture. This in turn will enable us to refocus services and ensure care is being provided in the right places across all communities we serve.

Estate – A key component of ensuring we deliver services in the right places is making sure we have the right estate to do so, to ensure vital services are developed and enhanced. The infrastructure is currently challenged and we are working with Welsh Government colleagues to secure support for maintenance and development of the estate. I would like to provide Board assurance that we continue to work collaboratively to identify solutions to progress the estate and infrastructure plans which includes identifying opportunities to fund future developments. Tangible progress will be expedited once plans and funding arrangements are agreed and I am hopeful that there will be positive opportunities to take forward following discussions with Welsh Government which are taking place towards the end of May and the Board will be updated in due course.

Strategic Objective- A Focus on Acting for the Future

I want to share an example of how the Board is aiming to fulfil responsibilities set out in the Corporate Parenting Charter- A promise for Wales. The Workforce and Recruitment teams are making excellent strides to secure the next generation of colleagues through their work with Project Search, an initiative to get young adults with disabilities into the workforce. In recognition of their efforts, they have recently won awards at the British HR Awards for Diversity and Inclusion and Macro Employer of the Year at Apprenticeships Cymru. These are fabulous achievements for teams and I am proud of all of the hard work and commitment to make this a success.

Acting for the Future also positions the Health Board as a leader of cutting-edge and novel treatments and techniques. I was delighted to see the achievements of Catherine Washbrook-Davies and Helen Nicholls who gained recognition for their incredible work at the UK Advancing Healthcare Awards 2024. Their teams have effectively utilised their expertise to help deliver an intervention service for those in type 2 diabetes remission and applied dedicated and innovative leadership for significant contributions to healthcare.

Joint Academic Health Sciences Strategy (JAHSS) – work continues to develop the JAHSS Programme whose vision is to “pioneer world class research, education and innovation to improve health outcomes and prosperity for the people of Wales through clinical, academic and industrial partnerships”. These partnerships will build on the strengths in the health science sector where we will work with Cardiff University and regional and national partners to have a UK/global competitive advantage. I co-Chair the Programme Board with the Vice Chancellor of Cardiff University Wendy Lerner which met for the first time in April. Wendy and I have met with and briefed our respective Chairs and I will share updates with Board as this programme develops.

Decarbonisation - Board will be aware we had an excellent session at the last Board development meeting where colleagues shared the importance of focusing on actions that would reduce emissions and have multiple potential benefits for public health and wellbeing which in turn can help to address health inequalities and demand on healthcare services. One of my areas of focus for the year ahead is to ensure that as an organisation we are continuously ensuring what we do today does not compromise the wellbeing of the future generations and we are looking at how we can continue to provide excellent quality care far into the future, sustainably. Like other health care organisations, we have a large carbon footprint – equivalent to all the households in Barry. Across the Health Board, colleagues have been making great steps in reducing the carbon footprint. For example, colleagues

in anaesthetics, pharmacy and estates departments have been working to reduce nitrous oxide consumption and have saved approximately 500 tonnes of carbon per year. There is however a lot more to be done, and we must all play a part to reduce the impact on the planet.

In order to shine a light on the importance of how we act for the future, I dedicated my CEO Connects and Ask Suzanne sessions in April to decarbonisation. I was joined by Calum Shaw, Environmental Sustainability Project Manager based within the Strategic Planning Team where we discussed the climate change emergency and the various initiatives Cardiff and Vale University Health Board is undertaking as part of the decarbonisation agenda which Board approved in March. It was great to have lots of fruitful conversations helping us understand how as an organisation we produce emissions such as by staff travelling to and for work, heating offices and using products from across all different services and how we can all play a part to reduce emissions. There were lots of positive changes shared that we can all consider to help the planet. I would also encourage all colleagues to familiarise themselves with the [2024 sustainability pledge calendar](#) produced by the Sustainability Team, which sets out some small changes that we can all consider making throughout the year to reduce the impact on the planet.

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

I must advise Board that the potential for industrial action continues with the British Medical Association (BMA) requesting an extension of time for their mandate to strike. However, I remain optimistic that the ongoing negotiations will be fruitful in bringing a resolution which meets all parties needs.

The final Infected Blood Inquiry report will be published on 20th May 2024 following an independent public statutory inquiry. The Inquiry was established in 2017 to examine the circumstances in which men, women and children treated by the National Health Service in the United Kingdom were given infected blood products between 1970 and 1991. More information about the Inquiry is available on infectedbloodinquiry.org.uk.

Cardiff and Vale University Health Board was involved in the delivery of care to those requiring blood or blood products and we know that some of those patients were subsequently infected and family members and loved ones have been affected by the consequences. At the time of writing the contents of the Inquiry report and implications are unknown but a verbal brief will be given to Board at the next meeting following the publication.

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Report Title:	Board Assurance Framework		Agenda Item no.	6.4	
Meeting:	Board	Public	x	Meeting Date:	30 May 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 March 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.

A new proposal for the BAF has been written in order to align the strategic objectives, strategic portfolios and committees with the strategic risks. It is currently being consulted with Execs before being brought to a future Board or Board development for further discussion.

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	
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Impact Assessment:

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

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

Reputational: Yes/No

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

Socio Economic: Yes/No

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




Equality and Health: Yes/No

As above


Decarbonisation: Yes/No

Approval/Scrutiny Route:

Executive Directors

Strategic Objective	Priorities	Portfolio	SRO	Committee	Strat Risks
<p>Putting People First</p>  <p>We will be a great place to train, work and live, where we listen to and empower people to live healthy lives.</p> <p>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.</p>	<p>People will feel valued, developed, supported and engaged.</p> <p>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.</p> <p>Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.</p>	<p>Shaping Our Future People and Culture</p>	<p>Director of People and Culture</p>	<p>People and Culture</p>	<p>9. Attract, recruit & retain</p> <p>10. Sustainable Culture Change</p> <p>11. Staff Wellbeing</p>
<p>Providing Outstanding Quality</p>  <p>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.</p> <p>We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.</p>	<p>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</p> <p>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.</p> <p>Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.</p>	<p>Shaping our Future Quality Excellence</p>	<p>Medical Director and Director of Nursing And Director of Therapies</p>	<p>Quality Safety and Experience</p>	<p>1. Patient Safety</p> <p>2. Maternity</p> <p>3. Critical Care</p> <p>4. Cancer</p> <p>5. Stroke</p> <p>6. Urgent and Emergency Care</p> <p>7. Planned Care</p> <p>9. Attract, recruit & retain</p> <p>11. Staff Wellbeing</p> <p>12. Capital Assets</p> <p>14. Financial Sustainability</p> <p>15. Digital Strategy and Road Map</p>
<p>Delivering in the Right Places</p> 	<p>To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the</p>	<p>Shaping our Future Integrated Services</p>	<p>Medical Director</p>	<p>Quality Safety and Experience</p>	<p>2. Maternity</p> <p>4. Cancer</p> <p>5. Stroke</p> <p>7. Planned Care</p>



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<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>planning and delivery of health care services.</p> <p>Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof.</p>				<p>8. Exacerbation of Health Inequalities 10. Sustainable Culture Change 15. Digital Strategy and Road Map</p>
	<p>With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future.</p>	Shaping our Digital Future	Director of Digital	Digital Health Intelligence Committee	<p>9. Attract, recruit & retain 15. Digital Strategy and Road Map</p>
	<p>Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.</p>	Shaping our Future Estate and Infrastructure	Director of Finance	Finance and Performance Committee	<p>9. Attract, recruit & retain 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>By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities</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> <p>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.</p>	Shaping Our Future Clinical Care for the Next Generations	Medical Director	Quality Safety and Experience	<p>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</p>
		Shaping Our Future Environment for the Next Generations	Director of Planning	Finance and Performance Committee	<p>8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability</p>



					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

Key Risks


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

Risk	Risk Appetite	Gross Risk <i>(no controls)</i>	Net Risk <i>(after controls)</i>	Change from Jan 24	Target Risk <i>(after actions are complete)</i>	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</p>	Executive Nurse Director/- Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience



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						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.		
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> <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>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
4. Cancer	Cautious	20	15		10	<p>The Health strives 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</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

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						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 <u>was not met in</u> Q4 by the end of Q1 24/25 further improvement is expected.		
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. <u>The next stroke summit is on 20th November</u></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 <u>DC</u> to B.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

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<p>6. Urgent and Emergency Care</p>	<p>Cautious</p>	<p>20</p>	<p>15</p>		<p>10</p>	<p>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 and third sector partners. The 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>We have set ambitious trajectories as part of the 24/25 annual plan to further improve on ambulance hand over times and waiting times in the EU dept.</p>	<p>Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer</p>	<p>Quality, Safety and Experience Committee</p>
<p>7. Planned Care</p> <p style="transform: rotate(-45deg); font-size: small; opacity: 0.5;">Saunders Nathan 29/05/2024 09:27:05</p>	<p>Cautious</p>	<p>16</p>	<p>12</p>		<p>8</p>	<p>Delivering sustainable 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>Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer</p>	<p>Quality, Safety and Experience</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 December and 99% of patients by the end of the financial year.</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 hub. These are designed for sustainable increases to capacity and controls for demand respectively</p> <p>At the end of December <u>March</u> 2024⁴³, the clinical boards achieved the delivery <u>ed</u> of the <u>>98%</u>. 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 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</p>		
8. Exacerbation of Health Inequalities <small>Saunders Natthana 29/05/2024 09:27:43</small>	Open	16	12		12	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population.	Executive Director of Public Health	Quality, Safety and Experience Committee

						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). Such inequities are present in Cardiff and Vale UHB area, and are at risk of further deterioration.		
9. Attract, recruit, retain	Open	25	16		10	The shortages of key professionals and workers in the NHS is well publicised and is a challenge faced by all NHS organisations nationally. The inability to recruit staff with the right skills and experience can be a serious constraint on providing high quality patient care. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture	People & Culture Committee
10. Sustainable Culture Change	Open	16	8		4	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture	People & Culture Committee
11. Staff Wellbeing	Open	20	16		5	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately. Healthcare employees continue to be exposed to unprecedented levels of demand which in a pressurised environment can result in psychological	Executive Director of People and Culture	People & Culture Committee

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						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.		
12. Capital Assets	Open	25	20		10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Executive Director of Strategic Planning, Executive Director of Therapies and Health Science, Executive Director of Finance	Finance & Performance 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	Director of Digital Health Intelligence	Digital Health

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					<p>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.</p>		Intelligence Committee
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Lines of Defence

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

Key:

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

Risk Appetite

Key:

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

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

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

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

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

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

1. Patient Safety – Medical Director /Executive Nurse Director/Chief Operating Officer

Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.

Risk	<p>There is a risk to patient safety:</p> <p>Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list.</p> <p>Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within the Emergency Unit (EU).</p> <p>Due to a sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care in a larger clinical footprint in relation to post Covid 19 recovery.</p> <p>Due to the ability to balance within the health community and the challenge in transferring patients to EU.</p> <p>Due to the current pressure in EU and inability to segregate patients due to the volume in the department.</p>		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care since the onset of the COVID 19 pandemic creating both longer waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, with an impact on patient outcomes Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> Recovery Plans being developed and implemented across all areas of Planned Care Maintaining Training/Education of all staff groups in relation to delivery of care Use of Private Partner facilities. In-house and insourcing activity Additional recurrent activity taking place Recruitment of additional staff Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk Hire of additional mobile theatres Quality and Safety and Experience Framework Implementation underway health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented 		
Current Assurances	<ul style="list-style-type: none"> Recovery Plans were reported to Management Executive, Strategy and Delivery Committee and the Board ⁽¹⁾ ⁽³⁾ CAHMS position was reviewed at Strategy and Delivery Committee ⁽¹⁾ Mental Health Committee aware of more people requiring support ⁽¹⁾ Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives ⁽¹⁾ ⁽²⁾ Recent Executive review with Clinical Teams for understanding and review of front door pressures. ⁽¹⁾ Monthly Clinical Board reviews to map progress 		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<p>Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings.</p> <p>Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.</p>		
Gap in Assurances	Discharging patients is out of the Health Boards control		

Actions	Lead	By when	Update
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.	Jason Roberts	30.09.23	Work ongoing. Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan Review of deaths continues in line with WG requirements with oversight from Nosocomial National Programme Board
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

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2. Maternity Care – Medical Director /Executive Nurse Director/Chief Operating Officer

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, backlog on critical incident investigation etc

<p>Risk</p> <p>Date updated: 10.03.2024</p>	<p>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</p>
<p>Cause</p>	<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. 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. • 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. • T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2). • No dedicated elective stream with the increasing caesarean section rates means Procedures are often cancelled or delayed dependant on emergency activity.

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- 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 10 weeks' gestation, more women are meeting their midwife earlier than previously happened before 10 weeks. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal. In most maternity services approximately 10% of women are 'booked' and then have no further contact with the midwife.
- Constraints accommodating the increased number of Inductions of Labour (IOL) and instrumental deliveries within current footprint.
- Good level of incident reporting but insufficient resources to complete investigations, action plans and learning from events actions.
- Independent external Birth-rate+ re-assessment has been undertaken. The final report for CaV indicates a midwifery shortfall of 11wte.

Impact

- Closure of Community Home Birth Services and Maternity Led Unit due to lack of staff. For a period of 4 months in 2023. Reopened November 2024
- 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.
- 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:4	Gross Risk Score:	20 (Extreme)
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Current Controls

- 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

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Current Assurances		<ul style="list-style-type: none"> Operational position reported into Management Executive (Daily)⁽¹⁾ Mechanisms in place to monitor key measures being strengthened into visible dashboard.⁽¹⁾ Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director. ⁽¹⁾ Midwifery on call manager linked into Executive evening huddle to clarify daily risks. 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls		<ul style="list-style-type: none"> Confirmation of additional funding resource to fill gaps in assurance mapping Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1). Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints Several incidents out of time Ability to successfully recruit to additional posts agreed as part of Ockenden. 		
Gap in Assurances		<ul style="list-style-type: none"> Data and benchmarking information Resources to meet the national recommendations 		
Actions		Lead	By when	Update
1. Reviewing current obstetric practice in line with NICE guidance		HC/AK	Ongoing	This action continues to take place.
2. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives		AJ	Ongoing daily activity	This action continues to take place.
3. Continued maternity / Neonatology oversight meetings with Executive lead		JR/AJ	Ongoing	This action continues to take place.
4. Ongoing review of job planning and consultant establishment		CR/AT	Ongoing	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case approved by Board 30.3.23
Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (high)	

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3. Critical Care Capacity – Medical Director /Executive Nurse Director/Chief Operating Officer

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.

RiskDate added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Cause	<ul style="list-style-type: none"> • There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. • Gap of 15 ICU beds in CAV (2014 unmet needs study WG) • Funded increase in tertiary workload has increased the overall demands on critical care services in CAV • Poor infrastructure within the critical care unit – limited access to cubicles • Annual increase in demand for critical care services of approx. 4-5% 		
Impact	<ul style="list-style-type: none"> • Adverse impact upon the Emergency Department and theatre flow • Untimely patient access • Inequity of patient access • 15% of referrals not admitted to critical care • Impact other operationally e.g. anaesthesia and theatres • Impact tertiary development e.g. ECMO • Patient outcomes worse • Reputation, Professional & Legal risk • Workforce - Reduced Recruitment & Retention • Poor staff morale and retention due to the sustained pressures in the system • Delayed admission and discharge from critical care leading to poor patient experience and outcomes 		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Strengthened site-based leadership and management • Strengthened OPAT oversight and support for DTOCs • Workforce plans in place to support recruitment and retention • Registered nursing recruited to establishment • Local escalation plan in place and utilised when appropriate to support operational pressures • PART team provide 24/7 support for patients not admitted to critical care • 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 		

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Current Assurances	<ul style="list-style-type: none"> • Operational position reported into OPAT ⁽¹⁾ • Key operational performance indicators and progress against plans reported into the clinical board 6 weekly ⁽¹⁾ • ICNARC audit to provide assurance on outcomes ⁽²⁾ • • 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⁾
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Impact Score: 5	Likelihood Score: 3	Net Risk Score: 15 (Extreme)
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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>Development of a fit for purpose critical care unit (UHW2)</p>
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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>
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Actions	Lead	By when	Update
1. Implementation of the UHW site masterplan and critical care infrastructure programme <ul style="list-style-type: none"> a. Medium term development of additional cubicles and support facilities b. Development of a new unit as part of UHW2 development. c. Transfer of LTIV services to a bespoke facility in UHL 	AH / PB	29.02.24	<p>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> <ul style="list-style-type: none"> a. Design completed for C3S, further work required on design for C3N. The design will include additional cubicles to meet IP&C demand. (medium term plan to bridge to UHW2). b. Engaged with the Programme Director for UHW2 on future demand for CC to inform planning. c. LTIV/complex care now established on C3L. No current planning to create a bespoke facility in UHL
2. Ongoing development of recruitment and retention strategies	JR / RG	Ongoing	This piece of work continues.
3. Winter Plan	PB	31.08.24	<p>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. Plans in progress aimed to relocate Cardiology from the 3rd floor</p>

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			before winter to provide additional capacity for ITU
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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4. Cancer Services – Medical Director /Executive Nurse Director/Chief Operating Officer

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 place • Weekly cancer delivery group in place with directors of operations owning accountability for improvements in delivery • Executive Cancer Board meets quarterly⁽¹⁾ 		

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<ul style="list-style-type: none"> • 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⁾ 				
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls	<ul style="list-style-type: none"> • Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer • Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway • Improved oversight of stages of pathway with particular focus on time to first contact being achieved in 14 days for 90% of patients <p>Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)</p>			
Gap in Assurances	<ul style="list-style-type: none"> • Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers • Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place • The Cancer Strategy needs to be finalised and a workplan developed 			
Actions		Lead	By when	Update
1. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey		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 2024/25.
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 structure
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)	

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5. Stroke Services – Medical Director /Executive Nurse Director/Chief Operating Officer

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 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 Date added: 01/11/2022	Fragility within stroke services, unable to provide expected levels of care throughout the 7-day week..
Cause	<ul style="list-style-type: none"> • An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients. • The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED. • Pressures across the system have resulted in Stroke beds being used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning. Since the ringfencing of stroke beds in February, this situation has greatly improved with a commitment to protecting stroke capacity however the most challenging site pressures still have the potential to impact this ringfenced status. Performance against the 4 hours admit target is now $\geq 50\%$ and this measure reached 70% in June 2023. • Stroke CNS being pulled into ward numbers due to poor staffing levels. The CNS role is now protected and would only be pulled into ward numbers in the most exceptional of circumstances.

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Impact	<ul style="list-style-type: none"> • Delays in patients receiving their CT scans within 1 hour • Delays in patients being recognised as potential Stroke patients • Delays in patients receiving timely treatment such as thrombolysis • Delays in patients being recognised as potential thrombectomy patients • Patients not receiving swallow screening in a timely manner (<4 hours) • Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours) • Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits) • Poor patient outcomes • Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Awareness raising on the importance of early swallow screen assessment – training plan executed and improvement in performance evident. • Taking any golden opportunities, we can – whenever there is capacity on the stroke unit, the stroke team are driving and pushing the ED stroke pathway to achieve the 4 hours admit wherever we can. The stroke team are real champions of the principles of ‘Think Thrombolysis, Think Thrombectomy’ and are pushing the imaging pathway to reach diagnosis as early as possible and ensure all patients are considered and assessed for urgent treatments which could reduce the disabling impact of the stroke. • Stroke Service Manager in post since July 22; Clinical Director for stroke in post from October 22. Dedicated resource for focused work with ED, radiology and medicine to ensure the optimal stroke pathway is in place and applied for all patients. • Seeking investment for uplift of CNS resource and dedicated stroke medical resource to support the front door for stroke. Clinical model now designed and being worked up through stroke summit meetings to produce full business case. • Wider programme of works is needed to continue momentum of a stroke service improvement programme, particularly given future requirements for regional network service delivery and for UHW to become the regional thrombectomy centre. • Protection of stroke beds from Feb 2023 • Roll out of ROSIER tool at triage 		
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	<p>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.</p>		
Gap in Assurances	<p>Competing demand on regional, thrombectomy and clinical board priorities</p>		
Actions	Lead	By when	Update
<p>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</p>	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 app – roved at investment group in May 24 for go-live in Q4.-

<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>	<p>TH/NT/SB</p>		<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>
<p>Impact Score: 5</p>	<p>Likelihood Score: 2</p>	<p>Target Risk Score:</p>	<p>10 (high)</p>

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6. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer

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 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, 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 overall urgent and emergency care risk.

Risk Date added: 09/05/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	<p>20 There is sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) post-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) T 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) 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)

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Current Controls	<ul style="list-style-type: none"> • Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs – c.5,000 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery priorities in the 2023/24 annual plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Safe@Home go-live • Ambulance handover improvement plan developed and delivered improvements • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures 		
Current Assurances	<ul style="list-style-type: none"> • Operational position reported into Management Executive (weekly) ⁽¹⁾ • Mechanisms in place to monitor key schemes in Urgent & Emergency Care 6 Goals Programme Board ⁽¹⁾ • Key operational performance indicators and progress against plans reported into the Finance & Performance Committee.. ⁽¹⁾ • Urgent and Emergency Care reported as part of the Board Integrated Performance report ⁽¹⁾ 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	<ul style="list-style-type: none"> • Actively scale up multidisciplinary cluster models • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow 		
Gap in Assurances	N/A		
Actions	Lead	By when	Update
1. Review trauma pathways across UHW and UHL and agree make-up of both ambulatory, same day urgent and emergency and inpatient services and footprint	PB	30/03/24	Ongoing.
2. 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	-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.
3. Delivery of redesigned Emergency Department – CDU, Paeds CDU, e-triage	PB		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)

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7. Planned Care – Medical Director /Executive Nurse Director/Chief Operating Officer

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 2024. . 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⁾ 		

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- 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)
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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>
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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
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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	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 in depth and ; the start date is dependent on the move of cardiothoracic services back to UHW which will be h is likely to be July August 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	
Impact Score: 4	Likelihood Score: 2	Target Risk Score:	8 (High)

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8. Exacerbation of Health Inequalities in C&V – Executive Director of Public Health

The 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 <u>persisting</u> harms caused by the COVID-19 pandemic, the cost of living crisis and deterioration in other wider determinants of health will adversely impact 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 • The impact of inflation leading to the ‘cost of living crisis’ currently being experienced in the UK, with rising prices for energy and fuel 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"> • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. • The key population groups with multiple vulnerabilities include: <ul style="list-style-type: none"> – Minority ethnic groups, especially <u>some</u> 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

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- People who are marginalised and socially excluded, such as people who are homeless and other inclusion health groups
- Areas with higher unemployment have greater incidence of suicide; and people living in the most deprived areas experience the largest increase in mental illness and self-harm.
- **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)
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Current Controls	<p>1. Statutory function</p> <p>The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB.</p> <p>2. Role as an Employer</p> <ul style="list-style-type: none"> • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Objectives and Plan 'Shaping our Inclusive Culture 2024-2028, 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. • All our Executives have taken up a leadership role as an Inclusion Ambassador covering different characteristics, including those across the nine protected characteristics specified in the Equality Act 2010 Staff have been signposted to resources to help them to cope with the cost-of-living crisis <p>3. Refocused Joint strategic and operational planning and delivery</p> <ul style="list-style-type: none"> • 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 • 'Shaping our Inclusive Culture 2024-2028' is closely aligned with the UHB Shaping our Future Well-being. • 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 have further identified collective actions
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Current Assurances	We have identified a set of indicators to help measure inequalities in health in the Cardiff and Vale population which we will develop further to measure impact of our actions. Importantly this includes the gap in healthy life expectancy at birth between the most and least deprived in Cardiff and Vale UHB.
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Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)
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Gap in Controls	<ul style="list-style-type: none"> • Unidentified and unmet healthcare needs in seldom heard groups
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- Capacity of partner organisations to deliver on plans and interdependency of work
- Lack of capacity to deliver evidence-based interventions to tackle health behaviours e.g. smoking, diet, exercise and vaccination that impact disadvantaged groups.

Gap in Assurances

- Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales

Actions	Lead	By when	Update
<p>1. Embed a ‘Socio-economic Duty’ way of thinking into strategic/operational planning, <i>beyond</i> complying with our statutory duty, <u>and to always consider the unintended consequences of our actions</u></p>	<p>Claire Beynon/ Rachel Gidman</p>	<p>20243/254</p>	<p>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.</p>
<p>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</p>	<p>Claire Beynon</p>	<p>March 20254</p> <p>April 2024</p> <p>June 2024</p>	<p><u>We will continue to w-</u>Work with PSB and RPB partnerships on three areas where there are inequalities: smoking, vaccination and obesity.</p> <p><u>May 2024 update</u></p> <p><u>A number of engagement activities have been conducted with members of ethnic minorities, in particular with the Somali community and for the end of Ramadan at Cardiff City Stadium to sensitize about health prevention, screening and the importance of vaccinations.</u></p> <p><u>The ‘Amplifying Prevention’ work with Local Authorities has strengthened collective action to address inequalities. Current -work continues tois focussing on</u></p>

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			<p>action to improve uptake of MMR in children. <u>We are also training a number of community champions, initially among school parents to help with encouraging vaccination and addressing hesitancy especially in certain communities.</u></p> <p><u>An 'Equity, Equality, Experience and Patient Safety' action plan has been developed, covering 24 initial actions across the Clinical Boards that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. This is going to QSE in May, with 6-monthly updates thereafter.</u></p> <p><u>An action plan is in development to support implementation of the equity, equality, experience and patient safety strategic framework Within the UHB</u></p>
<p>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</p> <p>Saunders, Nathan 29/05/2024 09:27:05</p>	<p>Claire Beynon</p>	<p>October 2024</p> <p>September 2025</p>	<p>High level Amplifying prevention indicators have been developed. More granular indicators and evaluation to be developed in year.</p> <p>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>
<p>Impact Score: 4</p>	<p>Likelihood Score: 3</p>	<p>Target Risk Score:</p>	<p>12 (High)</p>

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9. Attract, Recruit and Retain – Executive Director of People and Culture

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⁾ • <u>Quarterly</u> 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	The All Wales self assessment was due on the 31 March 24. The organisational completed and submitted.
Impact Score: 5	Likelihood Score:2	Target Risk Score:	
10 (High)			

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10. Leading Sustainable Culture Change – Executive Director of People and Culture

In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a culture which is building upon our values and behaviours framework will make a positive change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	<ul style="list-style-type: none"> • There is a belief within the organisation that the current climate is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as they are overwhelmed with system pressures, change and ongoing demands. • Staff are not feeling involved in, or understanding the part their role plays for the case for cultural change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging. 		
Impact	<ul style="list-style-type: none"> • Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases / respect and resolution • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employer of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. • Existing inequalities exacerbated • Not realising the opportunities within workforce sustainability 		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<ul style="list-style-type: none"> • The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities. • Monthly Executive Review meetings with Clinical Boards. • Strategic oversight meetings, e.g. NPG, MW Values and behaviours Framework in place • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Freedom to Speak UpSpeaking up Safely. • 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		

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	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 overview of current offer presented to Management Executive Team and SLB . Gap analysis and TNA will follow. This will also include analysis of Bands and Roles that have attended to date. 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.
		April – June 2024	
		June – September 2024	
		Jan – March 2024 May – Sept 2024	The Coaching Network is expanding. The ECOD team are supporting inexperienced coaches to complete qualification and achieve coaching hours required.
		April – June 2024	

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		<p>March—April June Sept 2024</p> <p>April—March June – Sept - 2024</p> <p>April—March 2024</p> <p>May – July 2024</p> <p>March—April 2024</p> <p>March – June 2024</p> <p>May – September 2023</p> <p>April – March 2025</p>	<p>A review of coaching qualification route has takenis taking place and the UHB will introduce a to look at the inclusion of moremore inclusive and practical experiencedevelopment route for coaches as part of the launch of the Academy of Coaching and Mentoring, e.g. Agored Cymru.</p> <p>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 have formalised and will continue to support coaches with practical peer supervision sessions.</p> <p>The simplified VBA process continues to be communicated and the 2 hour on-line training runs monthly to support both managers and staff and is well attended. The training also forms part of the management programmes.</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. Dashboard of data has now been released to Staff Survey Leads – analysis to take place May 2024 and shared with Clinical Boards.</p>
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		<p>May – July 2024 March – May 2024</p> <p>May – September 2024</p> <p>March – May 2024</p> <p>March 2024May 2024</p> <p>May 2024</p> <p>March 2024</p> <p>May/June 2024</p> <p>March 2024</p> <p>March 2024 May – Sept 2024</p> <p>April – Sept 2024</p> <p>May – Sept 2024</p>	<p>Staff assembly to look at results scheduled for June 2024. The ALAS Culture and Leadership Programme (CLP) 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>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. Lessons learned from implementation are helping a more structured approach in terms of setting expectations of 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>CLP Work currently in progress: Theatres UHL – Discovery phase completed, analysis completedcompleted and reported shared with Senior Team. Senior Team meeting with P&C Leads to establish plan for have commenced cascade and engagement of results, and planning of design phase. Theatres UHL – currently in discovery phase. ALAS in Phase 3/4 (Design and Delivery) Radiology / Radiography – SMT development plan supported by AD of OD, Wellbeing and Culture. To review NHS Wales Staff Survey findings March 2024 to identify next steps in</p>
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		<p>March – June 2024</p> <p>April – September 2024</p> <p>March 2024 – March 2025</p> <p>April 2024 – March 2025</p>	<p>cultural-work-Affina Team Coach Journey work starting May 2024.</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.</p> <p>Gastro – broader work required. Not currently included in CLP Work.</p> <p>Cardiology cultural work as part of broader improvement work.</p> <p>Culture and Leadership Programme part of overall plan.</p> <p>Initial scoping discussions and launch of discovery phase planned.</p> <p>OD challenges to capacity continue to be discussed. Agreement of organisational priorities re OD support and conversations re capacity ongoing. CLP approach will require different levels of support for areas depending on findings and complexity of required intervention. 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.</p> <p>CLP toolkit developed to support CLP in CAVUHB.</p> <p>Programme management approach to ensure consistency, measurements and review, and targeted support.</p> <p>Currently being refined via Medical Illustration Team.</p> <p>People and Culture Team are supporting EU with retention</p>
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			<p>and wellbeing work. Scoping of programme underway. Head of ECOD and Retention Lead joined retention working group for EU.</p> <p>Member of ECOD Team attending Kirkpatrick Evaluation Programme. Kirkpatrick evaluation being built in to all educational programmes. to ensure consistent approach to evaluation of OD and development programmes.</p> <p>Affina Team Coach Journey Programme underwaycompleted – programme to be utilised for Senior Team development within Radiology to support cultural / team development. 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 Retention lead completed the Nurse Retention Self Assessment by the deadline of the 31st March 2024. , the role will develop to adapt and implement the retention toolkit across different roles and departments throughout the UHB Data gathered and toolkit questions to inform priority areas and next steps.</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>
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<p>1. 2. Equality, Diversity and Inclusion</p> <p>Welsh Language Standards being implemented.</p> <p>Saunders, Nathan 29/05/2024 09:27:05</p>	<p>Rachel Gidman</p>	<p>March 2024April 2024 – March 2025</p> <p>May 2024</p> <p>May 2024 – August 2024</p> <p>April 2024 – March 2025</p> <p>April – March 2024⁵</p> <p>April 2024 – June 2024</p>	<p>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. The CAVUHB Strategic Equality Plan and Objectives were published on the 31st March 2024 following agreement at Board.</p> <p>Progress against objectives will be monitored as part of strategic plans, IMTP and People and Culture Plan.</p> <p>Equality Strategy Welsh Language Group reviewed. Draft governance proposal agreed in principle by CEO and Exec Director of P&C. Director of Corporate Governance to confirm next steps. Proposal to be presented to P&C Committee May 2024.</p> <p>A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. 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. Review completed, business case to be discussed for future translation requirements.</p> <p>The UHB continues to receive and respond to inquiries from the Welsh language Commissioner’s Office, particularly around reception</p>
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<p>Inclusion - Nine protected Characteristics</p> <p>Saunders, Nathan 29/05/2024 09:27:05</p>		<p>April – September 2024</p> <p>April 2024</p> <p>April – September 2024</p> <p>April – September 2024</p> <p>April – September 2024</p> <p>March 2024</p>	<p>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.</p> <p>To further develop working relationships with the WL Commissioner’s Office, a meeting took place in Jan 2024 between the Chair, CEO and ED&P&C and the WL Commissioner. Will take place going forward to enable proactive Regular Regular meetings with the WL Commissioner’s office are supporting effective and proactive actions to improve WL compliance across the UHB. tive and productive progress around the UHB’s achievement of the WL Standards.</p> <p>The Welsh language team are supporting prioritised Clinical 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 additional Welsh Language Training for 2024/25, 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-</p>
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		<p>April—June 2024</p>	<p>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.</p> <p>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 has been mitigated in the short-term through reallocation of resource within P&C Team until March 2024.. Progress Jan-March has included: Review of the action plan Meeting with key stakeholders Re-engagement of leads Scoping exercise around Anti-Racist Training Early stage of communication and engagement plan Resource to effectively deliver the plan longer term remains under review and a potential risk to delivery. Awaiting WRES details from HEIW in terms of dates and</p>
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			<p>requirements. Data exercises ongoing to support this work when needed.</p> <p>There has been limited work on the LGBTQ+ action plan development due to capacity. Requirements to be revisited following SEP engagement.</p>
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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

Our employees continue to be exposed to unprecedented levels of demand, change and uncertainty . 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 / moral distress) • Ongoing demands over an extended period of time • Cost of living • 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 		

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	<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

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<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>april-may June - Sept 2024</p> <p>April-June - Sept 2024</p> <p>April-June June - Sept 2024</p> <p>May 2024</p> <p>April-June June - Sept 2024</p> <p>March 2024</p> <p>May - August June 2024</p>	<p>Requests are currently being continue to be assessed on an individual basis as <u>the</u> commissioning approach reviewed. Delay in review due to <u>capacity priority focus required elsewhere.</u> Requests are being supported where applicable, with involvement from all P&C areas, <u>and other teams (e.g. I&I; Change Hub; Quality and Safety)</u> when necessary.</p> <p>OD <u>Catalogue Academy to be developed alongside educational academies to be developed</u> to outline OD 'offer'. To include tools / techniques to support managers with <u>cultural and</u> team development. This will outline what is available to support many areas, including but not limited to: <u>Culture Organisational Design Team Dynamics</u> Conflict Values and Behaviours Ways of working Wellbeing & Resilience</p> <p>Continued signposting to cost of living support and development of resources in partnership with TU Partners and MaPS.</p> <p><u>Financial wellbeing pathway developed and available for staff on EWS pages.</u></p>
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		<p>April-May– June 2024</p> <p>March 2024</p>	<p>Financial wellbeing communication plan in developmentroadshows scheduled for 2024/25.</p> <p>Continued communication of financial wellbeing support, including Wagestream platform and functionality, Wagestream with a focus on support available for all staff regarding financial health / support and savings.</p> <p>H&WB Steering Group meetings continue bi-monthly TORs finalised. Awaiting name of nominated DoDops to co-chair with EDoP&C. Priorities identified and being developed include:</p> <p>Health and Wellbeing Framework development (led by AD of OD, Wellbeing and Culture) - task and finish group taken place, draft framework to completed and engagement to take place (e.g. LPF; SLB; P&C Committee)</p> <p>Financial Wellbeing</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 has started with Communications Team to cascade and signpost. Pathway is currently being translated into Welsh for publication on Sharepoint.</p>
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			<p>Dedicated staff financial wellbeing and Cost of Living web pages available 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 - 2024Sept 2024</p> <p>Sept 2024</p> <p>June 2024</p> <p>April - May 2024</p>	<p>The Health and Wellbeing Steering Group is now established and meet every 2 months. Awaiting nomination of Co-Chair (DoOps) 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>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 Children</p>

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		<p>July – September 2024</p> <p>April 2024</p> <p>Feb – June 2024</p> <p>May - August 2024</p> <p>April – June 2024</p> <p>February 2024</p> <p>May - Sept 2024</p> <p>May Sept 2024</p>	<p>and Women CB triumvirates to identify appropriate area for development.</p> <p>Support for colleagues experiencing traumatic situations to be reviewed by H&WB Steering Group as part of Framework Development. A draft Trauma Pathway and Trauma Flowchart have been developed and members of the EWS team are receiving training provided by the Traumatic Stress Service (SPRING) as well as Interpersonal Psychotherapy (IPT) for Depression and relationships.</p> <p>MHCB proposing trial of CISS and TIM, more detail required and meetings planned for April 2024. Review of use of Sustaining Resilience at Work Practitioner (StRaW) approach within C&W CB to be reviewed continued to encourage Peer Support mechanisms.</p> <p>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 , to include ongoing evaluation. Utilising existing 'touch points' such as Induction, VBAs,</p>
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Management Development, MAAW. [A series of 'awareness raising' roadshows will run throughout the organisation during the Summer of 2024 with a view to evaluate any feedback received since its implementation.](#)

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.

Immunisation reviews are undertaken routinely as part of the pre-employment process and MMR vaccinations offered where indicated. [MMR Project Group established involving Public Health Team and Occupational Health.](#) [NHS Wales Staff Survey results for UHB received and shared March 2024.](#) [Issues with survey provider has led to delays in receiving further data for local analysis at a more granular level \(e.g. directorate\).](#)

[Dashboard shared by HEIW 30th April 2024.](#) [Functionality currently being reviewed to understand level of analysis available, and capabilities required to undertake analysis.](#)

[Aim to share directorate level results by end of](#)

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			<p>May 2024. P&C Team so support clinical boards in both understanding, interpreting and engaging colleagues in the results, and taking action to make improvements or amplify successes.</p> <p>Colleague Staff Survey working group advertised March 2024, over 30 colleagues have shown an interest and initial meeting planned for 7th June 2024. This will facilitate a co-productive and pro-active approach.</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 	<p>Nicola Bevan</p>	<p>march – June June - Sept 2024 2024</p> <p>April 2024 – March 2025</p> <p>March 2024 – March 2025</p> <p>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>An EWS focus week is planned for Sep 2024 to raise awareness on the range of services available and how to access them as well as an opportunity to meet team members and hear about the service developments and priorities for the future</p> <p>A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year P&C Team and the Communications Team have developed a People and Culture communication and</p>

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Engagement Plan. This has been presented to P&C Committee Nov 2023 and is now in place.

March – May 2024

[May - Sept 2024](#)

Wagestream was implemented in August 2023. This platform provides financial education and guidance, along with the ability for staff working additional hours as over-time / bank to draw down payment on a weekly basis, supporting staff during the cost of living challenges, and reducing reliance on agency workers. As of 13th March 2024, 1532 employees have signed up, 29 awaiting enrolment, and 191 have started a savings (build) pot.

[March 2024](#)

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

[The NHS Wales Staff Survey closed in November 2023. The response rate for the UHB has been confirmed as 21.42%.](#)

[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](#)

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			<p>Senior Leadership Board, Trade Union Partners and will be communicated to colleagues in March 2024.</p> <p>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 to provide training to enable further analysis of results in March 2024. Delegates have been identified to support local analysis. Analysis of survey will inform actions into 2024/25. P&C Team so support CB understanding and communication.</p>
<p>4. Training and education of management</p> <ul style="list-style-type: none"> - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers <p>Saunders, Nathan 29/05/2024 09:27:05</p>	<p>Claire Whiles</p>	<p><u>April – June</u> - <u>Sept</u> 2024</p>	<p>ECOD initial review of management development programmes phase 1 completed.</p> <p><u>Compassionate Leadership Principles embedded in programmes and resultant revised programmes and master-classes have been launched.</u></p> <p><u>Next steps to support Leaders and Managers include:</u></p> <p><u>Launch of educational academies including</u></p>

		<p>March 2024 May - Sept 2024</p> <p>April – July Sept 2024</p> <p>May - Sept 2024</p> <p>April – June 2024</p> <p>May - Sept 2024</p>	<p>Leadership & Management; Coaching and Mentoring; OD</p> <p>Development of principles</p> <p>Training needs analysis</p> <p>ECOD Manager, Wellbeing and Engagement supporting management development delivery to ensure focus on wellbeing of manager and teams.</p> <p>Wellbeing sessions are also included on the following programmes: Internationally Educated Nurse’s Programme; Assistant Practitioner Programme; HCSW Induction and Nursing and Midwifery Preceptorship programmes.</p> <p>Induction sessions supported by Employee Wellbeing Service and continues to include a 1 hour session on Values and Behaviours led by the CEO and DoP&C</p> <p>Development of Health and Wellbeing Framework will support and inform leadership development dom- through identification of H&WB through through identification of H&WB ‘domains’, evaluation and metrics.</p> <p>HEIW supported post, Senior Manager for Retention and OD, now fully operational within the UHB. Current focus</p>
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			<p>on completing the Nursing Retention Organisational Self-Assessment for the deadline of completed by deadline of 31st March. Working with key stakeholders across the UHB, developing networks and influence to support retention across the UHB. TORs for Retention Programme Board and Implementation Group in draft for approval. Groups to be established quarter 2 2024/25.</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>
<p>5. Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.</p> <p>Saunders, Nathan 29/05/2024 09:27:05</p>	<p>Claire Whiles</p>	<p>April 2024 May - Sept 2024</p> <p>May 2024</p>	<p>EWS metrics reviewed and an inventory of future data reports agreed. Recruitment to a vacant post has enabled capacity to focus on the development of dashboard reports. Team currently attending 'Power BI' training to improve capability in this area.</p> <p>The Annual EWS report completed for 2023 to demonstrate demand,</p>

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		<p>response, themes and developments.</p> <p>2023/24 has seen positive results in terms of:</p> <p>Counselling waiting times reductions</p> <p>Improvements in staff returning to work following intervention</p> <p>Improved clinical indicators</p> <p>Introduction of a stepped care approach</p> <p>Reporting developments</p> <p>Improved management of high risk referrals</p> <p>Currently reviewing purchase and implementation of OPASG2 within EWS to support improved user experience and reporting functionality.</p>
	May 2024	
	April 2024	<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>
	May - Sept 2024	<p>EWS producing review of 2023 to go to P&C Committee in May 2024.</p>
	January 2024	<p>EWS has linked in with Deputy Director of Therapies regarding dashboard development.</p>
	April 2024	<p>Requirement to identify skill development support in this area – linking in with Digital Service and HEIW.</p> <p>Dashboard development currently on hold due to</p>

team capacity and capability (see above). This poses a risk in terms of identifying an effective means of monitoring, evaluation and planning of all wellbeing services and interventions.

Feb 2024

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. This will come with an annual cost, paper developed to present proposal to Exec Director of P&C in first instance.

May 2024

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.

April 2024

Schwartz Rounds continue to be held across the UHB, feedback received in relation to the webpages and staff information, minor changes to be made. Aim to go 'live' within May 2024.

Feedback data to be evaluated by end of June.

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PID to be completed by end of May 2024

Day 2 training of facilitators held 25th April, 2 more facilitators to be trained taking the total to 18.

An All Wales network with colleagues from BCUHB, ABUHB and HEIW has been set up to share best practices, lessons learnt and hold joint training opportunities where possible.

Looking to review and refresh the Steering Committee membership and how story tellers are recruited.

Plans to hold 3 COVID focused sessions during 2024.

Schwartz Rounds Steering Group and facilitator network has been established. Programme for 2024/25 has been set and communication of dates has commenced across the UHB.

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.

The January 2024 round was held on-line, under the theme: Against All Odds. Over 70 people

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[attended and feedback from the session was very positive.](#)

Schwartz Round
Administrator role – currently no capacity to fill role. Risk re Schwartz Round Administrator role – currently not assigned.

Organisational approach to Cultural Assessment approved November 2023.

Cultural Assessment work currently being prioritised by Executive Team to support priority areas. (Please see previous BAF for details of priority areas to date.)

This will require collaborative working across P&C Team and CBs, including TU partners.

Range of Financial Wellbeing (FWB) resources available to staff via the dedicated FWB webpages with several links to the other recognised resources such as: Money Helper, Cardiff Credit Union, Stop Loan Sharks Wales and many more. Financial Wellbeing action plan to be presented to H&WB Steering Group May 2024.

[The Corporate Health Standard has now been closed in Wales and is no longer in operation. The CHS Awards previously achieved by CAVUHB](#)

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			<p>(Gold and Platinum) came to a close in April 2024. The UHB can no longer use the logos as the programme has been disestablished. The UHB will continue to access the range of support materials and resources provided by Healthy Working Wales, and continues to be an active member of the All Wales H&WB Network.</p>
<p>Impact Score: 5</p>	<p>Likelihood Score: 1</p>	<p>Target Risk Score:</p>	<p>5 (Moderate)</p>

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12. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning

The UHB delivers services from 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. 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 2024/25 Capital Plan will be submitted for Board with the IMTP • 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. • Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee at each meeting, every month. 		

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- 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.
- 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.
- 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 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 business cases 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 has been strengthened⁽¹⁾
- The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks ⁽³⁾.
- Regular reporting on capital programme and risks to Capital Management, Management Executive and Finance & Performance Committee ^{(1) (2)}
- IT risk register regularly updated and shared with DHCW ⁽²⁾
- Health Care Standard completed annually ⁽³⁾
- Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group ^{(1) (2)}
- Finance 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

- 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.

	<ul style="list-style-type: none"> In year requirements further impact and require the annual capital programme to be re-prioritised regularly. Traceability of Medical Equipment The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the 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. 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.	Catherine Phillips	Ongoing	An update on tis work was presented to People and Culture Committee and Board in Mar24.
2. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Catherine 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 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.	Marie Davies	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.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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13. Risk of Delivery of IMTP 23-26 – Executive Director of Strategic Planning

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 set 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

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.		
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 is challenging to deliver, 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 and the cancer pathway improvement targets received Welsh Government Planned Care Recovery Fund monies based on bids submitted supporting plans to improve our waiting times position in line with ministerial priorities. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan. Senior management and oversight arrangements 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	Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting ⁽¹⁾ .		

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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⁾

The Board receives a financial update report from the Executive Director of Finance at each of its meetings. ⁽¹⁾

Welsh Government are fully engaged and have been briefed on the Health Board's position. ⁽³⁾

Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. ⁽¹⁾ WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. ⁽³⁾

Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. ⁽¹⁾

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
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Gap in Controls	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).
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Gap in Assurances	The assurances on delivery are reported to the Board and subcommittees of the Board.
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Actions	Lead	By when	Update
1. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/12/23	Detailed Plan and supporting information discussed extensively in Board and provided to WG. Additional oversight arrangements now well established to ensure delivery including Sustainability Programme Board chaired by the Chief Executive.
2. Provide quarterly progress report – including mitigating actions, to the Board for scrutiny. Development of the Integrated Performance Report provides assurance on Ministerial Priorities	Marie Davies	Ongoing	Quarterly Annual Progress reports are presented to the Board alongside the Integrated Performance Report.

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)
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14. Financial Sustainability – Executive Director of Finance

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. Welsh Government Covid-19 funding and unprecedented inflationary pressures funding has supported the financial position reducing the deficit control total to £16.5m.

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	The UHB has to manage its operational budget, including the remaining 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 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% of the 2023/24 £32m savings target at the end of December	Catherine Phillips	31/12/23	Further schemes are being progressed to improve the expenditure run rate entering 2024/25.
2. A 24/25 Savings Plan is required. Work will be carried out across the organisation and coalesced at the fortnightly sustainability programme board (SPB) and reported to Finance and Planning Committee.	Catherine Phillips/ Paul Bostock	Ongoing	SPB continues to meet with key foci including workforce, medicines management, length of stay and procurement.
Impact Score: 3	Likelihood Score: 5	Target Risk Score:	15 (Extreme)

15. Digital Strategy and Roadmap – Director of Digital & Health Intelligence

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				• Unable to currently provide assurance that the finance will be provided
Actions		Lead	By when	Update
1.				
2.				
3.				
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**

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Finance and Performance Committee Chair's Report		Agenda Item no.	6.5.1	
Meeting:	Board	Public	x	Meeting Date:	30.05.2024
		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 **17.04.2024**

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 12 - at month 12 the Health Board reported to Welsh Government (WG) that it would meet its control target of a £16.460m deficit for the end of 2023-24.

The Committee was advised that following the end of the financial year, the Finance Team would prepare a comprehensive set of accounts for submission to WG on 3 May 2024 with further submissions to WG on 10 May 2024 which would then be audited by Audit Wales.

It was noted that the Health Board had come in at £55,000 under the target of £16.460m and so had it the achieved control target set by WG.

The Committee was also advised that the Health Board had met its Creditor Compliance Target.

The Committee were presented with a graph which showed the total operational and savings programme deficits and the impact of the additional savings actions on that total variance.

It was noted that after a peak in the operational overspend at month 6, the additional actions enabled the Health Board to hit the £16.460m revised forecast deficit as well as the additional 10% Improvement required by WG which was achieved through the review, management and scheduling of specific expenditure programmes.

The Committee were provided with summary tables on:

- Financial Performance for the period ended 30th March 2024
- Summary of Month 12 COVID 19 Net Expenditure

It was noted that the tables summarised where the different parts of the Organisation ended up against the plan as well as the COVID 19 net expenditure which confirmed that £3m had been saved against COVID related expenditure.

It was noted that a summary of the £32m savings and the additional £8m would be received at the next meeting in May 2024.

Savings Tracker 2024/25 – The Committee was advised that the savings target set for 2024/25 was £47.2m and that it was always known that the Organisation would need to save at least £32m in

2024/25 to get on the route to financial sustainability but that the non-recurrent savings in 2023/24 had added a further £15.2m to that target.

It was noted that the Finance team had identified £21.2m of savings which included the red scheme savings of £13m which could not be assured until they had become green or amber.

The Committee was advised that of the total savings identified for 24/25, £11.5m were in green and amber schemes which should provide real assurance to the Committee and the Board.

The Committee was advised that great progress has been observed against medicines management procurement themes and a very solid bed plan was in place aligned to the Health Boards length of stay reduction across the organisation.

It was noted that the one theme that provided challenge was Continuing Healthcare (CHC) and that Finance team had been working with internal and national colleagues around how to drive the scheme because CHC was a huge area of growth.

Operational Performance Report:

The Committee was advised that that the Operations and Information Teams had redesigned the Integrated Performance Report (IPR) for 2023/24 to better meet the requirements of the Board, it's Committees and improve performance reporting for the Health Board as a whole, both internally and externally.

It was noted that the updated report incorporated progress against the ministerial priorities and Health Board performance ambitions/IMTP priorities.

The Committee was advised that it also included performance against the NHS Performance Framework, which was finalised in June 2023 and had been received by the Committee for information.

It was noted that there had not been a large amount of changes between the previous version of the IPR and the new redesign and the COO advised the Committee that the IPR could change again as the Welsh Government (WG) Cabinet Secretary had written to Health Boards again.

The Committee was advised that in addition to updating the measures in line with national reporting, the design of the IPR for 2024/25 would be reviewed to respond to the recommendations of the Audit Wales Structured Assessment, issued in December 2023.

It was noted that Audit Wales had looked at the redesigned IPR and had been pleased with the changes that had been made and noted that any recommendations provided by Audit Wales had been responded to by the Health Board.

The Finance & Performance Committee Annual Report was received and recommended to the Board for approval.

Recommendation:

The Board is requested to:

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

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

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: N/A

Safety: N/A

Financial: N/A

Workforce: N/A

Legal: N/A

Reputational: N/A

Socio Economic: N/A

Equality and Health: N/A

Decarbonisation: N/A

Approval/Scrutiny Route:

Committee/Group/Exec Date:

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	People & Culture Committee – Chair's Report		Agenda Item no.	6.5.2	
Meeting:	Board	Public	x	Meeting Date:	12.03.2024
		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 People and Culture Committee meeting held on the 12th March 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 - My Health Passport: - The Committee received a Staff Story.

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

It was highlighted the need for staff to be encouraged and enabled to deliver change. The following points were highlighted:

- Clinical Board / Executive reviews can discuss workforce / performance data and address issues
- Monthly meetings took place to monitor progress and identify issues
- Recent work included the culture & leadership programme implemented within theatres in Llandough
- Look how support can be given to senior leaders on shaping change and behaviours in the Children & Womens Clinical Board
- Support has been identified regarding the anti-racist action plan and would bring support back and would implement / monitor effectively.
- The staff survey results show concerns across NHS Wales. This will be a key priority and the Chief Executive noted that we need to work differently and engage with staff to develop the actions

There was an aim to understand issues emerging and to look what approach would be best to address these issues. Evidence based questions are used to work with the leadership team, which would help cascade good pieces of work. The COO & EDCP sponsored this work, which helped with the actions identified and planned a re-do survey in 12-18 months' time, which would become part of the 3-5 year approach.

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 following points were highlighted:

- Turnover continued to improve each month
- Health Care Support Workers (HCSW) had a high turnover
- The process to improve the number of returned exit questionnaires was worked on and requested to bring back to the People & Culture Committee at a future meeting.

Clinical Board Spotlight – Children & Women Clinical Board (C&W): - The Children & Womens Clinical Board shared a presentation which provided a summary of the Clinical Board from a People & Culture view point.

It was noted that the information was continually brought together as it was a catalyst for more conversations and culminated with the celebration events outlined within the report.

Health and Safety Update: -

Estates:

- The Health & Safety Executive (HSE) reviewed the information and arranged another site visit at the Emergency Unit at UHW on 18.04.24
- The HSE visited UHL Porters, Waste and Housekeeping with no issues raised

It was noted that the Health Board was in a different position compared to when the strategy was produced in 2018 and it was thought that by 2023/24 there would be a new hospital and buildings.

The Committee was advised on the importance of the next estates strategy and how that would show how the Health Board would manage the estate over the next 10-15 years.

It was noted that there was hope to have a clear view on the discussions over the next 9 – 12 months.

Strategic Equality Objectives & Annual Equality Reports: The Committee discussed the Strategic Equality Objectives & Annual Equality Reports and highlighted the following:

- The Health Board were required to review the report every 4 years.
- The strategic objectives were the focus and would help align the work and strategies across the Organisation.
- An engagement exercise took place from Dec 23 – Feb 24 (over 300 people took part) with some key themes emerging, which was to enhance communication and improve accessibility.
- The gender pay gap reduced at 17.13% for March 2023

Response to Audit – Review of Workplace Planning Arrangements: The audit was welcomed with no surprises in the findings & recommendations. Further updates would be given to the Committee as the work is progressed.

The Board is requested to:

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

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

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Charitable Funds Committee – Chair’s Report		Agenda Item no.	6.5.3	
Meeting:	Board	Public	x	Meeting Date:	30.05.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Charitable Funds Committee meeting held on the 19.03.2024

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.

Rathbones Investment Update: - it was noted that

- Performance: – it was noted that 2022 was a difficult year for the investment portfolio driven by the war in Ukraine, soaring energy prices, inflation and high interest rates from central banks and that in comparison, 2023 had seen much better returns with positive performance in the last quarter of 2023 which had continued into 2024.

The Committee was advised that when looking at the years together, the portfolio was up by 5.3% which was slightly ahead of the benchmark and was worth £5,757,803 with an income yield of £132,997.

- Asset Allocation: - the Committee was provided with a brief overview of the Health Boards outlook on asset allocation and noted that Rathbones had continued to forecast a reasonable chance of further economic weakness or the chance of a recession.
- Responsible Investment – the Committee were presented with a portfolio summary on responsible investment which highlighted that:
 - In addition to managing the Health Boards investment portfolio in line with its ethical requirements, there were a number of areas that Rathbones were restricted from investing in.
 - Rathbones ensured that they were investing in companies that were well governed and had good environmental and social policies.

The Committee was advised that Rathbones had been investing responsibly in “greener” companies (i.e. those with Environmental, Social and Governance (ESG) issues higher on their agendas).

It was noted that companies with good ESG policies and actions represented better run companies and that better run companies tended to produce better returns on investment.

The Committee were presented with some of the areas in which Rathbones had engaged with companies with ESG values which included various areas such as:

- An ambition to reach net zero across the wider business by 2050 or sooner;
 - Voting for a report on efforts to prevent harassment and discrimination in the workplace;
 - Supporting a shareholder proposal for the US streaming company Netflix to produce a report on its lobbying of policies and payments.
- Market Review – it was noted that 2023 had been a good year for equity markets and that the US stock market was the standout performer driven by a handful of companies such as:
 - Apple
 - Microsoft
 - Amazon
 - Tesla
 - Alphabet

It was noted that the key issues going forward were what would happen to inflation, interest rates and economic growth.

The Committee was advised that bonds were still attractive and were also a great hedge should a recession be observed.

Health Charity Financial Position & Investment Update: - it was noted that there been a net movement of £575k across net income and expenditure combined with the movement on investment assets.

The Committee were shown an analysis of the income received by the charity for the year which also showed the comparison of income received for the same period over the previous 2 years.

The closing balance sheet for the period was presented to the Committee and the way in which it was split in terms of assets and funds which included:

- £5,677m Investment Portfolio
- £4,288m Rookwood Hospital
- Cash balances
- Debtors
- Liabilities

The Committee received a graph which showed the performance of the investment portfolio's valuation from March 2022 to January 2024, also highlighting where cash had been withdrawn to support the Charity's cash position. The graph also showed the performance against the FTSE 100 and FTSE All Share Indices benchmarks.

The Committee was reminded that the Charity withdrew two cash withdrawals in May and September 2022 of £350k each and summarised that the movement in market value between 31st March 2022 and 31st January 2024 was a decrease of £0.192m.

It was noted that the revised cashflow forecast had been updated for actual period ending 31st January 2024 and currently estimated net cash expenditure of £0.384m resulting in a projected positive cash balance of £0.174m.

The Committee was advised that on current spending plans and trajectory investments would have to be sold to support the cash position underpinning charitable funds operations in the next financial year.

It was noted that having started with £559,000, the burn rate on the cash meant that sometime towards the end of the first quarter 2024/25, the Health Board would need to cash call which would be considered with the Finance Team.

The Committee was advised that the Funds Held on Trust were structured over a range of Restricted and Unrestricted (Designated Funds) funds according to the nature of how funds were established and the income that had supported the creation and ongoing activity of each fund.

It was noted that the General Fund incorporated income that was not specified to a particular fund, alongside gains and losses in the Charity's investment portfolio and that an analysis highlighted that prior funding commitments, combined with staff recharges and a reduction in investment values led to a brought forward deficit on the General Fund of £0.498m at the beginning of the 2023-24 financial year.

It was noted that the General Fund had been closed to new applications for funding since the middle of the 2022-23 financial year but that there were outstanding commitments still to be funded from it.

It was noted that the forecast year-end deficit was estimated to be £0.798m and that the Market Value had recovered to the period ending 31st January 2024, which had resulted in the Charity exceeding its market value forecast (£56k) by £75k for the current financial year.

The Committee was advised that a dormant fund exercise had concluded for those funds dormant for Financial Years 2020-2021 & 2021-22 which identified a small number of funds to transfer to the General Fund.

It was noted that representations were made to the Charitable Funds Committee in March 2023 to provide an extension for some of these funds to reflect the detailed deployment plans that had been developed and that the latest exercise had now been finalised with a final figure of £7k being transferred to the General Reserve Fund.

Our Health Meadow Annual Report: - the Committee were provided with a short overview of the work undertaken by the Health Meadow and noted that the Health Meadow was set up to create a unique space which would become a legacy for generations to come.

It was noted that activity and income had continued to fund volunteer sessions for patients and local community groups to gain new skills and confidence and improve rehabilitation at the Health Meadow albeit at a slower pace.

It was noted that the Our Health Meadow Appeal had raised over £1.2 million through various grants and donations, either through Down to Earth or via the Health Charity, since 2019.

Legacy Update: - it was noted that legacy income continued to be consistent, but by the nature of its source, was variable and it was difficult to predict the potential values each year.

It was noted that the Health Charity Team did a huge amount of work in terms of generating publicity around where people could leave their legacies and that within that work, a large volume required communication with lawyers, probate etc.

The Committee was advised that the Health Charity had received £203,144.08 in legacy donations in 2023/24 as of the publication of the paper.

Food Sense Wales Update and Memorandum of Understanding: - it was noted the paper set out the annual update for Food Sense Wales and highlighted the 3 key pillars of Food Sense Wales which included

- There was a food culture shift in Wales that builds on inner capacities of actors within the food system, embraces heritage, celebrated and valued "the local" and put food education front and centre.
- There was a revolution in local and sustainable procurement led by public procurement and followed by other markets. Agroecological food on the public plate would catalyse agroecological demand on every plate in Wales

- A Food Policy and legislative framework that enabled, sets targets for and monitored the transition of agroecological production and consumption in Wales to benefit the environment and society.

It was noted that the financial position was outlined within the report and provided costs around staffing, non-staffing but also identified that Food Sense Wales had been given 4 years of part-funding.

The Food Sense Wales Memorandum of Understanding was received and recommended to the Board of Trustees for approval which was completed at the Trustee meeting held 9th May 2024.

Health Charity Strategy Update: - The Committee was reminded that the first Health Charity Strategy had been published by the Board of Trustees in 2020 but that following the pandemic, and the cost of living crisis, it was deemed that the strategy needed to be refreshed alongside the refreshing of the Shaping our Future Wellbeing for the Health Boards overall strategy.

It was noted that the updates were linked into the overarching principle of A Healthier Wales and the Welsh Government strategy.

It was noted that a number of workshops had taken place where a series of recommendations had been agreed with the development of the Health Charity Strategy and that the Strategy Task and Finish Group (T&FG) submitted its progress report and re-drafted Strategy to the Special Public Meeting of the Charitable Funds Committee on 31st January 2024 where members were asked to provide final comments and suggestions on the re-draft to the T&FG.

The Committee was advised that the final draft of the Health Charity Strategy would be circulated to Committee members prior to the strategy going to the Board of Trustees for approval in May 2024.

Over £25k bids for approval: - The Committee were reminded that in December 2022, the Charitable Funds Committee approved a request from Cardiac Services, University Hospital of Wales (UHW) for the planned expenditure from its General Endowment Fund 9541.

It was noted that at the time of application, the value was an indicative costing provided by Capital & Planning and that subsequent building surveys carried out by the Capital and Planning Department, along with a formal tender process had resulted in the projected costs rising to £170,000.

The Committee was advised that the Directorate had resubmitted its application for approval of the increased value, which if approved by the Charitable Funds Committee required further consideration and approval by the Board of Trustees.

It was also noted that current Cardiac Services endowment funds balance was approximately £650,000 and that the Directorate were actively pursuing ways in which the money could be used to benefit patients and staff, through improving facilities and optimising services

The proposed expenditure of £170,000 from Cardiac Services Endowment Fund 9541 was recommended to Board of Trustees for consideration and approval was endorsed.

Trustees approved the expenditure at the meeting held 9th May 2024.

Great Wall of China Fundraising Proposal Verbal Update: - The Committee was advised that the feedback received from the previous meeting was that the Great Wall of China Fundraising event would need to be paused until the Health Charity Strategy was finalised and that there was a desire to explore other options that were more suitable or inclusive in line with the Health Charity's purpose and values.

Arts Annual Update: - The Committee was advised that the update received highlighted the work carried out by the Arts for Health and Wellbeing Programme and the many partners and artists who worked in collaboration with the Health Charity and Health Board to bring patient stories, staff experiences and health issues to light through a different medium.

Health Charity Annual Report: - the Committee was advised that the update received highlighted the work carried out by the Arts for Health and Wellbeing Programme and the many partners and artists who worked in collaboration with the Health Charity and Health Board to bring patient stories, staff experiences and health issues to light through a different medium.

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

Staff Lottery Bids Panel Report: - The Committee was advised that the recently retired Head of the Health Charity and Arts programme was a delegated signatory to consider and approve small bids, which supported applications up to a value of £250 to be fast tracked.

It was noted that the proposed revised staff lottery fund approval hierarchy was proposed to include:

- The Chair and Vice Chair of the staff lottery panel
- Deputy Director of Finance.

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

Any Other Business: - The Committee was advised that 'Daring to Dream' (D2D) was a charitable fund originally set up within Cardiff and Vale Health Charity and was led by an external fundraiser.

It was noted that D2D had requested that the Health Charity transfer £4,973 from its charitable funds into D2D's own bank account, but wished to continue to work in partnership with the Health Board and noted that the transfer was agreed by the CFC at their meeting in March 2021.

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	<input checked="" type="checkbox"/>	Long term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Quality, Safety & Experience Committee – Chair’s Report		Agenda Item no.	6.5.4	
Meeting:	Board	Public	x	Meeting Date:	30.05.2024
		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:

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 26th March 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.

Specialist Services Clinical Board – Assurance Report: - The Committee were presented with a staff story about the journey of a 17-year old patient from Newport who was diagnosed with a rare type of bone cancer in February 2023.

The need for further improvement in adult patient care was acknowledged, and it was suggested that the Teenage Cancer Trust (TCT) offered valuable insights for the enhancement of adult cancer services. In addition, there was ongoing work to refine the Emergency Unit (EU) pathways, and that a direct admission policy for young patients with haematology or paediatric diagnoses had been implemented, which allowed for the administration of first-line antibiotics as they arrived directly onto the ward.

An assurance report was presented to the Committee which provided a summary of the achievements, innovation, and transformational work undertaken to date, and described key residual risks and their mitigating actions that carry forward into 2024/25.

The Committee commended the initiative to increase the number of registered nurses within neurosciences, where the majority were overseas nurses on the path to become Band 5s in the University Hospital of Llandough (UHL).

The Committee were informed that the initial modelling for patient numbers for the Major Trauma Centre (MTC) was unpredictable and that there were some challenges with certain pathways (e.g. chest trauma and traumatic brain injuries). The MTC relied heavily on flow and the repatriation of patients to satellite trauma units, however, the initial vision for patient repatriation after a certain number of days was not realised due to capacity and flow issues in neighbouring organisations, and the reluctance to transfer patients back to secondary care in ambulances when there was no guarantee of immediate care upon arrival. The issue of repatriation was not unique to major trauma, and there was some variance of success between Health Boards.

The Specialist Services Clinical Board’s model for how mortality should be benchmarked and reported disease-specifically was commended by the Committee, and it was noted that cardiac services were an area of concern. The absolute mortality rate in the Critical Care Unit (CCU) was higher compared to other units, due to the cohort of patients within the CCU. However, the standardised mortality measure which accounted for the severity of patient conditions upon admission, was within safe margins. It was suggested that the observed discrepancy was not a reflection of care quality, but rather access and capacity constraints.

It was noted that the increase in the number of Nationally Reportable Incidents (NRIs) aligned with the employment of a Quality & Safety Facilitator to monitor the data, and that all NRIs were managed and overseen in the Clinical Board Executive Reviews.

Quality Indicators Report: - The Committee were presented with the Quality Indicators Report and slides which provided assurance in relation to a number of quality, safety, and patient experience priorities.

It was decided that a paper on Never Events would be brought to a future QSE Committee.

The Committee were informed that their mortality data was benchmarked against themselves, and that efforts were ongoing to extract similar data for wider benchmarking.

Consent to Examination and Treatment: - The Committee were presented with the Consent to Examination and Treatment report and SBAR which provided a summary of the ongoing work around the action plan for consent training.

It was noted that a nuanced approach was required to train the remaining individuals in a manner acceptable to the Welsh Risk Pool (WRP), and that the goal was for everyone to understand what consent entailed and to ensure that the process was fit for purpose. There were financial and reputational risks involved for the organisation, as it could result in increased premiums and reduced financial coverage for substantial costs.

Patient Safety Solutions – Valproate: - The Committee were presented with the report which provided a summary of the following:

- New MHRA alerts aimed at reducing congenital malformations caused by Valproate, and the new requirement was for dual sign-off by independent clinicians for new Valproate prescriptions, as well as an annual review of the prescriptions with continued dual-sign off and further annual reviews
- A group had been formed which included representatives from paediatrics, adult neurology, learning difficulties, and other areas where Valproate may be prescribed. The purpose of the group was to integrate these changes into the existing prescribing processes for Valproate.
- A key action was to identify where Valproate was being prescribed outside of known prescribers to include them in the plans.
- They were optimistic about achieving the desired outcomes.

Looked After Children – Assessment Backlogs: - The Committee were presented with the report which provided an updated position regarding assessments for Looked After Children (LAC).

In regards to the regulation for assessments within 28-days, it was noted that despite increased work capacity, the unpredictable number of children entering care and the timing of notifications from Local Authority colleagues remained a challenge to meet the 28-day compliance. Discussions were being had with Local Authorities to improve notification timeliness, and specific assessment sessions were being earmarked for new cases.

The Committee were informed that there was no immediate data available regarding other Health Board's performance in these assessments, but that there was a commitment to gather this information and share with colleagues. In addition, there would be oversight on the improvement trajectory of timely assessments for LAC within the monthly Executive reviews

MBRRACE-UK Neonatal Report 2021 and National Neonatal Audit Programme: - The Committee were presented with the report which provided a summary of the following:

- There had been a shift in neonatal mortality rates which had not significantly deviated from national trends, but still deviated in an unfavourable direction by over 5% (which was the threshold for concern)
- An action plan with executive oversight had been implemented which addressed issues such as infection rates in the neonatal unit, environmental factors, IP&C practices, and workforce challenges.
- The majority of the actions had been completed, which had led to a decrease in infection rates and some improvements in care.
- Workforce concerns in the neonatal unit formed part of a broader discussion across Wales regarding the configuration of units and sharing of the limited neonatal workforce.
- It was important to note the significant executive oversight and the ongoing work to optimise nursing resources and improve care delivery within the neonatal unit.

Policies: - The Committee approved the following policies:

- i) Optimising Outcomes Policy & Procedure (UHB 224)

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.

Annual Report for Quality, Safety and Experience Committee 2023-24: - The Committee noted the Annual Report for Quality, Safety and Experience Committee 2023-24.

Any Other Business: - the Committee were informed that following a review from Joint Inspection of Child Protection Arrangements (JICPA), it was agreed that the Safeguarding Steering Group's (SSG) minutes would form part of the Committee papers for noting.

It was noted that it was the Executive Medical Director's (EMD) final QSE Committee meeting before retirement, and thanked her for her dedicated commitment and support.

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	<input checked="" type="checkbox"/>	Long term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

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

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chair’s Report	Agenda Item no.	6.5.5
Meeting:	Board	Public	x
		Private	
Status <i>(please tick one only):</i>	Assurance	x	Approval
			x
Meeting Date:	30.05.2024		
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 Mental Health Legislation and Mental Capacity Act Committee meeting held on the 30th April 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.

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:

- 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.

The Committee were informed that a pilot was being led by Diane Walker to look at whether the clinical teams should assess a patient’s capacity for their care and support needs due to long waits.

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 two fundamentally defective applications, and that a patient had been transferred from a private provider to Hafan-Y-Coed (HYC) under Section 3 and had not been renewed.

It was noted that there was a resource issue, and that the UHB would put forward a case to Welsh Government (WG) to push for a digital space.

In response to a query around whether Section 136s were being used inappropriately, the Committee were informed that the Police had inherent powers if they believed a patient was mentally unfit, but that the UHB monitored the use of 136s.

The Committee suggested that the issue of parking be discussed at Board.

Section 117 Supreme Court Ruling Judgement - Verbal Update: - The Committee was provided with an update on the judgement, and highlighted that the Integrated Care Boards (ICBs) retained financial responsibility. It was noted that Wales remained in a different position to England.

It was noted that this could have significant financial implications for the Health Board, which had caused concern amongst Clinical Boards and Finance. This had been discussed with Executives, and it was suggested that it be raised at the JET meeting to WG on the 26th April 2024.

The Committee Chair suggested that he would meet with the new Minister for Mental Health to ensure this issue was not ignored.

UHB Response to the Consultation on the Mental Health Standards of Care (Wales) Bill: - The DOMH Committee were informed of and noted the UHB Response to the Consultation on the Mental Health Standards of Care (Wales) Bill which had been submitted to the Senedd.

RAMP Protocol and the Part 1 Scheme: - The Committee were presented with the RAMP Protocol and the Part 1 Scheme, and the following was highlighted:

- The Protocol related to adult patients
- RAMP operated with community Mental Health teams
- Large numbers of service users were under the care of secondary care health providers
- The Protocol provided those patients with good standards of care.

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 were informed that between January and December 2023, there had been a 10.5% increase in demand to the adult Mental Health service. During the pandemic, it was predicted that there would be an increase in the use of the wellbeing service, and it was noted that additional resource had been put into the PMS and that they needed at least 3 WTE staff to support the demand.

The Committee Chair suggested that he would speak to the UHB Chair to encourage more involvement from Board Members in this area of work.

The Committee were informed that Paediatrics had delivered just under the target, and that the paperwork was challenging due to it not being child friendly. Additional funds had been provided in the hope to open a Hangout in the Vale of Glamorgan. It was suggested that the new Deputy Minister with responsibility for Mental Health be invited to the Hangout.

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

Policies: - The Committee approved the following policies:

- i) Allocation of Responsible Clinicians and Nominated Deputy, Mental Health Act, 1983 (UHB 478)

Annual Report for the Mental Health Legislation and Mental Capacity Act Committee 2023-24: - The Committee noted the Annual Report for the Mental Health Legislation and Mental Capacity Act Committee 2023-24.

The Board is requested to:

a) Note the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

*Nathan
29/05/2024 09:27:05*

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.7
Meeting:	C&V UHB Board	Public	X	Meeting Date:	17/05/2024
		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

COVID-19 and influenza

- The autumn winter campaign has now concluded and the **Covid-19 vaccine spring booster campaign** is now underway and it has delivered 11,336 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the current vaccine coverage is therefore 20.79%.

Childhood immunisations

- 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 agreed in 2022/23 is now being implemented to increase uptake which includes:
 - 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** with a focus on our minority ethnic communities where vaccination is lower.
 - Broader actions as part of the **Amplifying Prevention** partnership with the local authorities including focus groups to explore barriers in areas of lowest uptake.
- 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 children 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 for year 8 pupils and we are awaiting the first data on uptake from national sources.

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 the level 3 target of 0.5% of BMI > 30 we would need additional capacity a funding source has not yet identified for this expansion. Increased demand has also been exacerbated by the launch of Wegovy.
- We are currently remaining at 1.6% for L2, including Foodwise and 0.2% at L3. Average BMI in L2 is 40kg/m², average BMI at L3 is 50kg/m².

Tobacco

- **Percentage of adult smokers who make a quit attempt via smoking cessation services:** The 'Help Me Quit' smoking cessation service offer 16 clinics across Cardiff and the Vale of Glamorgan with most 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 were 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). Two films featuring stories of successful quitters have been created and shared by UHB comms team with a third in production. Additional signage is being put up on the UHW and UHL sites to make clear that smoking is not permitted. A banner for the side of UHW to replace the dragon has been purchased and is awaiting installation led by the Estates team.

Operational Performance

As we emerge from the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. The first four months of the year have seen 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). In Q4 the number of 1-hour handovers was higher but when compared to Q4 22/23, total lost hours reduced from c3,600 to 2,200 and the number of 1-hour handover delays has reduced from 1,780 to 1,056. April 2024 saw a small reduction in lost hours compared to March 2024 and the same month last year.

Through Q3 considerable improvement was made on patients waiting 12-hours in the EU. We reported an increase in December and January but saw a modest reduction in February. March and April also saw small increases in 12 hour waits. 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.

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.

March saw an improvement in our compliance against some key SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours increased to 62.5% and remains significantly above the all Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. Our SSNAP grade 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. Our most recent review saw a drop to Grade B but performance remains improved from last year. 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.

March saw our thrombolysis rate maintained at over 20% with 20.7% of patients thrombolysed. This remains above the Wales average. At a previous 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. A plan for investing in the front end of our stroke pathway has received approval at Investment Group and will now progress for consideration at Senior Leadership Board and Board.

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 and 60.8% in February, with continued Junior Doctor industrial action a factor through Q4. In March our SCP performance improved to 62.3%.

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 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. Capacity challenges are currently causing delays within our Pathology service, which has the potential to impact reporting of cancer specimens. The teams are working closely to minimise delays and the PTL is reviewed weekly to monitor the impact on waiting times for all tumour sites.

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 quarterly 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 March there were, 2681 patients waiting 2 years for treatment, which represents 1.8% of patients on a waiting list. While this has not delivered the Ministerial and UHB ambition to have fewer than 1% of patients waiting longer than 2 years, it is a considerable improvement from previous months. We have seen a significant reduction in the number of long waiting patients through the year, as well as halving the number of specialties with 2-year waits, for 14 in April 2023 to 7 in March 2024. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands.

We did not deliver on our commitment to reduce 52-week outpatient waits to fewer than 9000. 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 have seen a reduction in the number of specialties reporting 52-week waits. We continue to work 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 55,429 patients who are past their target date for a follow-up appointment, of these 39 are over 2 years past their target date as shown below:

Paula M. Nathan
2024-09-27 09:27:05

Overdue Follow-up Outpatients							
Clinical Board	Months past target date	03/04/2024	09/04/2024	15/04/2024	22/04/2024	30/04/2024	07/05/2024
Total	Total overdue	57034	57775	56703	56473	55457	55429
	Over 18 months	983	911	685	498	267	231
	Over 24 months	266	253	161	108	66	39
Surgery	Over 18 months	338	315	216	125	56	55
	Over 24 months	167	156	77	30	13	12
Children & Women	Over 18 months	252	186	145	88	87	53
	Over 24 months	41	32	26	23	20	5
Specialist	Over 18 months	272	285	201	187	71	69
	Over 24 months	47	54	48	47	27	17
Medicine	Over 18 months	113	117	113	86	40	41
	Over 24 months	9	9	6	4	2	1

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. There are a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. 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. From December we have seen sustained improvements for MRI and CT, however, the number of patients waiting 8 weeks for a non-obstetric Ultrasound continues to grow.

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has 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. While the number of 8-week waits has continued to increase through Q4, albeit at a slower rate than through the rest of the year.

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. Through Q2 and Q3 we saw 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 increased as we moved into the new year with a small increase noted in January and February.

The proportion of beds occupied by long length of stay patients has fluctuated in recent months as additional beds have been opened and closed in line with the winter plan. The number of delayed pathways of care reduced in March 2024 and we continue to work with colleagues across the health and social care system to reduce delays in patient's care pathways. 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 while this has improved to 90% in February, the team expect this performance to fluctuate in the coming months as the service work through the referrals to recover the position. In March 2024 we reported 54% compliance. 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 1a compliance improved to 91% in February and 92% in March. 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 was presented as part of the Executive led Clinical Board Review sessions which sees recovery of compliance by the end of Q2.

As we move into the new financial 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.

We have recently received updated guidance from Welsh Government on their expectations for performance improvement across NHS Wales this year, with key performance indicators aligned to the 5 priority areas: Urgent and Emergency Care, Cancer, Diagnostics, Elective care and Mental Health. We are currently developing trajectories to delivery on milestones described in the guidance. Further details will be shared at the next Board meeting, with performance tracking against the UHB's commitments and National milestones.

People and Culture

- Compliance with Values-Based Appraisal continues to rise; the Health Board is now only 2.91% below the target, at 82.09%.
- The trend of turnover is still downwards, having fallen from 13.01% at Jun-23 to 11.39% in Apr-24.
- Statutory & mandatory training compliance is still going up and is now at 83.51%, 1.49% below the 85% compliance target.
- The methodology for reporting consultant job plan compliance has shifted from previous reports, to show only the percentage of consultants who have an agreed job plan that has been reviewed within the past 12 months. The compliance rate at Apr-24 is 27.46%

Quality Safety and Experience

Our primary focus is on establishing a robust framework for Quality, Safety, and Experience (QSE), with a specific emphasis on improving safety protocols and striving for excellence. The QSE Committee regularly receives detailed reports outlining key indicators and directions for improvement.

Despite facing challenges such as increased demand and staffing constraints, our performance in responding to complaints/concerns within 30 working days stands at 81%, with many issues resolved promptly within 2 working days whenever feasible. Notably, concerns about waiting times and procedural delays in diagnostic and outpatient services have risen.

Since April 1, 2023, we have activated the Duty of Candour on 139 occasions.

In terms of infection control, there have been increases in cases of C difficile and P Aeruginosa, which is worrisome. Plans are in place to reintroduce executive oversight of infection control outbreaks and rising trends.

The number of patient safety incidents unresolved for 90 days or more has decreased due to collaborative efforts between the Patient Safety team and clinical boards to ensure timely closure of incidents.

Finance

2023/23 Financial Performance

At month 1, the UHB is reporting an overspend of £4.267m. This is comprised of £0.497m operational overspend, a savings gap of £2.445m and the planned deficit of £1.325m (1 twelfth of the revised forecast year end deficit of £15.900m).

The UHB expects to recover the month 1 operational and savings overspend to deliver the £15.900m planned deficit.

Saunders, Nathan
29/05/2024 09:27:05

Recommendation:

The Board / Committee are requested to:

NOTE the contents of this report

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

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

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

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

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

Risk: Yes/No	N.A
Safety: Yes/No	N.A
Financial: Yes/No	N.A
Workforce: Yes/No	N.A
Legal: Yes/No	N.A
Reputational: Yes/No	N.A
Socio Economic: Yes/No	N.A
Equality and Health: Yes/No	N.A
Decarbonisation: Yes/No	N.A

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Approved by Nathan
 05/02/24 09:27:05

Cardiff and Vale Integrated Performance Report

May 2024

Saunders, Nathan
29/05/2024 09:27:05



Report Contents

1. [Ministerial Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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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	183 April	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	1715 March	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 March	Hyperlink to section

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Performance Key: Meeting standard / trajectory over target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report	
Planned Care, Recovery, Diagnostics and Pathways of Care	Achieve RTT waiting time targets Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly	8999	No	Mar 2024	11759 March	Hyperlink to section	
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly	3788	Yes	Dec 2023	2681 March	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	28020 March	Hyperlink to section	
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly	Go-Live	Yes	Dec 2023	Q1 24/25	Hyperlink to section	
	Measure 2: Achieve 8-week diagnostic Reporting: monthly	0	No	June 2025	14454 March	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	62.3% March	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	53.9% Mar	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Mar	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	55.2% Mar	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	91% Mar	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	23% Mar	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	83.6% Mar	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly	Go-Live	Yes	Sept' 2023	Delivered	Hyperlink to section	

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Section 2: Cardiff and Vale Performance Report

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

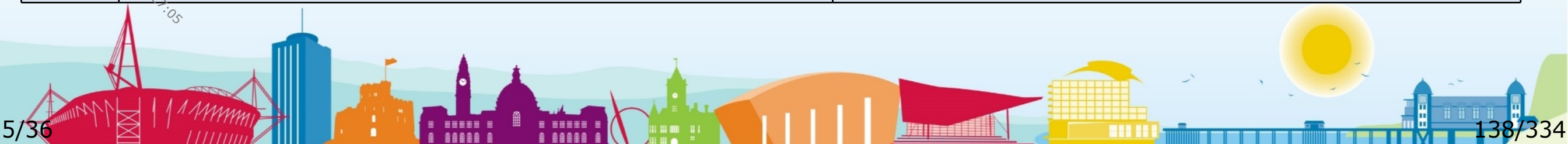
Detail on what is included under each quadruple aim is provided below.

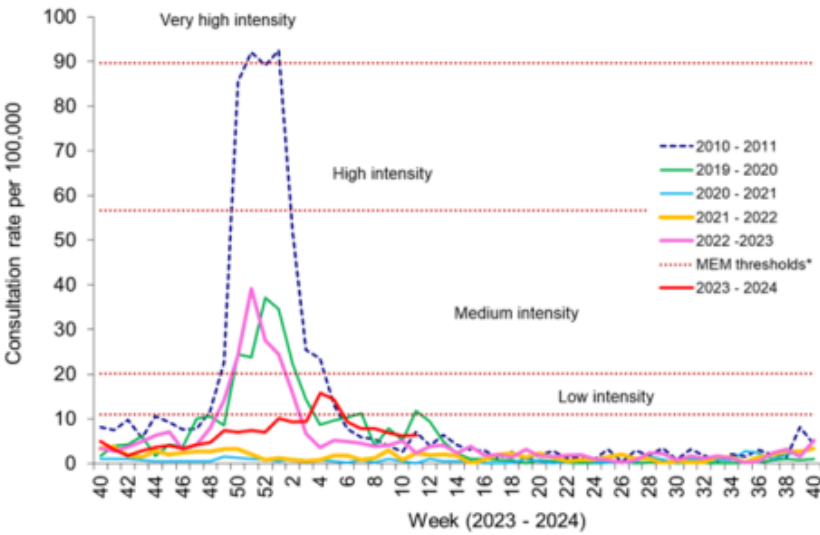
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

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

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza Eligible cohorts have been receiving the COVID-19 Autumn/Winter Booster which has now concluded, while awaiting the final data 104,478 doses were given in Cardiff and Vale as of the 29th of February 2024, and 54.82% uptake to date (Wales average 53.44% uptake). As of the 25th of March 2024 UHB COVID-19 Staff vaccination uptake reached 41% with 37% uptake of influenza vaccination according to UHB data. (Target is 75%).</p> <p>The spring booster campaign is now underway and has delivered 11,336 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the current coverage is therefore 20.79%.</p> <p>Surveillance Influenza activity is currently low and stable. Hospital admissions for Covid-19 in C&V are currently low and stable, though across Wales there has been a slight increase in the last week of April. There are currently 2 Covid-19 outbreaks and 1 incident in hospital, and zero influenza incidents or outbreaks. Since the start of April 2024, 9 bed days have been lost due to Covid-19 incidents or outbreaks, and 6 bed days have been lost due to influenza incidents or outbreaks 16% of C&V UHB staff sickness during March 2024 was due to influenza/COVID-19/respiratory conditions (data for April awaited). Omicron sub-variant JN.1 remains the most prevalent variant in Wales and globally. RSV activity in under 5s remains at low intensity. Pertussis/Whooping cough is rising across Wales.</p>	Week 13	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>

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 79.1% 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 Oct 2023 – Dec 2023	Below target	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan has been agreed and signed off by both Cardiff and Vale PSBs. An updated action plan for 2024/25 will be developed to further strengthen the partnership approach; a workshop is planned for 28th May 2024 In view of the measles outbreak in ABUHB area and wider elsewhere in the UK, measles preparedness work continues to plan for future measles cases. 	Q1 2024/25	On target	n/a

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C&V Priorities and Annual Plan Commitments

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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 Level 3 below target</p>	<table border="1"> <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>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2013/14</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2014/15</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2015/16</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2016/17</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2017/18</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2018/19</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2019/20</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> <tr><td>2020/21</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</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	74.6	74.6	74.6	74.6	2013/14	74.6	74.6	74.6	74.6	2014/15	74.6	74.6	74.6	74.6	2015/16	74.6	74.6	74.6	74.6	2016/17	74.6	74.6	74.6	74.6	2017/18	74.6	74.6	74.6	74.6	2018/19	74.6	74.6	74.6	74.6	2019/20	74.6	74.6	74.6	74.6	2020/21	74.6	74.6	74.6	74.6	2021/22	74.6	74.6	74.6	74.6
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																												
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2015/16	74.6	74.6	74.6	74.6																																																												
2016/17	74.6	74.6	74.6	74.6																																																												
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2020/21	74.6	74.6	74.6	74.6																																																												
2021/22	74.6	74.6	74.6	74.6																																																												

For areas of underperformance please see cover paper for details on actions being taken

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C&V Priorities and Annual Plan Commitments

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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 Wales NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually. <p>In Quarter 3 0.6 % of smokers set a firm quit date (this is below target). 68% of these quit smoking at 4 weeks (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . This breaks down by service as follows:</p> <ul style="list-style-type: none"> o HMQ community – 79% of Treated Smokers had quit smoking at 4 weeks. o Level 3 Pharmacy –39% of Treated Smokers had quit smoking at 4 weeks. o Hospital Service - 74% of Treated Smokers had quit smoking at 4 weeks. 	Quarter 3 2023/24	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in percentages</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hospital (%)</th> <th>QTR TOTALS (%)</th> <th>Tier 1 Target (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2022-2023</td> <td>Quarter 1</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>78</td> <td>80</td> <td>78</td> <td>78</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>75</td> <td>35</td> <td>82</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 4</td> <td>78</td> <td>35</td> <td>82</td> <td>72</td> <td>40</td> </tr> <tr> <td rowspan="3">2023/24</td> <td>Quarter 1</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>25</td> <td>82</td> <td>68</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>78</td> <td>38</td> <td>78</td> <td>68</td> <td>40</td> </tr> </tbody> </table>	Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)	2022-2023	Quarter 1	78	30	78	65	40	Quarter 2	78	80	78	78	40	Quarter 3	75	35	82	65	40	Quarter 4	78	35	82	72	40	2023/24	Quarter 1	70	25	45	60	40	Quarter 2	75	25	82	68	40	Quarter 3	78	38	78	68	40
Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)																																																	
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Smoking and substance misuse

NHS Wales Performance Framework measures

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 April 23 2023 to 31 March 2023	0.8% (per quarter)	0.6% Below target	Q1	Q2	Q3	Q4
					0.6%	0.6%	0.6%	
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.	No data yet available. Data to be supplied by substance misuse team and updated by UHB analysis team						
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)							

Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q4	100%	97%	
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	23/24	100%	46%	

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Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	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 October 2023 to 30 December 2023	95%	85.7% Below target	83.7	83.5	85.7	84.8
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)</i>	1 January 2023 to 30 June 2023	90%	74.4% Below target	74.4	72.6	70.3	71.3
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below target	72.8%	72.8%	70.9%	72.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 April – 30 June 2024 (Spring booster)	75%	20.79% Below target	As of 25/04/24			
					20.79%			

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Weight Management Services

Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of people with BMI > 30 that can be treated through Level 2 Weight Management Services	April 2024	1.5%	1.6%				
n/a	% of people with BMI > 30 that can be treated through Level 3 Weight Management Services	April 2024	0.5%	0.2%				

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Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Feb-24	90%	25.2%	<table border="1"> <tr> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> </tr> <tr> <td>19.00%</td> <td>22.90%</td> <td>22.50%</td> <td>25.20%</td> </tr> </table>	Nov-23	Dec-23	Jan-24	Feb-24	19.00%	22.90%	22.50%	25.20%
Nov-23	Dec-23	Jan-24	Feb-24										
19.00%	22.90%	22.50%	25.20%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-23	90%	92.9%	<table border="1"> <tr> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> </tr> <tr> <td>96.90%</td> <td>96.90%</td> <td>97.00%</td> <td>92.90%</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	96.90%	96.90%	97.00%	92.90%
Sep-23	Oct-23	Nov-23	Dec-23										
96.90%	96.90%	97.00%	92.90%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Mar-24	95%	96.1%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>96.00%</td> <td>95.10%</td> <td>95.90%</td> <td>96.10%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	96.00%	95.10%	95.90%	96.10%
Dec-23	Jan-24	Feb-24	Mar-24										
96.00%	95.10%	95.90%	96.10%										

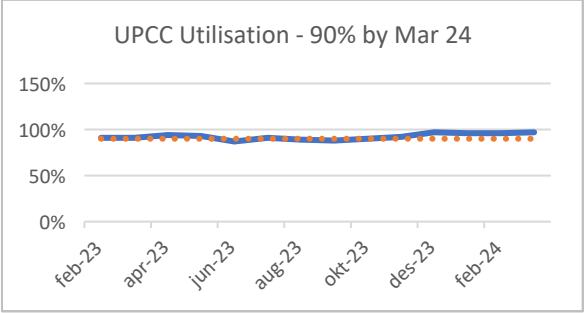
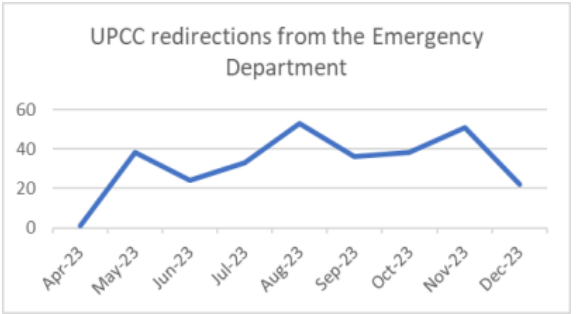
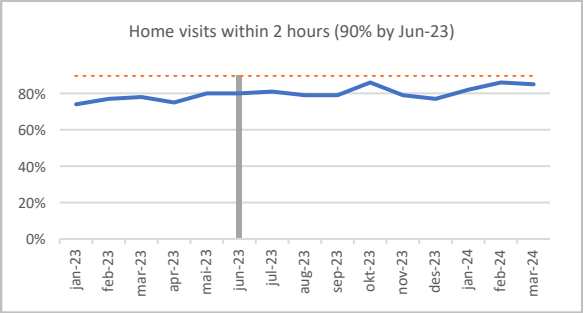
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Priority	Performance Summary	Reporting Period	Data																														
<p>Ambulance Handover</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 4-hour ambulance delays (June 23) Reduce average lost minutes to 30 (Sept 23) 	<ul style="list-style-type: none"> 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 2023. we reported 8 in March 2024, a reduction from the previous month. Average lost minutes per arrival at UHW remains has increased slightly to 22 minutes in March from 17 in December. Average lost minutes per arrival for the Health Board was 19. This performance remains better than our annual plan commitment. 	<p>Apr-24</p>	<p>Number of ambulance handovers >4 hours</p> <table border="1"> <caption>Data for Number of ambulance handovers >4 hours</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>mar-23</td><td>2</td></tr> <tr><td>apr-23</td><td>0</td></tr> <tr><td>may-23</td><td>0</td></tr> <tr><td>jun-23</td><td>0</td></tr> <tr><td>jul-23</td><td>0</td></tr> <tr><td>aug-23</td><td>0</td></tr> <tr><td>sep-23</td><td>0</td></tr> <tr><td>okt-23</td><td>0</td></tr> <tr><td>nov-23</td><td>0</td></tr> <tr><td>des-23</td><td>0</td></tr> <tr><td>jan-24</td><td>0</td></tr> <tr><td>feb-24</td><td>0</td></tr> <tr><td>mar-24</td><td>0</td></tr> <tr><td>apr-24</td><td>0</td></tr> </tbody> </table>	Month	Count	mar-23	2	apr-23	0	may-23	0	jun-23	0	jul-23	0	aug-23	0	sep-23	0	okt-23	0	nov-23	0	des-23	0	jan-24	0	feb-24	0	mar-24	0	apr-24	0
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<p>Emergency Department</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 24-hour ED waits (June 23) Reduce 12-hour ED waits by 50% (Sept 23) 	<ul style="list-style-type: none"> In April, 17 patients waited 24-hours in the EU footprint without a stop-clock, a small increase from the 14 patients in March. 12-hour ED waits increased from 814 in March to 829 in April and remains above our IMTP ambition. 	<p>Apr-24</p>	<p>12 Hour Wait Reduction by 50% of baseline by Sept-23</p> <table border="1"> <caption>Data for 12 Hour Wait Reduction by 50% of baseline by Sept-23</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>apr-22</td><td>1200</td></tr> <tr><td>jun-22</td><td>1000</td></tr> <tr><td>aug-22</td><td>1000</td></tr> <tr><td>okt-22</td><td>1000</td></tr> <tr><td>des-22</td><td>1000</td></tr> <tr><td>feb-23</td><td>700</td></tr> <tr><td>apr-23</td><td>700</td></tr> <tr><td>jun-23</td><td>300</td></tr> <tr><td>aug-23</td><td>300</td></tr> <tr><td>okt-23</td><td>300</td></tr> <tr><td>des-23</td><td>300</td></tr> <tr><td>feb-24</td><td>300</td></tr> </tbody> </table>	Month	Count	apr-22	1200	jun-22	1000	aug-22	1000	okt-22	1000	des-22	1000	feb-23	700	apr-23	700	jun-23	300	aug-23	300	okt-23	300	des-23	300	feb-24	300				
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<p>Delayed Pathways of Care, LOS and Beds</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Reduce DPOCs by 10% (June-23) Reduce >21 day LOS by 5% (June-23) Re-establish dedicated AOS beds (Sept) 	<ul style="list-style-type: none"> Delayed pathways of care remain a national challenge, the April 2024 census reported 183 delayed pathways, a decrease from March and below our commitment of 217 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 32% and 57% respectively. Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS). 	<p>Apr-24</p>	<p>Reduce DPOCs by 10% (June-23)</p> <table border="1"> <caption>Data for Reduce DPOCs by 10% (June-23)</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>mar-23</td><td>250</td></tr> <tr><td>apr-23</td><td>250</td></tr> <tr><td>may-23</td><td>200</td></tr> <tr><td>jun-23</td><td>200</td></tr> <tr><td>jul-23</td><td>180</td></tr> <tr><td>aug-23</td><td>180</td></tr> <tr><td>sep-23</td><td>180</td></tr> <tr><td>okt-23</td><td>180</td></tr> <tr><td>nov-23</td><td>180</td></tr> <tr><td>des-23</td><td>180</td></tr> <tr><td>jan-24</td><td>180</td></tr> <tr><td>feb-24</td><td>250</td></tr> <tr><td>mar-24</td><td>200</td></tr> <tr><td>apr-24</td><td>200</td></tr> </tbody> </table>	Month	Count	mar-23	250	apr-23	250	may-23	200	jun-23	200	jul-23	180	aug-23	180	sep-23	180	okt-23	180	nov-23	180	des-23	180	jan-24	180	feb-24	250	mar-24	200	apr-24	200
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Priority	Performance Summary	Reporting Period	Data
<p>ED Attendances</p> <p>Annual Plan Commitment</p> <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 April 2024 we reported 11,484 EU attendances, almost unchanged from the 11,489 reported in March The number of EU Majors attendances in April 2024 was 6186 a decrease from March and remaining below our ambition of 6507. 	<p>Apr-24</p>	
<p>Same Day Emergency Care</p> <p>Annual Plan Commitment</p> <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 March 2024 we saw 1,214 patients seen via surgical SDEC and 501 via the medical SDEC. In total 1,715 patients were seen, above our commitment of a 10% increase by the end of Q1 A 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. 	<p>Mar-24</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Urgent Primary Care</p> <p>Annual Plan Commitments:</p> <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 January and February, increasing to 97% for March 2024 Delivery 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 population Calls to CAV247/OOH service - Q1 = 93%, Q2 = 87%, Q3 = 88%, Q4 = 87% Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Total referrals for Q1 = 63, Q2 = 122 Q3 = 112 Q4 = 63 	<p>Mar-24</p> <p>Q4-Mar 24</p>	 
<p>Community Services</p> <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 March 2024 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 5 of 5 patients receiving their visit with one hour. There were no recorded patients that required an 'Emergency' appointment at a primary care center in March The Health Board was 85% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 95 of 112 patients receiving their visit within 2 hours 	<p>Mar-24</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Fracture Neck of Femur IMTP Commitments:</p> <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 March 2024 the annualised data shows 42% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In March, 64.4% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 58.3% over the last 12 months.</p>	Mar-24	
<p>Stroke IMTP Commitments:</p> <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 March:</p> <ul style="list-style-type: none"> 16.7% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 17.8% The percentage of CT scans that were started within 1 hour in March was 62.1%, the All-Wales average was 56.24% The percentage of patients who were admitted directly to a stroke unit within 4 hours was 62.5% in March, the All-Wales average was 32.0% <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>	Mar-24	
<p>Intensive Care Unit IMTP Commitments:</p> <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	

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Priority	Performance Summary	Reporting Period	Data
<p>Outpatient Follow-up Management Annual Plan Commitment</p> <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 175,130 patients awaiting a follow-up outpatient appointment at the end of March Of these, there were 28,020 patients who were 100% delayed for their follow-up outpatient appointment, a significant decrease noted from February 3.3% of outpatient appointments saw patients moving into a See on Symptoms pathway 0.7% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway 	<p>Mar-24</p> <p>Mar-24</p>	
<p>52 Week New Outpatient Annual Plan Commitment</p> <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 March, 11,759 patients had waited 52 weeks for their outpatient appointment, an decrease from February but still above our ambition. We continue to work with our high volume specialties to reduce this as we move through Q1. 	<p>Mar-24</p>	
<p>104 Week Treatment Annual Plan Commitment</p> <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 December the Health Board met its commitment to have no more than 3% of patients waiting more than 104 weeks for treatment. We closed March with 2681 patients waiting longer than 104 weeks which accounts for 1.82% of the total waiting list. This is above the ambition of 1% but represents a significant improvement from previous months. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment 	<p>Mar-24</p>	
<p>156 Week Waits Annual Plan Commitment</p> <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 116 in March. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment. 	<p>Mar-24</p>	

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C&V Priorities and Annual Plan Commitments

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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) 	100% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none"> 100 Community Pharmacies currently eligible to provide CCPS 100/100 Community Pharmacies signed up to deliver CCPS. 4338 PIP consultations undertaken in Q4, increased from 3537, 3502 and 2395 in previous quarters. There has been an increase to 34% of pharmacies providing PIP services.	Mar-24	PIP consultations <table border="1"> <thead> <tr> <th></th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td></td> <td>1263</td> <td>1305</td> <td>1627</td> <td>1406</td> </tr> </tbody> </table>		Dec-23	Jan-24	Feb-24	Mar-24		1263	1305	1627	1406																				
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GMS Escalation Annual Plan Commitment: <ul style="list-style-type: none"> >95% of practices reporting escalation levels (June 2023) >95% achievement of core access to in-hours GMS Services (September 2023) 	<ul style="list-style-type: none"> Average of 97% of Practices reporting escalation levels, with 100% reported in March 24 – Significant increase in number of practices at level 3 or above (29 practices as at March 24 = 51%) 98% achievement of core access standards to in hours GMS 	Q4-Mar 2024	Escalation reporting <table border="1"> <thead> <tr> <th></th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td></td> <td>88.0%</td> <td>92.0%</td> <td>97.0%</td> </tr> </tbody> </table> Access Standards <table border="1"> <thead> <tr> <th></th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td></td> <td>98.0%</td> <td>98.0%</td> <td>98.0%</td> </tr> </tbody> </table>		Q2	Q3	Q4		88.0%	92.0%	97.0%		Q2	Q3	Q4		98.0%	98.0%	98.0%														
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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 – 178.2% % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 91.5% % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 81.6% 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.	Q4-Mar 2024	<table border="1"> <thead> <tr> <th></th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>New</td> <td>139.27%</td> <td>151.72%</td> <td>164.46%</td> <td>178.19%</td> </tr> <tr> <td>New Urgent</td> <td>63.25%</td> <td>75.64%</td> <td>83.66%</td> <td>91.50%</td> </tr> <tr> <td>Historic</td> <td>64.69%</td> <td>70.99%</td> <td>76.57%</td> <td>81.55%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>CDWL volume</td> <td>24,636</td> <td>25,064</td> <td>26,115</td> <td>25,856</td> </tr> </tbody> </table>		Dec-23	Jan-24	Feb-24	Mar-24	New	139.27%	151.72%	164.46%	178.19%	New Urgent	63.25%	75.64%	83.66%	91.50%	Historic	64.69%	70.99%	76.57%	81.55%		Dec-23	Jan-24	Feb-24	Mar-24	CDWL volume	24,636	25,064	26,115	25,856
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Optometry Annual Plan Commitment <ul style="list-style-type: none"> >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023) 	<ul style="list-style-type: none"> Contract reform and implementation still in progress, currently 20 practices offer and Optometry Independent Prescribing service (33%) 	Q4-Mar 2024	Data refreshed for 24/25 following contract reform implementation																														
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. Total of 2,759 appointments offered, of which 1,864 Patients appointed (67% utilisation), current waiting list of 254. 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. 	Q4-Mar 2024																															

Priority	Performance Summary	Reporting Period	Data
<p>Cancer Annual Plan Commitment</p> <ul style="list-style-type: none"> >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023) Develop draft UHB strategy to deliver national cancer pathways (June 2023) 	<ul style="list-style-type: none"> 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 60.8% in February, which has raised slightly to 62.3% in March. We continue to address the backlog of long waiting patients. At the time of writing there are a total of 2164 suspected cancer patient on the SCP. 212 have waited over 62 days, of which 57 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 	<p>Mar-24</p> <p>No date</p>	<p>% Compliance patients starting cancer treatment within 62 days (75% by Jun-23)</p>
<p>Therapies Annual Plan Commitment</p> <ul style="list-style-type: none"> 0 patients waiting over 14 weeks (excluding audiology) (June 2023) 	<ul style="list-style-type: none"> Excluding Audiology there were 1337 patients waiting over 14-weeks for Therapy in at the end of March. We have eliminated 14 week breaches in Audiology so in total there were 1337 patients waiting longer 14 weeks for Therapy, a decrease from December, January and February due to a reduction in Audiology and podiatry breaches. 	<p>Mar-24</p>	<p>0 patients waiting >14 weeks (excl. Audiology)</p>
<p>Diagnostics Annual Plan Commitment</p> <ul style="list-style-type: none"> 90% of patients within 8-weeks (excl. endoscopy) (December 2023) Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023) Regional Diagnostic Centre go-live (December 2023) 	<ul style="list-style-type: none"> Excluding endoscopy there were 9177 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of March. In total there were 14454 patients waiting longer than 8 weeks for a diagnostic test, an increase from February. 49% of patients seen within 8 weeks in March (excluding Endoscopy), a deterioration from February. 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 place to provide additional diagnostic capacity through mobile units in advance of this. 	<p>Mar-24</p> <p>No date</p>	<p>90% of patients within 8 weeks (excl. Endo)</p>

Priority	Performance Summary	Reporting Period	Data
<p>Whole System Evaluation Annual Plan Commitment:</p> <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) 	<p>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 specialities and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.</p>	<p>Mar-24</p>	
<p>Supporting Patients Whilst Waiting Annual Plan Commitment:</p> <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 behaviours - Preventing deconditioning whilst waiting - Preparing for treatment and recovery 	<p>Mar-24</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Children’s Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance – SCAMHS Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) Reduce SCAMHS Intervention longest wait to no longer than 6 weeks 	<p>Part 1a compliance was above the 80% standard at 91% in March 2024.</p> <p>Part 1b performance increased to 23% 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 February. 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>	<p>Mar-24</p>	
<p>Adult Mental Health Annual Plan Commitments:</p> <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 1390 referrals in March 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 February the percentage of Mental Health assessments undertaken within 28 days dipped to 54% Part 1b compliance remains at 100% 	<p>Mar-24</p>	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend																
10.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Mar-24	100%	98%	<table border="1"> <thead> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>98%</td> <td>98%</td> <td>98%</td> <td>98%</td> </tr> </tbody> </table>	Q1	Q2	Q3	Q4	98%	98%	98%	98%								
Q1	Q2	Q3	Q4																		
98%	98%	98%	98%																		
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Mar-24	30% (Sept 23) 100% (Mar 24)	New 178.2% New Urgent 91.5% Historic 81.6%	<table border="1"> <thead> <tr> <th></th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>New</td> <td>151.72%</td> <td>164.46%</td> <td>178.19%</td> </tr> <tr> <td>New Urgent</td> <td>75.64%</td> <td>83.66%</td> <td>91.50%</td> </tr> <tr> <td>Historic</td> <td>70.99%</td> <td>76.57%</td> <td>81.55%</td> </tr> </tbody> </table>		Jan-24	Feb-24	Mar-24	New	151.72%	164.46%	178.19%	New Urgent	75.64%	83.66%	91.50%	Historic	70.99%	76.57%	81.55%
	Jan-24	Feb-24	Mar-24																		
New	151.72%	164.46%	178.19%																		
New Urgent	75.64%	83.66%	91.50%																		
Historic	70.99%	76.57%	81.55%																		
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Mar-24	Reduction by Mar 24	791	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>677</td> <td>850</td> <td>793</td> <td>791</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	677	850	793	791								
Dec-23	Jan-24	Feb-24	Mar-24																		
677	850	793	791																		
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Mar-24	Increase against 22/23	1627	<table border="1"> <thead> <tr> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> </tr> </thead> <tbody> <tr> <td>926</td> <td>1263</td> <td>1305</td> <td>1627</td> </tr> </tbody> </table>	Nov-23	Dec-23	Jan-24	Feb-24	926	1263	1305	1627								
Nov-23	Dec-23	Jan-24	Feb-24																		
926	1263	1305	1627																		
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	Mar-24	80%	91%	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>95%</td> <td>78%</td> <td>91%</td> <td>91%</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	95%	78%	91%	91%								
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15.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Mar-24	80%	23%	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>4%</td> <td>14%</td> <td>19%</td> <td>23%</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	4%	14%	19%	23%								
Dec-23	Jan-24	Feb-24	Mar-24																		
4%	14%	19%	23%																		
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	Mar-24	80%	54%	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>85.6%</td> <td>37.5%</td> <td>91.0%</td> <td>53.9%</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	85.6%	37.5%	91.0%	53.9%								
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Dec-23	Jan-24	Feb-24	Mar-24																		
100.0%	100.0%	100.0%	100.0%																		

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Apr-24	65%	51%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>48%</td> <td>44%</td> <td>54%</td> <td>51%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	48%	44%	54%	51%
Jan-24	Feb-24	Mar-24	Apr-24										
48%	44%	54%	51%										
19.	Median emergency response time to amber calls	Mar-24	12m improvement trend	01:14:44	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>01:38:43</td> <td>01:16:33</td> <td>01:17:05</td> <td>01:14:44</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	01:38:43	01:16:33	01:17:05	01:14:44
Dec-23	Jan-24	Feb-24	Mar-24										
01:38:43	01:16:33	01:17:05	01:14:44										
20.	Median time from arrival at an emergency department to triage by a clinician (minutes)	Mar-24	12m reduction trend	20	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>19</td> <td>20</td> <td>21</td> <td>20</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	19	20	21	20
Dec-23	Jan-24	Feb-24	Mar-24										
19	20	21	20										
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Mar-24	12m reduction trend	68	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>59</td> <td>57</td> <td>67</td> <td>68</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	59	57	67	68
Dec-23	Jan-24	Feb-24	Mar-24										
59	57	67	68										
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	Apr-24	95%	64.7%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>63.6%</td> <td>64.5%</td> <td>64.6%</td> <td>64.7%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	63.6%	64.5%	64.6%	64.7%
Jan-24	Feb-24	Mar-24	Apr-24										
63.6%	64.5%	64.6%	64.7%										
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	Apr-24	0 (Mar 2024)	829	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>861</td> <td>792</td> <td>814</td> <td>829</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	861	792	814	829
Jan-24	Feb-24	Mar-24	Apr-24										
861	792	814	829										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Mar-24	80% (Mar 2026)	62.3%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>70.2%</td> <td>64.4%</td> <td>60.8%</td> <td>62.3%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	70.2%	64.4%	60.8%	62.3%
Dec-23	Jan-24	Feb-24	Mar-24										
70.2%	64.4%	60.8%	62.3%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Mar-24	0 (Mar 2024)	14454	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>14572</td> <td>14329</td> <td>13908</td> <td>14454</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	14572	14329	13908	14454
Dec-23	Jan-24	Feb-24	Mar-24										
14572	14329	13908	14454										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Mar-24	Improvement trend	77.99%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>81.59%</td> <td>79.74%</td> <td>77.94%</td> <td>77.99%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	81.59%	79.74%	77.94%	77.99%
Dec-23	Jan-24	Feb-24	Mar-24										
81.59%	79.74%	77.94%	77.99%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Mar-24	0 (Mar 2024)	1337	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>1804</td> <td>1591</td> <td>1405</td> <td>1337</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	1804	1591	1405	1337
Dec-23	Jan-24	Feb-24	Mar-24										
1804	1591	1405	1337										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Mar-24	Improvement trajectory towards 0	11759	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>11617</td> <td>11993</td> <td>12310</td> <td>11759</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	11617	11993	12310	11759
Dec-23	Jan-24	Feb-24	Mar-24										
11617	11993	12310	11759										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Mar-24	Improvement trajectory towards 0	22270	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>21353</td> <td>21866</td> <td>22165</td> <td>22270</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	21353	21866	22165	22270
Dec-23	Jan-24	Feb-24	Mar-24										
21353	21866	22165	22270										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Mar-24	Improvement trajectory towards 0	28020	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>34737</td> <td>32644</td> <td>29685</td> <td>28020</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	34737	32644	29685	28020
Dec-23	Jan-24	Feb-24	Mar-24										
34737	32644	29685	28020										
31	Number of patients waiting more than 104 weeks for referral to treatment	Mar-24	Improvement trajectory towards 0	2681	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>3780</td> <td>3943</td> <td>3764</td> <td>2681</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	3780	3943	3764	2681
Dec-23	Jan-24	Feb-24	Mar-24										
3780	3943	3764	2681										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Mar-24	Improvement trajectory towards 0	31124	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>28842</td> <td>29854</td> <td>30757</td> <td>31124</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	28842	29854	30757	31124
Dec-23	Jan-24	Feb-24	Mar-24										
28842	29854	30757	31124										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Mar-24	80%	91%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>95%</td> <td>78%</td> <td>91%</td> <td>91%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	95%	78%	91%	91%
Dec-23	Jan-24	Feb-24	Mar-24										
95%	78%	91%	91%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Mar-24	80%	19%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>26%</td> <td>22%</td> <td>22%</td> <td>19%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	26%	22%	22%	19%
Dec-23	Jan-24	Feb-24	Mar-24										
26%	22%	22%	19%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-24	80%	56%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>63%</td> <td>62%</td> <td>63%</td> <td>56%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	63%	62%	63%	56%
Dec-23	Jan-24	Feb-24	Mar-24										
63%	62%	63%	56%										

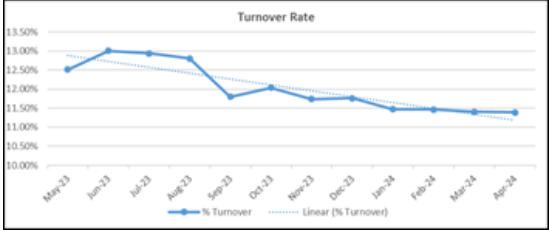

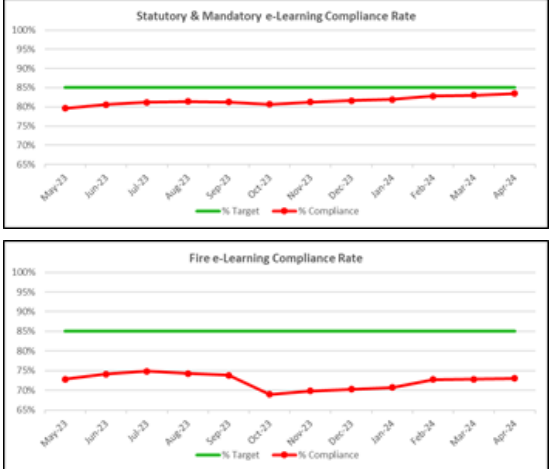

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Measure		Internal standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Outpatients	% DNAs - New appointments	5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.6%	10.3%	10.3%	10.1%	11.4%	
	% DNAs - Follow-up appointments	5%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.2%	13.0%	12.4%	14.3%	
Endoscopy	% room utilisation	90%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	73%	83%	
	% utilisation (activity points available)	95%	71%	75%	74%	93%	83%	90%	82%	79%	69%	84%	94%	83%	
Theatres	Average turnaround time (minutes)	10	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	
	% of theatre session utilisation	95%	87%	90%	81%	81%	81%	83%	84%	88%	80%	75%	76%	73%	
	% in session utilisation	85%	77%	78%	77%	79%	78%	78%	80%	77%	77%	77%	80%	78%	
	<24 hour elective cancellations		238	314	344	293	292	255	308	338	322	267	289	209	
	% 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	126262	128670	131664	134603	135686	136185	140725	141684	141828	142758	145810	147620	
Inpatient	Delayed pathways of Care - Mental Health	217		43	39	45	36	36	31	41	36	37	38	41	
	Delayed Pathways of Care - non-Mental Health			204	178	171	140	124	142	150	114	173	200	170	
	7 day LOS on Acute Wards (snapshot)	<40%				58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	
	21 day LOS on Acute Wards (snapshot)	<20%				31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	

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Priority	Performance Summary	Reported Period	Data
<p>Turnover</p>	<p>The overall trend is downwards since May-23; the rates have fallen from 13.01% at Jun-23 to 11.39% in Apr-24 UHB wide. This is a net 1.62% decrease, which represents 230 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>	<p>Apr-2024</p>	
<p>Sickness Absence</p>	<p>Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Apr-24 was 5.36%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.23% (by comparison with Apr-23, which was 6.87%).</p>	<p>Apr-2024</p>	
<p>Statutory and Mandatory Training</p>	<p>The overall compliance rates rose for Apr-24 to 83.51%, 1.49% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, Clinical Diagnostics & Therapeutics, Children & Women's, Corporate Executives and PCIC are above the 85% target, and Specialist Services and Mental Health are above 80% compliance.</p> <p>The compliance with Fire training was 73.03% for Apr-23. All Wales Genomics Service have reached 85.37%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	<p>Apr-2024</p>	
<p>Values Based Appraisal</p>	<p>VBA compliance continues to rise, to 82.09% for Apr-24. All Wales Genomics Service, Children & Women's and Capital, Estates & Facilities have exceeded the 85% target. Surgical Services, PCIC, Medicine, Corporate and Mental Health are over 80%.</p>	<p>Apr-2024</p>	

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Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and have again 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.	Apr-2024	<p>The graph shows four data series over 12 months. The 'Disciplinary' cases (blue line) fluctuate around a 'Target Disciplinary Cases' (green horizontal line) of approximately 25. 'Respect and Resolution' (red line) shows a significant dip in Nov-23 before rising back towards the target. 'Appeals' (grey line) remain consistently low, below 10 cases per month.</p>
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 27.46% have an agreed job plan that has been signed off within the past 12 months. Focus now need to turn to ensuring that job plans are reviewed and signed off in a timely fashion.	Apr-2024	<p>The graph compares '% Target' (green horizontal line at 85%) and '% Compliance' (red line). The compliance rate remains significantly below the target, fluctuating between approximately 25% and 35% throughout the period.</p>
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 5 months. At Apr-24 the compliance was 80.32% and remains below the 85% target.	Apr-2024	<p>The graph shows '% Target' (green horizontal line at 85%) and '% Compliance' (red line). Compliance has generally been above the target until Dec-23, after which it has fallen below the 85% target, ending at 80.32% in Apr-24.</p>
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 464 WTE, to 15,021.52 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.	Apr-2024	<p>The graph uses two y-axes. The left axis (blue line) shows 'Permanent' staff increasing from ~13,500 to ~14,500 WTE. The right axis (orange line) shows 'Fixed-Term Temp' staff decreasing from ~900 to ~700 WTE. The total staffing (sum of both) increases from ~14,400 to ~15,000 WTE.</p>
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At May-23 the percentage was 10.278% of the total spend on pay, but in Apr-24 had fallen to 7.60%. It must however be borne in mind that the total pay bill is increasing.	Apr-2024	<p>The graph shows '% Variable Pay' (blue line) and a 'Linear (% Variable Pay)' trend line (dotted). The percentage of variable pay has steadily declined from 10.278% in May-23 to 7.60% in Apr-24.</p>

Staff Influenza Vaccination Programme

The 2023-24 winter vaccination programme closed at the end of Mar-24.

Apr-2024

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Apr-24	6%	5.36%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>6.93%</td> <td>6.41%</td> <td>5.87%</td> <td>5.36%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	6.93%	6.41%	5.87%	5.36%
Jan-24	Feb-24	Mar-24	Apr-24										
6.93%	6.41%	5.87%	5.36%										
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Apr-24	7%-9%	11.39%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>11.47%</td> <td>11.47%</td> <td>11.41%</td> <td>11.39%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	11.47%	11.47%	11.41%	11.39%
Jan-24	Feb-24	Mar-24	Apr-24										
11.47%	11.47%	11.41%	11.39%										
38.	Agency spend as a percentage of the total pay bill	Apr-24	12 month reduction trend	0.91%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>1.16%</td> <td>1.39%</td> <td>0.60%</td> <td>0.91%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1.16%	1.39%	0.60%	0.91%
Jan-24	Feb-24	Mar-24	Apr-24										
1.16%	1.39%	0.60%	0.91%										
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)	Apr-24	85%	81.98%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>69.41%</td> <td>74.52%</td> <td>80.36%</td> <td>81.98%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	69.41%	74.52%	80.36%	81.98%
Jan-24	Feb-24	Mar-24	Apr-24										
69.41%	74.52%	80.36%	81.98%										

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C&V Priorities and Annual Plan Commitments

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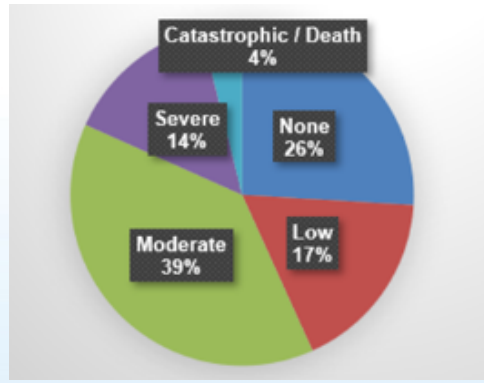
Priority	Performance Summary	Reported Period	Data
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During March and April 24, the Health Board received :</p> <ol style="list-style-type: none"> 704 Concerns Closed 684 concerns 81% closed within 30 working days (including Early Resolution) 30 % closed under Early Resolution (within 2 days including day of receipt) 201 Enquiries 64 Compliments We currently have 298 active concerns <p>Top 3 themes and trends</p> <ol style="list-style-type: none"> Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>March and April 2024</p>	<p>% of concerns closed within 30 working days including Early Resolution</p>
<p>Duty of Candour</p>	<ul style="list-style-type: none"> Since April 1st 2023, 29,273 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded with clinical input and feedback to the reporter Approximately 65 incidents reviewed per day by the Patient Experience Team We continue to support DOC awareness sessions across Primary and Secondary care Since April 1st 2023, we have triggered the DOC on 139 occasions We have internally audited the process and compliance 	<p>To March 2024</p>	<p>Incident grading changed following review</p>

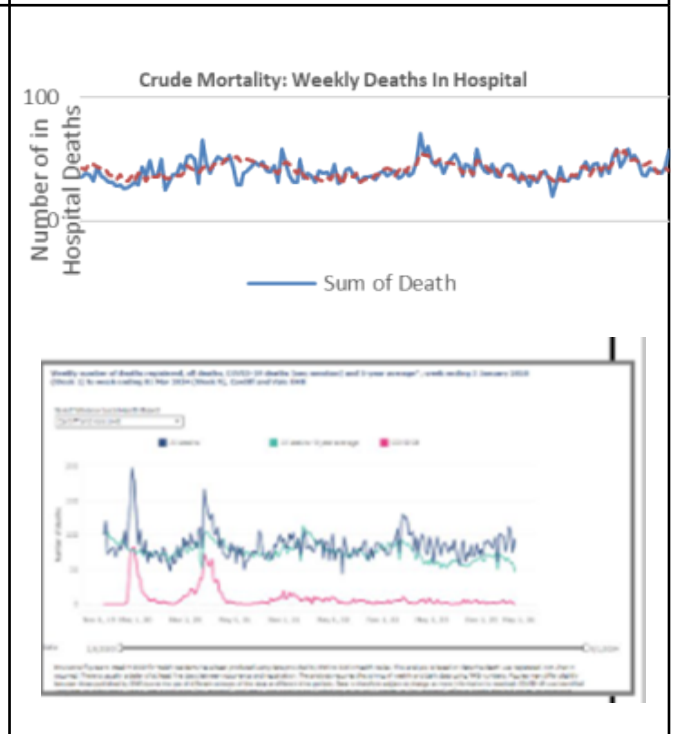
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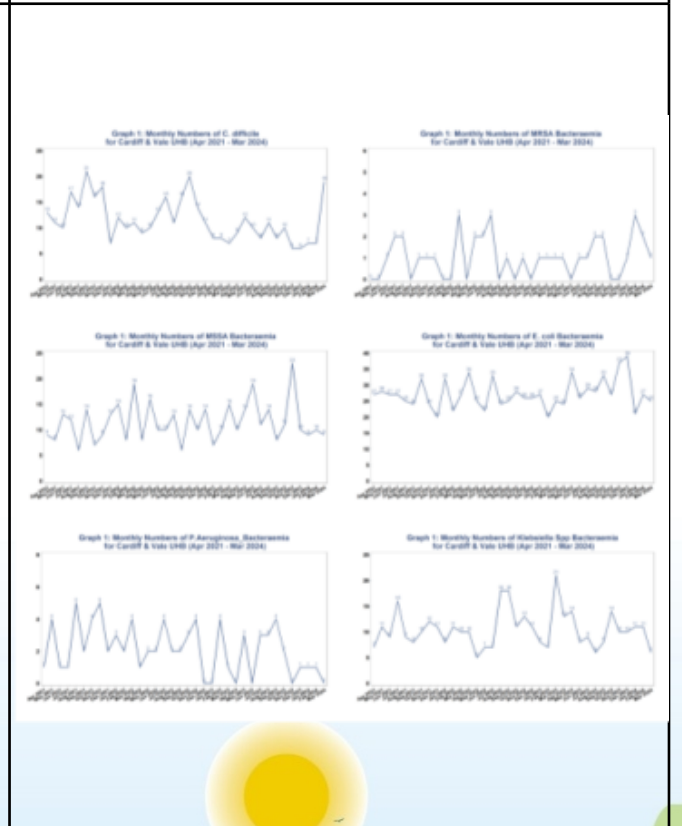


Priority	Performance Summary	Reported Period	Data
<p>Patient Feedback – Civica</p>	<ul style="list-style-type: none"> We implemented the Civica feedback system in October 2022 randomly selecting 600 patients a day, we are now currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent 147,702 texts and are seeing a response of 17%. In March, we sent 13,948 texts and had 2444 completions (18% response). In April, we sent 13,947 texts and had 2236 completions (16% response). Of those respondents who were discharged during March/April and answered the rating question using the scale of 0-10 where 0 is bad and 10 is excellent, 86% were satisfied with our service. Currently, our response rate overall 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. 	<p>Mar/Apr-24 (Random)</p> <p>Mar/Apr-24 (MH)</p> <p>Mar/Apr-24 (EU)</p>	<p>0 - Very bad 1.15%</p> <p>1 0.68%</p> <p>2 0.99%</p> <p>3 1.50%</p> <p>4 0.84%</p> <p>5 2.62%</p> <p>6 2.59%</p> <p>7 3.30%</p> <p>8 11.28%</p> <p>9 16.52%</p> <p>10 - Excellent 56.98%</p>
<p>Patient Safety</p>	<p>Cardiff and Vale reported 10 NRIs to NHS Executive in April 2024; 2 relate to the new national requirement to NRI report MBRRACE cases, and 3 relate to hospital acquired pressure damage.</p> <p>A higher than average number of closure forms were submitted in April 2024 (16) leaving us with 92 open NRIs and 45 of these are overdue for closure.</p> <p>Overall, from 1st April 2023 to 30th March 2024, C&V UHB reported 134 NRIs. The top 5 NRI categories are illustrated in the second chart; clinical assessment/ diagnosis is the most prevalent reporting category, the improvement work aligned to this will be the theme for this 'World Patient Safety Day which is entitled <i>Improving diagnosis for Patient Safety. The increase in neonatal NRIs reflects the change in national reporting Criteria to include MBRRACE.</i></p> <p>Harm level – 39% of the NRIs reported in this period were recorded with a post investigation harm level of moderate which triggers a DoC response. 43% had none or low harm attributed.</p>		<p>CVU UHB NRIs reported to NHS Executive as of 05/04/2024</p> <p>Number of incidents reported to NHS</p> <p>Apr 2023: 1, May: 6, Jun: 12, Jul: 8, Aug: 8, Sep: 10, Oct: 10, Nov: 23, Dec: 16, Jan: 10, Feb: 17, Mar: 13</p> <p>Reported to NHS Executive date</p> <p>Top 5 NRIs by Category reported 01.04.23 to 30.04.24</p> <p>Clinical assessment, clinical diagnosis: 25</p> <p>Unstageable pressure ulcer: 20</p> <p>Neonate: 20</p> <p>Treatment or procedure issues: 15</p> <p>Unexpected death: 15</p>

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Priority	Performance Summary	Reported Period	Data
<p>Tier 1 Mortality</p>	<p><u>Inpatient Mortality</u> The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner and plans are in place to start to review community deaths.</p> <p><u>All Cause Mortality</u> Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death.</p> <p>94 deaths were recorded for Cardiff and the vale in week 9 compared 46.8 for the five year average for the same reporting week. This increase above the five year average has been consistent since January 2023</p>	<p>March 20 – March 24</p>	

<p>Infection Control</p>	<ul style="list-style-type: none"> In April 24, there were 22 cases of C. difficile. The current rate is 52.94 cases per 100,000 population which is 139% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 25 cases per 100,000 population, the current CAV rate is 111.76% below the RE. CAV is currently the 4th across the 6 UHBS. There were 15 cases of S. aureus bacteraemia. The current rate is 36.1 cases per 100,000 population which is 36% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 20 cases per 100,000 population, the CAV rate is 80.5% over the RE. CAV is currently joint 1st across the 6 UHBS. There were 29 cases of E. coli bacteraemia. The current rate is 69.79 cases per 100,000 population which is 20.5% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 67 cases per 100,000 population, the CAV rate is 4.16% over the RE. CAV is currently joint 3rd across the 6 UHBS. There were 14 cases of Klebsiella spp bacteraemia which is 7.6% lower than the equivalent period last in 2023/24. The current maximum number is unknown but based on previous reduction expectation of 58 cases, thus CAV is 75.86% under the RE. CAV current has the highest rate across the 6 UHBS. There were 2 cases of P. aeruginosa bacteraemia which is higher than the equivalent period in 2024/25 with 0 cases. The current maximum number is unknown but based on previous reduction expectation of 18 cases, thus CAV is 88.9% under the RE. CAV current has 3rd highest rate across the 6 UHBS. 	<p>x</p>	
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Priority	Performance Summary	Reported Period	Data															
<p>Deliver 2023/24 Draft Financial Plan</p>	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At month 1, the UHB is reporting an overspend of £4.267m. This is comprised of 0.497m operational overspend, a savings gap of £2.445m and the planned deficit of £1.325m (1 twelfth of the revised forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 1 operational & savings overspend to deliver the £15.900m planned deficit.</p>	<p>Apr-24</p>	<table border="1"> <thead> <tr> <th></th> <th>Month 1 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>1.325</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>2.445</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>0.497</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>4.267</td> <td>15.900</td> </tr> </tbody> </table>		Month 1 Position £m	Forecast Year-End Position £m	Planned deficit	1.325	15.900	Savings Programme	2.445	0.000	Operational position (Surplus) / Deficit	0.497	0.000	Financial Position £m (Surplus) / Deficit £m	4.267	15.900
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<p>Delivery of recurrent £32m savings target</p>	<p>At month 1, the UHB has identified £18.181m of green and amber savings against the £47.2m savings target.</p> <p>The progress in the identification of schemes during the year is shown in the graph on the right</p>	<p>Apr-24</p>	<p>Graph - Progress of Identification of Schemes</p> <p>Monthly Progress of Identification of Schemes</p> <table border="1"> <caption>Estimated Data for Monthly Progress of Identification of Schemes</caption> <thead> <tr> <th>Month</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td>12,000</td> <td>5,000</td> <td>5,000</td> <td>26,000</td> </tr> <tr> <td>Month 2</td> <td>10,000</td> <td>4,000</td> <td>4,000</td> <td>22,000</td> </tr> <tr> <td>Month 3</td> <td>8,000</td> <td>3,000</td> <td>3,000</td> <td>18,000</td> </tr> <tr> <td>Month 4</td> <td>6,000</td> <td>2,000</td> <td>2,000</td> <td>14,000</td> </tr> <tr> <td>Month 5</td> <td>4,000</td> <td>1,500</td> <td>1,500</td> <td>10,500</td> </tr> <tr> <td>Month 6</td> <td>3,000</td> <td>1,000</td> <td>1,000</td> <td>8,000</td> </tr> <tr> <td>Month 7</td> <td>2,000</td> <td>700</td> <td>700</td> <td>6,000</td> </tr> <tr> <td>Month 8</td> <td>1,500</td> <td>500</td> <td>500</td> <td>4,500</td> </tr> <tr> <td>Month 9</td> <td>1,000</td> <td>300</td> <td>300</td> <td>3,300</td> </tr> <tr> <td>Month 10</td> <td>700</td> <td>200</td> <td>200</td> <td>2,500</td> </tr> <tr> <td>Month 11</td> <td>500</td> <td>150</td> <td>150</td> <td>1,850</td> </tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	12,000	5,000	5,000	26,000	Month 2	10,000	4,000	4,000	22,000	Month 3	8,000	3,000	3,000	18,000	Month 4	6,000	2,000	2,000	14,000	Month 5	4,000	1,500	1,500	10,500	Month 6	3,000	1,000	1,000	8,000	Month 7	2,000	700	700	6,000	Month 8	1,500	500	500	4,500	Month 9	1,000	300	300	3,300	Month 10	700	200	200	2,500	Month 11	500	150	150	1,850
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Priority	Performance Summary	Reported Period	Data
<p>Remain within capital resource limits</p>	<p>The UHBs approved capital resource limit (CRL) is £33.932m in line with the CRL received from Welsh Government on the 18th April 2024. This comprises of £13.654m discretionary funding and £20.278m towards specific projects (including Efab, Interventional Neuroradiology Equipment, Mortuary, UHW Lift Refurb and upgrade).</p> <p>The UHB is reporting that it will remain within its Capital Resource limit in 2024/25.</p>	<p>Apr-24</p>	
<p>Creditor payments compliance 30 day Non-NHS</p>	<p>The UHB’s public sector payment compliance performance is above the target of 95%. Performance for the month to the end of April was 97.6% for the year to date as illustrated in the graph to the right.</p>	<p>Apr-24</p>	
<p>Remain within Cash Limit</p>	<p>The UHB forecasts to remain within its 2024/25 cash limit based on the assumption that Welsh Government will provide support for movements in working capital from the 2023-24 Balance Sheet and for the £15.900m 2024/25 planned deficit.</p>	<p>Apr-24</p>	
<p>Maintain Positive Cash Balance</p>	<p>The closing cash balance at the end of April 2024, was £11.379m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p>	<p>Apr-24</p>	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	Improvement trend	70%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </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	Mar-24	90%	83.6%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>86.5%</td> <td>85.3%</td> <td>88.0%</td> <td>83.6%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	86.5%	85.3%	88.0%	83.6%
Dec-23	Jan-24	Feb-24	Mar-24										
86.5%	85.3%	88.0%	83.6%										
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	Mar-24	90%	55.2%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>52.0%</td> <td>54.4%</td> <td>54.0%</td> <td>55.2%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	52.0%	54.4%	54.0%	55.2%
Dec-23	Jan-24	Feb-24	Mar-24										
52.0%	54.4%	54.0%	55.2%										
46.	Number of patient experience surveys completed and recorded on CIVICA (Total partial/full survey completions, including SMS, Bedside and bespoke)	Feb/Mar-24	Month on month improvement	 4489	As noted IT issue is affecting returns-being addressed								

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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>	Apr-24	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	14 2	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E-coli</i> ; <i>S.aureus</i> (MRSA and MSSA)	Apr-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	69.79 cases per 100,000 population 36.1 cases per 100,000 population	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Apr-24	25 cases per 100,000 population	52.94 cases per 100,000 population	On trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress								
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-24	95%	56.23%	<table border="1"> <tr> <td>Nov-23</td> <td>Dec-23</td> <td>Feb-24</td> <td>Feb-24</td> </tr> <tr> <td>55.21%</td> <td>55.50%</td> <td>56.26%</td> <td>56.23%</td> </tr> </table>	Nov-23	Dec-23	Feb-24	Feb-24	55.21%	55.50%	56.26%	56.23%
Nov-23	Dec-23	Feb-24	Feb-24										
55.21%	55.50%	56.26%	56.23%										
52.	Number of ambulance handovers over 1 hour	Apr-24	0 (Mar 24)	1704	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>1805</td> <td>1648</td> <td>1797</td> <td>1704</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1805	1648	1797	1704
Jan-24	Feb-24	Mar-24	Apr-24										
1805	1648	1797	1704										
53.	Number of patient safety incidents that remain open 90 days or more	Apr-24	12-month reduction trend	↓ 5,695	First month reporting a reduction in this figure (March figure was 5,869).								

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Report Title:	Strategic Planning, Commissioning and Partnership Update			Agenda Item no.	6.8
Meeting:	UHB Board	Public	X	Meeting Date:	30.05.24
		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:

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:

- 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:

The Strategic Planning team coordinates the planning process in a number of key planning arenas including:

-The continuing development of a strategic portfolio framework which will co-ordinate the development and delivery of medium and longer term programmes to support the delivery of Health Board's overarching strategy.

- 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.

1. Shaping Our Future Wellbeing – 2035:

A draft framework of six strategic portfolios has been developed to refresh and/or align existing programmes and/or establish new programmes - where these are required - in order to deliver on the milestones and outcomes we have described in our refreshed strategy. This is being further developed by executive leads to bring back to Board once finalised.

2. Integrated Medium Term/ Annual Planning

Annual Plan 23-24: Delivery of the Annual Plan for last 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 and will continue to be discharged mainly through the IPQD meeting and separate finance meetings which take place with Welsh Government and the NHS Executive.

Annual Plan 24-25: approved at Board on the 28th March 2024.

3. Our UHB Clinical Services Plan – 2035 *(to be included in Shaping our Future Clinical Services Portfolio)*

Over the last quarter the foundational information for the Clinical Services Plan has been collated. This includes;

- baseline assessment of services,
- horizon scanning and
- collation of existing plans (beyond our IMTP) to allow us to agree our key planning assumptions.

Over the summer there will be a number of workshops to define our future care pathways and deliverables over the next 10 years. Later in the autumn we will engage widely with our populations on our draft plan. This plan will act as the blueprint for more detailed service planning and redesign and acts as the framework for the clinical redesign portfolio (one of the 6 strategic portfolios referred to in point 1 above).

4. Regional Planning - SE Wales *(to be included in Shaping our Future Clinical Services Portfolio)*

At an executive level workshop in December all four organisations (CAVUHB, ABUHB, CTMUHB and VNHST) gave a commitment to;

- Work towards developing a single regional clinical service strategy
- Strengthen existing regional governance arrangements.

Since the turn of the year work has progressed on both these points with all organisations agreeing the scope of the proposed strategy (below).

- 10-years to 2035 to align with organisational strategies
- South-East Wales only. This provides a manageable geography and works within our existing governance structure
- All clinical services, not just 'fragile' to ensure we maximize opportunities to achieve the vision for the region
- Focus on acute secondary clinical services with clear links to local Clinical Service Plans and the Tertiary Services partnership, describing primary care plans and key interdependencies
- Informs and is informed by estates, digital, workforce, finance & commissioning, public health and local partnership plans
- A collective blueprint as to how secondary care services should be provided- our joint case for change based on baseline assessments and other core planning inputs but not an articulation on which services will/won't be provided from any particular place (this will follow in any resulting implementation plans).

A regional clinical summit will subsequently take place on the 05 June to inform the strategy. This event is intended to widen the conversation with key clinical and non-clinical staff from across all the four organisations. A bespoke joint briefing session for the Independent Board members of all organisations is also being considered. There is an ambition to hold this in-person event in early August subject to a mutually suitable date being found.

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In addition, work has also progressed in exploring what revised regional governance arrangements may look like. The CEOs and Chairs of all four organisations have agreed to explore the opportunities which the establishment of a joint regional planning and delivery committee may present. This scoping work will result in a proposal for each organisation to consider prior to a collective regional decision being taken as to next steps (or not).

Current regional programme update:

- **Orthopaedics** (Cardiff and Vale UHB lead) –The orthopaedics programme has recently completed the development of a clinical model which articulates the services suitable for delivery at the planned regional diagnostic and treatment centre being built in Llantrisant. This clinical model has been supported by all three Health Boards and has now been handed to the Llantrisant Health Park programme to inform the infrastructure build that CTMUHB are leading.
- **Ophthalmology** (Aneurin Bevan UHB lead) – A regional options appraisal exercise is in progress to determine the optimal clinical model and resulting location(s) for a sustainable regional cataract service. This service would build upon the interim solution which the South-East regional collectively agreed in May 2023 and is currently operational, and funded, until the end of the year.
- **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 remains in progress to understand the optimal configuration of a SE Wales cellular pathology service. As part of this due consideration is being given to the potential for a pan South Wales service by understanding opportunities and gauging appetite to link in with the similar development being progressed across West Wales (HDHB and SBHB).

Radiology: The project remains 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 and one at a location within the CAVUHB footprint (to be determined and subject to public engagement). However, there has been a delay in the anticipated delivery time for this CDH solution in CAVUHB so the Health Board's requirement for extended temporary diagnostics capacity (located at UHL) continues further into next year.

Endoscopy: The project remains 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.

- **Stroke** (jointly led by Cardiff and Vale and CTM UHBs) – A new programme manager has been recruited and is due to start in late May. The programme has still been unable to jointly appoint a regional clinical lead due to the requirement for clinicians to focus on strengthening local operational services as their first priority. The programme board has agreed its work plan for the rest of 2024 which includes:
 - o Collaborating with the Stroke National team to support the completion of the Baseline Service Map Assessment, ensuring a thorough understanding of current emergency, acute, and rehabilitation services in the region.
 - o Working with internal stakeholders to describe the case for change collectively clearly and transparently.

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- o Revisiting and evaluating service model options and scenarios.
- o Developing the clinical service specification (CSC/HASU and clinical model(s) for (sub) acute services).
- o Designing patient pathways for each option/scenario, aligning with national optimal pathways.
- o Modelling each option/scenario which will include:
 - Considering patient flow
 - Conveyance processes
 - Workforce requirements
 - Revenue implications

It was determined that this will place the programme in a much stronger position to begin further public engagement from 2025.

- **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 now continues to be developed into a formal programme plan.

5. **Swansea Bay and Cardiff and Vale UHBs Specialist Provider Partnership** *(to be included in Shaping our Future Clinical Services Portfolio)*

- **Hepato-Pancreato-Biliary (HPB) Surgery** – The Project Board has approved the revised terms of reference and membership for the first stage of phase 4 of the project, and the framework for the clinical guidelines.

Work has commenced on the development of the:

- Severe Acute Pancreatitis Patient Pathway
- Severe Acute Pancreatitis Clinical Guideline
- Shared Delivery Network Service Specification
- Shared Delivery Network Job Description

Updates on the development of these documents will be presented to the June meeting of the Project Board.

Advice is being sought from the All-Wales Engagement Leads on the engagement requirements for the each of the three stages of phase 4.

- **Oesophago-Gastric Cancer Surgery** – The programme partnership team held a workshop in 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. Whilst there was broad consensus on the pathway for patients requiring resectional surgery, discussions are ongoing to identify the requirements for patients with benign presentation. A further final workshop will be arranged once these discussions have concluded.

- **Specialised Infectious Diseases Services** – The draft service specification was considered at the April meeting of the Chief Executive Management Team. Further discussion to be held with Public Health Wales to finalise the document.

- **Adult Specialised Endocrinology Services** – The output of the implementation workshop was presented to the Chief Executive Management Team. Members agreed that

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the responsibility for commissioning these services should be delegated to the Joint Commissioning Committee (JCC).

- **Tertiary Services Baseline Assessment** a refresh of the baseline assessment is in progress. The output work will be used to inform a discussion led by the Chief Executives Management Team on the commissioning arrangements for specialised services which are currently not delegated for commissioning through the JCC.

6. Cardiff & Vale Regional Partnership Board *(to be included in Shaping our Population Health and Place Based Partnerships portfolio)*

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 has now developed 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 provide additional granularity on areas of work that partners will deliver together and 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 RPB 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.

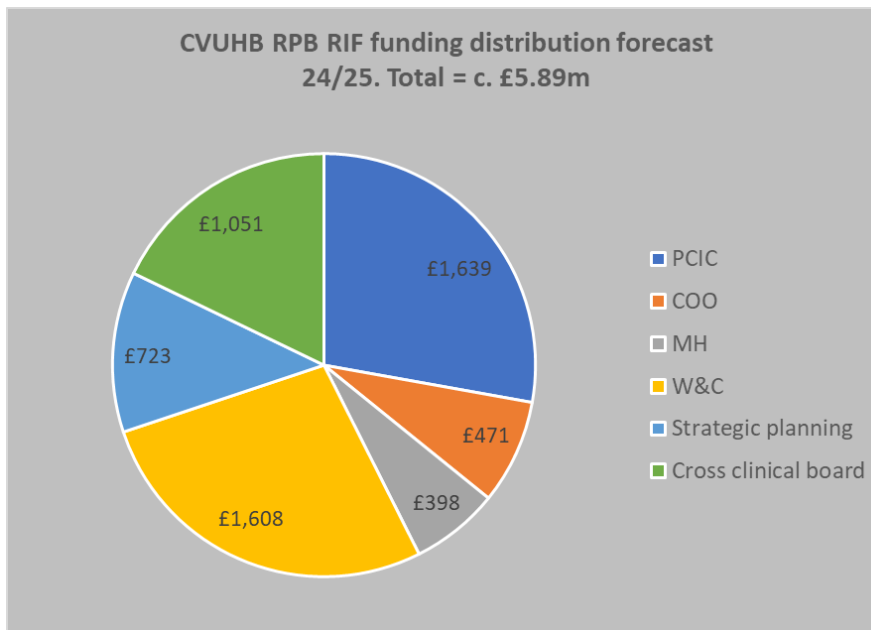
During the last year the partnership has secured over £8m from the Housing with Care Fund, supporting a number of capital schemes, including the Penarth Older People's Village. We have also secured capital funding from the Integration and Rebalancing Care Fund.

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.



7. Shaping Our Future Hospital Programme *(to be included in the Strategic Infrastructure Portfolio)*

It was agreed at WG's Infrastructure Investment Board (IIB) in November that an Estates' Condition Survey and Masterplan for our acute sites should be scoped. A scoping document (an agreed set of outputs between C&V and WG) and tender specification has been drafted which at the time of writing are receiving a final internal review, followed by them being agreed with Cardiff University. The approach to masterplanning will be presented to WG IIB on 30/5/24 where a mandate will be sought to agree the approach and procure the supplier to complete the masterplan. Prior to going to contract, it is our intent to go back to WG with a timescale and cost to complete the work, based upon the preferred bidder's response. Importantly, funding will be sought to run a condition survey of UHW and UHL which will both inform the short to medium term Estate risks and issues that require rectification, as well as inform the masterplan.

8. Joint Academic Health Sciences Strategy (JAHSS) Programme *(to be included in the Shaping Our Future Generations Portfolio)*

The first JAHSS programme board was held on 18/4/24.

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. The Programme Board were enthusiastic about the opportunity and external input from Cardiff Capital Region, WG and the Life Sciences Hub provided useful 'critical friend' input. It was noted that the journey to achieve the vision and mission would be a long one requiring cultural change. A next programme board is scheduled for June.

9. Decarbonisation *(to be included in the Shaping Our Future Generations Portfolio)*

A Board Development carbon literacy session was held on 25/4/24. It heard that there is a need for CVUHB to adapt now to a changing climate, that to mitigate against our environmental impact, we need to think differently about how we deliver care and finally, our operational priorities aligned with programmes such as 6 Goals, Planned Care, Financial Sustainability and Quality Excellence can help us manage our carbon impact. Prevention

was also picked out as being a key contributor to reducing emissions. Useful discussions were held about embedding low carbon thinking into our operating model and philosophy of care. A further Board Development event will be planned for the autumn.

10. 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. Implementation has been delayed due to a query from the IPFR network which is with Welsh Government for consideration.

While this year's Annual Plan has only just been signed off, the planning cycle continues, and we have commenced the refresh of the Commissioning Intentions for 2025-2028. As these were re-written for the 2024 plan, this will be a lighter touch update for next year. These will come to July Board for noting.

The new NHS Wales Joint Commissioning Committee has been established, from 1st April 2024, bringing together WHSSC, EASC, the NCCU and 111 Commissioning. At the moment, business continues in the same structures and governance as before while the new arrangements for the merged organisation and finalised, agreed and implemented. Abigail Harris is the Interim Chief Commissioner for the next six months, to lead the new organisation through this phase.

Recommendation:

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes

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

Safety: No

No specific safety issues highlighted by this report. There is a general safety issue if we are not able to deliver sustainable services for our population.

Financial: Yes

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 4 Report		Agenda Item no.	6.9	
Meeting:	Board	Public	X	Meeting Date:	30.05.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Interim Director of Strategic Planning				
Report Author (Title):	Head of Strategic Planning				

Main Report

Background and current situation:

This report provides an assessment of the progress towards achieving key planning milestones set for Q4 within our Integrated Annual Plan 2023/2024 in relation to:

- Strategic Programmes and Delivery Priorities
- Commitments within our Financial Plan
- Commitments within our People and Culture Plan

The report is intended to complement the detailed Monthly Integrated Performance Report (IPR) and not to duplicate it; it is recommended these two reports are read in conjunction.

Whereas the IPR gives a nuanced view of data trends over time, the quarterly report focusses specifically on whether or not we achieved the **specific planning milestones** we set out to achieve within the **Integrated Annual Plan Document 2023/2024**.

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, and the themes of the challenges and barriers experienced, to enable action to be taken and lessons to be learnt to inform our planning going forward.

The format of this report will be reviewed and refreshed with Board Members in June 2024 as we move to report Q1 of the Integrated Annual Plan for 2024/2025.

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

Our plan for 2023/24 set out 169 specific milestones aligned to our strategic programmes and operational delivery priorities. Of those:

- 72 milestones (43%) were fully achieved as planned
- 78 (46%) out of all annual milestones were not achieved and will roll over to 2024/25
- 19 milestones (11%) had no data available at the time of writing this report

For those milestones **not achieved as planned**, the common challenges were largely outside of our direct control:

- Revised approach to planning and funding solutions for UHW2 and awaiting decisions regarding Welsh Government prioritisation of capital funding to progress key schemes (in the community and on our hospital sites)
- Awaiting JCC (WHSSC) decisions on cases
- National difficulties with social care and discharges impeding on ability to reduce Length of Stay
- Increased operational pressures and demand
- Revised ministerial focus on planned care which differed from original planning assumptions

- Challenges with staffing levels and recruitment to key posts in Children and Women and Mental Health in particular

Recommendation:

The Board is requested to:

- NOTE** the progress achieved 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
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Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Integrated Annual Plan

Quarter 4 Report 2023/2024

January - March

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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 March 2023 Integrated Performance Report.*
- An **overview** of achievements in relation to **the milestones we set for Quarter 4** within our Integrated Annual Plan 2023/2024
- A recap in relation to achievement towards the milestones set across the year
- A high-level summary of our progress against **our financial measures**
 - *This snapshot is taken from our March 2023 Integrated Performance Report*
- A high-level summary of our progress against **our people and culture milestones we set for Quarter 4** within our Integrated Annual Plan 2023/2024

More detailed assurance and granular information on trends can be found within the Monthly Integrated Performance Report.

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Section 1: Ministerial Priorities

This snapshot is taken from our March 2023 Integrated Performance Report

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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	
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	
	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
		Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	139% December
		Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	90%	Yes	June 2023	98% December
Urgent and Emergency Care	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	
	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	
		Implementation of Same Day Emergency Care services Measure: Increase in SDEC attendances Reporting: monthly	1233	Yes	June 2023	1641 February
	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	

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Performance Key: Meeting standard / trajectory over target/trjectory

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	
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	
		3788	Yes	Dec 2023	3943 January	
	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	
	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	
		0	No	June 2025	14329 January	
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly	Go-Live	Yes	Sept 2023	On track	
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	
	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	
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
		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	

Performance Key: Meeting standard / trajectory over target/trajectory

Section 2: Quarterly Milestones

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Quarter 4 Summary - Strategic Programmes and Operational Delivery

Annual recap 2023/24

Our plan for 2023/24 set out **169 specific milestones** aligned to our strategic programmes and operational delivery priorities. Of those:

- **72** milestones were fully achieved as planned
- **78** out of all annual milestones were not achieved and will roll over to 2024/25
- **19** milestones had no data available at the time of writing the report

Further detail can be found within the report.

Quarter 4 Progress

Our plan for Quarter 4 set out **38 specific milestones** aligned to our strategic programmes and operational delivery priorities. Of those:

- 14 milestones (36.8%) were fully achieved as planned
- 6 milestones (15.8%) were rated as not achieved but had made progress towards achievement and rated high confidence that plans would be recovered by Q1 24/25
- 15 milestones (39.5%) were rated as not achieved with low confidence in original plans being achieved by Q1 24/25
- 3 milestones (7.9%) did not yet have Q4 data available
- The key challenges underpinning milestones that were not achieved and with low confidence in return to green by Q1 24/25 are:
 - No evidence of funding solution for Shaping our Future Hospitals Programme, so new proposed approach to Welsh Government (WG)
 - Development of Full Business Cases for Tranche 1 Shaping our Future Wellbeing Schemes – awaiting response around all Wales reprioritisation of capital infrastructure schemes
 - Urgent Care – Changes to EU/AU footprint and process though 23/24. Increased redirections from CAV247/111
 - Planned Care- Revised ministerial focus. Uptake of pathways in limited no. of specialties
 - Children & Women – staffing challenges
 - Mental Health- Staffing challenges. Neuropsychiatry business case awaiting a decision from JCC (formerly WHSSC)

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

36.8% milestones fully achieved

15.8% partially achieved with high confidence in return to green in Q4

39.5% 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	Y	The integrated model, developed and agreed with partners, is in place. Budget for 2024/25 confirmed in Dec 23.		
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?
Agree suite of indicators for measurement of health inequities	Y			
Quarter 4 - 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?
Finalise the framework for the next phase of Move More, Eat Well	N	System wide stakeholder engagement to shape the revised framework for Move More, Eat Well was delayed, but took place in Q4.	Good progress made. Framework is in development, and will be finalised Q1 (24/25).	High
Report on Outputs from air quality and/or traffic volume measurements at UHW and UHL	N	Document drafted, now have comments back from external stakeholders to integrate	To finalise document with comments from stakeholders	High
To develop a full proposal for a sustainable model of health inclusion for Cardiff and Vale of Glamorgan	N	Dependency on approval of business case for additional funding scheduled to be presented to Investment Group in May 2024.	Finalisation and approval of business case	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 Strategic Outline Case (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 Welsh Government (WG), the SOC has not started.	Following agreement with IIB that CVUHB should investigate a masterplan approach to our acute hospitals, a scope and procurement specification have been drawn up. These documents are being reviewed internally, with Cardiff University and in Q1 by WG. CVUHB will attend another IIB in May 2024 to present these findings.	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.	This work is dependent on progressing with the masterplan.	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.	This work is dependent on progressing with the masterplan.	Low
Quarter 4 - 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?
Conclude all SOC chapters and plan for Outline Business Case (OBC)	N	In the absence of requested funds from WG, the SOC has not started.	There will not be a Strategic Outline Case. The proposed approach to WG is to complete the masterplan, augment/update the Programme Business Case (PBC) when there is evidence of a funding solution.	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?
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 the WG, to ensure the scope and timeline set within the Clinical Services Plan (CSP) are correct	Workshop will be rescheduled to summer 2024 to allow for scope and timeline for CSP roadmap to be confirmed by Programme Board	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?
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	High
Key area of Focus	Quarter 4 - 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?
Plan Launch	Launch Clinical Services Plan and commence service level planning and pathways exemplars	N	As above	As above	High

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 focused development of the Safe@Home (community crisis response) service	Continued focused efforts to finalise new model and deliver new service. Alignment with 6 goals priorities agreed.	High
Developing Capital Infrastructure investment Full Business Case (FBCs) for Tranche 1 schemes	Health & Wellbeing Centre @ CRI	N	<ul style="list-style-type: none"> - Discussions ongoing with WG to consider submitted OBC and phasing of multiple FBCs. - UHB submitted response to WG's all Wales reprioritisation of capital infrastructure schemes on 28/03/24. WG response not expected until June/July 2024 	<ul style="list-style-type: none"> - First FBC (Safeguarding and Mechanical Electrical and Plumbing) complete - Revenue costs being reviewed as part of UHB governance approval process ahead of submission to WG. - Outcome of WG reprioritisation exercise awaited 	Low
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	Wellbeing Hub @ Eastern Vale	N	Site options under review and alternative sites being explored as flood risk on preferred site updated	<ul style="list-style-type: none"> - Review of potential sites and prioritisation of planned services proposed by public - Public engagement meetings on 26.06.23 indicated community concerns. Further public drop-in sessions held 23/10/23, 11/12/23 & 09/04/24. - Wellbeing Hub Community Engagement Group set up with community representatives holding regular meetings. 	Low
Developing Capital Infrastructure investment FBCs for Tranche 1 schemes	Sexual Assault Referral Centre (SARC) @ CRI	N	<ul style="list-style-type: none"> - OBC submitted to WG. Discussions on CRI site ongoing with WG (see H&WC@CRI above) - UHB submitted response to WG's all Wales reprioritisation of capital infrastructure schemes on 28/03/24. WG response not expected until June/July 2024 	<ul style="list-style-type: none"> - Continued discussions with WG - Outcome of WG reprioritisation exercise awaited 	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?
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. Annual delivery plan 24/5 finalised by Q1	High
Engagement and Planning for delivery of Integrated Community Care Service	Confirmation of deliverables for Q3	Y			

Shaping Our Future Community Services (2/2)

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 of Safe@home phase 1	Y			
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	<ul style="list-style-type: none"> - Individual plans are detailed above. Confidence in getting back to green is low overall as WG capital funding is becoming more restricted. - Outcome of WG reprioritisation exercise awaited 	Low
Key area of Focus	Quarter 4 - 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 of Safe@home phase 1	Y			
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	<ul style="list-style-type: none"> -Individual plans are detailed above. - Confidence in getting back to green is low overall as WG capital funding is becoming more restricted. -Outcome of WG reprioritisation exercise awaited -WH@Park View FBC continuing - good progress. -Place-based Planning and alternative funding sources for integrated Wellbeing, Health and Social care centres being developed with partners 	Low

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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 (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
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 CNS workforce models.	High
Priority Services	Hip Fractures - 75% patients admitted to ward within 4 hours	N	High numbers of EU 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 ringfenced beds on trauma ward, new rapid #NOF protocol triggered via switch). Introduce WAST Direct Pathway – working on new go-live date.	Low

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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.	Updated proposal being worked through.	Low
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
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	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
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%		

Urgent and Emergency Care (3/3)

Key area of Focus	Quarter 4 - 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	Maintain delayed transfer of care performance	Y			
Alternatives to Admission	Reduction of ED majors' attendances of 5% compared to same period 2022/23	Y			
Community and Urgent Primary Care	90% appointment utilisation in UPCCs	Y			
Community and Urgent Primary Care	Increased redirections from ED to UPCC	N	Changes to EU/AU footprint and process though 23/24. Increased redirections from CAV247/111	Continue to work with EU on implementing the redirection pathways	Low
Priority Services	ITU - additional 2 staffed beds established	Y			

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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?
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 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	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 2y OP 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 104w 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	>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
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	SOS and PIFU – 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

Planned Care, Cancer and Diagnostics (2/2)

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 SCPs 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	Recovery trajectories in place, Radiology activities supported by mobile unit.	Low
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
Key area of Focus	Quarter 4 - 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	New outpatients- <9000 patients waiting longer than 52-weeks	N	Revised focus from minister on tackling 2 and 3 year waits	Current focus of elective resources to reduce 2y OP waits	Low
Planned Care Performance	Total treatment- <6500 patients waiting longer than 104-weeks	Y			
Planned Care Performance	SOS and PIFU - 20% 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
Planned Care Performance	Endoscopy - urgent <6 weeks; SCP <14 days; 0 surveillance patients 100% past target date	N	Continued improvement in waits for target groups	Rightsizing of service work continues	Low
Primary Care Performance	Dental new contract - >90% of expected target for new and historic patients	N	>90% for New and New Urgent, overall 88.4%	PC team continues to support practices with the rollout of the reformed contract	High
Primary Care Performance	100% of backlog of suspected COPD patients have received spirometry	Y			

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. Constraints on theatre capacity.	Continued work to balance urgent, routine and longer waiting tertiary patients.	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?
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
Key area of Focus	Quarter 4 - 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	Neurosurgery - new outpatient wait <18 weeks	N	Small number of patients >18w end of March - Sub-specialty delays following IA cancellations which were not able to be accomodated in general clinics	Currently booking longest waiters	High
JACIE accreditation - BMT/Haem	Submit a combined OBC/FBC to WG for consideration	N	Strategic Outline Case submitted to WG	If SOC approved OBC/FBC to be submitted 24/25	Low
Palliative Care	Increase % patient satisfaction	Y			
Palliative Care	Reduced admissions for supporting care patients	Y			

Children and Women Services (1/3)

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 (2/3)

Children Looked After	Activity for IHAs 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 LAC 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?
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 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
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)	Y			
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

Children and Women Services (3/3)

Key area of Focus	Quarter 4 - 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 measure that will be monitored and delivered over time include: C-Section rates and LOS; 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	Deliver priority service improvements for infectious disease, respiratory & chronic pain	Y			
Neurodevelopment	Reduce longest wait to <104 weeks	N	Reduced clinical capacity - vacancies and absence	Review of job plans and realignment of capacity. Seeking collaborative work with Cardiff University. Development of generic community services for patients on multiple waiting lists	Low
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	Reduce SCAMHS intervention longest wait to no longer than 6 weeks	N	Reduced capacity - vacancies and absence. High demand, team currently working through backlog of longest waiting patients	Development of new group offer. Launch of Psychoeducation in Q1. Review of job plans. Recruitment to 2 WTE posts	Low
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	Achieve compliance against Part 1b of MHM >80%	N	Reduced capacity - vacancies and absence. High demand, team currently working through backlog of longest waiting patients	Development of new group offer. Launch of Psychoeducation in Q1. Review of job plans. Recruitment to 2 WTE posts	Low
Children Looked After	0 backlog for over 10s	N	Reduced clinical capacity - vacancy	Pilot of Health Visitor model to support LAC nurses. Additional clinic hours offered with good uptake in Q4. Recruitment to WTE post from Q1.	Low
Child Healthy Weight and Childrens' Vaccinations	86.0% children up to date with vaccinations (at 4 yrs old)		Q4 data not yet available - 85.7% Q3		
Child Healthy Weight and Childrens' Vaccinations	78.5% of children at a healthy weight (at 4/5 yrs old)		Data not yet available		
Child Healthy Weight and Childrens' Vaccinations	Reduce gap in % of 5 yr olds up to date with all routine vaccinations between least and most deprived areas to 8.5%		Data not yet available		
Child Healthy Weight and Childrens' Vaccinations	Waiting time for child healthy weight services <14 weeks	N	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	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 JCC approval	N	JCC 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
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	JCC 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 JCC, to include capture of Liaison activity	Low
Neuropsychiatry	Implement integrated working team	N	JCC decision to delay 2a business case	Review of options available to team within current resource	Low

Mental Health (2/2)

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
Neuropsychiatry	Submission of Part 2b Business Case	N	Not achievable with current JCC position	Liase with JCC on contingency plans	Low
Key area of Focus	Quarter 4 - 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	Reduced out of area bed usage	Y			
Pathway redesign through co-production, partnerships and integration	111 Press 2 Peer support in place	N	Currently the service does not have the resource or structure to deliver to this. There is currently a vacancy for the Peer Lead due to recruitment challenges.	There are a number of ongoing challenges to the 111p2 workforce recruitment. Peer Support is not currently a priority for the service. The focus is currently on redesign and integration to be delivered as part of a large scale change over the next 12 months across community mental health services.	Low
Pathway redesign through co-production, partnerships and integration	Maintain compliance with Part 1a, 1b and 2 standards	N	1b compliant. For 1a and 2, large scale service redesign currently underway. Peer lead out to recruitment	RAMP (Recovery And Maintenance Programme) underway and service remodelling required. Readvertise Peer Lead	Low
Neuropsychiatry	Commence peer lead programme	N	1a business case agreed. 1b declined by JCC		Low
Safety and Stabilisation	Recommendations to National Suicide and Self Harm Strategy Group from pilot completion	Y			

Section 3: Financial Measures

This snapshot is taken from our March 2023 Integrated Performance Report

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Priority	Performance Summary	Reported Period	Data															
<p>Deliver 2023/24 Draft Financial Plan</p>	<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 border="1"> <thead> <tr> <th></th> <th>Month 11 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <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> </tbody> </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
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<p>Delivery of recurrent £32m savings target</p>	<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>															

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Priority	Performance Summary	Reported Period	Data																																																			
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Jan-24	<p>Performance against Capital Resource Limit £m</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Annual Capital Resource Limit (CRL) (£m)</th> <th>Cumulative Charge against CRL to Date (£m)</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>20</td><td>5</td></tr> <tr><td>Jun-23</td><td>30</td><td>5</td></tr> <tr><td>Jul-23</td><td>30</td><td>5</td></tr> <tr><td>Aug-23</td><td>30</td><td>5</td></tr> <tr><td>Sep-23</td><td>30</td><td>5</td></tr> <tr><td>Oct-23</td><td>35</td><td>5</td></tr> <tr><td>Nov-23</td><td>35</td><td>5</td></tr> <tr><td>Dec-23</td><td>35</td><td>5</td></tr> <tr><td>Jan-24</td><td>40</td><td>10</td></tr> </tbody> </table>	Month	Annual Capital Resource Limit (CRL) (£m)	Cumulative Charge against CRL to Date (£m)	May-23	20	5	Jun-23	30	5	Jul-23	30	5	Aug-23	30	5	Sep-23	30	5	Oct-23	35	5	Nov-23	35	5	Dec-23	35	5	Jan-24	40	10																					
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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	<p>Public Sector Payment Compliance</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Actual Compliance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>94.5</td><td>95.0</td></tr> <tr><td>Jan-24</td><td>94.5</td><td>95.0</td></tr> <tr><td>Feb-24</td><td>96.9</td><td>95.0</td></tr> </tbody> </table>	Month	Actual Compliance (%)	Target (%)	Dec-23	94.5	95.0	Jan-24	94.5	95.0	Feb-24	96.9	95.0																																							
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Remain within Cash Limit	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. Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.	Feb-24																																																				
Maintain Positive Cash Balance	The closing cash balance at the end of February 2024, was £3.881m. A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government. The UHB's working cash assumption for 2023-24 is based on the following key assumptions :- <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	<p>Cash Balance £m</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Cash Balance (£m)</th> <th>Target (£m)</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>5.5</td><td>0</td></tr> <tr><td>Dec-22</td><td>9.5</td><td>0</td></tr> <tr><td>Jan-23</td><td>6.5</td><td>0</td></tr> <tr><td>Feb-23</td><td>2.0</td><td>0</td></tr> <tr><td>Mar-23</td><td>2.5</td><td>0</td></tr> <tr><td>Apr-23</td><td>2.5</td><td>0</td></tr> <tr><td>May-23</td><td>3.0</td><td>0</td></tr> <tr><td>Jun-23</td><td>4.0</td><td>0</td></tr> <tr><td>Jul-23</td><td>3.5</td><td>0</td></tr> <tr><td>Aug-23</td><td>8.5</td><td>0</td></tr> <tr><td>Sep-23</td><td>5.0</td><td>0</td></tr> <tr><td>Oct-23</td><td>5.0</td><td>0</td></tr> <tr><td>Nov-23</td><td>6.5</td><td>0</td></tr> <tr><td>Dec-23</td><td>6.5</td><td>0</td></tr> <tr><td>Jan-24</td><td>5.5</td><td>0</td></tr> <tr><td>Feb-24</td><td>3.881</td><td>0</td></tr> </tbody> </table>	Month	Cash Balance (£m)	Target (£m)	Nov-22	5.5	0	Dec-22	9.5	0	Jan-23	6.5	0	Feb-23	2.0	0	Mar-23	2.5	0	Apr-23	2.5	0	May-23	3.0	0	Jun-23	4.0	0	Jul-23	3.5	0	Aug-23	8.5	0	Sep-23	5.0	0	Oct-23	5.0	0	Nov-23	6.5	0	Dec-23	6.5	0	Jan-24	5.5	0	Feb-24	3.881	0
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Section 4: People and Culture Measures

Saunders, Nathan
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Quarter 4 Summary - People and Culture Plan

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

21 specific milestones were set out for delivery in Q4 of our 2023/2024 People and Culture Plan.

Of those:

- 7 were fully achieved (33.3%)
- 2 were not achieved, but with high confidence that the milestones could be recovered by Q1 24/25 (9.5%)
- 12 were not achieved and with low confidence that the milestone could be recovered by Q1 24/25 (57.1%)

The key challenges underpinning milestones that were not achieved and with low confidence in return to green by Q1 24/25 are:

- Procurement delays
- Alternative areas of focus taking priority
- Team capacity issues
- Financial Constraints

Key area of focus	Qtr 4 – 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 vacancies to 8%	Y			
	Maintain time to shortlist at 7 days.	N	time to shortlist reduced to 6.6 days in February 2024 but then subsequently increased to 9.9 days in March.	A performance report is reviewed on a monthly basis to provide key data on recruitment timescales to enable local performance management. The Resourcing Dept has been working on the longest vacancies and have reduced them. There is still work to do, and to understand why there is such variety month on month	L
	Maintain zero Health Care Support Worker (HCSW) agency position	Y			
	Expand apprenticeship academy to incorporate new apprenticeship roles.	Y			
	Commence implementation of Health Roster for Allied Health Professionals .	Y			
	Commence implementation of e-rostering for Medical and Dental workforce.	N	Unforeseen delays with Procurement process	Reason for delay identified & rectified. The contract will be awarded in June/July with preparation for implementation shortly afterwards.	L

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Key area of focus	Qtr 4 – 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?
Retaining our People	Reduce turnover to 11%	N	March 23 = 11.41%	Retention Lead commenced employment in Feb 24. Priority was to submit HEIW Assessment for Nursing	L
	Implement and embed HEIW Allied Health Professionals (AHP) Retention Plan.	N	Retention Lead commenced employment in Feb 24. Priority was to submit HEIW Self-Assessment for Nursing	Focus currently on nursing prior to spread and scale approach.	L
Wellbeing	Reduce absence to 6%.	N	March 23 = 6.90% Increase in sickness absence during the Winter months have negatively impacted on the 12-month cumulative target.	Focused support for areas with high levels of sickness absence, e.g. HCSW	L
	Reduce the number of staff on long term sick leave suffering with stress, anxiety, depression by 10%.	N	Progress made but still more work to do – this has been identified as a priority for the People Services team	The People Services Team contact managers within the first 2 weeks of any sickness case recorded as Stress & Anxiety to provide early advice & support. Suite of support documents developed, in collaboration with Occupational Health and Employee Wellbeing and sent out to any staff who are off sick with Stress, Anxiety, Depression. Encouraging the use of the Stress Risk Assessment to identify any causes and try to prevent sickness absence. Targeted intervention is in place and likely to be on track within the next quarter.	H
	Corporate Health Standard enhanced checks.	N	CHS assessment has now been discontinued.	To be removed – CHS assessments have been discontinued.	L
	Implement a range of proactive and reactive wellbeing support measures via the Employee Wellbeing Service (EWS). These include: <ul style="list-style-type: none"> • Psychoeducational sessions • A network of approx. 500 Wellbeing champions • Bespoke support for teams and delivery of 'trauma awareness sessions' to staff and managers • Development of the Wellbeing Pathway • Introduction of a Trauma Pathway 	Y			

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Key area of focus	Qtr 4 – 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?
Equality, Inclusion & Welsh Language	Improve rate of provision of all EDI data to 85%.	N	Although a data campaign has started, little movement has been seen. Overall provision at 30.39% (March 2024)	Data campaign underway linked to Workforce Race Equality Standards (WRES) to promote importance.	L
	80% of recruitment adverts & Job Descriptions translated into Welsh.	N	The data for the number of adverts and job descriptions available bilingually is not readily available. Focus has been on timely responses to Welsh Language Commissioner and support for targeted areas.	Work underway to identify systems and processes to support achievement of the target through clinical board engagement. Task and finish group established to review recruitment processes regarding Welsh Language Standards.	L
	Review of Anti-Racist Action Plan and LGBTQ+ Action Plan.	N	ArAP has been reviewed. Team capacity and priority has been publication of Strategic Equality Plan and Objectives, and annual equality reports.	A task and finish group has been established to review the LGBTQ+ Action Plan and develop a local version for the Health Board.	L
Education, Culture and OD	Review of coaching network and effectiveness of phased roll-out.	Y			
	Review of Executive Mentor Programme.	N	Following advice received from Professor Emmanuel against the introduction of reserve mentoring until an organisation is more mature around equity and inclusion, it was decided not to proceed with this programme at the current time	No plans in place currently but will be reviewed in the future	L
	Evaluate VBA, VBR and Healthy Working Relationships Offer.	Y			
	Support UHB with action planning following Staff Survey results.	N	Full results currently not available,	Results to be made available May 2024, Push to Q1 2024/25	H

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Key area of focus	Qtr 4 – 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?
<p>Shaping our Future Workforce</p>	<p>Recruit & train an additional approx. 30 Assistant Practitioner, ward areas.</p>	<p>N</p>	<p>Reluctance of Clinical Boards to progress role. WG plans for Registered Nurse Associate being only band 4 role in Wales leading to adjustment of UHB plans. Financial constraints of continuing with Internationally Educated Nurses (IEN) recruitment to Assistant Practitioner roles due to Visa Costs</p>	<p>Paper outlining recommended approach of continuing with IEN recruitment to Assistant Practitioner post to be discussed with Exec Director. This will be the best option to prepare the UHB for the implementation RNA role.</p>	<p>L</p>
	<p>Train an additional 25 managers/leaders in workforce planning.</p>	<p>N</p>	<p>No Workforce Planning lead in the UHB. Have only just received approval to recruit into new Head of Strategic Workforce Planning role. Interviews being held 29/04/24</p>	<p>Recruit into new role, priority will be assessing need and building capacity through training.</p>	<p>L</p>

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Report Title:	2024/25 Finance Planning Update			Agenda Item no.	6.10
Meeting:	Board	Public	X	Meeting Date:	30th May 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				

Main Report

Background and current situation:

SITUATION

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2024. The draft plan incorporated: -

- Brought forward underlying deficit of £60.9m
- 2024/25 Demand and cost growth and unavoidable investments of £45.4m
- Additional Allocations of £37.3m
- Anticipated pass-through funding on Long Term Agreements of £5.9m (3.67%)
- A £47.2m Savings programme

This results in a 2024/25 planning deficit of £15.9m as detailed in the Table 1 below:

Table 1: 2024/25 Draft Plan

	£m	
	2024/25	2025/26
Planned Opening Deficit	16.5	15.9
Non Recurrent Welsh Government (WG) Funding 2023/24	17.2	
Shortall on 2023/24 Recurrent Savings	15.2	
Recurrent Operational Pressures	12.0	
Estimated Demand Growth / Inflationary Pressures	40.4	40.0
Essential service investments	5.0	5.0
Gross Deficit £m	106.3	60.9
WG Core Uplift	(37.3)	(24.0)
WG Core Uplift - pass through funding on LTAs	(5.9)	(36.9)
Savings Target	(47.2)	
Planned Financial Position £m	15.9	0.0

At month 1, the UHB is reporting a deficit of £4.267m for the year to date and a forecast deficit of £15.900m as shown in Table 2.

Table 2: Summary Financial Position for the period ended 30th April 2024

	Month 1 Position £m	Forecast Year- End Position £m
Planned deficit	1.325	15.900
Savings Programme	2.445	0.000
Operational position (Surplus) / Deficit	0.497	0.000
Financial Position £m (Surplus) / Deficit £m	4.267	15.900

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

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The draft financial plan for 2024-25 aims to deliver financial stability and ensure that the underlying position is maintained. The plan includes a savings target of £47.2m.

The reported financial position for the first month is a reported overspend of £4.267 which is £2.942m above the £1.325m straight line profile of the planned deficit.

Recommendation:

The Board is requested to:

NOTE the 2024/25 Finance Planning Update.

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		Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: No

Safety: No

Financial: Yes

As detailed above.

Workforce: No

Legal: No

Reputational: Yes

Yes, if forecast financial position is not delivered.

Socio Economic: No

Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Finance Committee	Date: 30 th May 2024

Saunders, Nathan
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Report Title:	Funded Nursing Care: Setting the 2024/25 Interim Rate	Agenda Item no.	7.1A
Meeting:	Board	Public	√
		Private	
Status <i>(please tick one only):</i>	Assurance	Approval	√
Lead Executive:	Executive Director of Finance / Executive Director of Nursing		
Report Author (Title):	Assistant Director of Finance (PCIC & RPB, Medicine, Mental Health)		

Main Report
Background and current situation:

Context

Funded Nursing Care (FNC) refers to the NHS funding of registered nursing care within care homes, where the need for nursing input has been assessed as necessary. Health Boards work together to agree a consistent FNC rate across Wales.

In Wales, the FNC rate is calculated via an Inflationary Uplift Mechanism (IUM) considering two components:

- Funding of the Registered Nurse (RN) time; this has been calculated as 9.24 hours of RN time per resident per week¹
- Funding for continence products.

The RN component is calculated using Agenda for Change (A4C) Band 5 and is uplifted annually in line with the NHS Pay Award. The continence component is uplifted annually in line with CPI².

Health Boards considered and approved continuation of the IUM as the appropriate mechanism in 2022, to apply for three years then review, unless a full policy revision makes it necessary before this. That approval was based upon its compliance with both the Supreme Court Judgment³ in 2017 and the Welsh Government FNC Interim Policy Statement issued in November 2022.

In March 2024, NHS England published the FNC rate that will be paid within NHS England. The process for agreeing FNC rates in NHS England is different to NHS Wales. NHS England request evidence submissions from providers, which NHS England then review and set a National Fee Rate within England that NHS organisations must adhere to. For 2024/25, NHS England has increased the fee rate by 7.4% to £235.88 per week.

Links to NHS Wage Awards

It is anticipated that arriving at an agreed A4C pay settlement for 2024/25 may be difficult, subject to the Independent Pay Review Body process. This will inevitably lead to delays in a pay settlement being agreed by Welsh Government.

Health Boards have been encouraged by Welsh Government to ensure that Care Providers are not disadvantaged by delays in agreeing fees for the sector.

As a consequence of its links to the NHS Pay Award, the FNC rate has in previous years not been determined until several months into each financial year. Health Boards have then backdated the agreed uplift.

The Policy Requirement

The WG FNC Policy Guidance was issued in 2004. Given the policy and legislative changes since then, WG has committed to a full policy review; as yet there are no confirmed timescales for this. As a short-term measure, in November 2022, WG issued an Interim FNC Policy Statement.

<https://www.gov.wales/nhs-funded-nursing-care-fnc-interim-policy-statement-november-2022-html#:~:text=The%20current%20FNC%20policy%20is,and%20court%20judgements%20since%202004.>

The Interim Policy Statement includes a requirement that HBs set an Interim FNC Rate to apply from 1 April, with the rate recalculated and adjusted as necessary once the NHS Pay Award had been confirmed. The purpose of this was to ensure the annual FNC rate was calculated and shared with providers in a timely manner.

It is also noted that Health Boards would not be expected to reclaim any payment made on an interim basis which is above that which the pay award determines.

Setting the Interim 2024/25 FNC Rate

Health Boards have been working together to consider the options for an interim uplift to be in place for 2024/25, with consideration of the financial planning assumptions for non-pay inflation, reasonable pay assumptions and in recognition of rate increases in England.

The above approach has also needed to recognise the financial challenge faced by all partner organisations across Health and Social Care.

Providers are pressing for Health Boards to urgently identify and issue the interim 23/24 FNC rate.

Negotiations of the pay review body are confidential and there is no confirmation around potential wage awards for 2024/25 at this stage.

The All-Wales Deputy Directors of Finance group has considered options for the interim rate to apply consistently across Wales.

The Proposal

LHB professional and finance leads have considered the issues and it is proposed that:

- The Interim FNC Rate be uplifted by 3.01% for 2024/25.

The calculated interim FNC rate for 2024/25 is set out in the table below.

	NHS RN Component £	Continence Component £	NHS Component £	Social Care RN Component £	Total FNC £
2023/24	192.47	14.48	206.95	8.37	215.32
Uplift	5.77	0.46	6.24	0.25	6.49
2024/25 Interim	198.24	14.94	213.19	8.62	221.81

¹ Following a legal challenge that culminated in a Supreme Court Judgment in 2017, 0.385 hours of the FNC rate is now funded by the relevant Local Authority/self-funder to reflect the times when the RN input is incidental. The remaining 8.855 hours of RN time are funded by the NHS.

² In line with NHS Wales financial planning assumptions, this reflects the ONS 12-mth CPI rate at March 2024

³ <https://www.supremecourt.uk/cases/docs/uksc-2016-0054-judgment.pdf>

The financial impact of the NHS uplift is £337k predicated on a baseline 1,035 patients receiving FNC. This is provided for within the financial plan and remains within provisions for FNC inflation.

- The rate will be prospectively amended later in the financial year based on the final wage award announcements.

Governance

There is already approval in place to continue with the IUM as an appropriate mechanism to set the rate.

Following Board approval, this interim rate would be formally communicated to providers by the Assistant Director of Finance / Director of Finance.

Given the requirement to amend the rate following wage award announcements, it is proposed that this be brought back to Board for awareness and ratification only if the resultant rate exceeds the provisions in the financial plan.

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

In seeking approval for the Interim 2024/25 FNC uplift, it is important to note that this is a sensitive issue, with Providers raising concerns over the timeliness of uplifts. There are reputational risks and risks of relationship and challenge if the rate is not issued promptly.

It is noted that there is a growing differential rate between England and Wales which could present future challenge by Providers and Local Authorities.

There is a moderate risk that the final pay settlement may result in a lower uplift than that included in this interim rate. Welsh Government have indicated that Health Boards should not seek recovery from providers if an interim rate has been agreed which is higher than a revised calculation following final pay agreements.

Recommendation:

Board is requested to accept the recommendations by the lead finance and professional Health Board leads and **APPROVE** that:

- **The 2024/25 Interim FNC Rate be uplifted by 3.01% to £213.19 NHS contribution.** The cost is estimated at £0.337m, which is fully provided for in the financial plan.
- **That the uplift be issued formerly to Providers** in order to provide compliance with the policy expectations.
- **That the rate will be amended following wage award announcements** and be brought back to Board for agreement only if this exceeds the financial plan provisions.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care	√

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: Yes

The cost of this uplift is contained within the Health Board's Financial Plan

Workforce: No

Legal: Yes

This complies with original legal judgement

Reputational: Yes

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Care Provider Fee Uplift Required for 2024/25	Agenda Item no.	7.1B
Meeting:	Board	Public	√
		Private	
Status <i>(please tick one only):</i>	Assurance	Approval	√
Lead Executive:	Executive Director of Finance / Executive Director of Nursing		
Report Author (Title):	Assistant Director of Finance (PCIC & RPB, Medicine, Mental Health)		
Main Report			
Background and current situation:			

Background

The Health Board maintains commissioning responsibility for patients placed in care homes who meet the key Continuing Healthcare (CHC) criteria that the primary reason for placement in the care home setting is a health need.

The significant contribution that health and social care providers make to ensure the health and well-being of vulnerable people in our community is recognised. The Health Board has always sought to maintain positive working relationships with providers and to ensure that they are supported as best as possible within the resources available.

Each year the Health Board provides an uplift to the weekly fees of ongoing and new placements to recognise the current costs of provision, including pay and non-pay inflation. Generally, this has followed the line of passing on general uplifts received from Welsh Government in the main Allocation Letter.

CHC packages of care across the UHB total circa £81m of annual expenditure, including nursing homes, residential homes and supported living, alongside other agency packages of care. Costs are managed across PCIC, MH and CAW Clinical Boards.

The Local Authorities (LAs) and the UHB liaise over the approach to fee setting via Regional Commissioning Board discussions. The long-term aim of each of the Cardiff and Vale commissioners remains moving toward a joint approach to the commissioning of care and support services. Whilst it is recognised that there are different practices, processes and structures in each organisation, commissioners continue to work together to share information and discuss their position in relation to fee uplift requirements.

Applying the same percentage uplift to the whole sector, regardless of the rates paid for specific care packages, may not always be appropriate as a result of differing settlements with Welsh Government. As a result, individual partners may apply a differential uplift where they consider that to be appropriate.

The lead around price uplifts varies subject to the package and commissioning arrangement between the UHB, the LAs and NCCU (CCAPS). Historically, prices set by each partner have been accepted by other partners in terms of their contributions.

Real Living Wage

The CHC uplift must now consider one of the key pledges in the Welsh Government's Programme for Government: to pay social care workers in Wales the Real Living Wage (RLW). The RLW rate for Wales effective from 1 April 2024 is £12.00, an increase of 10.09%.

The RLW is an important step in not only recognising the vital role of social care workers in Wales but also addressing the increasingly challenging recruitment and retention issues and pressurised working conditions within the care sector.

The commitment from Government is to fund the difference between the Real Living Wage and the National Living Wage in social care, as set out below:

[Implementing the Real Living Wage for social care workers in Wales | GOV.WALES](#)

WG have advised that the funding of this policy will by definition be non-recurrent, as the gap between the rates will be assessed each year. This was initially set out in the 2024/25 Allocation letter – “Funding for the Real Living Wage (the impact of the policy on Social Care) will be dealt with as a non-recurrent allocation, addressed in year.”

The UHB has previously highlighted risks through the financial plan and WG meetings in the interpretation and income assumptions linked to meeting NLW / RLW commitments.

Current Situation

The calculation of the RLW and the impact to providers is complex. There has not been a fully open book approach between the Health Board, Local Authorities (LAs) and care providers to determine rates of pay etc. Market conditions also remain challenging.

Through consultation process in both partner Local Authorities, providers have expressed concern about:

- Ongoing cost pressures within the sector, and the importance of full RLW uplifts, particularly with consideration of pay parity concerns and retention
- The engagement process with Health, particularly on the fee setting process and their input into this.

Some providers have actively sought uplifts of up to 12% to meet their cost base and ‘to remain viable entities’. This includes views that responsible providers wishing to retain their workforce would not seek to withdraw RLW payments or restrict these back to NLW / NMW.

The UHB faces a significant financial challenge and must balance the overall financial and operational risks, whilst meeting WG policy expectations.

Proposal

It is proposed to offer care providers a 7.4% uplift on UHB-led packages, which is provided for in the UHB financial plan subject to final Allocation confirmation around the RLW uplift funding.

This is considered to cover the RLW commitment as well as non-pay inflation consistent with the NHS Wales planning assumptions.

Where joint care packages are provided between health and social care, it will prove challenging to restrict or amend the uplift from that already offered by the Local Authorities because providers will not accept differential uplift for both elements of the package and hence the LA rate will be paid. Final NCCU (CCAPS) rates will also be paid consistent with the NHS Wales approach.

The estimated impact above baseline of the current inflation rates including the 7.4% proposal is £5.7m, which is provided for through CHC inflation and RLW provisions.

With Board approval, Providers would be formally notified of the rate uplift where applicable by the Assistant Director of Finance / Director of Finance.

Engagement

In planning for 2025/26, it is also proposed to develop further the engagement process with providers alongside LA partners. This should be a mutually beneficial process that supports commissioner assurance around key cost drivers and policy implementation, whilst also supporting providers in their approach to a sustainable financial model that delivers high quality care and public value. This action will be taken forward by Health Board Finance and Professional leads.

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

There is a risk to sustainability of care providers and availability of care packages if fees paid are not reflective of business costs, with consequential impact on services available to the population of Cardiff and Vale and the ability to maintain flow out of hospital.

There is a risk that providers may not accept the rate and the UHB will see a rise in 'exceptional requests' at spot purchase prices or run into disputes.

The Health Board is required by WG to make an adequate uplift to care providers with consideration of the RLW policy position.

This uplift is provided for in the financial plan but is subject to a minimum £2.5m WG uplift to support the RLW increase beyond core uplifts, and so this remains a moderate risk to the financial position pending that allocation.

Recommendation:

Board is requested to:

- **APPROVE** the 2024/25 annual uplift that should be offered to care homes at 7.4%, noting this is within the provisions in the current financial plan
- **NOTE** that joint packages of care may increase at a greater rate than this in line with Local Authority increases already offered, to be risk managed against growth provisions
- **NOTE** the risk that providers may not accept the new rate
- **NOTE** that the financial plan assumes WG Allocations to support the RLW
- **NOTE** the intentions to develop engagement with care providers and their representative bodies in Cardiff and Vale alongside the LAs in the Fee Setting process for 2025/26

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: /No

Safety: /No

Financial: Yes

The cost of this uplift is contained within the Health Board's financial plan.

Workforce: /No

Legal: No

Reputational: Yes

The Health Board must ensure uplifts for these commissioned services are provided

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Renewal of the Lease Of Units 1 And 2 Bridge Road, Treforest		Agenda Item no.	7.3
Meeting:	UHB Board	Public	√	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	√	Information
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Director of Capital, Estates and Facilities			

Main Report

Background and current situation:

The purpose of this report is to seek approval for a renewal of the lease of Units 1 and 2 Bridge Road, Treforest following expiry of the existing lease on 15th October, 2024.

Units 1 and 2, Treforest house the ALAS Posture and Mobility Service, Adult Physiotherapy Reconditioning Workshop, Community Dental and Medical Records. The table below summarises the current rent paid.

Unit Number	Rent (ex VAT)	Area (sq. ft)	Rent £/ft ²
1	£105,002	28,610	£3.67
2	£60,398	14,897	£4.05
Total	£165,400	43,507	£3.79

The property itself had until recently been the subject of a sale, resulting in difficulty in opening lease talks as a new landlord was awaited. This matter has now been resolved and a meeting was held between the new Landlord, NWSSP Specialist Estates and the UHB in January 2024. At this meeting, two new offers were tabled. In addition, as part of the offer, the landlord has committed to renew the car park with associated new drainage. This would resolve a long-standing issue for the users on site.

Unit Number	Term (yrs)	Rent (ex VAT)	Area (sq. ft)	Rent £/ft ²
1 & 2	7	£250,000	43,507	£5.75
1 & 2	5	£275,000	43,507	£6.32

Consideration should be given to the wider picture associated with the Rookwood Hospital disposal and the need to relocate the Rookwood ALAS service. While at time of drafting this report, the disposal of Rookwood is at Expression of Interest stage, should the entire site be disposed of, there will be the need to relocate ALAS and other services remaining on the site. In this context, it is the preference of the ALAS service to bring together the Rookwood and Treforest elements under one roof. Capital Estates and Facilities are currently assessing site options. It would therefore be prudent to pursue the shorter lease offer of 5 years for Treforest. This would provide sufficient time for the UHB to identify a new site, develop a business case and undertake works before the lease end.

As can be seen, there is a large increase in rent from £165.4k to £275k. NWSSP Specialist Estates are of the opinion, upon reflection in today's market, that this is a reasonable offer. The rent per ft² compared to other areas is favourable. As a comparison NWSSP SES have indicated that there is currently very little stock available. Rents quoted elsewhere in comparable properties are detailed below:

- Axis 32, Coryton - £9.50 per sq ft
- Wentloog, Cardiff - £7.50 per sq ft
- Fairfield Industrial Estate, Junction 32 - £8.50 per sq ft for a 6,500 sq ft unit

There may be an opportunity to sub-let some of the car park to a partner NHS organisation, which would offset some of the rental increase.

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

- Increased rental costs of £275k pa + VAT.
- Over the term, this equates to a rent of £1,375,000 + VAT.
- The UHB must vacate site by the end of the lease, 15th October 2024, if it is not renewed.
- Dilapidations cost associated with lease end will be applicable and estimated at the time of vacation.
- Non-ALAS services will also need alternative accommodation.

Recommendation:

The Board are asked to:

- **APPROVE:** the renewal of the 5-year lease at a term rental cost of £1,375,000 + VAT and its submission to Welsh Government for consideration and approval.
- **APPROVE** the affixation of the UHB lease to the new lease contract on receipt of approval by Welsh Government.
- **NOTE** the ongoing work regarding the disposal of the Rookwood site and associated alignment of the ongoing service plans.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes

Without the new lease in place the service will need to find new premises to operate from. There may be a downtime until new premises are found that will either result in a high premium for a short-term extension with the existing landlord, if the existing landlord would agree to this, or, a significant impact on the service provision to our patients as we seek new premises to operate from.

Safety: No

Financial: Yes

There is an additional cost associated with the new lease going forward. The services have acknowledged the new costs.

Workforce: No

Legal: No

Reputational: Yes

Failure to provide the services due to a lack of operational premises will harm the reputation of the UHB.	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
29/05/2024 09:27:05

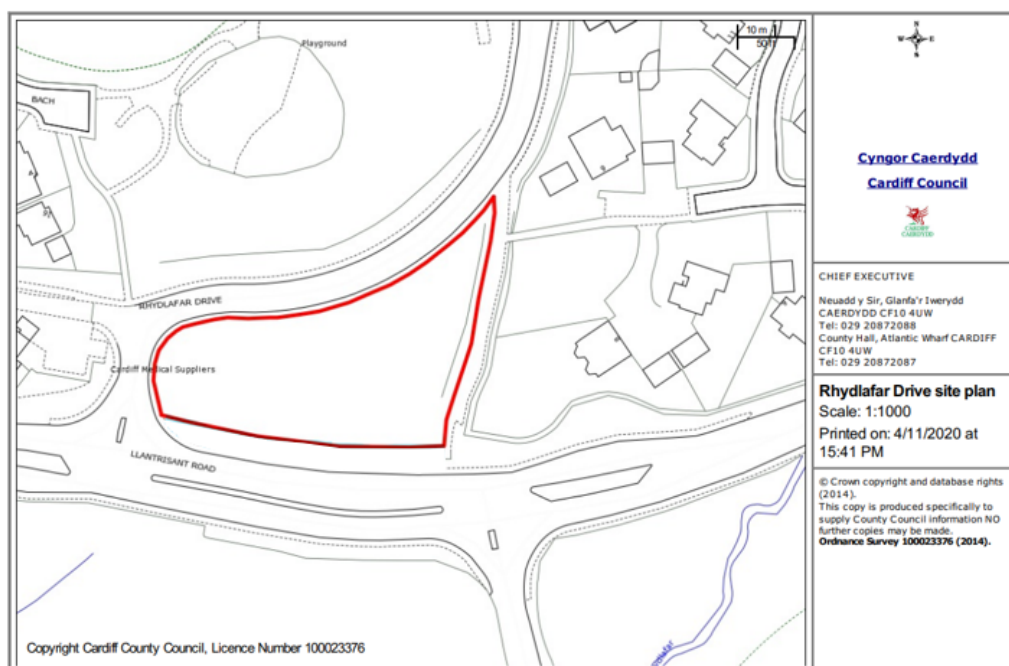
Report Title:	Purchase of Land for the Provision of Pentyrch Surgery	Agenda Item no.	7.4
Meeting:	UHB Board	Public	√
		Private	
Status <i>(please tick one only):</i>	Assurance	Approval	√
			Information
Lead Executive:	Executive Director of Finance		
Report Author (Title):	Director of Capital, Estates and Facilities		

Main Report

Background and current situation:

The purpose of this report is to seek approval to purchase a parcel of land on Rhydlafer, Cardiff, for the construction of a new Pentyrch GP Surgery. In addition, to seek approval to request the appropriate funding, from the Welsh Government, for the purchase.

Linked to wider plans for the re-provision of GMS premises serving Pentyrch and the surrounding areas, the UHB intends to purchase a new GP facility on Rhydlafer Drive. This area of land is illustrated below by the red outline.



Under the WG land Transfer protocol, a joint valuation has been commissioned for the land, which is summarised in Appendix 1.

This values the land at £200,000. Heads of Terms have been prepared by the landlord and are included in Appendix 2.

The agreement of the Heads of Terms will enable the landlord to formally declare the land as surplus and instruct solicitors to draw up the associated legal documentation for the sale. At the same time, the UHB will continue with its planning for the wider project associated with the construction of the new health centre.

A future paper will seek approval on the signature of the final legal documentation.

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

- There is a need to provide the residents of Pentyrch with certainty over the future of their GP Surgery
- GMS Services in the Pentyrch area are fragile and the re-provision of services in a new facility is a service priority for the area.
- Once secured, the UHB will enter into talks with the GPs on their tenancy.

Recommendation:

The Board are requested to:

- **APPROVE** signature of the Heads of Terms.
- **APPROVE** application of the funding request to the Welsh Government.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No

The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.

(If this has been addressed in the main body of the report, please confirm)

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
29/05/2024 09:27:05

Appendix 1: Valuation Report Extract

Report and Valuation

Land at Rhydlafer Drive, Cardiff



Property	Land at Rhydlafer Drive, Cardiff
Purpose of Valuation	To inform the transfer price under the Welsh Government's Public Sector Land Transfer Protocol.
Description	A parcel of sloping, undeveloped land.
Site Area	0.337 hectares (0.83 acres)
Existing Accommodation	There are no buildings currently on the property.
Proposed Accommodation	Medical centre (D1) and pharmacy (A1)
Planning and Use	Planning permission has been granted for the proposed development.
Title	Freehold. A small part of the site appears to comprise unregistered land.
Occupation	The property is held with vacant possession. Cardiff & Vale UHB intend to develop the medical centre and let it to GPs at practical completion.
Date of Valuation	28 November 2023
Market Value	£200,000 (TWO HUNDRED THOUSAND POUNDS)

Saunders, Nathan
29/05/2024 09:27:05

Appendix 2: Heads of Terms for Purchase of Land at Rhydlafer Drive

HEADS OF TERMS SALE / PURCHASE OF LAND AT RHYDLAFAR DRIVE, CARDIFF

Introduction	
<i>Background</i>	The Seller owns the Property and has agreed to sell it to the Purchaser who plans to develop a medical centre.
Parties	
<i>Seller</i>	Cardiff County Council County Hall Cardiff CF10 4UW
<i>Seller's agent</i>	Strategic Estates Department Cardiff County Council County Hall Cardiff CF10 4UW Contact - Richard Kelso Email – richard.kelso@cardiff.gov.uk
<i>Seller's solicitor</i>	Legal Services Department Cardiff County Council County Hall Cardiff CF10 4UW Contact - Richard Crane Email – richard.crane@cardiff.gov.uk
<i>Purchaser</i>	Cardiff & Vale University Health Board Woodland House Maes y Coed Road Cardiff CF14 4HH
<i>Purchaser's agent</i>	Specialist Estates Services, NHS Shared Service Partnership Contact - Cerys Halford, Property Surveyor Email - cerys.halford@wales.nhs.uk
<i>Purchaser's solicitor</i>	NHS Wales Shared Services Partnership - Legal & Risk Services Contact – Marianne Hobbs, Solicitor Email - marianne.hobbs@wales.nhs.uk
Property	
<i>Property</i>	The land to be transferred is as edged red on Plan 1. Rights will be granted to allow the Purchaser access onto the land shaded blue on Plan 1 to construct the Purchaser's development, install services etc.
<i>Tenure</i>	The majority of the Property is registered freehold and forms part of Land Registry title number WA133253. A narrow strip on the eastern side of the site does not have registered title (the land outside the red line but within the blue hatched line on Plan 2) and the Seller will make an immediate application to the Land Registry to obtain possessory title to that area. Vacant possession of all of the Property will be provided on completion.
Agreed terms	
<i>Purchase price</i>	£200,000 (two hundred thousand pounds) as reported by the parties jointly commissioned valuation report.

Saunders Nathan
29/05/2024 09:27:05

<i>VAT</i>	The Seller will not charge VAT on the purchase price.
<i>Exchange deposit</i>	Not applicable. Simultaneous exchange and completion.
<i>Completion</i>	Full Purchase Price payable on completion.
Miscellaneous	
<i>Costs</i>	On completion the Purchaser will pay the Seller's legal costs of £650, otherwise each party will bear their own costs.
<i>Public Open Space notices</i>	The Seller will arrange for Public Open Space notices to be published as soon as possible following agreement of heads of terms. The notices will cover the land edged red and the land shaded blue on Plan 1. On completion the Purchaser will pay £1,000 towards the costs of these notices which will need to be published for 2 consecutive weeks in the Western Mail.
<i>Timescale</i>	Target date for exchange of contracts to be confirmed.
<i>Conditions</i>	Subject to – <ul style="list-style-type: none"> • Contract, • The Seller's internal approvals, • The Purchaser's internal approvals, • Welsh Government approval.

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Corporate Parenting Charter			Agenda Item no.	7.5
Meeting:	Executive Board	Public	X	Meeting Date:	30.05.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of People Resourcing				

Main Report

Background and current situation:

In September 2023, the Welsh Government launched their Corporate Parenting Charter which set out their ambitious vision for transforming Children's services in Wales. The aim is to ensure that care experienced children and young people (those brought up in care) have the same life chances as every child or young person in Wales.

To support this ambition, the Welsh Government is encouraging public bodies to strengthen their role as 'corporate parent'. The term 'corporate parenting' can be defined as promoting the collective responsibility of the whole public sector to safeguard and promote the rights and life chances of care-experienced children and young adults.

The Charter, sets out 11 principles on equality, eradicating stigma, working together, inclusive support, fulfilling ambitions, nurturing, good health, a stable home, education, thriving in the future, after care support. The Charter has been published initially on a voluntary basis and encourages all public bodies to sign up to these principles as well as 9 promises that set out how care-experienced children and young people will be listened to, and involved in decisions that affect them. The principles are attached in Appendix 1.

The promise required as a Corporate parent is as follows:

Our Promises as Corporate Parents Set out below are the promises all Corporate Parents should fulfil when working with care-experienced children and young people:

- We will take time to listen to all care-experienced children and young people and ensure their views, wishes and feelings are heard and actively considered in all decisions made about them.
- We will treat all care-experienced children and young people with respect.
- We will involve all experienced children and young people in decisions that are made about them.
- We will keep all care experienced children and young people informed about our involvement with them and explain our actions to them.
- We will use straightforward language when we communicate with all care-experienced children and young people.
- We will show compassion when considering the needs of all care-experienced children and young people.
- We will work with all care-experienced children and young people to help them achieve their goals.
- We will advise all care-experienced children and young people of the process to make a complaint should they feel we are not adhering to this charter.
- We will advise all care-experienced children and young people that they have a right to access independent advocacy to make sure their views, wishes and feelings are heard during decisions being made or when they are unhappy and want something stopped, started or changed.

The UHB are already working towards principle 9 of the charter with the aim of offering care experienced children and young people work experience placements, work shadowing opportunities and apprenticeships. In the Autumn of 2024, the People Resourcing Team within the People and Culture directorate, were successful in their bid for a small grant from HEIW to develop a project to engage with care experienced within the local community. Its aim was to identify how we could support individuals with flexible employment pathways within the UHB. At the present time, we have four avenues which involve the collaboration with Cardiff Commitment, Into Work Services (Cardiff Council), Cardiff and Vale College and Vale of Glamorgan Council. Each of these will enable the UHB to engage and gain access to different groups of young people who have experienced the care system and support them to pursue work and career opportunities within the NHS.

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

The Corporate Parenting Charter has been published initially on a voluntary basis for public bodies in Wales to sign up to. It covers a wide range of principles from engaging with care experienced children and young adults to ensure their views, feelings and ideas are integral to, influence and inform the services they receive and the way they receive those services to providing opportunities to support them in their career aspirations.

The UHB currently work with the youth board to involve children and young adults in service design but we will explore with the Clinical Boards how we also involve care experienced individuals in this process.

The pledge is available to sign at: [Our corporate parenting pledge \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

Recommendation:

The Board is requested to support and approve:

- a) Its commitment to the Corporate Parenting Charter and sign the Welsh Government’s pledge.

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No	
No	
Safety: Yes/No	
No	
Financial: Yes/No	
Workforce: Yes/No	
Legal: Yes/No	
No	
Reputational: Yes/No	
No	
Socio Economic: Yes/No	
Yes	
Equality and Health: Yes/No	
Yes	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
29/05/2024 09:27:05

Corporate Parenting Charter – A Promise from Wales Becoming a Corporate Parent – What does that mean for you?

Corporate Parenting is about supporting care experienced children and young people to have the same opportunities in life as all children and young people in Wales. By signing up to be a corporate parent, you are agreeing to consider the following principles when delivering your existing services and support, planning new services and/or engaging with care-experienced children and young people:

The Principles

Principle 1

Support care-experienced children and young people to have the same life chances as every other young person in Wales.

Example: Support a care experienced child or young person to find a stable home with provides them with the opportunity to access education and fulfil their potential.

Principle 2

Recognise care-experienced children and young people for who they are, not just by their experience of being in care.

Example: Treat all children and young people the same no matter their background.

Principle 3

Work alongside care-experienced children and young people to ensure their views, feelings and ideas are integral to, influence and inform the services they receive and the way they receive those services.

Example: Ensure forums or stakeholder groups are in place or established to develop new services includes care-experienced representatives.

Principle 4

Ensure those working in your organisations working with care-experienced young people understand their care experiences children and young people's needs and/or have access to information and training.

Example: The needs of care-experienced children and young people are referred to in induction training of new staff.

Principle 5

Ensure that every care-experienced child and young person reaches their potential and is able to enjoy a wide experience of leisure, cultural, sport and social activities.

Example: Can concessionary and/or discounted access be made available for sport, leisure and cultural activities to care-experienced children and young people.

Principle 6

By making all care-experienced children and young people feel valued, respected, cared for and loved.

Example: By actively listening to all care experienced children and young people you engage with.

Principle 7

Salma Mathan
05/02/24 09:05

By providing support to access the right health care and advice needed to support the best physical, mental health and general well-being for all care-experienced children and young people. **Example:** Ensuring care-experienced children and young people are supported to attend appointments and are directed to the right service to meet their needs.

Principle 8

By seeking out and providing stable places to live that are right for all care-experienced children and young people.

Example: By ensuring that the needs and wishes of the child and young person is central to any foster or adoption placement being considered.

Principle 9

By providing opportunities and support for all care-experienced children and young people to learn/develop and help them become who they want to be.

Example: Offering care experienced children and young people work experience placements, work shadowing opportunities, internships, traineeships and apprenticeships.

Principle 10

By ensuring all care-experienced children and young people are prepared for the future and are able make positive choices for independent living and adulthood.

Example: Can you provide one-to-one mentoring on how to manage their finances, their career/employment guidance and further education opportunities.

Principle 11

By working to provide access to and raise awareness of the support and information available to care experienced young people after leaving care.

Example: Providing access to support and information through a variety of channels – websites, apps, social media and meeting

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Committees and Advisory Groups Annual Reports 2023-2024	Agenda Item no.	7.6
Meeting:	Board	Public	<input checked="" type="checkbox"/>
		Private	<input type="checkbox"/>
Status <i>(please tick one only):</i>	Assurance	Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
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 seek the Board's approval to the Annual Reports of the Board's Committees and Advisory Groups.

Committee and Advisory Group's Annual Reports

The Board must ensure that the Chairs of all Committees and Advisory Groups operating on its behalf formally, regularly and on a timely basis report to the Board on their activities.

Attached at the appendices (**which can be found in the Supporting Documents Folder on AdminControl or the Cardiff and Vale UHB website**) are Annual Reports for the following Committees and Advisory Groups of the Board:

- Audit Committee
- Charitable Funds Committee
- Mental Health Legislation and Mental Capacity Act Committee (Mental Health Act requirements)
- Digital Health and Intelligence Committee (Information Governance)
- Quality, Safety and Experience Committee
- Finance & Performance Committee
- People & Culture Committee
- Stakeholder Reference Group
- Local Partnership Forum

These have all been reviewed by the respective Chairs and/or Committees prior to submission to the Board for approval.

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

Chairs of Committees/Advisory groups report to the Board after each of their meetings in a document called 'Chairs report to the Board'. This is to ensure the Board is aware of discussions at a Committee as soon as possible after the Committee but before the minutes are actually approved by the Board. This provides timely assurance to the Board that the Committee/ Advisory Group is adhering to its duties set out in its Terms of Reference.

In addition to the regular reporting to the Board Chairs of Committees and Advisory Groups are required to do an Annual Report to the Board. This report is written by the relevant Corporate Governance Officers for the Committee and approved by each Committee Chair prior to submission to the Board.

Recommendation:

The Board is requested to:

a) **Approve** the Annual Reports from the Committees and Advisory Groups of the Board

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Board Committees	During January 2024 to April 2024

Approved by: Nathan
 29/05/2024 09:27:05

Report Title:	Standing Orders Amendment		Agenda Item no.	7.7	
Meeting:	Board	Public	X	Date:	30 May 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report

Background and current situation:

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

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

The creation of the NHS Wales Joint Commissioning Committee (JCC) and cessation of WHSSC and EASC respectively necessitates an amendment to all HB Standing Orders. This has been directed by WG through WHC/2024/019.

Additionally, the decision taken by Board in Jan 24 to amend the financial delegations requires an editorial amendment.

This report is seeking approval from Board for the following amendments:

Section	Remove	Replace with
Section A – Introduction	Paras vi and vii that refer to WHSSC and EASC	<p>The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06) provide that the seven Health Boards in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:</p> <p>(a) specialised services for –</p> <p>(i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children,</p> <p>(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.</p> <p>Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the National Health Service Wales Joint Commissioning Committee (Wales) Regulations 2024 (2024 No. 135 (W29)), which make provision for the constitution and membership of the Joint Commissioning Committee, including its procedures and administrative arrangements.</p>

Saunders Nathan
29/05/2024 09:27:05

Para 3.2.3	WHSSC and EASC as Joint Committees	3.2.3 The Board shall establish, as a minimum, the following joint-Committees: - The National Health Service Wales Joint Commissioning Committee (JCC)	
Para 10.0.4	Assurances in respect of functions discharged by WHSSC and EASC	10.0.4 Assurances in respect of the functions discharged by the National Health Services Wales Joint Commissioning Committee (the JCC) shall be achieved by the reports of the JCC Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.	
Schedule 1	Scheme of Delegation – remove WHSSC and EASC	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).	
Financial Delegations	Replace delegations pre-Board decision in Jan 24	Delegation	Delegated financial limit £'000
		Reserved for Board	>£1,000
		Chief Executive	1,000
		Director of Finance	500
		Directors	250
		Officers below Director level	100

Appendix:

1. WHC/2024/019

Recommendation:

The Board is requested to:

- **Approve** an amendment to Standing Orders as set out above.

Impact Assessment:

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

Risk: No

Safety: No

Financial: Yes

Workforce: Yes

Legal: Yes

Reputational: Yes

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

WHC/2024/019



Llywodraeth Cymru
Welsh Government

WELSH HEALTH CIRCULAR

Status: Compliance

Category: Governance

Title: Interim amendments to the Model Standing Orders for Local Health Boards and NHS Trusts in Wales

Date of Expiry / Review: October 2024

Action by:

Required by: In accordance with Board and Committee timetable.

Chairs of Local Health Boards

Chairs of NHS Trusts

Directors of Corporate Governance/Board

Sender: Ceri Sullivan, Interim Head of NHS Governance, Health and Social Services Group

Welsh Government Contacts:

Ceri Sullivan, Interim Head of NHS Governance, Health and Social Services Group

(ceri.sullivan001@gov.wales)

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

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Introduction and Background: NHS bodies in Wales must agree Standing Orders (SOs). This, together with a set of Standing Financial Instructions (SFIs) and a scheme of decisions reserved to the Board; a scheme of delegations to officers and others; and a range of other framework documents set out the arrangements within which the Board, its Committees, Advisory Groups and NHS staff make decisions and carry out their activities. The Standing Orders should be based upon the model determined by the Welsh Government.

The Welsh Government has made interim amendments to the following model documents:

- Model Standing Orders - Local Health Boards
- Model Standing Orders for - NHS Trusts

The latest versions of the model documents have been published on the NHS Wales Governance e-manual and be accessed here:

[Model Standing Orders, Reservation and Delegation of Powers for Local Health Boards \[March 2024\]](#)

[Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts](#)

A summary of the interim Amendments can be found in the enclosures.

Enclosures:

Letter to Chairs of Local Health Boards and letter to Chairs of NHS Trusts in Wales.

Saunders, Nathan
29/05/2024 09:27:05



Ein cyf/Our ref: MA-EM-0728-24

Chairs of Local Health Boards

18 March 2024

Dear Chairs

Interim Review of Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards and development of new Model Standing Orders and Reservation and Delegation of Powers for the NHS Wales Joint Commissioning Committee

As you are aware the new NHS Wales Joint Commissioning Committee will be established from 1 April 2024 as a Joint Committee of the seven Health Boards. This is in accordance with the NHS Wales Joint Commissioning Committee (Wales) Directions 2024.

In preparation for the establishment of the new Joint Committee Model Standing Orders and a Scheme of Reservation and Delegation of Powers have been developed. It has also been necessary to make some amendments to the Local Health Board Model Standing and Reservation and Delegation of Powers. These amendments also remove all references to the Welsh Health Services Commissioning Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) which will cease to exist on 31 March 2024.

The amendments to the Local Health Board documents and the issuing of Model documents for the NHS Wales Joint Commissioning Committee are in accordance with my powers of direction contained within Section 12(3) of the National Health Services (Wales) Act 2006.

These amendments supersede those issued on 27 July 2023 and as confirmed in Welsh Health Circular WHC2023/032. A new WHC will be published to confirm this.

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders and Reservation and Delegation of Powers. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders.

Saunders Nathan
29/05/2024 09:27:05

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Model Standing Financial Instructions for the NHS Wales Joint Commissioning Committee are under development these will be issued in due course.

Yours sincerely,



Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Copy: Chairs of NHS Trusts and Special Health Authorities
Chairs of EASC and WHSSC
Chief Executives of Local Health Boards, NHS Trusts and Special Health Authorities
Directors of Governance/Board Secretaries of Local Health Boards, NHS Trusts and Special Health Authorities
Managing Director, WHSSC
Chief Ambulance Services Commissioner, EASC
Committee Secretaries, EASC and WHSSC

Saunders, Nathan
29/05/2024 09:27:05

Amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Board following the establishment of the NHS Wales Joint Commissioning Committee

On 1 April 2024 the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) will cease to exist. They are to be replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee will take on the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

As a result of the establishment of the new Joint Commissioning Committee the following amendments are required to the LHB Model Standing Orders:

Remove the following paragraphs:

- xi) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee ("WHSSC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)**, which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.
- xii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8)** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee ("EASC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.

and replace with:

- xi) **The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06)** provide that the seven LHBs in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:
 - (a) specialised services for –
 - (i) cancer and blood disorders,
 - (ii) cardiac conditions,

Saunders, Nathan
29/05/2024 09:27:05

- (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.

Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **National Health Service Wales Joint Commissioning Committee (Wales) Regulations 2024 (2024 No. 135 (W29))**, which make provision for the constitution and membership of the Joint Commissioning Committee, including its procedures and administrative arrangements.

Renumber paragraphs after xi)

Paragraph 3.2 – Joint Committees

Remove paragraph 3.2.3

3.2.3 The Board shall establish, as a minimum, the following joint-Committees:

- The Welsh Health Specialised Services Committee (WHSSC).
- The Emergency Ambulance Services Committee

and replace with

3.2.3 The Board shall establish, as a minimum, the following joint-Committee(s):

- The National Health Service Wales Joint Commissioning Committee (JCC)

Section 10 - GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

Remove paragraph 10.0.4

10.0.4 Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

and replace with

10.0.4 Assurances in respect of the functions discharged by the National Health

Services Wales Joint Commissioning Committee (the JCC) shall be achieved by the reports of the JCC Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

Schedule 1 – Model Scheme of Reservation and Delegation of Powers

Remove

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC) or Emergency Ambulance Services Committee (EASC)).

and replace with

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).

Schedule 4 – Joint Committee Arrangements

Remove

Schedule 4.1 – Welsh Health Services Specialised Services Committee
 Schedule 4.2 – Emergency Ambulance Services Committee

and replace with

Schedule 4.1 – National Health Service Wales Joint Commissioning Committee

Saunders, Nathan
 29/05/2024 09:27:05



Our ref: MA/EM/0837/24

Chairs of NHS Trusts

26 March 2024

Dear Chairs

Interim Review of Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts and Amendments to the title of the Welsh Ambulance Service NHS Trust

As you are aware the new NHS Wales Joint Commissioning Committee will be established from 1 April 2024 as a Joint Committee of the seven Health Boards. This is in accordance with the NHS Wales Joint Commissioning Committee (Wales) Directions 2024.

In preparation for the establishment of the new Joint Committee Model Standing Orders and a Scheme of Reservation and Delegation of Powers have been developed for incorporation into the Local Health Board Model Standing Orders. It has also been necessary to make some amendments to the Model Standing Orders and Reservation and Delegation of Powers for NHS Trusts. These amendments include the removal of all references to the Welsh Health Services Commissioning Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) which will cease to exist on 31 March 2024.

The amendments to NHS Trust documents within Section 19(1) of the National Health Services (Wales) Act 2006.

These amendments supersede those issued on 27 July 2023 and as confirmed in Welsh Health Circular WHC2023/032. A new WHC will be published to confirm this.

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders and Reservation and Delegation of Powers.

In addition, the Welsh Ambulance Services NHS Trust has recently obtained university status. The Model Standing Orders and Reservation and Delegation of Powers for NHS Trusts have therefore been updated to reflect the body's new title which will come into force on the 1 April 2024.

Yours sincerely,

Eluned Morgan AS/MS
Cabinet Secretary for Health and Social Care
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Saunders Nathan
29/05/2024 09:05

Copied to:
Chairs of Local Health Boards and Special Health Authorities,
Chairs of EASC and WHSSC,
Chief Executives of Local Health Boards,
NHS Trusts and Special Health Authorities Directors of Governance/Board
Secretaries of Local Health Boards, NHS Trusts and Special Health Authorities
Managing Director, WHSSC
Chief Ambulance Services Commissioner, EASC
Committee Secretaries, EASC and WHSSC

Saunders, Nathan
29/05/2024 09:27:05

Amendments to the Model Standing Orders and Reservation and Delegation of Powers for NHS Trusts following the establishment of the NHS Wales Joint Commissioning Committee and the Welsh Ambulance Services NHS Trust obtaining University status

On 1 April 2024 the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) will cease to exist. They are to be replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee will take on the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

As a result of the establishment of the new Joint Commissioning Committee the following amendments are required to the Model Standing Orders (SO's), Reservation and Delegation of Powers for NHS Trusts:

Remove the following paragraphs:

- xi) NHS Trusts work closely with the seven Local Health Boards (LHBs) in Wales. The chief executive of the Trust is an associate member of the following joint-committees of the LHBs:
 - The Welsh Health Specialised Services Committee, and
 - The Emergency Ambulance Services Committee.
- xii) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee ("WHSSC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)**, which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.
- xiii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8)** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee ("EASC"). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.

and replace with:

Saunders, Nathaniel
29/05/2024 09:27:05

xi) **The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06)** provide that the seven Health Boards in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:

- (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.

Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **National Health Service Wales Joint Commissioning Committee (Wales) Regulations 2024 (2024 No. 135 (W29))**, which make provision for the constitution and membership of the Joint Commissioning Committee, including its procedures and administrative arrangements.

Renumber paragraphs after xi)

Section 10 - GAINING ASSURANCE ON THE CONDUCT OF TRUST BUSINESS

Remove paragraph 10.0.4

10.0.4 Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive.

As a result of the Welsh Ambulance Services NHS Trust obtaining University status the Model SO's, Reservation and Delegation of Powers will need to be amended to remove all references to the Welsh Ambulance Services NHS Trust and replaced with the Welsh Ambulance Services University NHS Trust.

As a result of the body obtaining university status, WAST have been advised that one Non-Executive board position should be occupied by an 'Academic Board Member'. Therefore paragraph 1.1.7 needs to include reference to this requirement.

1.1.7 [For WAST – A total of 6 (excluding the Chair and Vice-Chair) appointed by

Saunders Mathen
29/05/2024 09:27:05

the Minister for Health and Social Services, which will include:

- A person who holds a health related post in a university;

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Corporate Risk Register			8.1		
Meeting:	Board Meeting	Public	<input checked="" type="checkbox"/>	Meeting Date:	30 May 2024	
		Private	<input type="checkbox"/>			
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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.

Internal Audit assessed the Health Board's Risk Management and Board Assurance Framework Strategy, as well as its Risk Management procedures, and presented a reasonable assurance rating at the Audit and Assurance Committee meeting in May 2024.

The risk registers are currently produced on an excel spreadsheet. The AMaT IT solutions team is currently working on a new module that will allow all risk registers to be assigned to one central location. The new module should be operational by the end of the third quarter.

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 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. 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 submitted and accepted from all of the Clinical Boards with an additional 11 risks added to the Specialist Services register. Combined risks from all Clinical Boards stands at 52.

The Capital, Estates, and Facilities (CEF) risk register is now reported by discipline and has been introduced so that risks can also be identified in general terms. A number of building works have been completed and the overall number of risks now stands at 47.

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 continues to progress.

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
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Impact Assessment:

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

Risk: Yes

The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processes and procedures.

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

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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			
dicine	1			DMT to utilise BIS risk surveillance cube to prioritise patients & reduce potential harm Admin team to send patient risk letters for delayed surveillance cases to manage patient risk DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG 27.04.2022 Update: Ongoing insourcing @ UHL Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date. Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk Ringfencing capacity for surveillance commenced, highest risk should be cleared by Oct 2023.	5	5	25	Clinical validation of surveillance waiting list completed until the end of 2021 Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification Some high risk surveillance patients started to be listed for procedures	5	5	25	DMT to utilise BIS risk surveillance cube to prioritise patients & reduce potential harm Admin team to send patient risk letters for delayed surveillance cases to manage patient risk DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG 27.04.2022 Update; Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date. Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk Ringfencing capacity for surveillance commenced, highest risk should be cleared by Oct 2023.	5	1	5	May-24	Finance & Delivery Quality, Safety and Experience	Patient Safety Cancer Planned Care
	2			There is a risk of patient harm due to overcrowding within the Emergency and Acute Medicine footprint secondary to no flow or lack of UHB capacity. This results in the inability to provide and maintain key quality standards as patients are being nursed in inappropriate areas affecting timely access to treatment and discharge.	5	5	25	UHB and local escalation policy and implementation led by MCB Hub and Patient Access Services working in partnership with the EU Controller and Senior Floor cover to improve flow. Escalation of all constraints to all Directorates. Internal escalation to key clinicians/staff to assist with flow across the department. All vulnerable patients escalated to ensure timely bed allocation. Standard Operating Procedure in place for all ambulatory areas. Clinical Board engaged and supportive of 'on boarding' and FCP to facilitate flow. Change in the Emergency Unit footprint to support flow, eg speciality hub. Lower ground floor and EU footprint re-design.	5	4	20	Appropriate escalation and discussion with MCB HUB, Patient Access Services and OPAT regarding safe and timely patient flow. Introduction of two Band 7 nurses to support flow and patient access.	5	3	15	Feb-24	Quality, Safety & Experience	Patient Safety Capital Estates

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					Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Me	3			<p>Context: Workforce and Capacity constraints across Gastroenterology & Endoscopy are compromising 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 including services with single handed operators and single points of failure.</p> <p>Risk: Delayed diagnosis and treatments of cancer and benign diseases; risk of not fulfilling commissioned activity and income generation; 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 Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management</p>	5	5	25	<p>1. Activity within Endoscopy isn't meeting the demand for those patients requiring surveillance carrying significant risk of undiagnosed cancers in a high risk population 2. Gastro Consultant of the day model to be agreed 3. Uncertain ability to recruit the required nursing workforce to meet the uplift in numbers to run 6 theatres 6 days per week 4. Single handed operator services and single point of failure requiring investment to ensure a robust succession plan 5. That Consultant/Operator job plans facilitate maximising core Endoscopy activity with competing demands of GIM rota and Gastro Consultant of the day</p>	5	2	10	Jun-24	Quality, Safety & Experience	Workforce Patient Safety
	4			<p>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 from 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</p> <p>Risk: Delays in offering nutrition to patients in whom there is no alternative with complications creates a number 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.</p> <p>Impact: Potential harm including death; multiple concerns and media coverage; not meeting national guidelines</p>	5	5	25	<p>Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated Previous business case and SBAR to WHSSC for additional service support including consultant post</p>	5	4	20	<p>Dependant upon agreement of funding by WHSSC/UHB and availability of suitability experienced workforce to fill new posts</p>	5	2	10	May-24	Quality, Safety & Experience	Patient Safety Workforce
	5	01/05/2023		<p>Issue - Inadequate midwifery and medical staffing on obstetric assessment unit.</p> <p>Risk/Impact - risk of harm to patients due to the inability to implement a robust evidenced based obstetric triage system and patient review.</p>	5	5	25	<p>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</p>	5	5	25	<p>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.Staffing requirements dictated by BSSOT's and difficult maintaining staffing requirements due to escalation</p>	5	3	15	Monthly	Quality, Safety and Experience	Patient Safety Capital Assets
	6			<p>Issue - Ongoing Lift Failure - 7, 8 & 9</p> <p>Risk/Impact - Serious harm to women and babies from risk of entrapment or potential delays in emergency treatment due to lifts failing on demand</p>	5	5	25	<p>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.</p>	5	4	20	<p>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)/ tertiary tower so always 2 lifts in action. 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. Due to repetitive faults and requirement for refurbishment, risk rating remains at 20</p>	5	2	10	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety Maternity Capital Assets
	7		7.11.2023	<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 ie potential for wrongful life litigation.</p>	5	4	20	<p>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.</p>	4	4	20	<p>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 clinical 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, but only x1 appointed. 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 WHSSC - awaiting response.</p>	5	3	15	Monthly	Quality, Safety and Experience	Patient Safety Exacerbation of Health Inequalities Maternity Planned Care
	8		02/2023	<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>	5	4	20	<p>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.</p>	5	4	20	<p>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.</p>	5	1	5	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety

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					Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Children and Women	9	01.12.2023, 7.11.2023		<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). 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</p>	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.	4	2	8	Monthly	Quality, Safety and Experience	Patient Safety
	10	04/2021		<p>Issue - Inadequate Emergency Gynaecology Facilities</p> <p>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</p>	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 nurse in emergency gynae.	4	2	8	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety
	11	08/01/1900		<p>Issue - UK wide shortage of Paediatric & Neonatal Intensive Care Capacity</p> <p>Risk/Impact - There is a risk that C&YP who are admitted or waiting to be admitted to the CHFV 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 critical care which can lead to more complex surgery later and longer hospital admission times.</p>	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 inpatient 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. Children's hospital discharge co-ordinator.	5	2	10	Monthly	Quality, Safety and Experience	Patient Safety Maternity
	12	1.02.2023	8.01.2024 (OG 11 incorporated)	<p>Issue - Publication of UK Maternity & Neonatal Services Report (Ockenden) detailing standards and requirements</p> <p>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 recurrence of any themes identified</p>	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
	13	1.10.2023, 7.11.2023		<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>	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
	14	08/01/1900		<p>Issue - UK wide challenges in recruitment, retention and wellbeing of staff (predominantly Nursing & Midwifery)</p> <p>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</p>	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

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	15		8.01.2024	<p>Issue - Lack of appropriate Fetal Monitoring Capability on Delivery Suite</p> <p>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.</p>	5	4	20	Clinical Engineering maintaining equipment	5	4	20	<p>Success of capital bid Evaluate if lease available for monitors</p> <p>Bid successful and huntleigh monitors to be introduced into Delivery Suite. Telemetry monitors requested for consideration. Risk remains whilst new huntleigh monitors awaited</p>	5	1	5	Monthly	Quality, Safety & Experience	Patient Safety Health Inequalities Maternity
	16		8.01.2024	<p>Issue - Euroking System Capability - UK Wide Alert</p> <p>Risk/Impact - Data Overlay of any previous medical/surgical history for patient data</p>	4	5	20	<ol style="list-style-type: none"> Staff are aware of the system issues and advised not to review historic surgical/medical assessments Issues escalated to IG/Legal/Procurement/CNIO/Digital Maternity Cymru Data dictionary obtained and to commence full risk assessment for CAVUHB Pause on any audit/research that includes overlaid data points Storage of documentation against future archive to mitigate future claims 	4	5	20	<p>Continue project work for procurement and implantation of new maternity system.</p> <p>Continue urgent request with Euroking for reconnecting server access to continue support.</p> <p>Successful bid for Badgernet system achieved. Risk remains whilst the transition from Euroking to Badgernet is awaited.</p>	4	1	4	Monthly	Quality, Safety & Experience	Health Inequalities
	17			<p>Issue - Challenges in Management of Patients within PAS Services:</p> <ol style="list-style-type: none"> Multiple incidents related to management of patients with PUL/ Ectopic/ Follow up results/ management plans and communication all discussed at Risk meetings, lack of immediate senior support for complex patients when PAS Lead is unavailable. This is resulting in complaints and concerns raised by the patients. USS governance issues. Difficulties in transferring patients across to acute settings- long waiting times for ambulances. Inefficient utilization of staff to have a cross cover resulting in shortage of staff across both sites which has implications on the clinics in UHW. Safety of staff identified at latest DATIX/ Clinical Risk Meeting- isolation of staff, limited security cover in CRL, limited phone access to rooms to contact security if required. <p>Risk/Impact: Impact on patient safety and management. Missed opportunities in relation to treatment option in patients diagnosed subsequent with PUL/ Ectopics.</p>	4	5	20	<ol style="list-style-type: none"> USS Governance Lead in post. RM recommended patients attending PAS should be offered USS. Awaiting final outcome. 	4	5	20	<ol style="list-style-type: none"> Move PAS services back to UHW. Establish required resources/ rooms required for PAS service. Re-establish TDSI access and broken 'locked' door to increase security for staff. USS provision added as new addition to Risk Register and for escalation to Clinical Board Risk Register. Review of local and national guidance to clarify provision of USS for all patients in PAS service. Review of evidence associated with USS provision in PAS service. Audit of PAS service regarding USS provision and outcomes to establish correlation with DATIX incidents. Presentation of results during Audit/ Clinical Governance Meeting. 	4	1	4	Monthly	Quality, Safety & Experience	Planned Care Patient Safety Maternity Wellbeing of Staff
	18			<p>ISSUE: Delay in implementing a Regional Sexual Assault Referral Centres (SARC) rota.</p> <p>RISK/IMPACT: Cardiff and Vale Consultants will remove their willingness to cover the regional SARC element due to concerns regarding competencies. This will lead to an unsustainable SARC rota.</p>	4	5	20	<ol style="list-style-type: none"> Cover identified for Consultant who has formally withdrawn. Consultants identified to contribute to Regional rota, with a plan to cover the 8th slot. 	4	5	20	<ol style="list-style-type: none"> Request urgent financial sign off of proposed model and remuneration. Implement regional rota as soon as practically possible. Regular review of risk/ update register. 	4	2	8		Jul-24	Patient Safety Exacerbation of Health Inequalities
	19			<p>Issue: Non compliance against New MHRA Guidance for Beds/Bed Rails across CHFV</p> <p>Risk/Impact: Risk of children being injured or harmed during their hospital stay due to the incorrect style bed being used for the duration of their stay.</p> <p>New guidance has also been circulated from the MHRA to state new recommendations for Beds to be used for children that are too big for a cot but too small or have additional safety risks if put in a standard adult bed. (EN 50637:2017 standard for smaller people/children) This recommendation was made post a national PSA alert. In addition Medstrom have informed procurement that they can no longer provide parts for the Avant Guard 1200 beds which are the only beds that can be used for younger children.(March 2024). Children that cannot be cared for in an Avant Guard 1200 bed could be at risk of harm if cared for in the other two models of full size beds available from current bed supplier i.e the Solo and the MMS05000</p>	4	5	20	Use Avant Guard 1200 beds or the Favero extendable bed/cot if the child is at risk If using other models consider risks to individual child Is the child likely to fall out of bed/injure themselves in a bed with rails rather than solid sides or climb over the sides? Consider child's level of consciousness, confusion ,agitation, hyperactivity Beds should be kept at low level Request bed rail bumpers if no suitable Avant Guard 1200 beds available Only children over ten years of age with no risk factors should be cared for in models MMS05000 and Solo beds.	4	5	20		3	4	12	Monthly	Patient Safety Planned Care Urgent & Emergency Care	
	20			<p>Estates Risks</p> <p>The fabric of the estate is suboptimal to delivery of modern, safe and sustainable healthcare.</p> <p>Significant aggregated risks across the Clinical Board Directorate risk registers including:</p> <ol style="list-style-type: none"> Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 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 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. 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 Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 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 portcabins. 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. 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 The viability and sustainability of an ageing facility in PSU at UHL, 	5	5	25	<p>Capital planning programme</p> <p>Discretionary capital programme</p> <p>Escalation routes to Estates</p> <p>Business Continuity Plans</p> <p>Managed service contracts</p> <p>Maintenance service agreements</p> <p>Medical equipment governance framework</p>	5	4	20	<p>Further work with Capital and Estates to develop prioritised timetabled plans to address known risks.</p> <p>Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies</p> <p>Engage with TRaMS project for proposed regional solution to Radiopharmacy and asetics</p> <p>Engage with Capital Planning with regards to Mortuary refurbishment project,commenced January 2024, planned completion Dec 2024</p> <p>Put in place recommendations from internal audit of medical records storage and security, refurbishment of flooring in main dept completed. Workstream in progress regarding management of medical records which may impact how records are stored in future</p>	5	2	10	Apr-24	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety

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Clinical Diagnostic & Therapeutics	21			<p>Equipment Risks - ageing equipment across the clinical board including:</p> <ul style="list-style-type: none"> NVA 1 and NVA 2 simultaneous breakdown, affecting both emergency and elective patients, increasing frequency and severity of breakdown affecting both rooms. Air handling 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 . 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. 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. 	5	5	25	<ul style="list-style-type: none"> 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	<ol style="list-style-type: none"> Capital replacement bid to be submitted for air handling and chiller units Replacement programme for NVA 1 and 2 to commence June 2024 Engage with TRAMS project for proposed regional solution to sterile production units Procurement for new temperature monitoring solution, supplier identified for Pharmacy. Lab medicine to review if same supplier could meet needs for labs Isolators for SMPU ordered, aim for installation in September 2024 	5	2	10	Apr-24	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety
	22	14.11.2019	<p>Regulatory Compliance and Accreditation</p> <p>Non compliance with regulatory and accreditation requirements leading to:</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	
	23	1.09.2023	<p>Temporary 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 bringing in significant amounts of dust into the lab, with potential to affect sensitive immunoassays, with potential to produce 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 also in use to try and maintain cooler temperatures but come with risk in electrical load and the ducting becoming hot</p>	4	5	20	<ol style="list-style-type: none"> Two closed windows replaced with ones that open Mobile air conditioning units rented and installed Oestradiol and Gentamicin have been referred and the Architect turned off In event of total failure all work has business continuity plans Some parameters specifically susceptible to high temperatures can have re-run rules applied on main automated system to mitigate some potential erroneous results working on short term plan to ensure the air conditioning system is being serviced/ maintained with regular diagnostic reports so preventable actions can be taken. Portable units ordered Filters being fitted to ducting to reduce dust and debris Air flow from outside unit can be altered to improve temperature within lab, estates more responsive when temperatures beginning to rise Replacement programme due to commence April 2024 	4	5	20	<ul style="list-style-type: none"> 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	
24	01/01/2020	<p>Haematology and Immunology - Clinical Environment</p> <p>Lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Separate commodes for c.diff and BMT patients. Footprint for BMT patients inadequate. En-suite facilities required.</p>	5	5	25	<ul style="list-style-type: none"> Policies, protocols, and guidelines available. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward A4 North (amber) for triage prior to admission to B4 (green). 	5	4	20	<ul style="list-style-type: none"> Escalated to Clinical Board, estates, Capital Planning Team and WHSSC. C.O.S has been drafted and work with capital and estates is ongoing to develop plans for new area. 	5	2	10	Aug-23	Quality, Safety and Experience and People and Culture	Patient Safety Staff Wellbeing Workforce Critical Care		
	25	17/02/2020	<p>Haematology, Immunology and Metabolic Medicine - TYA Oncology Services</p> <p>TYA cancer patients may elect to have their treatment on the designated TYA cancer unit hosted in UHW. Chemotherapy plans are determined by the site specific MDT/Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways. As a result, there are risks around:</p> <ul style="list-style-type: none"> Transcribing of chemotherapy Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients Variation in practices between UHW and VCC Overreliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history. 	5	4	20	<ul style="list-style-type: none"> Email correspondence from VCC Clinician confirming treatment plans. Expertise in pharmacy and nursing teams involved in TYA cancer care delivery. 	5	4	20	<ul style="list-style-type: none"> Access to VCC chemocare on TCTU. Treatment plan proforma to be utilised by all TYA cancer patients. TYA team to access and use Canisc. Systems ready, staff being trained (completion end of December) working through protocol. Senior nurse working with Velindre on solution. 	5	1	5	Aug-23	Quality, Safety and Experience Finance and Delivery	Patient Safety Critical Care	

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Specialist Services	26	27/08/2021		Haematology and Immunology - Office Accommodation Insufficient and/or inappropriate office accommodation is available for clinical, managerial and administrative staff across the directorate. Ongoing serious maintenance/estates and Health and Safety issues in the BMT offices in Jubilee Gardens which presents a significant risk, including poor ventilation and water leaks in the area causing damage to UHB property, disruption to services and a serious Health & Safety risk to staff based in that area.	4	5	20	Issues escalated to Clinical Board and Medical Director's Office as a Health & Safety issue for staff. Health & Safety team and Estates Management aware. Estates team are monitoring the situation.	5	4	20	Alternate suitable office accommodation needs to be identified to allow clinical and managerial staff to continue to work in a more appropriate environment.	5	1	5	Aug-23	Finance and Delivery	Capital Assets Patient Safety Critical Care
	27	17/08/2021		Neurosciences Lack of appropriate referral system in place to appropriately manage high volume of emergency Neurosurgical referrals. The department has a system in place but it is outdated and does not provide sufficient governance controls. Trial of e-advice system. Requirement for additional developmental support.	5	5	25	Paper based referral system in place. All referrals added to a proforma and added to an in house data base. Database has no facility to back up information. Risk of loss of paper proforma. In addition, records can be altered/deleted without an audit trail. No way of keeping a record of comments back to the referrer for comprehension.	5	4	20	Bench Marking undertaken. Appropriate system identified as used in the majority of Neurosurgery units across UK. No funding available within Directorate to purchase system (10k)	5	1	5	Aug-23	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
	28	27/08/2021		Neurosciences High level of registered nursing vacancies which potentially will risk sustainability and provision of services	4	5	20	Several active recruitment initiatives underway, block booking of bank/agency where possible. Recruitment event to showcase the new Spec Rehab facilities at UHL planned. Non ward based nursing staff supporting clinical areas where possible and appropriate	5	5	25	Off-ward nurses required to work on wards to mitigate the risk.	5	1	5	Aug-23	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
	29	27/08/2021		Neurosciences Prolonged waits for epilepsy new case and follow up outpatient due to consultant vac / sickness	4	5	20	Additional clinics are being undertaken and medically reviewing the longstanding referrals.	4	5	20	10 session consultant job out to advert, closes 5th Feb. COTW business case being worked up, to include additional consultant numbers.	4	1	4			Patient Safety Urgent & Emergency Care
	30			CARDIOTHORACIC Immediate separation of cardiology services from cardiac and thoracic surgery thus creating a small standalone surgical unit with very suboptimal cover from cardiology and cardiac physiology.	5	4	20	Amendments to existing cardiology job plans to ensure appropriate cover for each site. Maintain cardiac surgical presence on a daily basis at UHW (Mon- Fri) including the MDT which is currently once per week. MTC pathways to manage rib fractures locally by gen. surgical/trauma teams, and to accommodate off site cover by cardiac & thoracic surgery. It is inevitable that a low number of cardiac surgical cases will need to be done onsite at UHW. This therefore requires the ongoing capability in terms of theatre provision and equipment in order to carry this out. Saturday echo provision implemented to support post operative imaging.	5	4	20	Work is being initiated to repatriate cardiothoracic surgery back to UHW.	5	1	5			Patient Safety
	31			CARDIOTHORACIC Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk.	5	4	20	Daily validation of cardiology waiting lists. The initiation of weekend working. Regular feedback to the consultant body highlighting long waits.	5	4	20	Acquisition of UHW discharge lounge to increase day case cardiology capacity. Discussions ongoing in terms of the development of a 4th cardiac catheter lab.	5	2	10			Patient Safety Urgent & Emergency Care
	32			CARDIOTHORACIC Ability to recruit and maintain specialist staff groups in particular Cardiac Physiology and Band 5 nursing workforce. Significant risk to the regional Primary PCI service.	5	4	20	Robust monitoring of vacancies. Early reporting and proactive recruitment. Undertaken staff pulse surveys to understand current constraints and implement action plan to address concerns. Established successful Band 5 Cardiothoracic rotation programme to increase recruitment. Introduced fast training for echocardiography. The appointment of STP roles within cardiac physiology. Primary PCI service discussed through the cardiac network group. Attending wider recruitment events. Utilising off ward nurses to mitigate risk and support senior presence in ward areas	5	4	20	Business cases submitted to WHSCC for physiology to support TAVI and complex ablation. RTT planning to include the recruitment of 3 Band 7 physiologist.	5	3	15			Workforce
	33			CARDIOTHORACIC The relocation of Coronary Care due to Critical Care expansion through winter pressures.	5	3	15	OPAT management processes to maintain hospital flow. Early identification and discharge of wardable ICU patients.	5	4	20	Project team established	5	2	10			Patient Safety
	34			Critical Care - Bed Capacity (Replaces Risk Ref 18) 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 result in 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	5	25	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.	4	2	8	Aug-23	Quality, Safety and Experience Finance and Delivery	Patient Safety Critical Care
	35			Neurosciences Unable to provide Epilepsy Telemetry Service to patients with intractable epilepsy, due to inability to access the facilities currently being used by another clinical service (Medical Clinical Board post COVID)	5	5	25	Discussion ongoing between Clinical Boards to allow service to be accessed.	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	4	1	4			Quality, Safety and Experience
			Neurosciences Availability of appropriately trained temporary staffing when required. Recruitment difficulties have led to vacancies (nursing / medical)	5	3	15	Appropriately qualified staff rostered; rosters prepared in advance; robust monitoring of sickness and appropriate action taken. Received exemption to All Wales locum cap pay.	5	4	20	Over establishment in high risk areas to minimise the risk, use of Locum medical staff; use of B&A; Timely turnaround of Vac1	5	2	10			People & Culture	Workforce

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	37			Neurosciences Failure to implement the revised MHRA guidance related to sodium valproate. Patients unborn child will come to harm as a result of failure to adhere to the pregnancy prevention programme.	5	4	20	Weekly nurse led clinics running.	5	4	20	Recruited 0.8 Band 7 CNS to support the SV work, although not able to prescribe until next summer. Initially targeting the high risk patients that have been non compliant with PPE. Working with Health Board and GPs to ensure safe transfer of service.	5	1	5		Quality, Safety and Experience	Patient Safety
	38			Neurosciences Due to the relocation / lack of investment / workforce shortfall against BRSM standard. The Spinal Rehab service is currently extremely fragile.	4	5	20	Seeking investment from WHSSC into staffing groups to bring unit within National guideline. Operationally currently not admitting to full capacity due to single handed medical consultant and nursing staffing challenges. DMT raised disussion at WHSSC and Clinical Board level.	4	5	20	One Deputy Ward Manager in post and interim Ward Manager on West 8. Substantive consultant post interviews in Feb.	4	1	4		Quality, Safety and Experience	Workforce Patient Safety
	39			Haematology and Immunology Single handed consultant (Gastro) NET service. Single handed consultant delivered service for comissioned South Wales Neuroendocrine Cancer Service since 2017, unsuccessful recruitment despite resource from WHSSC. High risk of service collapse with in creasing patient numbers, no cover for leave/sickness etc.	5	5	25	Executive oversight (COO) with transition into new clinical board.	4	5	20	Restrictions on service to be explored if no other solutions not identified. Explore all solutions for second consultant (meeting with consultants TBA). Dr Haboubi to provide dates for monthly clinics for 2024. plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existig CNSs. Gastro registrar to provide limited input into service for education and troubleshooting. Clinical fellow to be appointed.	4	3	12			Workforce Patient Safety
Finance	40	Apr 22		The submitted IMTP has a planned deficit of £15.9m for 2024/25. The Health Board does not have a plan to achieve its revenue statutory breakeven duty without reliance on WG financial support.	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	5	4	20	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Various internal audits confirming controls are in-place.	5	3	15	Feb-24	Finance and Delivery	Financial Sustainability Delivery of IMTP 23-26
	41	April 22		Due to a planned deficit of £15.9m for 2024/25 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.	4	5	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	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Various internal audits confirming controls are in-place.	5	3	15	Feb-24	Finance and Delivery	Financial Sustainability Delivery of IMTP 23-26
	42			Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. If it was to occur it would compromise the achievement of the revenue statutory breakeven duty. (Risk Fin01/24 above)	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Monthly Financial Clearance Meeting. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	5	4	20	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Various internal audits confirming controls are in-place.	4	2	8			Financial Sustainability Delivery of IMTP 23-26
	43			Deliver a recurrent cost improvement programme A recurrent CIP target of £47.2m has been set for 2024/25. Failure to deliver will impact on the Health Boards ability to deliver the planned 2024/25 deficit of £15.9m.	4	5	20	CIP target clearly communicated to budget holders. CIP tracker in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting, including specific focus on CRPs. Executive / Clinical Board Performance Reviews, monthly Sustainability Boards and Weekly Sustainability Meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.	4	5	20	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Various internal audits confirming controls are in-place.	4	2	8			Financial Sustainability Delivery of IMTP 23-26
	44			Remain within Cash limit	5	4	20	The UHB will require cash support from WG for the 24/25 planned deficit of £15.9m along with likely movements in working capital from the 2023/24 balance sheet.	5	4	20	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Various internal audits confirming controls are in-place.	5	2	10			Financial Sustainability Delivery of IMTP 23-26

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Digital Health	45	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	April '24: Cyber Manager successfully appointed, starting in May 2024. Cyber plan in place. 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	5	3	15	Mar-24	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
PCIC	46	05/07/2023		Domiciliary medication administration/support Risk: Sufficiency of domiciliary medication administration/support arrangements. Source of uncertainty/cause: Monitored Dosage Systems (MDS) and less commonly Medicines Administration Records (MARs) are required by domiciliary care workers to administer medication to people receiving their care. Community Pharmacies are not required under their contract to supply MDS/MAR for this purpose and there are less pharmacies now willing to provide this service for individuals who do not require it as part of reasonable adjustment arrangement to support them independently managing their own medication. Consequence: 1. Inability or significant delay in being able to discharge patients with medication support needs with increased risks associated with extended hospitalisation in terms of deconditioning and independence. 2. Impact on staffing resources across the system trying to source Community Pharmacy willing to provide MDS's or MARs for patients requiring support from care workers. 3. Increased pressure on Community Pharmacies willing to support MDS/MAR provision 4. Inequity as some patients are being charged by pharmacies for this service provision pressure on Community Pharmacies willing to support MDS provision Risk updated and re-phrased 09/11/2023	4	5	20	1. Relying on good will of community pharmacies to provide medication in MDS/MAR 2. Secondary care and primary care teams working together to negotiate provision of MDS for individual patients if discharge is looking to be delayed 3. Local Authority have produced a Regional medication policy to allow administration and commissioning of medicines by care workers out of original packs with a Medicines Administration Record (MAR) chart	4	5	20	Agree funding route for National Community pharmacy MAR service and investment for staff to deliver the other aspects of the LA policy Commissioning of Community pharmacy MAR service from Cardiff and Vale community pharmacies Care workers need to be trained to administer medication from original packs with a MAR chart	4	2	8	1.05.2024	Quality Safety and Experience	Patient Safety
	47	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.	5	3	15	Oct-23	Quality Safety and Experience	Patient Safety
Strategic Service Planning	48	05/07/2023		Business Continuity The business continuity planning with in the HB is at risk due to •Out dated plans, no central repository for plans, •No central register of plans •Departments writing plans in isolation •PRR long term sickness, •Plans being reliant on backup generator power to maintain services in a power failure when large parts of UHW is not covered This is likely to lead to services not being maintained during and following an incident, increased risk to patient and staff safety, reputation, etc.	5	5	25	There are existing plans in place	5	4	20	EPRR team will continue to support BC Ops have a Single point of contact	5	3	15	Aug-23	EPRR Strategic Oversight Group	Workforce

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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	49	17/08/2023		Severe High Risk Eating Disorders getting timely access to inpatient beds for refeeding or medical stabilisation	4	5	20	SHED service working with this group and escalating concerns	4	5	20	Escalated to COO	4	2	8	Oct-23	Quality Safety and Experience	Patient Safety
	50	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 accommodation will be required.	5	4	20	Workplace inspections. Currently allocating internal funding for minor refurb 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
	51			St Barrucs isolation: There is no additional SIMA support, There is no immediate Pharmacy support on site, Reduced access to SALT (Choke risk), MHCB GP/Senior nurse resource is limited, so is this is significantly reduced when called to ST Barrucs, The environment is not appropriate for this complex patient group due to the location and layout. Reputational risk if public due to variation in access to care.	4	5	20	"GP- Senior Nurse attend twice a week- however this adds pressure to this resource . News 2 implemented to identify deteriorating patient. Clear procedure to access 999. Physical Health Training Sessions provided to staff. Training to be provided – bladder scanner/ECG. All staff to be trained in ILS. All staff to be trained in SIMA. Consider moving physically/ acutely unwell patients up to UHL. However none of this mitigates the risk of the location and risk associated with this.	4	5	20	Transfer unit to UHL site is ideal solution	4	1	4	Jan-25		Health and Safety
	52			Currently there is no CCTV in Hafan y Coed or Llanfair, which could put staff and patients at risk	5	5	25	No controls	5	5	25	Carry out repairs to mitigate risk	5	3	15			Patient Safety Health and Safety Staff Wellbeing

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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	
C a t e r i n g																		
C F P U																		
16		18/12/2023	Risk: Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU. Impact: Unable to increase provisions of patient frozen meals to provide contingency levels. New food safety measures and controls required as identified by the food safety assurance manager requires a 4 hours blast freeze process compared to the previous 2 hours along with the new enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day. Financial impact: The need to purchase additional meals from an external company at an approximate cost of £25k monthly.	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. Purchase meals from Apetito for additional stock items	5	4	20	All rotas to be checked/reviewed and amended accordingly. Continue 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
			Risk: CFPU are sitting on the outer HV ring, which isn't currently backed up by the HV generator, also without a local LV generator. Impact: Food production of patient cook freeze meals would stop. Large storage freezers and refrigeration holding high stock levels would fail to store frozen products at the correct temperature, stock levels of patient meals will need to be disposed, this will compromise the ability to feed patients in line with Nutrition and hydration guidelines.		5	4	20	The issue has been highlighted during the Power outage testing. CEF are aware.	5	4	20	There has been limited occasions of power failure for the Lakeside Complex where the Central Food Production unit is located. Manage stock levels to minimise stock loss, CEF to continue to review the risk.						
C o m p l i a n c e																		
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	
E l e c t r i c a l																		
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-23	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 theatres and 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 BIC funding for 2024	Senior Electrical engineer	01-Dec-24	5	1	5	
			Risk/Issue: Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through Gaps in control – Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Failure to provide on distribution strategies standby generators resilience of N+1 automatically Switch Panelboard in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2		4	5	20	None Specified	4	5	20	None specified			4	2	8	
			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), CHFV 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		5	4	20	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	20				5	2	10	

Mechanical

Estates_30	UHW	MGPS Obsolete PRV & GAUGES	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 inspection.		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	DC Team	Sep-20	5	1	5	21/11/2022
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.		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.	DC Team	Sep-20	5	1	5	Monthly
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	DC Team	funding dependant	5	1	5	Monthly
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		5	4	20	Look to source New control system required for Boiler 3	5	4	20				5	1	5	23/08/2023

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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.	GW	5	4	20	Look to source New control system required for Boiler 1	5	4	20		DC Team	funding dependant	5	1	5	23/08/2023
Estates 49	LIFT/AE	07/13/2022	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.	DC Team	funding dependant	4	1	4	21/12/2022
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	DC Team	funding dependant	5	1	5	31/07/2023
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 thicgness has corroded on pipe thickness. (behind DSS10 HV S/S)	GW	5	4	20	Monitor condition until planned replacement	5	4	20	Both sections of the corroded 2 metre length of supply and return pipework needs to be replaced.	DC Team		5	1	5	Monthly
Estates 120	CWST	14/10/2023	Risk/Issue: Safe Access to the CWST (B58) is difficult with no ladder or any safe means of access to carry out statutory tank inspections and testing. Serious risk of fall from height and injury to person.	GW	5	4	20	The CWST has been inspected and a further visit required to see what temporary solution can be put in place.	5	4	20	Design and install a permanent, secure and safe access uregently.	DC Team		4	1	4	31/03/2024
Estates 124	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.		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.	DC Team		5	1	5	31/01/2024
Estates 132	UHW	BMS Sigma control module / electrical	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		5	5	25	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	20		DC Team		5	2	10	31/01/2024
Estates 134	Boiler house compressors	07/13/2023	Risk/Issue: Boiler house air compressors 1,2+3 at end of working life 10 + years old. No.1 off-line and cannot be re-lasted no 2 and 3 are running constantly - both require full overhaul and stated as beyond economical repair. As no.1 is u/s we do not have the capacity to work on either 2 or 3 as we cannot keep up with demand on one compressor. (Previously Risk raised- Risk Number Estates_22).		5	4	20	None provided- all have been deemed uneconomical to repair - no capacity to overhaul no.1, due to demand on 2 & 3.	5	4	20				5	1	5	
M17	Feb-20		Risk/Issue: UHW HSDU Chiller Plant. Chiller is 22 years old and failing with new spare parts now unavailble 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			5	1	5	Monthly
M27	09-21		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		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			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	Monthly
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		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			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		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			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		5	4	20	Regular maintenance being carried out	5	4	20	Look at improving the sytem to comply with current HTMs			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 interruption to service		5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required			5	1	5	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		5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required			5	1	5	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			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			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 remaining sets is being sourced.			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	Monthly
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	5	1	5	Monthly
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	Monthly
M51		Oct-23	Risk/Issue: Biochemistry Lab at UHW over heating due to increased equipment and failure of existng 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	Monthly

Energy & Environment

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	

Building

Estates_18	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	DC team	Aug-21	5	1	5	
Estates 112	DSS4 HV & LV Sub Doors	09/09/2023	Risk/Issue: Both DSS4 Maternity HV substation double doors and LV switchroom single door are made fro slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.		5	4	20	Monitor condition until planned replacement	5	4	20	Replace both sets of doors to metal/steel type with securefixing and locks, with CLIQ key system.			5	1	5	
Estates 122	UHW	A Block Roofing sheets	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		4	5	20	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	20				4	1	4	
Estates_145	B & C Motor Room Roof Membranes	17/04/2024	Risk/Issue: B Block Motor room membrane is no longer attached to roof and leaks over Lift machinery (motor/Electric panels and into lift car) Whole membrane requires replacing. C Block motor room roof membrane is intact at the moment, but floats up and down in the wind, so is not attached to the roof in the centre		5	4	20		5	4	20						0	
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	Sep-23	5	2	10	

Critical Risk Project

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2	20/11/2023	<p>Issue: High voltage load shedding equipment</p> <p>Risk/Potential Impact :</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 	5	5	25	<p>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.</p>	5	5	25	<ul style="list-style-type: none"> •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 	5	1	5
7	22/11/2023	<p>Issue: 2 Pumped cold water mains to roof tanks</p> <p>Risk/Potential Impact:</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 	5	4	20	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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 	1	4	4
15	01/12/2023	<p>Issue: Blowdown vessel of main steam boilers</p> <p>Risk/Potential Impact:</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 •Scalding risk •Isolation vales showing signs of wear •Age of vessel beyond working life 	5	4	20	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •Suggest new vessel and associated valves replaced •Repair existing vessel and controls to comply •Improve PPMS and reporting procedures •Carry out remedial maintenance works 	1	4	4
25	13/12/2023	<p>Issue: Steam raising boilers 1 and 3</p> <p>Risk/Potential Impact:</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 	5	4	20	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •Boiler 2 due on line completely new installation •Replacement upgrade of boiler 1 and 3 •Source spare parts in interim 	2	4	8

Assurance & Compliance

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HS12	Site disposal	21/12/2023	<p>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.</p> <p>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.</p>		5	4	20			5	4	20				5	1	5	
PFI																			
None at present																			

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CRR Reference as at 9.05.2024	Corporate Risks as at 9.05.24	Current Risk Score as of 9.05.2024	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/NWSSP Estates	External Audit (Audit Wales)	
Med	CRR1	5x4=20	x	x	x	x		x				
Med	CRR2	5x4=20	x	x		x	x	x				
Med	CRR3	5x4=20	x	x	x	x		x	x			
Med	CRR4	5x4=20	x	x		x		x				
C&W	CRR5	5x5=25	x	x		x		x				
C&W	CRR6	5x4=20	x	x		x	x	x	x	x		
C&W	CRR7	5x4=20										

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C&W	CRR8	<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	CRR9	<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). 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</p>	4x4=20	x	x		x						
C&W	CRR10	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	CRR11	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	CRR12	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	CRR13	<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								

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C&W	CRR14	<p>Issue - UK wide shortage of Paediatric & Neonatal Intensive Care Capacity</p> <p>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 critical care which can lead to more complex surgery later and longer hospital admission times.</p>	5x4=20										
C&W	CRR15	<p>Issue - Lack of appropriate Fetal Monitoring Capability on Delivery Suite</p> <p>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.</p>	5x4=20										
C&W	CRR16	<p>Issue - Euroking System Capability - UK Wide Alert</p> <p>Risk/Impact - Data Overlay of any previous medical/surgical history for patient data</p>	4x5=20										
C&W	CRR17	<p>Issue - Challenges in Management of Patients within PAS Services:</p> <p>1. Multiple incidents related to management of patients with PUL/ Ectopic/ Follow up results/ management plans and communication all discussed at Risk meetings, lack of immediate senior support for complex patients when PAS Lead is unavailable. This is resulting in complaints and concerns raised by the patients.</p>											
C&W	CRR18	<p>ISSUE: Delay in implementing a Regional Sexual Assault Referral Centres (SARC) rota.</p> <p>RISK/IMPACT: Cardiff and Vale Consultants will remove their willingness to cover the regional SARC element due to concerns regarding competencies. This will lead to an unsustainable SARC rota.</p>											
C&W	CRR19	<p>Issue: Non compliance against New MHRA Guidance for Beds/Bed Rails across CHFw</p> <p>Risk/Impact: Risk of children being injured or harmed during their hospital stay due to the incorrect style bed being used for the duration of their stay.</p>											

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CD&T	CRR20	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	CRR21	There is a risk to the delivery of modern, safe and sustainable healthcare due to ageing equipment across CD&T Clinical Board.	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR22	Risk of regulatory penalty and reputational and financial risk due to potential non-compliance with regulatory accreditation requirements	5x4=20	x	x	x	x	x	x	x		x	
CD&T	CRR23	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	CRR24	Haematology and Immunology - Clinical Environment Lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Separate commodes for c.diff and BMT patients. Footprint for BMT patients inadequate. En-suite facilities required.	5x4=20										
Spec Serv	CRR25	Haematology, Immunology and Metabolic Medicine - TYA Oncology Services TYA cancer patients may elect to have their treatment on the designated TYA cancer unit hosted in UHW. Chemotherapy plans are determined by the site specific MDT/Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways. As a result, there are risks around: -Transcribing of chemotherapy - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients -Variation in practices between UHW and VCC Overreliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	4x5=20										
Spec Serv	CRR26	Haematology and Immunology - Office Accommodation Insufficient and/or inappropriate office accommodation is available for clinical, managerial and administrative staff across the directorate. Ongoing serious maintenance/estates and Health and Safety issues in the BMT offices in Jubilee Gardens which presents a significant risk, including poor ventilation and water leaks in the area causing damage to UHB property, disruption to services and a serious Health & Safety risk to staff based in that area.	5x4=20										

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Spec Serv	CRR27	Neurosciences Lack of appropriate referral system in place to appropriately manage high volume of emergency Neurosurgical referrals. The department has a system in place but it is outdated and does not provide sufficient governance controls. Trial of e-advice system. Requirement for additional developmental support.	5x4=20										
Spec Serv	CRR28	Neurosciences High level of registered nursing vacancies which potentially will risk sustainability and provision of services	5x5=25										
Spec Serv	CRR29	Neurosciences Prolonged waits for epilepsy new case and follow up outpatient due to consultant vac / sickness	4x5=20										
Spec Serv	CRR30	CARDIOTHORACIC Immediate separation of cardiology services from cardiac and thoracic surgery thus creating a small standalone surgical unit with very suboptimal cover from cardiology and cardiac physiology.	5x4=20										
Spec Serv	CRR31	CARDIOTHORACIC Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk.	5x4=20										
Spec Serv	CRR32	CARDIOTHORACIC Ability to recruit and maintain specialist staff groups in particular Cardiac Physiology and Band 5 nursing workforce. Significant risk to the regional Primary PCI service.	5x4=20										
Spec Serv	CRR33	CARDIOTHORACIC The relocation of Coronary Care due to Critical Care expansion through winter pressures.	5x4=20										
Spec Serv	CRR34	Critical Care - Bed Capacity (Replaces Risk Ref 18) 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 result in 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.	5x5=25										
Spec Serv	CRR35	Neurosciences Unable to provide Epilepsy Telemetry Service to patients with intractable epilepsy, due to inability to access the facilities currently being used by another clinical service (Medical Clinical Board post COVID)	5x4=20										

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Spec Serv	CRR36	Neurosciences Availability of appropriately trained temporary staffing when required. Recruitment difficulties have led to vacancies (nursing / medical)	5x4=20										
Spec Serv	CRR37	Neurosciences Failure to implement the revised MHRA guidance related to sodium valproate. Patients unborn child will come to harm as a result of failure to adhere to the pregnancy prevention programme.	5x4=20										
Spec Serv	CRR38	Neurosciences Due to the relocation / lack of investment / workforce shortfall against BRSM standard. The Spinal Rehab service is currently extremely fragile.	4x5=20										
Spec Serv	CRR39	Haematology and Immunology Single handed consultant (Gastro) NET service. Single handed consultant delivered service for commissioned South Wales Neuroendocrine Cancer Service since 2017, unsuccessful recruitment despite resource from WHSCC. High risk of service collapse with increasing patient numbers, no cover for leave/sickness etc.	4x5=20										
Fin	CRR40	The submitted IMTP has a planned deficit of £15.9m for 2024/25. The Health Board does not have a plan to achieve its revenue statutory breakeven duty without reliance on WG financial support.	5x4=20	x	x		x		x		x	x	
Fin	CRR41	Due to a planned deficit of £15.9m for 2024/25 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.	5x4=20	x	x		x		x		x	x	
Fin	CRR42	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. If it was to occur it would compromise the achievement of the revenue statutory breakeven duty. (Risk Fin01/24 above)	5x4=20	x	x		x		x		x	x	
Fin	CRR43	Deliver a recurrent cost improvement programme A recurrent CIP target of £47.2m has been set for 2024/25. Failure to deliver will impact on the Health Boards ability to deliver the planned 2024/25 deficit of £15.9m.	5x4=20	x	x		x				x	x	
Fin	CRR44	Remain within Cash limit	5x4=20										
Fin	CRR45	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	CRR46	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	CRR47	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	CRR48	Risk of Service Interruption due uncomprehensive and inconsistent Business Continuity procedures and processes across the Health Board	4x5=20	x	x		x		x					
Mental Health	CRR49	Severe High Risk Eating Disorders getting timely access to inpatient beds for refeeding or medical stabilisation	5x4=20	x	x		x		x					
Mental Health	CRR50	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 accommodation will be required.	5x4=20	x	x		x		x					
Mental Health	CRR51	St Barrucs isolation: There is no additional SIMA support, There is no immediate Pharmacy support on site, Reduced access to SALT (Choke risk) , MHCB GP/Senior nurse resource is limited, so is this is significantly reduced when called to ST Barrucs, The environment is not appropriate for this complex patient group due to the location and layout. Reputational risk if public due to variation in access to care	4x5=20											
Mental Health	CRR52	Currently there is no CCTV in Hafan y Coed or Llanfair	5x5=25											

Assurance Key	
Assurance on one line of defence, limited or no third line of defence, assurance over 3 years old.	Low
Assurance across two lines of defence, positive assurance on third line of defence, assurance within last three years.	Medium
Assurance across all three lines of defence, positive assurance on the third line of defence, assurance within last three years.	High

Third Line of Defence - External Audit Rating Key	
Limited	Low
Reasonable	Medium
Substantial	High

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key :
 - CRR - Corporate Risk Register

CRR Reference as at 10.05.2024	Corporate Risks as at 10.05.2024	Current Risk Score as of 10.05.2024	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	External Audit	
CRR1	Risk: Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU.	5x4=20	x				x	x				
CRR2	Risk: CFPU are sitting on the outer HV ring, which isnt currently backed up by the HV generator, also without a local LV generator. Food production of patient cook freeze meals would stop.	5x4=20	x				x	x				
CRR3	Risk: Fire doors non compliant	5x4=20	x				x	x				
CRR4	Risk: Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change.	5x4=20	x				x	x				
CRR5	Risk: There is no 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.	5x4=20	x				x	x				
CRR6	Risk: No 1 & 3 boilers - Obsolete parts for the control panel for the two main boilers.	5x4=20	x				x	x				
CRR7	Risk: No 3 boiler -(in Conjunction with RR E44 Steam Boilers 1 & 3 - obsolescence of parts- Control issues / failures with Boilers 1 & 3)	5x4=20	x				x	x				
CRR8	Risk: 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.	5x4=20	x				x	x				
CRR9	Risk: 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	4x5=20	x				x	x				

Building Risk
 Removed UHL
 Staff
 restaurant

Add Estates
 additional
 Estates 145

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CRR10	Risk: Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	5x4=20	x				x	x				
CRR11	Risk: Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup).	5x4=20	x				x	x				
CRR12	Risk: External supply and return main chiller plant pipework is severely corroded for 2 meters in length, where lagging is missing.	5x4=20	x				x	x				
CRR13	Risk: 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.	5x4=20	x				x	x				
CRR14	Risk: Safe Access to the CWST (B58) is difficult with no ladder or any safe means of access to carry out statutory tank inspections and testing.	5x4=20	x				x	x				
CRR15	Risk: Roofing sheets, rusted through S.W corner of A block, to A Block Link - Several holes and sheeting could be affected by inclement weather	5x4=20	x				x	x				
CRR16	Risk: Satchwell Sigma BMS control cards are no longer supported.	5x4=20	x				x	x				
CRR17	Risk: Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route.	5x4=20	x				x	x				
CRR18	Risk: Satchwell Sigma BMS control cards are no longer supported.	5x4=20	x				x	x				
CRR19	Risk: Boiler house air compressors 1,2+3 at end of working life 10 + years old. No.1 off-line and cannot be re-istated no 2 and 3 are running constantly - both require full overhaul and stated as beyond economical repair	5x4=20	x				x	x				
CRR20	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	5x5=25	x				x	x				
CRR21	2 Pumped cold water mains to roof tanks. Risk: Failure of pipework (resilience)	5x4=20	x				x	x				
CRR22	Blowdown vessel of main steam boilers. Risk: Operational difficulty in controlling quality of boiler water.	5x4=20	x				x	x				

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CRR23	Steam raising boilers 1 and 3. 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.	5x4=20	x				x	x				
CRR24	Risk: UHW HSDU Chiller Plant. Chiller is 22 years old and failing with new spare parts now unavailble chiller will require to be renewed in the near future.	5x4=20	x				x	x				
CRR25	Risk: UHW Tunnels corroded Main 4inch O2 Copper pipework due to building leakage.	5x4=20	x				x	x				
CRR26	Risk: UHL Main Boiler Hotwell Tanks are badly corroded and require renewing	5x4=20	x				x	x				
CRR27	Risk: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation.	5x4=20	x				x	x				
CRR28	Risk: Ventilation verification of critical systems has identified UHW ITU B3N North does not comply with HTM's for ventilation.	5x4=20	x				x	x				
CRR29	Risk: Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation.	5x4=20	x				x	x				
CRR30	Risk: Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain.	5x4=20	x				x	x				
CRR31	SPS walk in Drugs fridge in UHW Pharmacy stores GF is old and requires renewing due to being unreliable and parts difficult to obtain. Loss of refrigerated drugs causing interuption to service	5x4=20	x				x	x				
CRR32	Risk: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	5x5=25	x				x	x				
CRR33	Risk: 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.	5x5=25	x				x	x				
CRR34	Risk: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates.	5x5=25	x				x	x				

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CRR35	Risk: Ventilation verification of critical systems has identified a non compliant plant and airflow serving main recovery at UHW.	5x4=20	x					x	x				
CRR36	Risk: 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.	4x5=20	x					x	x				
CRR37	Risk: 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.	4x5=20	x					x	x				
CRR38	Risk: Biochemistry Lab at UHW over heating due to increased equipment and failure of existng cooling systems.	4x5=20	x					x	x				
CRR39	Risk: 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. Lifts 1, 2,5,6,12,13,14,15,16,17,18,19,20,21,22,23,24 & 27	4x5=20	x					x	x				
CRR40	Risk: 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	5x4=20	x					x	x				
CRR41	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: 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.	5x4=20	x					x	x				

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CRR42	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 for loss of service. Disruption to patient care. Danger of fire spread.	5x4=20	x				x	x				
CRR43	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 for loss of service. Disruption to patient care. Danger of fire spread.	5x4=20	x				x	x				
CRR44	Risk: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	5x4=20	x				x	x				
CRR45	Risk: 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).	5x5=20	x				x	x				
CRR46	Risk:UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023	5x4=20	x				x	x				
CRR47	B Block Motor room membrane is no longer attached to roof and leaks over Lift machinery (motor/Electric panels and into lift car) Whole membrane requires replacing. C Block motor room roof membrane is intact at the moment, but floats up and down in the wind, so is not attached to the roof in the centre	5x4=20	x				x	x				

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Assurance Level Key:	
No Evidence	Not evidenced on Risk Register/ Not Applicable
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 Assurance Level Key:	
No Evidence	Not evidenced on Risk Register/ Not Applicable
Limited	
Reasonable	
Substantial	

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Report Title:	Stakeholder Reference Group Report		Agenda Item no.	8.2.1
Meeting:	UHB Board	Public	X	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	
Lead Executive:	Executive Director of Strategy and Planning			
Report Author (Title):	Lani Tucker, Chair of Stakeholder Reference Group			

Main Report

Background and current situation:

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Clinical Services Plan

The SRG received a presentation from Vicky Le Grys on the development of the Health Board's Clinical Services Plan (CSP) which will be one of several more detailed plans underpinning the Health Board's recently refreshed Strategy. The SRG was reminded that engagement on the Health Board's Clinical Strategy had been undertaken during 2021 when principles of service redesign had been tested with a wide range of stakeholders. The work of developing the CSP will begin in earnest over the next three months and to support this an engagement plan is being developed in collaboration with Llais. The focus of the CSP will be on transforming models of care taking a complete patient pathway approach. Some long-term planning assumptions will be identified and a key part of developing the plan will be 'horizon scanning'. There will be greater clarity about what care closer to home means in practice and what services will continue to be provided in a hospital setting.

The SRG raised some questions and made a number of observations

- Members would welcome the opportunity for them and their organisations to be involved in the engagement events. The SRG was informed that the detail of the engagement plan was being plotted out and consideration was being given on how best to involve stakeholders in the engagement process. The intention is to hold a number of engagement workshops during the summer details of which will be circulated to the SRG in due course.
- It would be helpful to compare new proposals to current service provision.
- What form will the 'horizon scanning' take? The SRG was advised that there are a number of factors that will impact on future health care provision. Population health needs will change, there will be changes to availability of workforce and there will continue to be significant digital transformation and introduction of new technologies. The 'horizon scanning' will include a literature review and discussions with a wide range of stakeholders to consider how health services might need to adapt to reflect these changes.
- Primary care is currently having to deal with a significant number of people who are waiting for outpatient appointments. Will consideration be given to an intermediate stage between primary and secondary care? The SRG was advised that in developing the CSP the focus will be on the whole patient pathway and it will be imperative for primary, secondary and tertiary care to work together to develop solutions. The Health Board would like secondary care physicians to undertake more outreach work closer to peoples' homes. An Integral part of the development of a long term CSP will be the identification of the workforce requirements.
- Will the Health Board be able to secure the funding necessary to implement the CSP or will the funding restrictions inevitably mean that the Health Board will have to introduce emergency clinical plans? The SRG was advised that funding would be an issue but this should not prevent the Health Board developing its long-term CSP whilst acknowledging that there will be need to address short-term issues.

The SRG was informed that the CSP would continue to evolve and continuous engagement will be required. It will be important to identify what is most important to the communities served by the Health Board and work in partnership with other public and third sector providers including public transport providers at an early stage

rather than as an afterthought. Engagement must be timely and proportionate striking a balance between meaningful engagement but avoiding duplication. The initial phase of engagement would be to look at the results of past engagement exercises to prevent going out and asking the same questions to the same communities. The Health Board was also working with the Regional Partnership Board on the establishment of a public service engagement group.

It was agreed that Vicky Le Gryns would return to the SRG later in the year as part of the ongoing CSP engagement process.

Decarbonisation Action Plan

The SRG received a presentation from Calum Shaw on the Health Board's draft Decarbonisation Action Plan. The SRG was advised that the Action Plan was in its fourth iteration. It had been through the Health Board's internal governance process and would be considered by the UHB Board at its meeting on 28 March. It was an evolving three-year plan and any suggestions on how it could be improved would be welcomed.

The SRG raised some questions.

- Will the Health Board look at carbon reductions through avoidance programmes for conditions other than diabetes? The SRG was advised that the initial focus would be on diabetes because there is an opportunity to transform peoples' health through early intervention which will deliver both personal and economic benefits. Once a methodology has been agreed it would be rolled out to other health condition pathways.
- Are there a particularly high number of people within Cardiff and the Vale population with diabetes and what conditions will the Health Board target next? The SRG was informed that there are pockets of higher incidence within the area. The Health Board's Public Health team are working on identifying the next biggest opportunities. It was agreed that Public Health leads would be invited to a future SRG meeting to explain how this would be done.
- What procurement initiatives can be introduced to reduce carbon emissions and should consideration be given to only procuring from suppliers with a good decarbonisation record? The SRG was informed that the NHS Wales Shared Services Partnership manages procurement for NHS Wales and it was in the process of developing decarbonisation criteria for suppliers. The Health Board is looking to reduce waste in the supply chain and deliver services in a more carbon responsible way and this is the subject of ongoing dialogue between clinicians and the Procurement team. Communications on decarbonisation will be enhanced with the aim of increasing staff awareness and knowledge of the subject.
- How achievable is the Health Board's target of reducing carbon emissions by 40% by 2027? The SRG was advised that this was only on the emissions that the Health Board could control and it had already achieved a reduction of circa 7%. The target was extremely ambitious but the Board had deliberately set a difficult target in order to maintain the pressure and focus on decarbonisation.

Strategic Equality Objectives

The SRG received a presentation from Claire Whiles on the Health Board's draft Strategic Equality Objectives. The SRG was informed that the Health Board is required to develop and publish its Strategic Equality Objectives every four years. During 2023/24 it had undertaken a comprehensive programme of engagement with patients, staff, statutory partners and other key stakeholders with over 300 individuals participating in this process. Members of the SRG were thanked for their contribution to this process. The refreshed Strategic Equality Objectives are aligned with the Health Board's Shaping Our Future Wellbeing Strategy and can be grouped into four themes: respect; communication and engagement; accessibility; and data. They will be considered by the UHB Board at its meeting on 28 March. Once approved they will be published bi-lingually on the Health Board's website and will be communicated throughout the Health Board and to its local communities. Progress against the Objectives will be monitored on an ongoing basis.

The SRG commended the Objectives and agreed that it would be important to ensure that everyone within the UHB is aware of and understands them. It highlighted the importance of data collection in addressing health inequities. The SRG was assured that changes to policies and procedures would be introduced only following a comprehensive equality health impact assessment.

Recommendation:

The Board / Committee are requested to:

- **NOTE** this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

N/A

Safety: Yes/No

N/A

Financial: Yes/No

N/A

Workforce: Yes/No

N/A

Legal: Yes/No

N/A

Reputational: Yes/No

N/A

Socio Economic: Yes/No

N/A

Equality and Health: Yes/No

N/A

Decarbonisation: Yes/No

N/A

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 March 2024
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Chair's Report</u>	
<p>The Chair updated the Committee on her activities since the last meeting. This includes attending the Chairs' Peer Group and meeting with the Minister. The Welsh Risk Pool Committee was held the previous week with a full agenda and the Staff Awards Ceremony at the end of February was a very positive experience. The Chair also advised Committee members that there may be a need for an urgent Chair's Action before the May Committee. This is in respect of Radiopharmacy Isolators where approval is likely to be required in April to progress this urgent procurement.</p> <p>The Committee NOTED the update.</p>	
<u>Managing Director Update</u>	
<p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • Following the approval of the IMTP by the Committee in January, the two keeping in touch meetings, with the Finance Delivery Unit and the Planning Director at Welsh Government, produced no significant issues and the plan, has now been formally submitted; • Work to finalise the Business Justification Case for the Radiopharmacy service to be located in IP5 is progressing well with all necessary appointments to relevant contractors having been made; • The NWSSP People & OD Team have recently supported a further visit to Kerala in India which included attendance by the Minister for Health and Social Care from Welsh Government, who signed a formal agreement with the Kerala Government to continue the current co-operation arrangements which provides for a further 250 qualified healthcare professionals to be recruited into NHS Wales; 	

- The closure of the Laundry in Carmarthen is well underway and is on track for the end of March, with the new hub coming into operation in April. All affected staff have been given the opportunity to continue to work in the service at the Swansea Laundry or working in a suitable alternative role within Hywel Dda UHB;
- The recruitment process to replace the Director of Finance & Corporate Services has concluded and Alison Ramsey, the current Director of Planning, Performance, and Informatics was successful in being appointed to this post;
- Similarly, Nicola Phillips the current Deputy Director of Primary Care Services was successful in being appointed to the role of Director of Primary Care Services.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

The original Action Plan covered the period 2021-23 and there is now a need to update it. The plan is both externally and internally focused. External achievements to date include setting up a reporting template for all NHS Wales organisations to measure their progress against the 46 initiatives contained in the Welsh Government Plan and providing advice on achieving net zero in future construction projects. Internally we have invested in LED lighting across the estate, solar panels, and electric vehicles in our fleet. Going forward the plan continues to provide support to NHS Wales organisations and to take forward projects within NWSSP subject to the availability of capital. The plan is ambitious but is equally pragmatic, given the financial context to the years ahead. In the light of these challenges, a coordinated approach across NHS Wales is essential. Monitoring of progress against the plan at Committee is via the quarterly IMTP updates, albeit this is by exception, and it was agreed that a more detailed half-yearly report would be helpful.

The Committee **APPROVED** the Decarbonisation Action Plan.

NHS Building for Wales 2 Framework

The framework provides a number of specialist advisors to support major capital schemes across NHS Wales. The current framework expires in April and work has been undertaken over the last two years to prepare for a new framework, which will commence in May for a period of four years, with the option to extend for a further two years. There has been extensive consultation with Health Boards throughout the development of the new framework, and there has been proactive initiatives to support the Welsh economy wherever possible,

The Committee **ENDORSED** the Framework for formal approval by the Welsh Government.

Nantgarw 2 Lease

Due to low occupancy rates at both Companies House and the current Nantgarw HQ, NWSSP is taking the opportunity to consolidate staff into one new building on the Nantgarw estate. This will provide a better working environment and will release revenue savings. The previous plan to move into Cathays Park was discounted due to increasing costs and restrictions on access, and it would also not have allowed the exit from the current HQ. The Committee was therefore asked to approve NWSSP entering into a 10-year lease for the new building.

The Committee **APPROVED** the signing of the lease for Nantgarw 2.

Items for Noting

All-Wales Energy Arrangements

The Committee were updated on developments with the implementation of new governance and contracting arrangements, and also the proposals for the supply of energy in the next few years.

The Welsh Energy Group, supported by the Welsh Energy Operating Group, were both established in March 2023, replacing the Energy Price Risk Management Group. Both of the new groups have performed well, with regular and well attended meetings, which has led to informed strategic decisions on energy supply. The governance arrangements were recently reviewed by Internal Audit and their report was rated as providing substantial assurance. NHS Trusts in England are considering the benefits of centralising their purchase of energy requirements and the Welsh Energy Group is similarly considering the benefit of joining this arrangement.

The Committee **NOTED** the update.

Flu Vaccination Proposal

The Central Procurement of Influenza project brief was approved by the Vaccination Programme Wales Transformation Board last July. The aim was to deploy centrally procured adult Influenza vaccine during the autumn of 2025. NWSSP have formed part of the Project Group to establish feasibility and design of a centrally procured Influenza model.

The next phase of implementation requires the Minister to direct General Practice to not purchase Influenza vaccine for Autumn 2025, which they would normally commence in September of this year. For this direction to be given, assurance needs to be provided that NHS Wales will be ready to provide GPs, Health Boards and Trusts with centrally procured adult Influenza vaccine. An Influenza vaccine tender process would run over the summer of 2024 to enable vaccine delivery commencing in September 2025.

NWSSP will procure the vaccines but there is the option of these being directly

delivered by the supplier or being held and distributed centrally via NWSSP. The paper provided to Committee focused in the latter option, but it is for Welsh Government to decide the preferred approach.

The Committee **NOTED** the proposal.

Staff Benefits Update

NWSSP currently provide administration services for several Staff Benefit Schemes for multiple NHS Wales organisations covering Salary Sacrifice Cars, Bicycles and Home Electronics. These services ensure that a fully procured supplier has been sourced, providing quality and value for money.

The Salary Sacrifice Car Scheme current fleet of vehicles stands at 3,736 at February 2024 which represents a 23% increase over the last 12 months. Additionally 94% of live fleet are electric/hybrid vehicles and 87% of cars on order are electric/hybrid vehicles. The car scheme deliver savings estimated at £750 per car per annum, resulting in a total annual saving of £2.8m across NHS Wales.

The Home Electronic scheme provides employees access to over 5000 items from Currys taken via salary sacrifice, allowing the employees to make savings through their salary.

The Cycle to Work scheme is supplied in conjunction with Halfords. The scheme provides employees access to bikes and accessories from Halfords and Tredz taken via salary sacrifice, allowing the employees to make savings on the cost of new bicycles.

The Committee **NOTED** the update.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported a break-even Month 11 financial position with a year-to-date additional non-recurring savings of £2.277m. The 2023/24 distribution to NHS Wales is now finalised at £2m. In addition NWSSP anticipate being able to return £1m of funding to Welsh Government so that the total additional savings generated and distributed for 2023/24 is £3m.

People & OD Update – The sickness absence rate remains very low with the average for the last 12 months being 2.98%. Statutory and Mandatory training compliance is good at over 93% but PADR compliance needs to improve from the current level of 83%.

Performance – The in-month January performance was generally good with 38 KPIs achieving the target against the total of 41 KPIs. The three that missed the target were Recruitment, where performance has improved and the target was only marginally missed, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses.

Project Management Office Update – Two projects are currently rated as red. These are the Primary Care Workforce Intelligence System and Transforming Access to Medicine (TrAMS). On the former there are issues with increasing costs and extremely tight implementation timescales and on the latter the lack of capital is the major issue although good progress is being made on the development of the Radiopharmacy Service.

Corporate Risk Register – There remain three red risks relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and the development of the TrAMs project.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 10 and 11).
- Final Version of IMTP.
- PPE Dashboard
- Audit Committee Assurance Report.

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

N/A

Date of next meeting

16 May 2024

Saunders, Nathan
29/05/2024 09:27:05

Report Title:	Local Partnership Forum Report		Agenda Item no.	8.2.3		
Meeting:	UHB Board	Public	<input checked="" type="checkbox"/>	Meeting Date:	30 May 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"/>
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Head of People Assurance and Experience					

Main Report

Background and current situation:

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum usually meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

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

Key items discussed at the meeting held on 11 April 2024 can be summarised as follows:

The Chief Operating Officer provided an update report to the Forum on behalf of the Chief Executive. Key points included:

- Mr Bostock thanked staff for their efforts over the last few months. It was noted that we are in a better shape than we have been previously and although there is still a long way to go, we are starting to see the benefits for our patients and staff.
- The focus over the next few months is on how we redesign our medical models of care. A lot of work is taking place, particularly within the Medicine Clinical Board, about different models of care and improving 7-day working so that systems and processes are in place over the weekends. This will put us into a stronger position for Winter 2024/5.
- Cardiothoracic Services will be moving back to UHW in August from UHL and plans are in place to make good use of the space at UHL, including the treatment of more short stay patients.
- Mr Bostock thanked everyone for their efforts and support in achieving the financial target for 2023/24. He explained that this year the target is approx. £47m with the focus on efficiency, productivity and service redesign

The Executive Director of People and Culture gave a presentation on the Staff Survey, noting that Cardiff and Vale UHB had a response rate 21.4%, compared to 22% in 2020. A 50% response rate is the ambition moving forward. Mrs Gidman gave an overview of some of the key results including the ‘friends and family question’, which is seen as an important indicator, and questions about bullying and harassment. It was noted that the results shared to date were of a high level and there would be further analysis at Clinical Board and Directorate level. Trade Unions expressed concern that the results were not a true reflection given the number of staff who had not taken part. It was felt that the poor response rate was because staff had not seen tangible results following on from previous surveys. The importance of culturally embedding the revised Respect and Resolution

Policy and taking on board the results of the Diverse Cymru audit into institutional racism were noted.

The Deputy Director of People and Culture (Lianne Morse) and the Lead Staff Representative for Mental Health (Peter Hewin) presented information on the progress made in relation to the non-pay elements of the collective pay deal. This update focused on career progression, flexible working, working hours, reduction in the use of agency workers, a retention strategy, Retire and Return, Continuous Professional Development (CPD and Health & Wellbeing). Additional information, including clarity around the need for delivery in partnership of certain non-pay elements and timescales, had been provided via a recent Welsh Health circular from Judith Padgett as the Director General of NHS Wales to all the Chief Executives of Health Boards and Health Organisations in Wales. It was agreed that a Task and Finish Group would be set up to work in partnership around the delivery of these elements. The circular is very clear that this work is the responsibility of the Local Partnership Forum as a group and it was agreed that there should be time allocated to the agenda at the next LPF meeting to sign off the assurance report required for the end of May. Trade Union members felt that the joint training undertaken on Managing Attendance and Respect and Resolution has had a positive impact empowering staff around being treated fairly and that it helps support cultural change. It was felt that more joint training on Policies would be beneficial.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by the Board.

The LPF Annual Workplan for 2024-25 was approved.

The following items for received for noting:

- Local Partnership Forum Annual Report
- Workforce Partnership Group Annual Report.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	
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Impact Assessment:

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

Risk: No

Safety: Yes

Patient Safety, Quality and Experience is included in the Integrated Performance Report

Financial: Yes

The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update

Workforce: Yes

Key WOD KPIs and workforce actions are included in the Integrated Performance Report

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: Yes

The Strategic Equality Plan 2024-28 was considered at this meeting

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

n/a

Saunders, Nathan
29/05/2024 09:27:05

**Confirmed Minutes of the Public Finance and Performance Committee Meeting
Held on 21 February 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 Strategic Planning
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 24/02/011	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 24/02/012	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 24/02/013	Declarations of Interest No Declarations of Interest were noted.	
FPC 24/02/014	Minutes of the Finance and Performance Meeting held on 17 January 2024 The minutes of the meeting held on 17 January 2024 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 17 January 2024, were held as a true and accurate record of the meeting.	
FPC 24/02/015	Actions following the Finance and Performance Committee meeting on 17 January 2024 The Action log was received. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	

<p>FPC 24/02/016</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 24/02/017</p>	<p>Progress with development of IMTP (verbal)</p> <p>The verbal update on the progress with development of IMTP was received.</p> <p>The Executive Director of Strategic Planning (EDSP) advised the Committee that everything was on track with the plan and noted that the Board Development members would be discussing the plan in detail at their next meeting the following week and would then be submitted to the Board for approval in March 2024.</p> <p>She added that the plan was being developed in alignment with the service, workforce, and financial planning, and the ministerial priorities and planning guidance.</p> <p>It was noted that the plan would include some difficult choices around priorities and the business cases for investment in key aspects of service delivery.</p> <p>The EDSP advised the Committee 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.</p> <p>She added that in terms of development of the plan, the Chief Operating Officer's (COO) team colleagues the planning team had been working very closely to bring together the details of the plan that integrated the service planning, the workforce planning and the financial planning.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Progress with development of IMTP was noted.</p>	
<p>FPC 24/02/018</p>	<p>Financial Report – Month 10</p> <p>The Financial Report – Month 10 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p><i>At month 10, the UHB was 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).</i></p> <p>The Deputy Director of Finance advised the Committee that not a lot had changed in terms of the Health Board trajectory since the previous report in January 2024 and highlighted some key areas which included:</p> <ul style="list-style-type: none"> The Health Boards performance against the control total of £16.460 million deficit set by Welsh Government. It was noted that the Health Board had overspent in previous months, but had started to turn the curve and reduce the overspend in month 10 and that the Health Board was on track to meet the control total by the end of the year, subject to some risks and uncertainties. <p>It was forecasted that there would be small underspends both in month 11 and 12, which help to get the Health Board back down to the £16.460 million target set by Welsh Government.</p> <ul style="list-style-type: none"> Covid-19 Expenditure – it was noted that Local Response expenditure was no longer funded by Welsh Government and as such was included within the Health Boards Financial Plan. <p>It was noted that the forecast cost at Month 10 was a reduction of £3.2m against the £34.2m included within the Financial Plan and was included within the Health Boards savings plans.</p>	

Saunders Nathan
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- Risks – The DDF presented the Committee 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.

He added 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.

- 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.

The Chief Operating Officer (COO) advised the Committee that there was still some way to go in identifying the final schemes to meet the £8.8 million target, but noted that they had more confidence since the paper was issues.

- 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 DDF advised the Committee 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.

He added 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.

The DDF concluded that the overall message was that with the growing confirmation of allocations by Welsh Government, improving forecasts in a number of positions, the cost reduction programs that had been put in place early in the year were starting to see some of the benefits appearing in the in the latter half of the year.

He added that there was a growing confidence that the Health Board would hit the £16.460 million control total whilst noting that it was subject to some of the uncertainty around the costs which related to the industrial action.

The CC asked where the industrial action costs would sit within the Health Board.

The DDF responded that they would sit with one or two of the key Clinical Boards.

The Finance and Performance Committee resolved that at Month 10:

- 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.

Saunders, Nathan
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	<p>b) The reported year to date overspend of £17.394m and the forecast deficit of £16.460m was noted.</p> <p>c) The financial impact of forecast COVID 19 costs which was assessed at £44.064m was noted.</p> <p>d) The month 10 operational overspend against plan of £2.606m with a further £1.071m savings gap was noted.</p> <p>e) The progress against the savings target, with £32.590m (102%) of schemes identified at Month 10 against the £32m target with year to date deficit were noted.</p> <p>f) The delivery of the forecast which was also dependant on the confirmation of all outstanding income streams was noted.</p>	
<p>FPC 24/02/019</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 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. <p>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.</p> <p>The COO added that there was a zero-tolerance approach to people waiting in ED more than 24 hours.</p> <ul style="list-style-type: none"> Stroke – 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. <p>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.</p> <p>The COO added 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.</p> <p>It was noted that there was a business case being received by the Investment Group in March 2023 to discuss improvements and investment into the stroke service which would help to make stroke performance much most consistent.</p> <ul style="list-style-type: none"> 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. <p>The COO advised the Committee that he now 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.</p> <ul style="list-style-type: none"> 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. <p>The COO added 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</p>	

Saunders Nathan
29/05/2024 09:27:05

first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment.

He added that there some risk to the compliance around industrial action.

- Planned Care – it was noted that the numbers of patients waiting on an 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 COO added that the Health Board had eliminated 3-year Outpatient waits in September 2023 and had maintained that position.

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

The COO added that a separate deep dive into diagnostics was being presented to Committee at the meeting.

- 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 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 COO added 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 COO advised the Committee that the Health Board had offered support and explained that the industrial action by junior doctors could affect patients and the services commissioned.

He added that the second round of junior doctor industrial action had started that day for a 72-hour period and that about 1000 shifts needed to be filled, and almost all of them had been and so the service was safe at the moment but noted his concern about the industrial action planned for March 2024, which was a four-day period that would run into the first week of Easter.

Deep Dive on Diagnostics:

The COO advised the Committee that he would take the detailed paper as read and reminded the Committee that a deep dive on diagnostics had been requested by the Committee and noted that the purpose of the paper received was to provide 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.

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	<p>He added that the operational team 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:</p> <ul style="list-style-type: none"> • The stopping of outsourcing contracts, • Shifting capacity to inpatients and cancer • Delays in recurrent solutions and community hubs • Procurement challenges. <p>The Committee was advised that multiple outsourcing contracts were in place last financial year, but proper demand and capacity work was not done before they were switched off.</p> <p>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.</p> <p>The COO advised the Committee that there were 8 key hotspots which included cardiac CT and MRI.</p> <p>He added that previously, data had not been received in a timely way and that now, a weekly report was received and reviewed by the relevant teams.</p> <p>It was noted that improvements would be made on Diagnostics but that it would take some time.</p> <p>The COO concluded that he would bring more detail back the Committee once trajectories had been calculated.</p> <p>The CC asked if the Diagnostics data could be highlighted within the Integrated Performance Report for future meetings.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes were noted. b) The current and projected performance for diagnostic modalities was noted. c) The requirement for further improvement against a number of key specialties was noted. 	
<p>FPC 24/02/020</p>	<p>Monthly Monitoring Returns – Month 10</p> <p>The month 10 monitoring returns were received.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The month 10 monitoring returns were noted. 	
<p>FPC 24/02/021</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 20 March 2024 via Teams</p>	

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**Minutes of the Public Finance and Performance Committee Meeting
Held on 20 March 2024
Via MS Teams**

Chair:		
John Union	JU	Independent Member – Finance
Present:		
David Edwards	DE	Independent Member – Information Communication & Technology
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Abigail Harris	AH	Executive Director of Strategic Planning
Edward Hunt	EH	Programme Director – Strategic Planning
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Calum Shaw	CS	Environmental Sustainability Improvement Manager
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Suzanne Rankin	SR	Chief Executive Officer
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
FPC 24/03/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 24/03/002	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 24/03/003	Declarations of Interest No Declarations of Interest were noted.	
FPC 24/03/004	Minutes of the Finance and Performance Meeting held on 21 February 2024 The minutes of the meeting held on 21 February 2024 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 21 February 2024, were held as a true and accurate record of the meeting.	
FPC 24/03/005	Actions following the Finance and Performance Committee meeting on 21 February 2024 The Action log was received. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	

<p>FPC 24/03/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 24/03/007</p>	<p>1) Financial Report – Month 11</p> <p>The Financial Report – Month 11 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p><i>At month 11, the Health Board was reporting an overspend of £16.818m. This was 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).</i></p> <p>The Deputy Director of Finance (Operational) DDFO advised the Committee that it was very live position as there were only 11 days left until the end of the financial year.</p> <p>He added that the report received by the Committee had been enhanced to include an extended capital review to demonstrate how the programme was being managed and how it would be managed that into the year end for 2023/24.</p> <p>It was noted 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 to £16.460m and that the Health Board were just above the control total at month 11 at £16.818m.</p> <p>The Committee were presented with a summary financial table which set out and analysed the £16.818m overspend at Month 11, between Income, Pay and Non-Pay and the Total Variance Forecast (TVF) graph which showed the total operational and savings programme deficits and the impact of the additional savings actions on the total variance.</p> <p>The DDFO advised the Committee that after peaking at month 6, delivery in line with the profile would enable the UHB to hit the £16.460m revised forecast deficit.</p> <p>The Financial Performance of the Clinical Boards were presented to the Committee which noted that budgets had been set to the Clinical Boards in the anticipation that they were sufficient to deliver the Health Boards plan.</p> <p>Covid 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 with the forecast cost at Month 11 being a reduction of £3.2m against the £34.2m included within the Financial Plan and was included within the Health Boards savings plans.</p> <p>Risks – The Committee were provided with a summary of the Finance Department's Risk Register and the key risk was noted which stated the failure of the Health Board to deliver a breakeven position by 2023-24-year end with a current planned deficit of £16.460m.</p> <p>Savings Programme – The Committee was advised that at month 11, the Health Board had identified £32.590m of green and amber against the £32m savings target and included a Savings Programme variance of £1.082 due to the shortfall in delivery against some of the schemes.</p> <p>The DDFO noted that the progress of the agreed additional actions and focus on operational pressures was expected to cover the month 11 Savings Programme variance by year end, which would enable the Health Board to deliver its revised planned deficit position of £16.640m.</p> <p>He added that Executive Performance Reviews with the Clinical Boards were focussing on the management of operational pressures and progress in identifying and delivering recurrent savings schemes that in turn would de-risk the financial plan.</p> <p>The Committee were presented with a graph which showed the current cumulative profile of identified schemes up to the savings target of £32m.</p> <p>It was noted that further schemes identified in 2023/24 were not expected to deliver savings in year and would be considered as part of the process to identify savings schemes for the 2024/25 Financial Plan.</p>	

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Cash Flow Forecast – The Committee was advised that the cash balance at the end of February was £3.881m 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 and that in addition, the Health Board urgently required confirmation and action of outstanding cash allocations that had been included in WG monthly monitoring returns since the beginning of the year.

Capital – The Committee was advised that £18.68m of additional capital schemes had been approved by WG during 2023/24, increasing the CRL from the original allocation of £20.102m to £38.784m (as of 29th February CRL).

The DDFO noted that £9.6m of new schemes had been approved since December 2023, weighting the delivery of the 23/24 capital programme heavily to the last quarter.

He added that to ensure the delivery of the 23/24 capital programme, all schemes had been reviewed and potential slippage identified which was presented to the Committee.

The CC thanked the DDFO and the Finance Team for the sterling job done on bringing all of the month 11 data together for the Committee.

The UHB Vice Chair noted that the valuation Whitchurch Hospital asset that was due to be transferred to Velindre was £7.804m and asked how realistic that figure was and when it had been provided.

The DDFO responded that the transfer of the asset to Velindre would be at book value, as it was an NHS to NHS transaction, and that there was some uncertainty about whether it would happen in 2023/24 or 2024/25 and was dependent on WG approval.

The Executive Director of Finance (EDF) added that the Health Board had agreed to transfer the Whitchurch Hospital asset to Velindre at book value, as a way of enabling the Velindre Cancer Centre to proceed with their development plans.

She added that the Health Board would receive the land where the current Velindre Cancer Centre was located, once it was remediated and cleared and explained that it was a sensible middle ground to facilitate the transfer of land and to alleviate the Health Board of the running costs and security of the Whitchurch site.

The DDFO continued to present the Financial Report – Month 11.

Key Performance Indicators (KPIs) – The Committee was advised that the Finance Team had delivered against the KPIs for 2023/24 and the DDFO advised that he would review the KPIs for 2024/25 which would reported back to the Committee in the next Financial Report.

The DDFO concluded that the Health Board had delivered its Cost Reduction Programme (CRP) and he was confident that the Health Board would deliver against the £16.460m control total to WG however absolute assurance could not be given until the month 12 reporting which would be received by the Committee at its next meeting.

The Finance and Performance Committee resolved:

- a) The revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure was noted.
- b) The reported year to date overspend of £16.818m and the forecast deficit of £16.460m was noted.
- c) The financial impact of forecast COVID 19 costs which was assessed at £44.064m was noted.

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	<p>d) The month 11 operational overspend against plan of £0.648m with a further £1.082m savings gap was noted.</p> <p>e) The progress against the savings target, with £32.590m (102%) of schemes identified at Month 11 against the £32m target with year to date deficit was noted.</p> <p>f) The delivery of the forecast which was also dependant on the confirmation of all outstanding income streams was noted.</p>	
<p>FPC 24/03/008</p>	<p>Financial Plan and Savings Tracker 2024/25</p> <p>The Financial Plan and Savings Tracker 2024/25 was received.</p> <p>The Deputy Director of Finance – Strategic (DDFS) advised the Committee that the tracker had been discussed in detail at a Board Development session and raised some key points which included:</p> <ul style="list-style-type: none"> • The plan aimed to stabilise the financial position with a goal to deliver a £15.9m deficit which was an improvement from the previous year’s deficit. • The organisation planned to retain the £45.4 million WG allocation made in 2023/24 to support both COVID consequential costs and exceptional inflationary pressures. • The delivery of the plan would require an ambitious savings program totalling £47.2m, which included a core £32m target and the delivery of non-recurrent savings from 2023/24. • The plan would continue to drive savings on a themed approach that aligned with the national value and Sustainability Board. • The draft plan was a deficit of £15.9 and achieving a break-even position in 2024/25 could impact patient care and the ability to deliver core services, which included a reduction in bed base and a slowdown of planned care activity and community services development. • The plan had a clear trajectory to financial balance sustainability over the next two years, starting with the delivery of the 2024/25 draft planned deficit of £15.9m <p>The UHB Vice Chair noted that at the Board Development session, a discussion had taken place around the relatively minor amount that the deficit would be in terms of £15.9m as an overall percentage.</p> <p>He added that a meeting had been held with all Vice Chairs with the Minister where she had emphasised that no more money would be available and the £15.9m was predicated on the Health Board getting so some resources from Welsh government and asked if the DDFS had any further information because to achieve a zero position for 2025/26, the Health Board would need to go through the difficult plan in 2024/25.</p> <p>The DDFS responded that from discussions held with colleagues in WG and within the Financial Planning Directorate there was an expectation that an improving position on the 2023/24 control total deficit should secure the £45.4 million funding that was received from WG in 2023/24 and that was how the Health Board was positioning its plan for 2024/25.</p> <p>The EDF added that WG would be aiming to balance the overall Health spend and in addition, a very strong steer had been given that £15.9m would be marginal, but an improved deficit.</p> <p>The DDFS advised the Committee that:</p> <ul style="list-style-type: none"> • An ambitious savings program was in place to deliver a deficit of £15.9m next year. • The savings program totalled £47.2m and at the time the papers were published, £16.4m worth of savings had been identified with £18.4m having been identified at the time of the meeting, an increase of £2m • Just over £5m of the identified savings were categorised as green and amber, providing assurance of delivery. There were also £13m of red pipeline schemes. • There was still a significant gap in the savings program to close and provide assurance of delivery, however, the current position was better than what had been seen over the last three years. • Continuous progress was expected over the next few weeks, with significant improvement anticipated by the time the plan was submitted to WG and as focus shifted entirely to 2024/25. 	

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	<ul style="list-style-type: none"> • A themed approach to savings was still being used and was continuing to develop which worked well in 2023/24 and would continue into 2024/25. • There would be a better engagement and alignment with clinical boards on how savings were being delivered, with more work across clinical boards on corporate themes. <p>The DDFS summarised the discussion and noted that it was the final draft plan for the Committee to support for recommendation to the Board for approval.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Financial Plan and Savings Tracker 2024/25 was noted and recommended to the Board for approval at its May 2024 meeting.</p>	
<p>FPC 24/03/009</p>	<p>Operational Performance</p> <p>The Operational Performance update was received.</p> <p>The Chief Operating Officer (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 Care – it was noted that January and February had seen a notable increase in operational pressures across Wales and the average ambulance handover time remained higher than it had in December 2023. • Stroke - There had been a slight dip in stroke performance, but it had been anticipated. An investment case for additional consultant cover was presented to the investment group in March 2023 and was well received and if approved, a more sustained performance in stroke would be expected over the next few months as consultant cover was increased to seven days a week from 8:00 AM to 11:00 PM. • Cancer Services - Progress had been made in cancer care, with a reduction in the backlog of patients waiting over 62 days. As of the end of March 2023, there were 139 patients waiting over 62 days, nearly 100 patients fewer than the original trajectory of 234 and the number of patients waiting over 104 days had been reduced to 45. <p>It was noted that the reduction in the backlog was largely due to decreased endoscopy waiting times and it was noted that despite a likely drop in performance in February there was confidence that 75% single cancer performance would be delivered in Q1.</p> <p>The COO advised the Committee that Industrial action posed some risk, but it had been managed well so far, however, it had resulted in the displacement of many other patients to accommodate the cancer patients displaced by the industrial action.</p> <ul style="list-style-type: none"> • Planned Care – It was noted that the 99% standard set by the Minister for patients to start their definitive treatment within two years of referral would not be met by the end of March 2023 with the delivery expected to be around 98.2%, with about 1,000 patients short. <p>The COO advised the Committee that there were 2800 patients waiting over two years, which was about 1000 more than expected, largely due to the industrial action.</p> <p>He added that the ambition was to clear all four-year waits by the end of April.</p> <ul style="list-style-type: none"> • Primary Care - The current state of Primary Care was described as fairly stable and the levels of GP practices in escalation remained in the 30s, and there had been no significant fallout following the conclusion of contract negotiations. <p>The COO advised the Committee that despite concerns raised over the past few weeks, there was no expectation of contract handbacks or discontinuation of some of the enhanced services provided by GPs</p> <p>Deep Dive on Mental Health:</p>	

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The COO reminded the Committee that a deep dive on Mental Health had been requested by the Committee and noted that the purpose of the presentation received was to provide an update on the challenges within Mental Health operational performance for both Adults and CAMHS

He added that the deep dive did not give a solution to all the issues but set out what work was ongoing.

The presentation included a large amount of detail on Mental Health Performance and included:

- Mental Health Measure (MHM):
 - Part 1 sought to ensure more mental health services were available within primary care.
 - Part 2 gave all people who received secondary mental health services the right to have a Care and Treatment Plan
 - Part 3 gave all adults who were discharged from secondary mental health services the right to refer themselves back to those services
 - Part 4 offered every in-patient access to the help of an independent mental health advocate

It was noted that Part 1 and 2 both featured as part of the NHS Performance Framework and were the two measures that the Health Board were most closely monitored on.

- Part 1a performance - 80% assessments within 28 days of referral (adult):
 - Performance for Part 1a in adults had been above the 80% standard for 9 of the last 11 months
 - Performance was above the All Wales Average
 - Performance recently dropped due to a spike in referrals
 - There was a 10.5% increase in referrals year on year
 - Demand and capacity planning shows a gap of 3 WTE clinician shortage to achieve balance.
- Part 1b - 80% interventions (treatments) within 28 days of assessment (adult):
 - Performance for Part 1b in adults was consistently at 100%
 - Evidence based interventions included 1:1 treatment, Group sessions, Self-help materials, Open access courses and Online CBT.
- Part 2 - 90% in receipt of secondary mental health services who have a valid care and treatment plan (adult):
 - Performance reduced following recalculation from 80.2% in March 2023 to 50.3% in April 2023
 - Recovery and Maintenance Programme (RAMP) was awaiting ratification at Mental Health Act Legislation Committee which aimed to adjust the coding of 'stable severe' patients within CMHT caseloads as Part 1.
- Psychological Therapies - 80% waiting less than 26 weeks to start a psychological therapy:
 - December 2023 - 63% compliance with 26-week assessment to treatment standard
 - Patients over 26 weeks reduced from 898 in August 2023 to 561 in December 2023
 - The volume of referrals was cut significantly in September 2023 following a dedicated focus on reducing counselling referrals through the single point of access in PMHSS
 - The Longest wait – 28 months for the Traumatic Stress Service but this service had reduced overall waiting list volume
 - Increasing numbers in Eating Disorder Specialist Outpatient Treatment Team (EDSOTT)
- Psychological Therapies – Eating Disorders:
 - There were two Eating Disorder services - Eating Disorder Specialist Outpatient Treatment Team (EDSOTT) and Severe High-Risk Eating Disorders Team (SHED).
 - EDSOTT worked across Part 1 & 2 and offered high intensity treatment for a range of eating disorder presentations
 - Referrals increased by 42% in 2022

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- Investment through Service Improvement Funding and work with Children's services for transition – challenges were expected to continue
- Neurodevelopment - adults (focus on ADHD):
 - There had been a 400% increase in referrals
 - There had been a 32% increase in prescribing since 2015
 - Adult referrals were higher than children for the first time
 - Co-ordinated action would be required
 - The Mental Health team were engaged in national work
 - Financial challenges would require investment
- Part 1a - 80% assessments within 28 days of referral (children):
 - Performance for Part 1a in children had been above the 80% standard for 10 of the last 11 months
 - Performance was above the All Wales Average
 - Performance recently dropped to 78% due to sickness, complex cases and cancellations over Christmas
- Part 1b - 80% interventions (treatments) within 28 days of assessment (children):
 - Performance against the Part 1b standard reduced to 0% in April 24 following a re-calculation of the standard and integration of IT systems.
 - Underachievement was largely due to a backlog following previous increases in assessments, staff sickness and vacancies within the service.
 - The median wait for an intervention appointment was approximately 10-weeks
 - A trajectory was being developed which aims to return to standard by Q3 2024/25 through recruitment, job planning, agency use and outsourcing
- Part 2 - 90% in receipt of secondary mental health services who have a valid care and treatment plan (children):
 - Part 2 compliance was generally above or extremely close to standard.
 - Seasonal variation and prioritisation of intervention could impact performance.
 - Part 2 training had been provided to the intervention team alongside the launch of the new clinical pathways.
- Neurodevelopment – children:
 - The waiting list continued to grow as a result of a continued demand and capacity mismatch - demand outstripped capacity by approximately 350%.
 - The longest wait reduced down to 150 weeks but 81% children and young people were waiting over the expected 26 weeks. The Health Boards performance was broadly in line with the rest of Wales.
 - Continued work was underway as part of the WG Improvement Programme, the 3 main areas of focus were: Triage and referral Joint assessments and fast track triage assessment clinic, ADHD medication follow up.

The CC inquired about the performance relating to part 1B for children, which pertains to the initiation of interventions or treatments within 28 days of assessment and asked what the implications from WG were when they are told of the Health Boards performance on it.

The COO responded that WG were supportive of the Health Board because it was open and honest about the Mental Health figures.

He added that they were clearly concerned about the level of performance, but had confidence that the Health Board knew why it had that level of performance and what was being done about it we're doing about it.

The COO advised the Committee that a further update on progress would be provided to the Committee in 6 months' time.

The Finance and Performance Committee resolved:

- a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes were noted.

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	b) The Mental Health Deep Dive was noted.	
<p>FPC 24/03/010</p>	<p>Decarbonisation Plan & Q3 Decarbonisation Action Plan Update</p> <p>The Decarbonisation Plan & Q3 Decarbonisation Action Plan Update was received.</p> <p>Decarbonisation Action Plan</p> <p>The Executive Director of Strategic Planning (EDSP) introduced the Decarbonisation Plan and noted that the plan had been through several variations over the last few years and every year it had been updated to reflect any changes, anything new or anything the Health Board had learned in terms of how best to tackle the climate emergency and take its responsibility seriously as an organisation.</p> <p>She added that the report received was the 2025/26 Decarbonisation Plan on its journey towards the Board the following week for approval.</p> <p>The Environmental Sustainability Improvement Manager (ESIM) presented to the Committee:</p> <p>Key Points included:</p> <ul style="list-style-type: none"> • Climate Emergency - A climate emergency was declared in 2020 by the Health Board demonstrating their commitment to taking climate change seriously. • The NHS Wales Strategic Delivery Plan: Published in 2021, contained actions and initiatives aimed at reducing emissions and achieving emission reduction targets. It also required that NHS organisations must have decarbonisation action plans. • Shaping Our Future Wellbeing Strategy: The strategy outlines ambitions to reduce emissions within the Health Boards control. Targets included a 16% reduction by 2025 and a 34% reduction by 2030, against a 2018 baseline. • Emissions Increase: Emissions have risen both within Cardiff and Vale and across the wider NHS in Wales. Around 80% of emissions come from procurement. This increase was due to more accurate data measurement and increased spending, amongst other factors. • Emissions Reduction: Emissions that the Health Board controlled, such as energy, had collectively reduced by around 7% against the baseline. • Future Ambitions: The strategy sets a 40% target by 2027, a 60% target by 2035, and aimed to achieve carbon neutrality as a health service by 2035. • New Areas in the Current Plan: The plan focussed on prevention, recognising that the most effective and low carbon form of healthcare was that which did not need to be delivered. It also focussed on operational priorities, recognising the carbon benefits created by operational and financial efficiency programs. It also focused on adaptation, acknowledging the need to adapt states and services to deal with the impacts of climate change. • Impact of the Plan: The estimated impact of the plan would be around 8000 tonnes or 4% of the footprint. <p>The ESIM advised the Committee that within the plan, three categories had been set out for Health Board actions around:</p> <ul style="list-style-type: none"> • Strategic aims, departmental actions and personal values that staff were being asked to uphold. • There were 49 actions in total which sat across the Strategic and departmental levels, but everyone across the organisation needed to play their part within the agenda. 	

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	<p>It was noted that specific actions for staff had been sent out in the plan which included:</p> <ul style="list-style-type: none"> • Reducing energy • Correctly disposing of waste. • Staff taking more sustainable modes of transport. • How staff could apply the sustainable practices in their day to day roles. <p>The ESIM advised the Committee that following approval of the plan, the messaging would be publicised widely across the Health Board.</p> <p>Q3 Decarbonisation Action Plan Update</p> <p>The EDSP advised the Committee that a huge amount of reporting on the Action Plan had been provided to WG and noted that the plan was brought to the Committee periodically to give assurance that the Health Board were doing everything it said it would do.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The 2024/25 Decarbonisation Action Plan was approved for recommendation to the Board.</p>	
<p>FPC 24/03/011</p>	<p>Water Safety Control Measure</p> <p>The Water Safety Control Measure was received.</p> <p>The EDF advised the Committee that it was being received as per process on the way to the Board meeting for approval.</p> <p>She added that 2 organisations had bid for the contract and the incumbent was due to be rewarded on the basis of quality and price.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The award of the contract for Provision of Water Safety Control Measures and recommend to the Board for approval at its meeting held on 28.03.2024 was approved.</p>	
<p>FPC 24/03/012</p>	<p>Monthly Monitoring Returns – Month 10</p> <p>The month 10 monitoring returns were received.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The month 10 monitoring returns were noted.</p>	
<p>FPC 24/03/013</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 17 April 2024 via Teams</p>	

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Confirmed Minutes of the Quality, Safety & Experience Committee

Held on 13th February 2024

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		
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
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Paul Bostock	PB	Chief Operating Officer
Francesca Thomas	FT	Head of Corporate Governance
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Ceri Chinn	CC	Lead Nurse Peri-Operative Care
Rachel Thomas	RT	Director of Operations – Surgery Clinical Board
David Scott-Coombes	DSC	Clinical Board Director - Surgery
Timothy Banner	TB	Clinical Director Pharmacy & Medicine
Jenna Walker	JW	Medication Safety Officer
Rebecca Aylward	RA	Deputy Executive Nursing Director
Sian Griffiths	SG	Consultant in Public Health Medicine
Carolyn Alport	CA	Quality & Safety Clinical Nurse Lead - Surgery
Catherine Twamley	CT	Interim Director of Nursing – Specialist Services Clinical Board
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Matt Phillips	MP	Director of Corporate Governance
Aled Roberts	AR	Assistant Medical Director, Clinical Effectiveness & Safety

QSE		ACTION
24/02/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	
24/02/002	Apologies for Absence Apologies for absence were noted.	
24/02/003	Declarations of Interest No declarations of interest were raised.	
24/02/004	Minutes of the Committee meeting held on 19.12.2023	

	<p>The minutes of the Committee meeting held on 19.12.2023 were received, subject to minor wording amendments.</p> <p>The Committee resolved that:</p> <p>a) The minutes of the meeting held on 19.12.2023 were approved as a true and accurate record of the meeting.</p>	
<p>QSE 24/02/005</p>	<p>Action Log following the Meeting held on 19.12.2023</p> <p>The Action Log following the Meeting held on 19.12.2023 was received.</p> <p><u>QSE 23/12/005</u> – the CC noted that a discussion had not yet taken place, but an update would be provided at a future committee meeting.</p> <p><u>QSE 23/07/009</u> – it had been agreed that an update on MMBRACE would be brought to a future private and public meeting, with a focus on neonatal.</p> <p><u>QSE 23/12/007</u> – the templates had been circulated offline and could be marked as complete.</p> <p><u>QSE 23/12/007</u> – this action would be referred to the CVC / IM-CE for action.</p> <p><u>QSE 23/12/007</u> – Royal College of Psychiatrists (RCP) review update – the EMD noted that the previous month there had been another delay. It had been almost a year since they commissioned the RCP, and despite a review and discussion, there had been no update for three months. The EMD suggested that a formal request for an update would be made to the RCP in writing.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 19.12.2023 was noted.</p>	
<p>QSE 24/02/006</p>	<p>Committee Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
	<p>Items for Review & Assurance</p>	
<p>QSE 24/02/007</p>	<p>Surgical Clinical Board – Assurance Report</p> <p>The Patient Story was presented, where the LNPOC provided the Committee with a summary of her experience as a breast cancer patient in Cardiff and Vale UHB (CAVUHB).</p> <p>The END thanked the LNPOC for sharing her story, which highlighted the importance of human touch and communication, as well as the anxiety that patients experience before radiology and blood tests. The EMD recognised that there was room for improvement in some areas.</p> <p>The IM-C suggested that the LNPOC's story and experience be archived within the Surgical Clinical Board, and he raised concerns about communication with patients from different cultures, ethnicities, and languages.</p> <p>The EMD asked the LNPOC for an example of an area that needed improvement.</p> <p>The LNPOC highlighted the difficulty in getting a GP appointment, and she suggested that staff be realistic with patients over the expected waiting time for test results.</p> <p>The DO-SCB presented the Surgical Clinical Board Assurance Report which provided the Committee with 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.</p>	

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The DO-SCB additionally highlighted the following:

1. Risk Registers – documentation was being reviewed at both the Directorate and Clinical Board levels.
2. Cases of redress and negligence – a big piece of work was being undertaken in the clinical board to review the concerns received, to identify themes, to tackle fixable issues, and to initiate wider conversations across the organisation.

The CBD-S explained that it had been a busy year and that there had been changes to the senior nursing team.

The EDTHS asked what work had been undertaken to rectify the increase in night-time falls, and whether the reduction in falls through December had been maintained in subsequent months. She also asked whether the equipment incidents (which accounted for 5% of total incidents) were reported to the Medical Equipment Group.

The LNPOC responded that most of the equipment incidents were within theatres, and confirmed that they linked in with the Medical Equipment Group.

Regarding falls, the DO-SCB explained that a piece of work was being undertaken which focused on reducing the length of stay, and that an action plan was in place. She noted that these concerns would be fed back to her team.

The END noted that there had been good evidence of a reduction in IP&C data, with MRSA and MSSA dropping by 30% or more. Additionally, the use of Tendable helped the clinical board to provide assurances to the Executive team on the quality agenda.

The IM-CE asked for more context around how the increase in theatre capacity had been achieved. She also asked how confident the Clinical Board were that their Value Based Appraisals (VBAs) were moving in the right direction.

The DO-SCB responded that:

- Theatre capacity – the Theatre Delivery Group met fortnightly and had been worked on improving and monitoring theatre utilisation, and they had increased the number of sessions throughout the year.
- VBAs – It had been a difficult task for their complex clinical board, but they were confident that the weekly reporting plan would help them reach the 85% target for March.

The CBD-S added the following:

- Theatre time was their most precious resource, and 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 that this would drive down waiting times once it starts the following summer.
- They had confidence in the data captured on theatre utilisation.
- Data also showed opportunities to improve around late starts and early finishes. They had redone their job plans over the previous year, with anaesthetists and surgeons starting at 7:30am to have time for pre-surgery tasks.

The COO noted that VBAs were monitored weekly at the Operational Delivery Group, and they had started to see some traction in recent weeks. He confirmed that the change of senior nurse had been nothing but positive.

The IM-C asked for more clarity and context around the incident percentages, as it was unclear how many patients this concerned in reality.

The DO-SCB suggested that she would circulate the figures which supported the percentages to the Committee outside of the meeting.

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	<p>The EMD asked for a strategic review on the priorities for the following year.</p> <p>The CBD-S responded that the situation was always unpredictable, but that one of their top priorities for the following six months would be patients lost to follow-up.</p> <p>The DO-SCB reiterated that the clinical board wished to focus on their risk management process and governance structure. She wished to ensure that all staff (both clinical and non-clinical) were aware of the concerns within their area and were focused on fixing them.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The assurance provided by the Surgery Clinical Board QSE assurance report was noted; and 2) The mitigation being taken to improve quality, safety, and experience and reduce harm by the Clinical Board was agreed. 	
<p>QSE 24/02/008</p>	<p>Medication Safety – Deep Dive</p> <p>The MSO presented the Medication Safety Deep Dive report and slides, which provided the Committee with a summary of the work being undertaken in CAVUHB in relation to medication safety.</p> <p>The EMD highlighted the presence of champions in the areas of greater risk (e.g. paediatrics), who included clinicians, pharmacists, doctors, and nurses who all had particular areas of interest and focus. She added 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.</p> <p>The CDPM added that the EPMA system would provide better data and awareness of issues, such as missed doses. He discussed the challenge of maintaining knowledge of high-risk medicines and drug alerts, and hoped that the EPMA system would aid this by providing prompts. The CDPM hoped to return the following year to discuss the EPMA's achievements.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> a) The assurance provided by the work underway to oversee medicines safety was noted. 	
<p>QSE 24/02/009</p>	<p>Quality, Safety and Experience Framework – effectiveness review</p> <p>The ADPE noted that the slides had been presented and circulated at the previous QSE Committee, and asked if anybody had any questions.</p> <p>The IM-CE asked for more context around the digital stories.</p> <p>The ADPE explained that digital stories were presented in various formats (e.g. videos, presentations, and poems), and were shared across Wales through the All Wales Library, which hosted a collection of stories that were applicable to many health boards. She emphasised the need to explore the different ways of presenting the stories, and the respect given to individuals who shared their experiences and their editorial rights over the content.</p> <p>The IM-CE asked if they had undertaken an evaluation on any gaps within the stories.</p> <p>The ADPE explained they had analysed where the gaps were in their digital stories, and the goal for the following year was to focus on reaching out to underrepresented groups and delivering care in the community.</p> <p>The END asked what support the team needed to ensure that the quality, safety, and experience framework was integrated throughout the organisation.</p>	

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	<p>The ADQPS responded that their data, insight, and digital journey was evolving – for example, the development of the EPMA system. Additionally, the scrutiny of the mortality data had changed the conversation about the quality of care. She acknowledged the difficulty in obtaining data, and the need for resources and accessible tools for clinical boards.</p> <p>The ADPE added that psychological safety was also crucial, and emphasised the need to listen to patients and staff and to take actions based on their feedback. The support of staff led to good quality of care. She added that the Duty of Candour should be a fundamental part of an organisation’s culture, and not just a legal requirement.</p> <p>The EDTHS emphasised that they needed to ensure that everybody in the organisation used the same system as they moved forwards.</p> <p>The CC suggested that the progress with the EPMA be added as a QSE standing item the following year.</p> <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 24/02/010</p>	<p>Learning Committee Update</p> <p>The ADQPS presented the Learning Committee Update slides and summarised the following:</p> <ul style="list-style-type: none"> - In 2021, the Quality, Safety and Experience Framework was published, which spanned five years. As part of this, they set out a revised structure for quality, safety and experience across the organisation, which involved the further development of the Clinical Effectiveness Committee and the production of a biannual report. - In 2023, efforts were focused on the delivery of the Clinical Safety Group, which oversaw all clinical advisory groups and linked them with the clinical boards. Additionally, the Executive Quality meetings had been revised to consider current and emerging issues, and to manage constraints and risks. - The final piece was the delivery of the Organisational Learning Committee to address the cross-cutting themes across the organisation. The committee oversaw the initial developments of improvements, spread good practice, and monitored interventions and improvements. <ul style="list-style-type: none"> • Some themes discussed included the transition from paediatric to adult services, the recognition and management of deteriorating patients, the follow-up of patients, the delivery of consent, and professional standards and the handovers of care between specialities. - Six enablers were identified to address these themes: culture and valuing people, workforce and leadership, data and insight, digital strategy, whole systems approach, and learning research. The membership of the Committee had been aligned to these enablers. - The aim was to address cross-cutting themes in a wide-reaching and long-lasting way, linking in with key members over the following few months. The initial meeting of the Organisational Learning Committee was planned for the end of the 2024 financial calendar year. <p>The CC asked why the work was planned for the end of 2024.</p> <p>The ADQPS acknowledged the need to be realistic and the importance of understanding the role of the university and local authorities. A lot of work was needed to make the initiative run well and be successful from the outset, which might not be feasible to push for an earlier start.</p> <p>The IM-C asked how much work had been done in collaboration with the Digital team and the university in terms of innovation and systems.</p>	

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	<p>The ADPE responded that two university students would soon join the Patient Experience Team to undertake project work around the analysis of themes, which would be useful for the Learning Committee. She emphasised the importance of developing and building on the existing relationships with the universities and other stakeholders.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The Committee noted the reassurance provided by the report. 	
Items for Approval / Ratification		
<p>QSE 24/02/011</p>	<p>Health Protection Plan</p> <p>The EDPH noted that the initiative had come from close working relationships with regional colleagues established during the COVID period, particularly in the areas of testing, tracing, and vaccination. The Regional Partnership aimed to control and mitigate communicable diseases, and involved key partners such as Cardiff Council, the Vale of Glamorgan Council, and Public Health Wales (PHW).</p> <p>The CPHM presented the Cardiff and Vale Health Protection Plan report and slides, which described how 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 WG).</p> <p>The CC asked about the extent of engagement with organisations who were not core partners, but were still important for any health protection scheme (which included both private and public sector bodies).</p> <p>The CPHM responded 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. Broader relationships would need to be considered going forward.</p> <p>The CC asked what could be expected in 2023-24.</p> <p>The CPHM emphasised the importance of being prepared for future pandemics and working well together as organisations. She noted that measles was currently a concern, and a lot of planning was being undertaken around this. The CPHM added that they were dealing with communicable disease threats and planning for other national priority diseases such as TB, Hepatitis B, and HIV. They hoped to see delivery against the big national priorities in the following year.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The contents of the Cardiff and Vale Health Protection Plan was approved; and 2) The actions to drive further service development and integration within the UHB and across the partnership was actively supported. 	
<p>QSE 24/02/012</p>	<p>Policies</p> <p>The following policies were approved by the Committee:</p> <ul style="list-style-type: none"> - Intraoperative Cell Salvage Policy & Procedure (UHB 030 & 403) - Swab Instrument and Needle Count Policy & Procedure (UHB 191) - Inpatient Welsh Language Policy (UHB 513) <p>The following policy was noted by the Committee:</p> <ul style="list-style-type: none"> - Individual Patient Funding Request (IPFR) Policy <p>The COO sought clarification on the process of approval for these policies and where the discussion of these policies had taken place.</p>	

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	<p>The DCG explained that there was an ongoing corporate effort to review the management and approval process of policies, and provided assurance that the issue would be addressed. Clarification would be provided once the work was completed.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The policies were noted and approved. 	
	Items for Noting & Information	
QSE 24/02/013	<p>Minutes from Clinical Board QSE Sub-Committees and Radiation Protection Group Chair's Report</p> <p>The Minutes from the Clinical Board QSE Sub-Committees and the Radiation Protection Group Chair's Report were noted.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The minutes from the Clinical Board QSE Sub-Committees and the Radiation Protection Group Chair's Report were noted. 	
QSE 24/02/014	<p>Health Inspectorate Wales Annual Report 2022-23</p> <p>The ADQPS informed the Committee that this report looked at Health Inspectorate Wales (HIW) activity over the previous year, as well as themes and trends across Wales.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The contents of the HIW Annual Report 2022-23 was noted. 	
	Items to bring to the attention of the Board / Committee:	
QSE 24/02/015	<i>No items.</i>	
	Agenda for Private QSE Meeting	
QSE 24/02/016	<ol style="list-style-type: none"> i) <i>Minutes and Action Logs from the Private QSE Committee on 19.12.2023</i> ii) <i>Any Urgent / Emerging Themes – Verbal Update</i> iii) <i>Prison Inquest Update – Verbal</i> iv) <i>Discharge Advice Letters (DAL) Update</i> v) <i>Ophthalmology WET AMD</i> vi) <i>Breast Look Back Exercise – Interim Update following Clinical Review</i> vii) <i>Safeguarding Update – Verbal</i> viii) <i>Joint Inspection of Child Protection Arrangements (JICPA)</i> 	
	Any Other Business	
QSE 24/02/017	The EMD informed the Committee that there may be a scheduling conflict for the next QSE meeting as it coincided with the planned Industrial Action.	
	Date & Time of Next Meeting:	
QSE 24/02/018	Tuesday 26 th March at 2pm via MS Teams	

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**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP
MEETING HELD ON MONDAY 5 FEBRUARY 2024
MEETIG HELD VIA MICROSOFT TEAMS**

Present:

Lani Tucker	Glamorgan Voluntary Services (Chair)
Sam Austin	Llamau
Rhys Burton	South Wales Police
Frank Beamish	NHS Volunteer
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector Older Persons

In Attendance:

Abigail Harris	Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Ashleigh O'Callaghan	Head of Strategic Planning, UHB
Matt Phillips	Director of Corporate Governance, UHB
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB

Apologies:

Julie Sangani	Cardiff Council
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SRG 24/01 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and thanked Sam Austin for having chaired the Group since November 2020.

SRG 24/02 APOLOGIES FOR ABSENCE

Although not members of the SRG, apologies had been received from Stephen Allen, Marie Davies and Jessica Mannings.

SRG 24/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

**SRG 24/04 MINUTES AND MATTERS ARISING FROM
STAKEHOLDER REFERENCE GROUP MEETING
HELD ON 28 NOVEMBER 2023**

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The minutes were received and approved as an accurate record subject to adding Matt Phillips to the list of those in attendance.

Nomination of Stakeholder Reference Group Chair

The Minister had formally approved Lani Tucker as Chair of the SRG.

SRG 24/05 FEEDBACK FROM BOARD

Matt Phillips drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 30 November 2023 and 25 January 2024.

30 November 2023

- The Board had approved the nomination of Lani Tucker as SRG chair for submission to the Minister
- The Board had approved the Co-production, Engagement and Consultation Framework and Toolkit.

25 January 2024

- The official opening of the Canolfan Iechyd Genomig Cymru / Wales Genomic Health Centre.
- The Chief Executive had reflected on a challenging Christmas / New Year period but noted that the Health Board's winter plans had held up well.
- Welsh Government Planning Guidance
- The Board had approved capital funding for works on C3 Link at UHW to enable Cardiothoracic services to be transferred back to UHW from UHL. Work would commence during April and would take about three months to complete. Angela Hughes explained that the works would provide an enhanced environment for the service.
- The Board had approved the transfer of a parcel of land on the Whitchurch site to Velindre University NHS Trust.

The SRG was informed that UHB Board meetings were now live streamed. It was agreed a link to the streams and a list of meeting dates be issued to SRG members.

Action: Matt Phillips/Gareth Lloyd

SRG 24/06 STRATEGIC EQUALITY OBJECTIVES

The Chair reported that Mitchell Jones was unable to participate in the meeting due to illness. The Chair was aware that Cllr Cox had wanted to raise an issue regarding the Equality Act 2010 and the socio economic duties

applicable to Health Boards that impact on patient transport arrangements. It was agreed that the Strategic Equality Objectives and discussion on the Equality Act be deferred until a future meeting. In the meantime, SRG members were encouraged to complete the questionnaire on the UHB's Strategic Equality objectives a link to which had been issued with the papers for the meeting. The deadline for completing the questionnaire was 24 February 2024.

Action: All

SRG 24/07 ANNUAL PLAN

The SRG received a presentation on the 2024/25 Annual Plan from Ashleigh O'Callaghan.

The SRG was informed that Health Boards have a statutory duty to submit financially balanced three year Integrated Medium Term Plans (IMTPs) to Welsh Government (WG). IMTPs are rolling plans that are updated annually. The Health Board, in common with all other Welsh Health Boards, had been unable to do produce a balanced IMTP in 2023 and had instead submitted an Annual Plan for 2023-24 set in a three year context. Another Annual Plan would be produced for 2024/25 and given the financial position it was likely that the Health Board would have to produce Annual Plans over the next few years. The deadline for submission of the Plan to WG is 29 March.

The SRG raised a number of questions and made several observations.

- It was pleasing to see a focus on Cancer and Mental Health services in the Annual Plan.
- The financial challenges were acknowledged and concern was expressed that this might prevent the UHB achieving what it sets out in the Annual Plan. Abigail Harris agreed that the financial environment was incredibly challenging. Furthermore, demand for services is increasing with an ageing population and a rise in cancer and mental illness rates. The UHB will endeavour to protect the quality of its front line services.
- Does the investment in digital systems relate to systems for staff or the public? Ashleigh O'Callaghan indicated that the aim is to introduce and further develop digital systems to improve internal processes. Abigail Harris explained that the Health Board in common with other Welsh NHS organisations, had a relatively low level of digital maturity. A number of different IT systems are utilised along a patient journey and it is important that they are compatible and that the correct people have timely access to the appropriate systems. There are also opportunities to use digital technology to help individuals to take more responsibility for their own health. At the same time the UHB must acknowledge that

some people will require assistance with digital connectivity and it will have to continue to provide alternatives for those reluctant or unable to use new digital technologies.

- The emphasis on staff wellbeing is welcomed. How does the UHB intend to reduce sickness by 5% and improve staff wellbeing? Abigail Harris explained that the UHB had an Occupational Health service and a reasonably comprehensive Staff Wellbeing service. Data on reasons for absence has been analysed and some of the most common reasons are anxiety/stress and musculoskeletal issues. The UHB has good human resources processes in place. For example, line managers maintain regular contact with those who are absent and discuss what could be done to help them return to work. Angela Hughes explained that many staff are also unpaid carers and the Health Board recognises the need to provide them with support to enable them to remain in work.
- Will there be engagement on the Annual Plan? Ashleigh O'Callaghan explained that the Annual Plan is a tactical plan which articulates how the UHB's Strategy will be delivered. The UHB had conducted a comprehensive programme of engagement on its Strategy and there would be further engagement on individual elements of the Annual Plan. A draft of the Plan would be circulated to SRG for comment week/commencing 19 March.

Action: Ashleigh O'Callaghan / Gareth Lloyd.

**SRG 24/08 EMERGENCY MEDICAL RETRIEVAL AND
TRANSFER SERVICES (EMRTS)**

Sarah Tipping informed the SRG that the third and final phase of the EMRTS Review on how to further improve the air ambulance service in Wales had commenced on 1 February and would end on 29 February. Although the short listed options would not impact on the population of Cardiff and the Vale of Glamorgan, it was important for SRG members to have the opportunity to contribute to the engagement.

It was agreed that a link to the Emergency Ambulance Services Committee website which contains details of how to participate in the engagement would be issued to the SRG. If SRG members have any questions they should email them to either Gareth Lloyd or Sarah Tipping.

Action: Gareth Lloyd / All.

SRG 24/09

NEXT MEETING OF SRG

1.30pm-4pm Tuesday 26 March 2024, Nant Fawr 1, Woodland House.

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 8th February 2024 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Co-Chair)
Peter Hewin	BAOT/UNISON (Deputising as Co-chair)
Bill Salter	UNISON
Fiona Salter	RCN
Suzanne Rankin	Chief Executive
Claire Beynon	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
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Matt Phillips	Director of Corporate Governance
Andrew Gough	Deputy Director of Finance
Janice Aspinall	UNISON
Jonathan Strachan-Taylor	GMB
Mathew Thomas	UNISON
Julia Davies	UNISON
Lorna McCourt	UNISON
Rhian Wright	RCN
Robert Warren	Head of Health and Safety
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Jason Roberts	Executive Nurse Director
Emma Cooke	Deputy Director of Therapies and Health Sciences
Karina MacKay	BDA
Katherine Davies	RCN
Zoe Morgan	CSP

In Attendance

Geoff Walsh	Director of Capital, Estates and Facilities
Ashleigh O'Callaghan	Head of Strategic Planning

Apologies

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Lianne Morse	Deputy Director of People and Culture
Abigail Harris	Executive Director of Strategic Planning
Julia Davies	UNISON
Catherine Phillips	Executive Director of Finance
Sarah Hill	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Ceri Dolan	RCN
Rebecca Christy-Harrold	BDA

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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LPF 24/001 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted. RG welcomed Claire Beynon to her 1st LPF meeting as the Executive Director of Public Health.

RG gave recognition and acknowledged the passing of Joe Monks. Peter Hewin (PH) also recognised the contribution he made as a Trade Union representative on behalf of staff side.

LPF 24/002 DECLARATIONS OF INTEREST

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

LPF 24/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting dated 12th December 2023 were agreed to be an accurate record of the meeting with the following exception:

RG requested to strengthen the sentence on page 7 which referenced the Staff survey to reflect the requirement for HEIW to look at anonymising the staff survey further.

LPF 24/004 ACTION LOG

The action log was noted and the following update provided:

LPF 23/056: Mathew Thomas (MT) requested an update following the allocation of lead reps to each of the People and Culture Plan themes as no further information has been received.

Jonathan Pritchard (JP) apologised for the lack of communication and explained that the workplan is still under development. He explained that there were now 3 themes. In response to a question about the number of themes, Rachel Pressley (RP) advised that the Equity and Inclusion theme had been incorporated into the other 3. As the activities and deliverables attached to this theme were explored, it became apparent that it would become owned by the EDI team instead of shared ownership. RP clarified that we haven't got rid of anything apart from the title, ensuring the activities and deliverables are weaved through all the other themes. Further discussion will place at the Workforce Partnership Group meeting as the People and Culture Plan is scheduled as an agenda item.

LPF 23/069: Rhian Wright (RW) noted that the video used on the job pages of the C&V website is still there and queried the time frame for taking it down. JP commented that discussions have taken place with the Communications team and there are a number of ideas for the new video. Joanne Brandon (JB) added that the current video on the webpage is one of many and reiterated that we have over 11,000 pages on the website and they all have different ranges of people. JB reassured the forum that work is taking place as part of the People and Culture Comms and Engagement plan, which puts forward a package of how we can reach out to different audiences for different reasons. As part of our recruitment drive we are updating all of those videos. JB offered to discuss with RW outside of the meeting.

PH suggested adding a time line to the actions noted on the Action Log in order to improve efficiency and reduce the time spent during this meeting reopening previous discussions. RG agreed.

Action: LB

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LPF 24/005 CHIEF EXECUTIVE'S REPORT

The CEO report was delivered by Suzanne Rankin (SR). Key points included:

- SR gave thanks to staff for their contribution and efforts over recent months. SR referenced the number of challenges and issues faced including the operational challenges of Winter, the issues around workforce morale, industrial action and the economic challenge. Despite these issues we are delivering our ambition or at the very worst delivering beyond what is being seen in many other places in Wales.
- SR referenced the encouraging conversations held with colleagues over the Christmas and New Year period around their experience of working in the organisation, how it is felt things are improving and that this is the best Winter experienced for some years.
- Financial Challenges - a period of planning is required to enable us to have a plan next year that fulfils the ask from Welsh Government and meet the control target of £16.5 million deficit. The periods of Industrial Action from Junior Doctors has brought a financial cost that was not anticipated. There is an additional cost of approx. £1m for every three days of industrial action. SR noted the organisations understanding of a colleagues' right to strike.
- Healthcare and demand – The Winter has been busy in terms of flu as there have been hospitalisations. There is a concern around Measles and there was an outbreak in Cardiff before Christmas, a significant outbreak in the West Midlands and further outbreaks are anticipated. SR encouraged everyone to take the opportunity to attend the pop up clinics to receive MMR if not already had one alongside COVID and flu vaccination. Our vaccination uptake rates in all arenas are poor, staff uptake for COVID and Flu is in the region of 40% which is disappointing. Significant operational pressures will be felt if we start to see colleagues in the acute and emergency pathway.
- 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.
- Staff survey – Despite good efforts, the return rate is approximately 22%. We continue to try to build trust in the process and will await the results on the 19th February. These will be published so we can examine the findings together and understand what is needed.

FS queried the issues around vaccines and whether the amount of adverse information online regarding vaccine safety has had an impact and what are we doing to counter the misinformation and encourage uptake. Claire Beynon (CB) agreed that there is misinformation around all of the different vaccines but there is a new World Health Organisation tool to look at misinformation which has been shared with colleagues. CB also added that care is needed when trying to counteract so as not to encourage more conversation. CB explained we have a big campaign with regards to Measles to try and counteract some of the messages that you might see. JB added that when the Health Board are made aware of posts the inaccuracies within them are reported. JB also reiterated the importance of proactively encouraging people to only look at official NHS sources that we have for information

In relation to staff uptake of vaccinations, MT asked if mobile walkabouts would be possible. CB confirmed there is an offer at the mass vaccination centres for all staff so they can walk in and have

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their Flu, COVID or MMR. In addition, there will be more outreach work taking place as the Operational Directors from each Clinical Board will have the opportunity to link in with the Vaccination team to determine what is required within their areas. CB explained they have looked at the data in relation to the update of Flu and COVID from this year and identified greater uptake at the start of the season at the clinics but demand dropped off when the offer was moved to the vaccination centres. For next year, our idea is to make access to the vaccinations easier for the community and also for staff.

RG suggested for the lead reps to link in with the Directors of Operations if they are aware of staff in their areas who have raised this issue with them.

Katherine Davies (KD) asked if the data included staff who have been vaccinated elsewhere. CB explained there is a Welsh immunisation system and for COVID & Flu, we can see who's been vaccinated regardless of where they've been vaccinated, unless it's in a different Health board area. CB added they are aware more is required in relation to uptake. KD commented that a lot of staff don't live within Cardiff so we will be missing out on the data for a lot of people.

MT commented on the staff survey uptake and reminded the forum of 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. SR agreed with this point and explained the importance of sharing the results. RG added that the staff survey will be annual and is a foundation to build on. Claire Whiles is leading on the cultural surveys in partnership with the Trade Unions and achieving results of 60%, and it is hoped to learn why people feel they will engage with this survey but not so much the national one.

LPF 24/006 ESTATES PLAN

Geoff Walsh (GW) provided an update on the Estates Plan. Key points included:

- An estates strategy was delivered in 2018 and what is still relevant has been identified. The estate strategy originally focused on new buildings but the focus is now on managing the estate and the associated risks.
 - A compliance team identified that the estate has approx. 25,000 engineering assets for which inspections were required throughout a 12 month period. Servicing contracts are now in place and the team are in a good position in understanding what the risks are across the estate.
 - There is a comprehensive estates risk register and risks which score above 16 are monitored on a monthly basis, jointly with the Health and Safety team. Examples of some of the risks identified were given.
 - Capital Risk Project – A Senior Engineer has been seconded to work on the survey report which has been developed to identify the issues, risks and mitigations. Findings are reviewed monthly and the risk process is assessed to determine if they are risks that require escalation onto the risk register or if they are operational issues.
 - Estates Activity Data – a series of graphs were presented to show number of jobs received to include planned preventative maintenance and also reactive maintenance requests. There are 170 000 maintenance duties either planned or reactive on the system and are monitored every month.
- Capital investment – Funding has been received for an electrical infrastructure upgrade on the tertiary tower, refurbishment of the Mortuary at Uhw and some improvement works at

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UHL. We have also received slippage funding and are undertaking work on the tunnels at UHW.

- Funding from Welsh Government has been received for Estate Facilities Advisory Board (EFAB) and directed at the estate backlog fire and decarbonization agendas. GW referred to the £151 million worth of backlog maintenance. EFAB funding schemes were presented to the forum.

PH thanked GW for the information and noted that it is helpful to understand the broader plan and how the issues identified are prioritised. PH queried whether the senior engineer who completes the baseline work would be willing to attend a staff side meeting to go through their findings in more detail.

Action: Peter Hewin / Dawn Ward

SR stated the importance of keeping the wider team informed of the work that is being done and why it is being prioritised.

MT asked when Trade Unions can expect to see the Estates IMTP for 24/25 in order to review and have the opportunity to raise comments. GW responded that the capital plans are very much dependent upon the IMTPs that are put forward by the other Clinical Boards. GW explained there is a draft plan but it requires sign off by the Senior Leadership Board and to accept the recommendations of the prioritisation. It is hoped it will be available in the next couple of weeks.

RG asked if the draft plan could be shared with the Trade Unions. SR provided the confirmation that this document could be shared.

Action: Geoff Walsh

Bill Salter (BS) expressed a concern on Health & Safety and provided an example of where nurses have taken over a storeroom due to lack of available office space. As Estates have explained that this is not a priority for them, BS stated that if the staff have an accident in this area, it could end up costing more than the cost of completing the work initially required. BS queried the costs the Health Board are paying out as compensation claims.

GW shared BS's concerns around this and asked for further information to be provided outside of the meeting as he was not aware of any requests relating to this through the Accommodation Working Group. SR noted the challenges of space but also the importance of asking colleagues to go through the appropriate processes to ensure they are properly assessed. SR explained she signs off all of the expensive litigation and agreed to respond to the query regarding compensation claims.

Action: SR

Lorna McCourt (LM) referred to the Health and Safety Inspection at CRI and requested an update on the security of staff and their well-being and also the security of the main site. GW explained there is 1 member of security staff on a 24 hour basis and any further requirement for physical presence or security would have to be considered financially. Quotations have been received for additional CCTV and is in discussion about the demolition of the Links building. A request has been made to the police for their assistance and they have increased their presence and their patrols around the site.

LPE 24/007 COVID INQUIRY

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Matt Phillips (MP) Director of Corporate Governance and the Senior Responsible Officer for the Covid Public Inquiry provided the following update:

- The Inquiry was set up in Easter 2022 and Baroness Heather Hallett was appointed as Chair.
- The Inquiry is big due to the enormous loss of life, the impact it had on many different areas, and because of the duration of the pandemic.
- The Inquiry has a significant amount of powers and is about identifying lessons learned and understanding what happened and how we could better prepare in the future. It is not there to find guilt, bring negligence or criminal charges.
- A number of modules have been set up. The first module is concerned with how prepared the country was to cope with such a large pandemic. The second module is decision making and they will be in Cardiff on the 27/2/24 looking at the decisions made by the Welsh Government. Other modules include Healthcare, Vaccines and Therapeutics, Procurement and the Care Sector amongst others.
- Cardiff and Vale UHB have already been involved with a number of these modules and specifically module 3 (Healthcare) of which the Inquiry is currently gathering evidence. The University Hospital of Wales has been approached as one of the 20 healthcare settings in the UK to provide the Inquiry with the required information.
- The Inquiry sent 46 questions and these were sent out to all parts of the organisation. This currently sits with the legal team who will turn the responses into 1 witness statement.
- The witness statement will be signed under the current Executive Director for Medicine, Professor Meriel Jenney, and her predecessor, Dr Stuart Walker who was in the post during the pandemic.

PH asked if the questions submitted by the Inquiry relates to the staff experience and if so how has this information been collected? MP explained that the Inquiry were interested in the patient experience, capacity, Infection Prevention and Control, PPE, visiting and also staff impact. The questions were made available to all the Clinical Boards who have made sure to have a broad collection of information to feed into the responses.

PH also queried to the wider group if staff can be given the reassurance that they can speak up safely and without repercussion if for instance they may be contacted for further information since the affiliated Trade Unions were invited to give evidence through the TUC on an All Wales basis. MP reiterated that the whole point of the public inquiry is to seek the truth and gather as much information to ensure lessons are learned and that we are better prepared as a country and as an organisation. The message is that people need to be honest and if this doesn't reflect well on the organisation it will still need to be documented as this is the purpose of the Inquiry. Care will be taken to ensure we do not criticise other public bodies where we cannot evidence it.

SR requested that colleagues are reassured as the likelihood of any colleagues being called to give witness in the public Inquiry is low. It is likely that Prof M Jenney, one of the other Executives or herself will be asked around the political and policy approach. SR noted that there may be implied criticism from the evidence given, policy or Government approach but in order to get to the truth, we have to tell the truth. The anxiety that colleagues express is shared at many levels but we have to understand the purpose of the Inquiry is to learn.

Action: RP to share with the TU reps the responses received and submitted to the legal team.

LPF 24/008 IMTP UPDATE

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Ashleigh O'Callaghan gave an update on the process with the IMTP and noted that there was a collective agreement at the Senior Leadership Board on an organisational plan with a smaller number of priorities. The plan is due for submission to Welsh government in March.

Key focus of the plan for next year include:

- Value and sustainability and balancing the ambition to give high quality care and providing the best outcomes which is cost effective and gives the best value.
- To deliver the strategy with a key focus on delivering quality services through our Shaping our Future quality excellence programme and embed quality through the organisation and develop a quality management system.
- Digital transformation – a focus on implementing some key digital enablers eg EPMA, the Electronic Prescribing Medicines Administration, digitised in cellular pathology and recognising that our digital maturity in the organisation is quite low. A proposal to Welsh Government to improve our basic digital capabilities.
- Estates plan will be reflected in the annual plan with the key risks identified and how they will be addressed.
- Prevention and working with our partners to increase our community capacity. For example, through the implementation of the Safe at Home model and enhancing the community nursing models. There is a Diabetes programme which will look at diabetes from prevention through to secondary care and the model will be applied to other pathways.
- Delivery priorities will include urgent care with a particular focus on stroke improvement, planned care and reducing waiting times. One of the key enablers to this is the high volume low complexity unit in Llandough, a focus on mental health, a focus on children and women and specialist services. These all align with the ministerial priorities.
- Workforce is a critical enabler and there will be a deeper dive on the workforce plan at a future session.
- Communications and engagement has taken place on the strategy development and there will be individual service developments within the plan that will require deeper engagement and the usual engagement process will take place with staff.

RG posed a question to the Trade Union colleagues, asking if they feel they receive enough partnership working as the lead reps in the Clinical Boards with the IMTP process. PH responded he does from the Mental Health Clinical Board perspective and specifically at the early stages and end point but would welcome discussions through the process. MT agreed with PH and would welcome further involvement going through every stage to ensure understanding and provide the opportunity to express more ideas and comments.

RG proposed having a discussion with Dawn Ward around Trade Union involvement in future IMTPs and suggested a deep dive into the detail of the current IMTP.

Action: DW and AoC

LPF 24/009 BCI EVENT

Paul Bostock (PB) referred to the Paper that had been submitted on the Business Continuity Incident (7/11/23) and explained the incident was declared as a result of sustained operational pressure. PB noted the key learning from the incident as 17 key actions were identified to improve upon going forward. This included Communications as it was felt these were not managed well by Operations as it wasn't clear about what was happening and why. Internal levels of escalation and the action

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required at each level was another area identified as requiring further work. There is a Table top exercise planned for May to work through the progress made against the actions.

PH noted that during their pre meeting discussion, staff representative members had welcomed the sharing of the BCI report. PH referenced the difficulty in understanding the acronyms contained with the report but also highlighted the importance of the lessons learned and what needs to change moving forward. PH asked if there could be involvement in the Table top exercise planned for May.

PB thanked PH for his comment on the acronyms which will be worked on and agreed with the suggestion of the LPF being involved at the Table top exercise.

Action: PB

PH referenced his role as the MH staff representative and the conversations around doing things differently and how this could be done within the MH Clinical Board adding it would be beneficial if what is applied at UHW could be done at HYC. PB explained we have tried to make MH feel more part of the UHB over the last 12-18 months. There was a mental health summit in September, and we are due another one but we need to make sure we've got the right participants. PB agreed to ensuring the LPF are involved in those conversations and would welcome the support.

Action: PB

LPF 24/010 INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report was received by the LPF and taken as read, with the following additional information provided:

Operational Performance

PB explained that Winter is tough and if a comparison is made to last Winter, we are doing better for our patients and the ambulance rates are being maintained. PB referenced the question asked at this meeting a couple of months ago about whether this can be sustained and the answer is yes. It is still a difficult time of the year, but he is hopeful we can get through the next few weeks and into Spring.

PB noted that we are doing really well in Stroke services, scoring an A in the SNAP data. There are still some issues around timely assessments at the front door but praised the achievement of obtaining an A when we were a D a year ago. We still need to invest in Stroke Services and this is one of the investment priorities for next year in order to deliver a sustainable stroke service to our patients.

The single cancer pathway standard is 75% and in December we delivered 70% which is the best performance on the single cancer pathway we've had. These are patients who have a confirmed diagnosis of cancer and 70% of those patients start their treatment within 62 days. This did drop in January due to the industrial action where approx. 122 cancer appointments and treatments were lost and a number of patients choose not to start their treatment over the Christmas and New Year period. At the end of December, we met the ministerial ask and less than 3% of the total waiting list of patients waited for more than 2 years. We previously had thousands of patients waiting over two years and have ended up with just under 4000 at the end of March. Although it will be very challenging, by the end of March we are aiming for no more than 1% of patients to wait this long. It is likely this won't be achieved due to the planned industrial action. We have some hotspots around

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our diagnostic waits which is an area of focus that we need to pay attention to. The number of patients waiting over 8 weeks has grown, partly because we put some of the capacity into cancer.

There is a community diagnostic hub programme being worked up which should improve mental health waits for children. A big concern for us is the demand into mental health services as there is not enough staff to be able to meet that demand. Another concern is within ophthalmology, there are 61,000 patients at the moment who, according to our systems, are supposed to have had a follow up with us and haven't had it.

Our hospitals are filling up again and this is why the last week or so has been so difficult. Number of patients in beds over 21 days is 70 more than it was. Despite the demand and constraints discussed we should be proud of the service that is provided to our patients.

People and Culture

PH raised a concern felt at the Pre-meet around the increase in Disciplinarys and R&R cases. PH referenced the functional working group set up by the Head of People Services, Katrina Griffiths (KG), around R&R and would like this concern to be reviewed within this group. PH queried whether a separate look is required at disciplinarys, the reason for the trends and what alternative there might be.

Action: RG to discuss with KG

Finance

PH reference the Finance report and queried if there is capital money that hasn't been spent. Andrew Gough (AG) explained that this figure doesn't mean there is capital money that we haven't spent, it refers to the element of the deficit that needs to be covered off.

LPF 24/010 EPSG MINUTES

LPF noted the EPSG minutes from 22 November 2023. PH requested that these are reviewed as are testament to the hard work that goes on and thanked Rachel Pressley and her colleagues for their hard work.

LPF 24/011 ANY OTHER BUSINESS

No other business was raised.

LPF 24/012 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 11th April 2024 at 10am with a staff representatives pre-meeting at 8.45am.

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Report Title:	Draft Annual Report 2023/24		Agenda Item no.	2.3	
Meeting:	Board	Public	X	Meeting Date:	30 May 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				

Main Report

Background and current situation:

Background

Board Members will be aware that the Health Board is required to publish, as a single document, a three-part Annual Report and Accounts which includes: -

- a. The **Performance Report** comprising of:
 - An Overview
 - A Performance and Delivery analysis.
- b. The **Accountability Report** – to demonstrate how the Health Board has met key accountability requirements to the Welsh Government, and includes:
 - The **Corporate Governance Report** – this explains the composition and organisation of the Health Board’s governance structures and how they support the achievement of the Health Board’s objectives.
 - The **Remuneration and Staff Report** – this contains information about the remuneration of senior management, fair pay ratios, sickness absence rates etc.
 - The **Senedd Cymru/Welsh Parliament Accountability and Audit Report** – this contains a range of disclosures relating to the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long term expenditure trends and the audit certificate and report.
- c. The **Financial Statements** – this includes Audited Annual Accounts 2023-24.

Current position

The draft Annual Report & Accounts provides useful information to our public and staff, holds us accountable for what we do and both celebrates our achievements and acknowledges our challenges and what we intend to do about them.

The draft document was circulated to Board Members on **7th May 2024** and is presented at Appendix 1 (**which can be located in the supporting documents folder**) for information.

The draft document was received by the Audit & Assurance Committee at its Workshop held on 20 May 2024.

Welsh Government has confirmed the reporting timescales for the submission of the Annual Report & Accounts for 2023-2024 which is set out in the table below. Entries in green have been fulfilled.

Next steps:

- Await comments from Audit Wales & Welsh Government following submission of the draft Annual Accounts & Annual Report
- Send draft Annual Report to Medical illustrations to formulate final draft in readiness for approval at the Special Audit Committee & Special Board meeting on 11 July

Table 1 – Proposed Timetable for Creating the Annual Report 2023-2024

Date	Task
29 April	Draft report to Management Executive
7 May	Internal Audit to receive draft Annual Governance Statement.
10 May	Draft Annual report & Accounts to be submitted to Welsh Government and Audit Wales
20 May	Audit Committee Workshop – to present the draft Annual Accounts, Performance Report and Accountability Report 2023-2024 for review and endorsement to the Board on 11 th July 2024.
10 June	Send the document to the Medical Illustration Team for graphic design work
11 July	Special Audit Committee meeting – final review & recommend Board approval to sign off Annual Report & Accounts 2023–2024
11 July	Special Board meeting – Signing off of Annual Report & Accounts 2023–2024
15 July	Final Annual Report and Accounts to be submitted to Welsh Government and Audit Wales

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

The Draft Annual Accounts 2023-2024 were submitted to the Welsh Government Finance team and Audit Wales on the 3 May 2024 in line with the required timescales.

The draft Annual report 2023-2024 (Performance Report & Accountability report) were submitted to Welsh Government and Audit Wales on the 10 May, in line with the required timescales.

Any feedback received will be incorporated into the final document.

The final Annual Report and Accounts 2023-2024 will be submitted to the Special Audit and Assurance Committee on 11 July 2024, followed by the Special Board meeting on the 11 July 2024 for final approval prior to submission to Welsh Government & Audit Wales.

Recommendation:

The Board is requested to:

a) **NOTE** the draft Annual Accounts, Performance Report and Accountability Report 2023-2024;

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Special Audit and Assurance Committee	11 July 2024
Board	11 July 2024