Public Board Meeting 25 July 2024

Thu 25 July 2024, 09:30 - 14:00

Woodland House, Coed Y Bwl

Agenda

09:30 - 09:40
10 min

1. Welcome & Introductions

Charles Janczewski

09:40 - 09:40
0 min

2. Apologies for Absence

Charles Janczewski

09:40 - 09:40
0 min

3. Declarations of Interest

Charles Janczewski

09:40 - 09:40
0 min

4. Minutes of the Board Meeting held on 30 May 2024 and the Board Meeting held on 28 March 2024

Charles Janczewski

4 Draft Public Board Minutes 30.05.24.pdf (16 pages)

09:40 - 09:40
0 min

5. Actions – following meeting held on: 28 March 2024

Charles Janczewski

5 Action Log - Public Board.pdf (2 pages)

09:40 - 13:00
200 min

6. Items for Review and Assurance (09:40 - 11:00)

6.1. Patient Story – Unpaid Carers - Sylvia Penny (15 MINUTES)

Jason Roberts

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

Charles Janczewski

6.2 Chairs Report July ns (1).pdf (7 pages)

6.3. Chief Executive Report (15 MINUTES)

Suzanne Rankin

6.3 Chief Executive Report July ns wm (1).pdf (7 pages)

Saunders,Nathan
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6.4. Board Assurance Framework (10 MINUTES)

Matt Phillips

- 6.4 BAF Cover Report July Board.pdf (3 pages)
- 6.4a Board Assurance Framework (1).pdf (70 pages)

6.5. Chairs' reports from Committees of the Board (10 MINUTES)

Matt Phillips

Finance & Performance 19.06.24

Charitable Funds Committee 11.06.24

Quality, Safety & Experience 21.05.24

Digital & Health Intelligence 28.05.24

Audit & Assurance 02.07.24

- 6.5.1 Finance & Performance Chairs Report 19.06.2024.pdf (4 pages)
- 6.5.2 - CFC Chairs Report 11.06.2024.pdf (3 pages)
- 6.5.3 - QSE Chairs Report 21.05.2024.pdf (3 pages)
- 6.5.4 DHIC Chairs Report 28.05.24 (1).pdf (3 pages)
- 6.5.5 Audit and Assurance Chairs Report 02.07.2024.pdf (4 pages)

6.6. Infected Blood Inquiry Strategic Brief (20 MINUTES)

Richard Skone / Jason Roberts / Emma Cooke / Claire Beynon

- 6.6 Infected blood inquiry.pdf (3 pages)

6.7. BREAK - 10 MINUTES

6.8. Integrated Performance Report (60 MINUTES)

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

Public Health

Operational Performance

People & Culture

Quality, Safety & Experience

Finance

- 6.8 Integrated Performance Report - Cover Paper - Board July 2024.pdf (11 pages)
- 6.8a Integrated Performance Report - Board - July 24.pdf (38 pages)

6.9. Strategic Planning, Commissioning and Partnership Update (20 MINUTES)

Marie Davies

- 6.9 Strategic Planning, Commissioning Partnerships Update.pdf (7 pages)
- 6.9a Commissioning Intentions 25-28.pdf (46 pages)

6.10. Break for Lunch – 30 minutes

13:00 - 13:45
45 min

7. Items for Approval / Ratification

Saunders,Nathan
21/07/2024 00:17:55

7.1. Business Cases (25 MINUTES - 5 MINUTES FOR EACH)

All Business Cases can be located in the supporting documents folder on Admin Control and the Cardiff and Vale UHB website.

7.1.1. Stroke Business Case

Paul Bostock

- 7.1.1 Stroke Business Case - Board Cover Report.pdf (3 pages)

7.1.2. CAV Health Inclusion (CAVHIS) Business Case

Paul Bostock

- 7.1.2 CAVHIS Business Case - Board Covering Report.pdf (3 pages)

7.1.3. South East Wales Radiopharmacy & Hub (TRAMs)

Paul Bostock

- 7.1.3 TRAMS - Radio-Pharmaceutical Business Justification Case - UHB Board.pdf (4 pages)

7.1.4. Digital Cellular Pathology

Suzanne Rankin

- 7.1.4 Digital Cellular Board Cover Report.pdf (4 pages)

7.1.5. Pentyrch Surgery Business Case

Marie Davies

- 7.1.5 Pentyrch Branch Surgery Development BJC - UHB Board.pdf (6 pages)

7.2. Compassionate Leadership Pledge (10 MINUTES)

Rachel Gidman

- 7.2 Compassionate Leadership Pledge.pdf (4 pages)

7.3. Capital Plan 2024/25 (10 MINUTES)

Catherine Phillips

- 7.3 Annual Capital Plan 2024-25.pdf (6 pages)

13:45 - 13:45
0 min

8. Items for Noting and Information

8.1. Corporate Risk Register

Matt Phillips

- 8.1 CRR Board Report - July 2024.pdf (4 pages)
- 8.1a Detailed Corporate Risk Register - July 2024.pdf (14 pages)
- 8.1b Assurance Map combined July 2024 (2).pdf (6 pages)
- 8.1c Assurance Map combined July 2024 CEF.pdf (8 pages)

8.2. Reports from Advisory Groups and Joint Committees:

Matt Phillips

1) Stakeholder Reference Group Chairs Report

2) NWSSP Assurance Report

3) Local Partnership Forum

4) Joint Commissioning Committee (JCC) Report 21.05.2024 & JCC letter from Welsh Government

- 8.2.1 Chairs Report SRG from June 2024 (1).pdf (3 pages)
- 8.2.2 NWSSP Assurance Report 16.05.2024.pdf (6 pages)
- 8.2.3 LPF briefing June 2024.pdf (3 pages)
- 8.2.4 JCC Briefing (Public) 21 May 2024.pdf (9 pages)
- 8.2.4a Letter to JCC from MD - Cass Review.pdf (2 pages)

Saunders,Natalie
21/07/2024 00:07:39

8.3. Committee, Advisory Group and Joint Committee Minutes:

Matt Phillips

Audit & Assurance 20.05.24

Charitable Funds 19.03.24

Digital & Health Intelligence 20.02.24

Finance & Performance 17.04.24 & 22.05.24

People & Culture 14.05.2024

Quality, Safety & Experience 26.03.24

Stakeholder Reference Group

Local Partnership Forum

- 8.3.1 Public Audit Committee Minutes 20.05.2024.pdf (10 pages)
- 8.3.2 Public CFC Minutes 19.03.24.pdf (11 pages)
- 8.3.3 DHIC Public Minutes 20.02.24.pdf (6 pages)
- 8.3.4a Finance and Performance Minutes 17.04.24.pdf (4 pages)
- 8.3.4b Finance and Performance Minutes 22.05.24.pdf (4 pages)
- 8.3.5 Public People & Culture Minutes 14.05.24.pdf (6 pages)
- 8.3.6 QSE Public Minutes 26.03.2024.pdf (7 pages)
- 8.3.7 SRG Minutes Meeting 26 March 2024.pdf (5 pages)
- 8.3.8 LPF minutes 11.04.2024.pdf (9 pages)

13:45 - 13:45
0 min

9. Agenda for Private Board Meeting:

Charles Janczewski

Approval of Private Board minutes

Planned Care verbal Update

Finance Savings Plan verbal Update

Covid Inquiry verbal Update

Judicial Review verbal update

Approval of Private Committee minutes

13:45 - 13:45
0 min

10. Any Other Business

Charles Janczewski

10.1. Review of the meeting

Charles Janczewski

10.2. Date and time of next meeting:

Thursday 26 September 2024 – Woodland House Room Coed Y Bwl

13:45 - 13:45
0 min

11. Break – 10 minutes (Moving into Private Board)

Saunders, Nathan
27/07/2024 00:47:55

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

Minutes of the Public Board Meeting
Held On 30 May 2024
Woodland House, Coed Y Bwl

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Emma Cooke	EC	Interim Executive Director of Therapies & Health Sciences
Marie Davies	MD	Interim Executive 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
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
Richard Skone	RS	Interim Executive Medical Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
John Union	JU	Independent Member – Finance
Helen Williams	HW	Representative from Llais
In attendance:		
Ceri Knight	CK	Head of Communications
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:		
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Sara Moseley	SM	Independent Member – Third Sector
Lani Tucker	LT	Chair of the Stakeholder Reference Group

Saunders,Nathan
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Item	Agenda Item	Action
UHB 24/05/ 001	**Welcome & Introductions** The Chair welcomed everybody to the meeting in English and Welsh.	
UHB 24/05/ 002	**Apologies for Absence** Apologies for absences were noted.	
UHB 24/05/ 004	**Declarations of Interest** No declarations of interest were raised.	
UHB 24/05/ 005	**Minutes of the Meetings held on 10 April 2024 and 28 March 2024** The minutes from the Board meetings held on 10 April 2024 and 28 March 2024 were received. **The Board resolved that:** a) The minutes from the Board meetings held on 10 April 2024 and 28 March 2024 were approved as a true and accurate record of the meeting.	
UHB 24/05/ 006	**Action Log** The Action Log was received. **The Board resolved that:** a) The Action Log was reviewed and noted.	
UHB 24/05/ 007	**Patient Story – Rapid Access Diagnosis Clinic – Julie's Story** The Patient Story was received: https://www.youtube.com/watch?v=CQCG3siy8gk The Board were played a video which outlined a patient who had been diagnosed with polymyalgia rheumatica who was then referred to the rapid access diagnosis clinic and started various diagnostic treatment within one week of being referred. The patient expressed their gratitude for the clinic who helped to move everything forward where appropriate quickly and the ongoing monitoring between the various departments. **The Board resolved that:** a) The Patient Story was noted.	
UHB 24/05/ 008	**Chair's Report and Chair's Action taken since last meeting** The Chair's Report and Chair's Action taken since last meeting were received. The UHB Chair advised the Board that he would take the report as read and identified a few key areas for noting which included: • The retirement of Fiona Jenkins, the Executive Director of Therapies & Health Sciences. It was noted that Emma Cooke had assumed the role of Interim Director of Therapies & Health Sciences. • The Executive Director of Strategic Planning, Abigail Harris had taken a secondment to the recently established Joint Commissioning Committee (JCC) and Marie Davies had taken on the role of Interim Executive Director of Strategic Planning.	

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	• The Board Development session held on 25 April 2024 – it was noted that a number of areas had been discussed by the Board which included: - The Decarbonisation Action Plan - Integrated Performance Report (IPR) - Strategic Portfolio - Clinical Services Plan (CSP). • Capitol Region of Denmark visit to University Hospital Wales – 19 April 2024 – it was noted that the visit had been a great success and the UHB Chair thanked all colleagues involved. • The great work undertaken by the Health Boards Posture & Mobility Service following a recent visit undertaken by the UHB Vice Chair, Professor Ceri Phillips was highlighted. • Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting were noted. **The Board resolved that**: a) The report was noted. b) The Chairs Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved.	
UHB 24/05/ 009	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The Director of Corporate Governance (DCG) reminded the Board that the Board Assurance Framework (BAF) provided information on the key Strategic Risks that could impact upon the delivery of the Health Board's Strategy and comprised of 15 risks. He added that a new proposal for the BAF had been written to align the strategic objectives, strategic portfolios and Committees with the strategic risks and was currently being consulted with Executives before being brought to a future Board or Board Development session for further discussion. **The Board resolved that:** a) The 15 risks to the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.	
UHB 24/05/ 010	**Chairs' reports from Committees of the Board:** The Chairs' Reports from the Committees of the Board detailed on the agenda were received and the following specific comments were highlighted by Chairs of the Committees: • People & Culture 12.03.24 – it was noted that stress/anxiety issues were being focused on by the workforce team and work was ongoing to address those as an alarming number of staff required immediate signposting. It was also noted that work around Health Board compliance with the Welsh Language Act was ongoing and would be received by the Committee regularly. • Quality, Safety & Experience 26.03.24 – it was noted that the Specialist Clinical Board had presented an assurance report during the Committee meeting which had highlighted the need for further improvement in adult patient care and it was suggested that the Teenage Cancer Trust (TCT) could offer valuable insights for the enhancement of adult cancer services. It was also noted that the Committee had received a report which provided an updated position regarding assessments for Looked After Children (LAC) and had highlighted that despite increased work capacity, the unpredictable number of children entering care and the timing of	

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	notifications from Local Authority colleagues remained a challenge to meet the 28-day compliance. • Mental Health Legislation & Mental Capacity Act 30.04.24 – it was noted that referrals into Mental Health Services remained high and that resource issues within the Mental Health Act officer had resulted in the drafting of a case to be put forward to Welsh Government (WG) to push for a digital space. The Director of Corporate Governance (DCG) advised the Board that he would be meeting with the Director of Operations for the Mental Health Clinical Board to discuss how to move forward in the digital space and to present that case to WG. It was also noted that parking had been brought to the attention of the Committee and the difficulties observed with parking at the University Hospital Llandough / Hafan Y Coed site. The UHB Chair noted that parking was a difficult subject across many of the Health Board sites and that as the Health Board moved forward with its strategic intent, more and more care would be moved into the community which would hopefully help to resolve some of the challenges around parking. **The Board resolved that:** a) The Committee Chairs' Reports were noted.	
UHB 24/05/011	**Integrated Performance Report** The Integrated Performance Report was received. • **<u>Public Health</u>** The Executive Director of Public Health (EDPH) advised the Board that she would take the report as read and would highlight key areas which included: • The spring COVID campaign had started on 2 April 2024 and 11,336 people had been vaccinated (20% of the population) and the campaign would continue over the coming months. • An advertisement campaign had started around the measles, mumps, and rubella (MMR) vaccination and focus on areas of low uptake would be taken. • A successful event had been held at Cardiff City Stadium to celebrate the end of Ramadan and implementation of the vaccination and screen to the local population. • Education and information sessions had taken place in schools where uptake was low, particularly with MMR vaccination and information sessions were targeted at parents and educational resources for teachers. • Healthy Weight – it was noted that the data was received annually and by the time the Board meet at the next meeting held in July, there should be refreshed data. The EDPH advised the Board that she was optimistic that the increase obesity data observed during the pandemic would have come down to pre-pandemic levels and then work could continue to bring that down further. • Demand for Weight Management Services had increased. • Smoking – it as noted that regular communications were shared by the Health Boards Communications Team to promote smoking cessation services. The EDPH advised the Board that the usual peaks in demand for Help Me Quit services were observed in January (with New Year resolutions and in March following No Smoking Day).	

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She added that a banner for the side of UHW would replace the dragon that was currently there and was awaiting installation led by the Estates team.

The UHB Chair asked how the Health Board were approaching the management of obesity in Children and Young People.

The EDPH responded that there was a whole system approach to the management of obesity in Children and Young People which was the evidence-based approach for trying to reduce levels of obesity.

She added that each area needed to "pull the lever" simultaneously and hold the position for a significant period of time to enable a change to happen.

It was noted that steps were being taken to increase healthy weight locally through the refreshing of the Move More, Eat Well Framework which would include the 0-5 age range going forward.

- **Operational Performance**

The Chief Operating Officer (COO) advised the Board that he would take the report as read and would highlight key areas which included:

- Urgent & Emergency Care – it was noted that focus had continued on ambulance handover times and the amount of time that patients were spending in the Emergency Department (ED).

  The COO advised the Board that data had plateaued a little but when comparing Q4 for 2023/24 with the same period the previous year, there had been 1400 fewer hours lost which was good progress.

  He added that the next step improvements would come with the improved continuity of care and 7-day working across medical specialities which included Cardiology and Urology and that he was optimistic that winter 2024, most specialities, if not all, would be delivering 7-day inpatient and emergency care services which would be a big step change.

- Waiting lists – it was noted that the Health Boards longest waiting patients were being treated as a priority and work was ongoing to improve times to first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment. As a result, a reduction in the number of patients waiting over 62 and 104 days for their definitive treatment had been observed.

- Cancer performance – it was noted that compliance with the 62-day single cancer pathway standard was at 62% in March 2024 and would increase to around 63% for the April reporting period.

  The COO added that May would be challenging largely due to the impact that Microtomy was having on backlogs of specimens but noted that work was ongoing to reduce the backlog back to acceptable levels by the end of June 2024.

- Planned Care – it was noted that the Operational Team were refreshing the approach and structures to Planned Care to help improve progress.

  It was noted that at the end of March 2024, there were 2689 patients who had waited over 2 years which was approximately 1.8% of the waiting list and that in 2022/23 there were over 14 specialities with patients waiting over 2 years which had reduced to 7 in 2023/24.

- Diagnostic waits over 8 weeks – it was noted that it was a concern for the Health Board as it was the worst performing Health Board in Wales and had doubled in the past 12 months with 2 main areas for concern:
  - Endoscopy
  - Non-obstetric Ultrasound

  The COO advised the Board that Endoscopy capacity had been focused on Cancer, Urgent and long waiting surveillance patients. The service had an improvement plan, with

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additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait.

- Primary Care – it was noted that the number of GP practices in high escalation had reduced to 22 from 36 which was a positive change however on a less positive note, there was quite a lot of unhappiness levels with staff and strike action was being talked about.

  The COO added that he hoped it would not come to that but wanted to make the Board aware of the risk.

- Mental Health – it was noted that demand for adult and children's Mental Health services remained significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1390 referrals in March 2024. As highlighted at the previous Board meetings, this demand increase included an increased presentation of patients with complex mental health and behavioural needs.

  The COO advised the Board that a Mental Health summit would be held in June 2024 and would be attended by Mental Health, Primary Care and Childrens Services colleagues and that the Mental Health Clinical Board had a new model of care that they wanted to share there around the redesign of community services.

- **People & Culture**

The Executive Director of People & Culture advised the Board that she would take the report as read and would highlight key areas which included:

- Indicators across all data were moving in the right direction.

- Staff turnover rates were between 7 and 9% in some areas which was a healthy rate but in totality it was around 11%

  It was noted that a staff turnover hot spot was with Health Care Support Workers (HCSW) and that as the workforce teams were checking on the data around those areas.

- Sickness – it was noted that sickness rates remained high; although the rates appeared to be the falling towards more 'normal' levels. The monthly sickness rate for April 2024 was 5.36% and the 12-month cumulative rate had fallen steadily over the past 12 months to 6.23% (by comparison with April 2023 which was 6.87%).

- Statutory & mandatory training compliance was still going up and was now at 83.51%, 1.49% below the 85% compliance target.

- Compliance with Values-Based Appraisal (VBA) continued to rise; the Health Board was now only 2.91% below the target, at 82.09%.

- Staff Survey – it was noted that some data had been received by the Health Board but that there was more to be received from Health Education & Improvement Wales (HEIW) which the team would need to analyse and findings would be received by the People & Culture Committee.

- Medical Workforce – it was noted that the Medical Workforce had been awarded at the HPMA conference around processes and that way staff were paid during the Industrial Action.

The Independent Member – Capital & Estates (IMCE) acknowledged the VBA rates and asked what was expected to come out from the 82% in terms of staff development and ongoing work.

The EDPC responded that the next stage involved looking at the quality of the VBA and how they aligned with the refresh of the Health Board strategy.

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She added that Managers needed to be empowered on the importance of VBA and how it can develop the Health Boards talent.

It was noted that the dialogue had positively shifted around VBA at the Executive Review meetings with Clinical Boards.

The Independent Member – Finance (IMF) asked what actions were being taken to improve the important of job plans.

The EDPC responded that the workforce team worked together with the Medical Director and the COO and noted that job plans had moved to an electronic process which required a 3 signature sign off and this had been discussed on at the Executive reviews with Clinical Boards.

The Interim Medical Director (IMD) responded that over half of Consultants had had their plans signed off.

- **Quality, Safety & Experience**

The Executive Nurse Director (END) advised the Board that he would take the report as read and would highlight key areas which included:

- Concerns - it was noted that during March and April 2024, the Health Board received 704 Concerns;

  - 81% of those had been closed within 30 working days (including Early Resolution)
  - 30 % closed under Early Resolution (within 2 days including day of receipt)
  - There were currently 298 active concerns

- Patient Safety – it was noted that the Health Board had reported 10 Nationally Reportable Incidents (NRIs) to the NHS Executive in April 2024 with 2 relating to the new national requirement to NRI report MBRRACE cases, and 3 related to hospital acquired pressure damage.

- Infection Control – it was noted that it was difficult to provide an accurate position because the Health Board had not received the reduction expectation from WG but the END advised the Board that the team had assumed it would be a 10% reduction.

The Interim Medical Director (IMD) advised the Board that he would take the report as read and would highlight key areas which included:

- Tier 1 Mortality Data – it was noted that 100% of patients who die as an inpatient now received independent scrutiny from the medical examiner (ME) and plans were in place to start to review community deaths.

The UHB Chair advised the Committee that he was encouraged by the resolve noted around Infection Control and noted the challenges given the state of the Health Boards infrastructure.

- **Finance**

The Executive Director of Finance (EDF) advised the Board that she would take the report as read and would highlight key areas for information.

It was noted that the financial position at the end of month 1 was £4.3m which showed a difficult start to the financial year and the Board were reminded that the Health Board had signed up to a £15.9m deficit by the end of the year which was a slight improvement on last years outturn but a significant improvement on the underlying recurrent deficit of £60m.

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The EDF advised the Board that to achieve the position, the Health Board needed to achieve £47.2m of savings recurrently and that the savings plan was the area of most concern for the financial plan.

	It was noted that at month 1, the Health Board had identified £18.181m of green and amber savings against the £47.2m savings target. It was noted that the reported overspend of £4.267m at month 1 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 EDF advised the Board that there had been a small overspend of £0.5m due to being slightly late in resolving budget setting priorities and agree those with the Clinical Boards but she noted that Clinical Boards should be clear about the risks they were managing. The IMCE noted their concern at the overspend at month 1. The EDF responded that operational pressures had been identified when calculating the overspend and some issues around clinical areas. She added that the financial team had been working with the operational teams to bring the run rate down and to provide significant improvements. The COO added that the plan had been sense checked through recent Executive reviews and clarified that most of the Clinical Boards had been able to improve their forecast. The representative from Llais (RL) asked if any of the savings would have an impact on patients. The EDF responded that savings plans had been identified on a range of themes such as workforce, non-pay, drugs, continuing healthcare, length of stay, planned care and procurement and that each theme had a value put against it. She added that the END had been working on a Quality Impact Assessment (QIA) document which would outline the relevant information around patient impact but noted that the Health Board would never agree to a saving that would have a detrimental effect to patients or services. The CEO added that high quality care was also the most affordable and that all the themes described, mirrored the NHS values and sustainability programmes and that core principles were safety for patients, cost effective improvement health care, development of services and supporting of teams. **The Board resolved that:** a) The contents of the report were noted	
UHB 24/05/ 012	**Chief Executive Report** The Chief Executive Report was received. 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: • Deliver of the Annual Plan – it was noted that the Heath Board had delivered the financial control total as required and so assurance could be noted. • Shaping Our Future Wellbeing Strategy – it was noted that work was well underway and was guiding activities across the Executive Team and that updates would be shared against each of the strategic objectives with Board over the coming months. The CEO advised the Board the CEO reports provided to Board showed areas of activity around each of the strategic objectives and that the current report would cover; • A Focus on Delivering in the Right Place • A Focus on Acting for the Future	

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She added that each of the four strategic objectives had areas of emphasis aligned with the purpose of framing and enabling delivery of the aims described above, for example:

- Development of a population needs based planning approach which featured a greater emphasis on prevention, upstream shift and reducing inequities through developing the care pathways.

- Shaping Our Future Quality Excellence programme.

- Digital enablement to transform services and prioritisation of the estate's infrastructure improvements.

- Driving value and sustainability throughout all that the Health Board do – fulfilling the ambitions under the Decarbonisation Action Plan for 24/25 recognising that operational priorities played a part in the management of the organisation's carbon footprint.

It was noted that in relation to the strategic objective update 3 areas would be covered off which included:

- Call 4 Concern – it was noted that the Board had previously been made aware of the Call 4 Concern service which had now completed its pilot with real success.

- Joint Academic Health Sciences Strategy (JAHSS) – it was noted that work continued to develop the JAHSS Programme whose vision was 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".

  The CEO advised the Board that those partnerships would build on the strengths in the health science sector where the Health Board would work with Cardiff University and regional and national partners to have a UK/global competitive advantage.

- The final Infected Blood Inquiry report was published on 20 May 2024 following an independent public statutory inquiry.

  It was noted that the Health Board was involved in the delivery of care to those requiring blood or blood products and it was now known that some of those patients were subsequently infected and family members and loved ones had been affected by the consequences.

  The CEO advised the Board that the report ran to 7 volumes which would take some time to go through and whilst there were some recommendations to the delivery of haemophilia services, there were much more around themes such as duty of candour, systems and processes, honesty and transparency which the Health Board recognised.

  She added that ti was important that the Health Board acknowledge its role and she apologised unreservedly to those infected or affected and that the Health Board did not underestimate the wider impacts.

  It was noted that support would be offered to patients and assurance provided that those who did receive blood products, screening was available.

  The CEO concluded that the Health Board would be held to account and would be required to report on its progress in 6 monthly intervals.

The UHB Chair noted that as a Board, they joined in the unreserved apology provided by the CEO to all infected or affected by the infected blood.

He added that 2 points of recognition were required from the CEOs report which included:

- The work undertaken by the recruitment team around project research had won a national work.

Saunders,Jonathan
21/07/2024 00:47:18

	• 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 had 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. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted	
UHB 24/05/ 013	**Strategic Planning, Commissioning and Partnership Update** The Strategic Planning, Commissioning and Partnership Update was received. The Interim Executive Director of Strategic Planning (IEDSP) advised the Board that she would take the report as read and highlighted a few key points which included: • At the last Board Development session, discussion took place around the proposed approach to organise the Health Boards strategic planning portfolios into 6 portfolios. The IEDSP advised the Board that throughout the report, she had tried to highlight under the key sections, where the likely alignment would be going forward which would impact on reporting and would come back to future Board meetings. • IMTP/Annual planning cycle – it was noted that the final report of the 2023/24 plan was included in Board papers to meet requirement of WG from a reporting and assurance view. It was noted that work was continuing with clinical services with summits being held in September 2024 and the teams finalised the high level CSP for the Health Board. • Regional Projects – it was noted that there were a number of regional projects that were progressing at variable rates which were outlined within the report. It was noted that a regional join area plan had been signed off with partners. • Shaping Our Future Hospitals – it was noted that it had been agreed at WG's Infrastructure Investment Board (IIB) in November 2023 that an Estates' Condition Survey and Masterplan for Health Board acute sites should be scoped. The IEDSP advised the Board that a scoping document and tender specification had been drafted which at the time of writing the report were receiving a final internal review, followed by them being agreed with Cardiff University. • Commissioning – it was noted that the Health Boards commissioning intentions would be received by the Board at its July 2024 meeting. The IMCE noted that the regional stroke programme had been unable to jointly appoint a regional clinical lead and asked how it would be addressed. The IEDSP responded that the position from an operational perspective was changing and there was a recognition that clinical focus needed to be strengthened and risk managed on a daily basis to provide robust services and once that data was there, people would be brought in. The CEO advised the Board that the following week, a regional clinical summit was being held which would provide an opportunity to walk through the programmes and restate the principals as to why it was being done. **The Board resolved that:**	

Saunders,Nathan
21/07/2024 00:07:55

	a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted.	
UHB 24/05/014	**Integrated Annual Plan Quarter 4 Report** The Integrated Annual Plan Quarter 4 Report was received. The IEDSP advised the Board that she would take report as read and noted that it provided an assessment of the progress towards achieving key planning milestones set for Q4 within the Health Boards 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 She added that the document was historical and the covering paper described a high-level overview of where the Health Board got to against delivering its plan and a more detailed quarterly report to read in conjunction. It was noted that the report provided an overview of commitments described in the annual plan. The IEDSP advised the Board that her team were looking at refreshing the report and the IPR was a really good comprehensive view of things within the plan. **The Board resolved that:** a) The progress achieved towards the delivery of our Integrated Annual Plan 2023/2024 was noted.	
UHB 24/05/015	**2024/25 Finance Planning Update** The 2024/25 Finance Planning Update was received. The EDF advised the Board that she would take the report as read and noted that a lot of the detail was provided in the IPR section of the meeting. It was noted that 5 Health Boards were asked to resubmit their financial plan by the end of May 2024 and that Cardiff and Vale UHB were one of two not asked, but it was asked to de-risk the plan. The EDF added that work was ongoing to de-risk the plan and noted that the Health Board had stated its ambition to deliver the plan. It was noted that since the plan had come out and the ministerial priorities confirmed, the base line level was set for the Health Board. The IEDSP added that the assumption was that other Health Boards had been asked to do better on money and better on performance. Marie – assumption is, other HB have been asked to do better on money and better on performance. The UHB Chair noted that upon review of the plan, it showed a positive situation and that as an Organisation, it had been very open and honest about what it could and could not do which was a Board function, not just Executives. He added that the Board were jointly responsible for persuading WG that the delivery ask was achievable but must be agreed in the room. **The Board resolved that:** a) The 2024/25 Finance Planning Update.	

Saunders,Nathan
21/07/2025 00:47:03

UHB 24/05/ 016	**Bi-Annual Nurse Staffing Act Calculation Report (verbal update)** The Bi-Annual Nurse Staffing Act Calculation Report (verbal update) was received. The UHB Chair advised the Board that he would provide them with an opportunity to provide comments to the END by 7 June 2024 as the paper had not been received. The END advised the Board that section 25A of the Act related to the Health Boards overarching responsibility which required Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across the Organisation. He added that section 25E required the Health Board to submit an Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 and that the assurance report covered the reporting period 6th April 2023- 5th April 2024. The UHB Chair noted that the paper was not unfamiliar to Board members and the reason for it being received was to show that changes made have been reported to the Board. He added that he would assume sufficient assurance from the Board if not comments were received by 7 June 2024. **The Board resolved that:** a) The Bi-Annual Nurse Staffing Act Calculation Report verbal update was noted.	
UHB 24/05/ 017	**Funded Nursing Care: Setting the 2024/25 Interim Rate & Care Provider Fee Uplift Required for 2024/25** The Funded Nursing Care: Setting the 2024/25 Interim Rate was received. The EDF advised the Board that she would take both papers together and noted they were shared between herself and the END in terms of the rates being paid. It was noted that Health Boards had been working together to consider the options for an interim uplift to be in place for 2024/25 and that providers were pressing for Health Boards to urgently identify and issue the interim 2023/24 FNC rate. The Board were advised that Health Boards professional and finance leads had considered the issues and it was proposed that: • The Interim FNC Rate be uplifted by 3.01% for 2024/25. The Independent Member – Community (IMC) asked if there was a formula behind the 3.01% The EDF responded that there was and noted that pay was based on uplift of band 5 nursing and products which had been agreed by the people who prescribed care for patients and the finance team. The COO noted that NHS Wales would pay less than England but it was presumable that NHS Wales costs were not less that England and asked if there was a reason why NHS Wales were paying £14 less than NHS England. The EDF responded that it was a historical agreement which would be levelled up over time and was the current position which could not be afforded to match. **The Board resolved that:** a) The recommendations by the lead finance and professional Health Board leads were received and it was approved that:	

Saunders,Nathan
21/07/2024 08:47:55

	• The 2024/25 Interim FNC Rate be uplifted by 3.01% to £213.19 NHS contribution. The cost was estimated at £0.337m, which was 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 would be amended following wage award announcements and be brought back to Board for agreement only if it exceeded the financial plan provisions. The Care Provider Fee Uplift Required for 2024/25 was received. The EDF advised the Board the Care Provider Fee Uplift was a similar arrangement to the Funded Nursing Care but that it was a little more complex due to it being in relation to buildings and land and many other factors that drove the uplift. She added that it was more difficult to unify the rates across Wales but that work was underway and focussed largely on the basis of a living wage and an increase to make sure that workforce are paid a reasonable salary. The Independent Member – Local Authority (IMLA) noted that the real living wage had increased by 10.09% and that the Health Board was offering 7.4% and asked if there was a risk that some Providers may not accept the new rate. The EDF responded that communication was key and that if approved by the Board, it would be communicated to the Providers and where some may not be happy with the rate, conversations will be ongoing in terms of what would be required. **The Board resolved that:** a) The 2024/25 annual uplift that should be offered to care homes at 7.4%, noting this was within the provisions in the current financial plan was approved. b) It was noted that the 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. c) The risk that providers may not accept the new rate was noted d) It was noted that the financial plan assumes WG Allocations to support the RLW e) 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 was noted.	
UHB 24/05/ 018	**Renewal of the Lease of Units 1 And 2 Bridge Road, Treforest** The Renewal of the Lease of Units 1 And 2 Bridge Road, Treforest were received. The EDF advised the Board that the reasoning for the Board receiving the item was due to the value over the proposed extension. She added that units 1 and 2, Treforest housed the Artificial Limb and Appliance Service (ALAS) Posture and Mobility Service, Adult Physiotherapy Reconditioning Workshop, Community Dental and Medical Records. The Board was advised that consideration should be given to the wider picture associated with the Rookwood Hospital disposal and the need to relocate the Rookwood ALAS service. The Independent Member – Finance (IMF) asked what type of negotiations or discussions had happened to try and bring the rent down. The EDF responded that it was always difficult to negotiate from a longer-term rental agreement to a shorter one and noted that the Director of Capital, Facilities & Estates would have led the negotiations on it supported by the Shared Services team who worked on behalf of Welsh Government to ensure that rates were fair.	

Saunders, Hannah
21/07/2024 09:42:55

	She added that the 5 years rental agreement being proposed should be used wisely by the Health Board. **The Board resolved that:** a) 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 was approved. b) The affixation of the UHB lease to the new lease contract on receipt of approval by Welsh Government was approved. c) The ongoing work regarding the disposal of the Rookwood site and associated alignment of the ongoing service plans was noted.	
UHB 24/05/ 019	**Purchase of Land for the Provision of Pentyrch Surgery** The Purchase of Land for the Provision of Pentyrch Surgery was received. The EDF advised the Board that Pentyrch Surgery was going to be a fully build surgery however due to affordability of the overall scheme, the Health Board ventured into buying the land with WG support and to enter into a capital scheme to provide a GP surgery on that land. She added that at the same time, the Health Board would continue with its planning for the wider project associated with the construction of the new health centre and that a future paper would seek approval on the signature of the final legal documentation. **The Board resolved that:** a) The signature of the Heads of Terms was approved. b) The application of the funding request to the Welsh Government was approved.	
UHB 24/05/ 020	**Corporate Parenting Charter** The Corporate Parenting Charter was received. The EDPC advised the Board that in September 2023, WG launched their Corporate Parenting Charter which set out their ambitious vision for transforming Children's services in Wales and to support the ambition, WG was encouraging public bodies to strengthen their role as 'corporate parent' to safeguard and promote the rights and life chances of care-experienced children and young adults. She added that the Health Boards promises as Corporate Parents were set out in the paper received and listed 9 principles. It was noted that the Health Board was 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. The IMCE supported the charter but asked for more assurance on the plan to enact, implement and breathe the charter. The EDPC responded that evidence showed that the care-experienced children and young adults were more at risk of exploitations, drugs etc and that the transition from primary school to secondary was crucial. She added that it would be looked at in more detail across the Organisation in a number of areas such as the Senior Leadership Board and Committees of the Board for assurance. The CEO supported the charter but noted that she had mixed feelings on it because everybody that comes into contact with the Health Board should have the same standard of care and that where additional vulnerability could be identified, the Health Board would then do the things to address that. The UHB Chair added that by signing up to the charter it would add weight to the argument and would strengthen the relationship with WG.	

Saunders, Vicki-Ann
21/07/2024 00:47:53

	The UHB Vice Chair noted that there was a need to reduce inequality as the group identified could often be costly to the Health Board. The UHB Chair noted that the Board supported the charter with a caveat that it was developed in a meaningful way. **The Board resolved that:** a) The commitment to the Corporate Parenting Charter and sign the Welsh Government's pledge was supported and approved.	
UHB 24/05/ 021	**Annual Reports for Committees and Advisory Groups of the Board** The Annual Reports for Committees and Advisory Groups of the Board were received. The DCG advised the Board that the Health Boards Standing Orders required the Health Board to carry out Annual Reports for Committees and Advisory Groups of the Board and noted that each report received had also been received by the relevant Committee. The IMF advised the Board that the Charitable Funds Committee Annual Report required updating as the meeting held in March 2024 had not been included fully. **The Board resolved that:** a) The Annual Reports from the Committees and Advisory Groups of the Board were approved pending the one update to the Charitable Funds Committee Annual Report	
UHB 24/05/ 022	**Standing Orders Amendment** The Standing Orders Amendment was received. It was noted that the creation of the NHS Wales Joint Commissioning Committee (JCC) and cessation of WHSSC and EASC respectively necessitated an amendment to all HB Standing Orders **The Board resolved that:** a) The amendment to the Standing Orders was approved.	
UHB 24/05/ 023	**Corporate Risk Register** The Corporate Risk Register was received. **The Board resolved that:** a) The Corporate Risk Register and the work in that area which continued to progress was noted.	
UHB 24/05/ 024	**Reports from Advisory Groups** Reports from Advisory Groups were received **The Board resolved that:** a) The Reports from Advisory Groups were noted	
UHB 24/05/ 025	**Committee / Governance Group Minutes** The Committee / Governance Group Minutes were received. **The Board resolved that:**	

Saunders,Nevan
21/07/2025 00:47:03

	a) The Committee / Governance Group Minutes were noted.	
UHB 24/05/026	**Draft Cardiff and Vale UHB Annual Report 2023/24** The Draft Cardiff and Vale UHB Annual Report 2023/24 was received. **The Board resolved that:** a) The Draft Cardiff and Vale UHB Annual Report 2023/24 was noted.	
UHB 24/05/027	**Any Other Business** No other business was received.	
	Date & time of next Meeting: Thursday 11 July 2024 – Microsoft Teams (Special Board Meeting)	

Saunders,Nathan
21/07/2024 00:47:55

ACTION LOG

Public Board Meeting

25 July 2024

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS / COMMENT
Actions					
UHB 24/05/013	Strategic Planning, Commissioning and Partnership Update	The proposed approach to organise the Health Board strategic planning portfolio approach into 6 portfolios. Update to be received by Board at its July meeting.	25.07.2024	Interim Executive Director of Strategic Planning	**COMPLETED** On Forward Plan for July Board
UHB 24/05/013	Strategic Planning, Commissioning and Partnership Update	Commissioning intentions to be received by the Board at its July meeting.	25.07.2024	Interim Executive Director of Strategic Planning	**COMPLETED** On Forward Plan for July Board
UHB 24/05/020	Corporate Parenting Charter	Board to receive regular updates on Corporate Parenting Charter	26.09.2024	Executive Director of People & Culture	**COMPLETED** On Forward Plan for September Board
UHB 24/05/021	Annual Reports for Committees	Charitable Funds Committee Annual Report to be updated following comments from the Independent Member – Finance	25.07.2024	Director of Corporate Governance / Senior Corporate Governance Officer	**COMPLETED** Updates made and Annual Report republished.
Actions referred TO Committees of the Board/Board Development					
UHB 24/05/009	Board Assurance Framework	Strategy Alignment Proposal to be received at Board Development in June	27.06.2024	Director of Corporate Governance	**COMPLETED** On agenda for June Board Development
UHB 24/05/011	Integrated Performance Report	Deep dive on Diagnostics to be received at Board Development in June	27.06.2024	Chief Operating Officer	**COMPLETED** On agenda for June Board Development

Saunders,Nathan
22/07/2024 00:47:55

UHB 24/05/011	Integrated Performance Report	People & Culture Committee to receive update on staff survey results that showed 40% of staff who required immediate signposting due to anxiety, stress and depression	09.07.2024	Executive Director of People & Culture	**COMPLETED** On agenda for July People & Culture Committee meeting (agenda item 2.2)

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2
Meeting:	**Board**	Public	X		Meeting Date:	**25 July 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 appointment of Emma Cooke as Executive Director of Therapies & Health Science, with effect from 1 June 2024 following a rigorous recruitment process. Emma has been covering the role on an interim basis and I am delighted to formally welcome her to the Board and to work together going forward.

B. The Board will also wish to note the appointment of Dr David Fluck as the new Executive Medical Director following a robust interview process. David was chosen unanimously by the panel as a result of his demonstrable and significant experience as a Medical Director and Clinician. David joins us from Ashford and St Peter's Hospital NHS Foundation Trust in Surrey, where he has held a number of positions including interim Chief Executive Officer and Medical Director for the past 28 years. He brings a wealth of knowledge and experience to Cardiff and Vale UHB and I am looking forward to working with him while he drives forward our clinical practices and innovations to ensure we continue to provide equitable services to our population. David is expected to join the Health Board early in October 2024. In the meantime, I am grateful to Dr Richard Skone who will continue as the Interim Executive Medical Director.

Saunders,Nathan
21/07/2024 00:47:55

2.2 Board Development Session – 27 June 2024

The Board Development Session held on 27 June provided Board members with the opportunity to consider and discuss a series of significant issues and developments including:

- The Long Term Financial Model – a review of the direction of travel financially for the organisation over the next 10 years focusing on the impact of inflationary pressures, population changes and demand growth recognising the health board is facing a significant challenge.

- Integrated Performance Report (IPR) – In depth discussions were had regarding a deep dive on diagnostic performance.

- Strategy and Governance – A discussion was had on how best to ensure the strategy was reflected in the strategic risks within the Board Assurance Framework and how it aligned the strategy, the strategic portfolios, the BAF and the Board's Committees.

- Self-Assessment/Development Work- Discussions regarding self-development and resilience was considered along with Graduates attending who were tasked to come to a later Board development with a update on research on the key responsibilities of the Board.

2.3 Diary Highlights since the last Board Meeting

Visit from Julie Morgan MS to Hafan Y Coed – 8 July

After visiting University Hospital Llandough earlier this year to meet with colleagues in Mental Health Services for Older People, Julie Morgan MS recently met with colleagues and patients from Hafan Y Coed, the Health Board's specialist mental health facility dedicated to providing therapeutic services in a recovery-focused environment.

During her visit, she interacted with colleagues and patients from physiotherapy services, the Recovery & Wellbeing College, and the Psychiatric Intensive Care Unit. This visit provided her with insights into the inpatient services offered at Hafan Y Coed and the significant challenges faced within mental health services.

Colleagues openly discussed the pressing issues, including the high demand for beds, the increasing acuity of patients, and the challenges posed by smoke-free mental health units, as well as violence and aggression in high-acuity environments.

The group then heard from representatives from the Recovery & Wellbeing College, who shared information about their inpatient courses designed to support and empower patients as they prepare for discharge. A patient also shared their personal experiences of working with the team, highlighting the positive impact of these services and the imperative support that is being provided at Hafan Y Coed to deliver holistic, patient-centred care.

Sonia Thomas-Hannan
01/08/2024 10:47:55

Spotlight story - Shaping Change Team

I am delighted to showcase with Board the fantastic work that our Shaping Change team undertake to support members of our health and care staff across the health board to make things better for our patients and colleagues.

What does each function of Shaping Change do?

Improvement and Implementation are a dedicated team of change experts who support the delivery of priority improvement programmes and build improvement capability across our system. They lead the way in the continuous process of making something better or more effective. They do this by analysing data, developing solutions, and implementing change through regular support, workshops and training.

The **Innovation** team is a one-stop-shop for colleagues to drive change with new ideas and technology. With links to industry, funding opportunities and all-Wales innovation initiatives, they exist to empower colleagues, collaborators, and partners in identifying, developing, and implementing impactful solutions that address our collective needs. From transformative events that bring together colleagues and external healthcare companies to develop solutions to one-to-one support for adopting new ideas, training uncovering innovation and grant gathering, they are a multi-faceted function.

The Change Hub is a team of project, programme and change specialists. They work alongside colleagues to identify the most effective use of resources for key initiatives. They offer a safe, collaborative environment and relationship to help colleagues, many of whom are in project management roles, to deliver their programmes sustainably and successfully. They do this through mentoring, project support and project management training and are committed to providing rigour and assurance through their processes.

The Dragon's Heart institute (DHI) was set up in the wake of COVID-19 to capture the lessons learnt during the pandemic and ensure that Wales is ready for the next challenge of its scale. The DHI is home to two All-Wales Intensive Learning Academy programmes, namely the Climb Leadership Programme and the Spread and Scale Academy. Both programmes are leadership development offerings for anyone working in health and social care in Wales with the aim of dismantling the siloes that obstruct collaboration and teamworking at scale currently. Climb connects cohorts of 30 learners with each other and world-leading experts for a radical ten-month programme, while the Spread and Scale Academy empowers teams with the tools and skills necessary to spread innovation and best practice and ensure that as many people as possible can benefit from their excellent work.

Looking ahead, Shaping Change is not just about reacting to challenges, but I foresee that they will be actively involved in shaping the future of our services to deliver quality excellence. Their innovative spirit and focus on continuous improvement position them perfectly to identify new opportunities and implement cutting-edge solutions to work to eradicate avoidable harm alongside colleagues across the system.

With their unwavering dedication to this a collaborative approach, I am confident that Shaping Change will be instrumental in driving positive change that benefits not only our patients but the entire healthcare system in Wales and some key examples are listed below which demonstrate the successes they have achieved to date.

Cadarnhaswyd gan
21/06/2024 00:47:55

Shaping Change Highlights

Recording Patient Activity

We supported a programme to improve clinical coding accuracy in targeted areas. This programme identifies and prioritises clinical boards with poor patient activity recording and implements point-of-delivery changes. To ensure smooth execution, we established proper governance and documentation frameworks to support programme delivery.

200 Minutes Back

An improvement programme focused on giving time back to staff so they can maintain their passion to care. We have worked with a number of areas across the Health Board and have seen positive results such as:

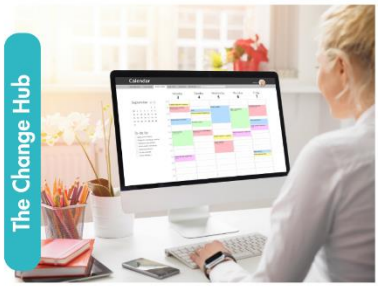
- Reduced medication errors by 60% by stopping interruptions during medication rounds
- 80% of staff having full, uninterrupted lunch breaks

VR CUBE implemented at UHW with Cardiff University

An immersive projection room designed for simulations and small group teaching sessions. We enabled and supported project delivery by sourcing £85K from Welsh Government. The room can be used for enhanced realism to take students to different environments.

Introduction to Innovation Training continues

We have successfully initiated sessions for staff to understand and implement new, innovative ideas into the workplace. The training has been recognised by Welsh Govt and NHS Wales and has been a catalyst for development of the all-wales innovation training module.



E-rostering programme support

We continue to provide support to the e-rostering efficiencies project by supporting the delivery of the key activities through robust planning and effective risk management. The medical e-rostering project is in the early stages and we have been providing mentoring and support in mobilisation this complex project.

Endoscopy Challenge

The Endoscopy Challenge aims to accelerate the delivery of endoscopy procedures and reduce waiting times for patients. Led by Shaping Change and supported by a £750k grant from the Cardiff Capital Region (CCR) Challenge Fund.

Frailty Dashboard

We have been integral in the development of the frailty dashboard recently published in BIS. Working collaboratively with the frailty steering group, we have been persistent in emphasising the importance of data and a clear measurement plan. The dashboard is now available to support the ongoing improvement initiatives in the frailty pathway.

Saunders, Nathan
2024-04-04 14:15

Building Capacity

This year, we have provided training in Primary Care and Occupational Therapy, empowering colleagues to drive improvements in rehabilitation assessments, staff engagement in sustainability, and public involvement in community services. We are preparing for an Open Cohort in July, supporting ECOD with the Essential Manager Programme, and offering the newly launched Change Basics online course.

Shaping Change
Siapio Newid
Caerdydd a'r Fro | Cardiff and Vale

Climb Leadership Programme celebrates 3 years

Climb has recently finished its third year as part of the All-Wales Intensive Learning Academy. Throughout the course, delegates have learnt from world-leading academics, circus performers and the military. At its summit event, delegates performed TED-style talks and were joined onstage by senior healthcare leaders including Suzanne Rankin and Judith Paget, and adventurers Tori James and Peter Hillary.

Spread and Scale for sustainable healthcare

The Spread and Scale Academy were recently invited to present two workshop sessions at the inaugural Welsh Sustainability Conference, at which the Cabinet Secretary for Health and Social Care, the Future Generations Commissioner, and the Chief Executive of NHS Wales were in attendance. The team were also asked to judge and present the All-Wales Sustainability Award in the Spread and Scale category.

Commonwealth Leadership Institute (Health) launched at Windsor Castle

The Dragon's Heart Institute team have worked for the past year to support the design and delivery of a multiple day event at Windsor Castle. At this event, hosted by the Commonwealth, multigenerational leaders from across the world convened to launch a new leadership institute which will serve as a hub for convening leaders from across the Commonwealth, developing capabilities and pooling expertise to address shared challenges.

Feedback for Shaping Change

'Katie [Service Improvement Manager in Shaping Change] brought together all the relevant professionals from the different specialties and made sure we focused on the common goal – to improve patient outcomes and access to the correct relevant services at the right time. It has been a pleasure and privilege to work with such dedicated people and have such a positive result that will impact on future care.'

Ann Yates, Director of Incontinence Services

'The workshop [run by Shaping Change] highlighted, that we could significantly reduce the processing time and risks for these assays, freeing up staff members to focus on the reporting side of the service which is important for a small specialised working team.'

Richard Thomas, Principle Clinical Scientist, UHW

'I went on a search to find help and in the process, I came across Shaping Change...the team introduced 200 Minutes Back and that's when things started to change. It has empowered a whole team, injecting hope allowing us to have more time for our patients.'

Emma Powderhill, Ward Manager, Cedar Ward UHL

'The Project Management training was great, interactive, relevant and encouraged to use our own projects'

Anonymous

Saunders,Nathan
21/07/2024 00:47:55

Putting People First

Providing Outstanding Quality

Delivering in the Right Places

Acting for the Future

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 **1** document since as listed below;

Seal No.	Description of documents	Background Information
1078	Contract of works for X – Ray Rooms	Upgrade and refurbishment of existing X-Ray rooms with Simens Healthcare.

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

Date Signed	Type of Document	Background Information
07.05.24	Heads of Terms for Retailers at UHW Concourse WH Smith - Unit 1a Marks & Spencers - Units 1b, 2 and 3	WH Smith - Minimum guaranteed rent £100,000 pa Marks & Spencers - Minimum guaranteed rent £111,000 pa
07.05.24	Memorandum of Tems of Occupation (MOTO) Rowan House, Treseder Way, Cardiff	Nil Value
20.05.24	Heads of Terms for Retailer at UHW Concourse The Stock Shop - Units 9 & 10	£55,000 pax
21.06.24	Cardiff University - install of footpath leading to heath Park West Campus	Nil Value
21.06.24	UHW Concourse Heads of Terms - Boots Units 4 & 5	Minimum Guaranteed Rent of £75,000 Pax and a turnover rent of 8% of gross turnover, both exclusive of VAT
14.06.24	Licence Agreement between Cardiff and Vale University Health Board and Swansea Bay University Health Board Rowan House: Learning Disability Assessment and Treatment Centre	Licence to regulate Swansea Bay occupation of Rowan House. This supersedes the previous MOTO and reduces the risk to the UHB associated with MEES regulations.
21.06.24	DC23041 - UHW Cardiac Cath Lab Changing Room	£141,051.07 excluding VAT

Saunders,Nathan
21/07/2024 00:47:55

There were 2 **Chairs Actions** taken on behalf of the Health Board since the last Board meeting.

Date Received	Chairs Actions Details	Background Information	Date Approved
24.06.24	UHW Concourse Retail Agreements Managing retail units post-Gentian agreement	In excess of £500k requiring WG Approval UHB Seals to be added to individual lease agreements	01.07.24
18.06.24	Karl Storz Ltd	2024 – 2027 Maintenance of OR1, Scopes and Stacks Full contract value, £1,171,789.37 exc. VAT	24.06.24

Recommendation:

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant

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

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration	X	Involvement	

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3
Meeting:	Public Board Meeting		Public	x	Meeting Date:	25 July 2024
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					

Main Report

EXECUTIVE SUMMARY

The purpose of this report is to give Board assurance that work is continuing to deliver the Strategy Shaping our Future Wellbeing and the associated strategic objectives we must deliver to fulfill the vision.

Strategic objective – Putting People First

The *Putting People First* strategic objective is at the heart of the HBs strategic intent. We are aiming to ensure CAVUHB is a great place to train, work and live where we listen to and empower people to live healthy lives.

I recognise that in order to put people first, the workforce should reflect the diversity of the communities we serve. Research has shown that diversity in healthcare teams enables a broad range of perspectives and talents to be brought together to improve creativity and inclusion which in turn benefits patient care and team experience. It can allow for many other benefits to prevail such as a personal understanding and insight into different cultures. In sum, a diverse and inclusive team improves productivity, employee satisfaction, engagement, and retention rates. The following examples aim to demonstrate the breadth of work underway that seeks to enable a diverse and inclusive team and culture and deliver on the Putting People First strategic objective.

Staff Survey

The now Annual NHS Wales Staff Survey is a really important mechanism for gathering feedback from team CAVUHB on their experience of working across the HB and over time, will give us longitudinal benchmark data. Board members will be aware of the concerns relating to the practical implementation of the most recent staff survey, members can be assured that we have engaged on those issues for the purposes of improving the survey for future years with Health Education and Improvement Wales (HEIW).

Moving to the survey results, Board colleagues will recall recent discussions and concern around the CAVUHB response rate of 21.4% which represents 3,662 colleagues completing the survey. I am grateful to those colleagues who completed the survey as this ensures the feedback can be considered and actions formulated to respond to the results. However, whilst the response rate was one of the best in Wales, it is disappointing and likely reflects poor team engagement and advocacy, a lack of confidence in anonymity and the extent to which feedback will be heard and acted upon. I want to take the opportunity to provide Board with an update on the action being taken following the NHS Wales Staff Survey.

The approach I am seeking to take in developing a response and action plan is one of co-production.

Saunders,Nathan
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I am set on tackling the issues which have been identified from the survey results and I was pleased to lead the first of these co-production discussions via the Staff Survey Focus Group which was open to all colleagues in early July to explore and discuss the initial results and take a solutions focused approach to developing the forward plan. The Focus Group saw 30 colleagues from across CAVUHB came together which provided lots of useful and sharing of experience.

This co-production approach gives the People & Culture team and I a clear steer on the priorities for action which included a focus on access to education and development, creating an inclusive culture that is equitable, feels fair and respects and values all. Another key theme was ensuring that colleagues have the time to be their best, whether that be time to work well, manage and lead well, or learn well. Colleagues who attended the session were extremely positive about the approach to developing a response and a plan and agreed enthusiastically to continue these discussions with another Focus Group planned for September in order to ensure continued co-production of the plan and activities associated in responding to the feedback and insight gathered.

I would like to engage further with more colleagues to really understand their experiences, positive or negative to enable us to make things better for everyone. I therefore encourage all to join these discussions to help begin making the change we need to see and feel. Through this work I will continue to embrace the principles of Social Partnership working with all colleagues, leaders, managers and Trades Union representatives to really “hear” the feedback and take steps to improve.

Welsh Language

To continue to promote the use of the welsh language across the HB we recently held an Ask Suzanne session with support from Alun Williams, Welsh Language Officer. Those who attended were reminded of how especially important it is in a healthcare setting to ensure that if a patient whose first language is Welsh and who is already vulnerable due to ill health or injury is able to communicate effectively to those providing care and treatment for them. In fact, this is clearly important for anyone whose first language is not English.

A patient story was shared during the session which was extremely powerful and beautifully demonstrated the importance of effective communication between patients, families and clinical teams. The story highlighted the devastating impact that can result for a Welsh speaking patient and family when use of the Welsh language was not facilitated. It was one of the most powerful and emotive Ask Suzanne sessions that I have participated in and was further reinforced as the experience of welsh speaking colleagues was shared. The session was a powerful demonstration of a co-production approach to quality improvement and took the topic of the welsh language out of a regulatory space and into care quality territory that with a positive effect on team engagement on this matter. This is learning that we will then deploy as we build on the capacity and capability for the welsh language across the HB.

Volunteers Week 3 – 7 June 2024

I would like to take this opportunity to thank once again the many hundreds of volunteers that contribute and give up their spare time and compassion to CAVUHB every day and every week of the year to make such a difference to patients, services and colleagues. I was delighted to participate in Volunteers’ Week, and I am sure the Board will agree with me that we are extremely lucky to have such a dedicated team of invaluable volunteers supporting us.

Davies,Nathan
27/07/2024 00:11:55

For some context, depending on the time of year, there are between 400-500 people supporting over 35 volunteer projects and roles in St David’s Hospital, University Hospital of Llandough, University

Hospital of Wales, Barry Hospital and within community settings. Volunteers give their time to befriend patients, point visitors in the right direction, take library trollies around wards, help lead activities such as arts and crafts and much more.

In the first five months of 2024 over 5,100 hours have been donated by volunteers ranging in age from 13 years to 86 years. Within the waiting areas of the Emergency Unit at the University Hospital of Wales, volunteers offer important support by keeping patients updated on their waiting times, providing company to patients who are on their own and locating wheelchairs.

Volunteers bring a wealth of skills, knowledge and energy to their roles supporting in non-clinical ways which can make all the difference to someone's time within the services we provide. I am grateful the HB has such a generous, kind and remarkable team of volunteers and I want to express my thanks to them all. It's important to recognise the diversity that volunteers bring to the CAVUHB team which is an additional and valued benefit.

Pride Cymru – 22 June 2024

One of the most important features of the People and Culture plan, reinforced by recent discussions with colleagues is the work to create a diverse team where a culture of inclusion, respect and equity is experienced by all. Clearly ensuring that CAVUHB is LGBTQ+ positive, inclusive, respectful and safe is a significant component of creating that culture. It was fantastic to see colleagues join the march at Pride Cymru in Cardiff in June which is the dedicated month to celebrate lesbian, gay, bisexual and transgender people, as well as those with other queer identities. CAVUHB is proud to stand with LGBTQ+ colleagues and patients.

Armed Forces Week 24 – 29 June 2024

As a veteran myself, Armed Forces week is always special to me and it was great to see celebrations underway to recognise Armed Forces week and showcase some of the amazing colleagues who have roles within the British Armed Forces alongside their positions within the HB as either regulars, reservists or veterans. CAVUHB is committed to meeting the needs of the Armed Forces community and are proud signatories to the Armed Forces Covenant. I am delighted the HB has been reaccredited with the Gold Standard Defence Employee Recognition Scheme (ERS), which recognises our ongoing commitment to supporting those with military experience.

We were delighted to host Colonol (Retd) James Phillips, Veterans' Commissioner for Wales, in May. It was an opportunity to discuss a range of services and initiatives focused on the Armed Forces and Veterans community that are run or hosted by the HB including;

- Veterans NHS Wales, the national service for Veterans with mental health difficulties from their time in the armed forces and led by Dr Neil Kitchener, a veteran himself;

- Veterans Trauma Network, the national network that ensures Veterans with physical injuries resulting from their service can access the most appropriate care; this is led by one of the embedded full time military personnel, Dr David O'Reilly, a Wing Commander in the RAF;

- Artificial Limb and Appliance Service Centre. One of 3 in Wales that provides a prosthetic and rehabilitation service to those with Service attributable injuries;

- Armed Forces and Veteran Healthcare Collaborative Lead. This is one of just 2 such Armed Forces and Veterans dedicated roles in NHS Wales and is undertaken by Maisy Provan, a reservist with the

Saunders,Jonathan
26/07/2024 00:40:55

Royal Army Medical Corps who works alongside Mike Davies a welfare officer from the Defence Medical Welfare Service (DMWS).

The discussion focused on the potential for a regional approach to aligning these services and roles to the population needs of coterminous HB areas.

Despite all of the great work going on, I know there is still work to do. Particularly in respect to ensuring that Veterans have equitable access to health care, as well as where their injury or illness is attributable to their service, that they are prioritised in the appropriate way and that their unique needs are met wherever they are being cared for across the HB.

Workforce Sustainability

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 teams with the right skills and experience can be a serious constraint to providing high quality patient care. The HB has therefore focused on the following 3 key themes to ensure we are able to attract and retain colleagues to deliver the services to a high standard:

- Promotion of NHS Job Opportunities- A large number of the population are unaware that the NHS has over 350 different roles available for employment. There has been a large focus over the past year on ensuring that we reach as many prospective candidates as we can to promote the large and diverse number of job opportunities we have on offer. The response has been overwhelming and many of those the teams communicated with would now consider pursuing a career within the HB which is really positive to hear.

- Shortage Professions- We have worked closely with a number of universities, colleges, schools and many public sector career assistance organisations which has had a big impact on recruiting to many of the long-term vacancies. A total of 26 school and college events have been attended and teams presented virtually to over 2000 pupils to showcase the diverse roles and opportunities that the NHS offers, with many pupils in areas of deprivation. These events will plant the seeds of roles that are on offer for the future workforce. The largest proportion of the workforce is nurses and there has been a great success in reducing the vacancy factor from over 13% to below 5% which is positive.

- Inclusive Recruitment- A key focus has been to continue developing and maintaining close links with those groups within the local community that are not represented as well within the workforce. We also wanted to improve the opportunities for those who may perceive they have a disadvantage when applying for jobs against other candidates. Additionally, we have been working with the Department for Work and Pensions (DWP) to engage with applicants who are currently looking for work. Additionally, teams have attended Refugee Events by working in collaboration with Cardiff Council to attend regular Refugee recruitment events to promote the roles available within the health board and supporting them into work.

Building Leadership and Capability

CAVUHB provides a large range of health and wellbeing services to its population, in a a very challenging operating context. The operating complexity demands colleagues have really strong leadership and management capabilities and that they also have the time to lead and manage well.

Sauders,Nathan
12/07/2024 00:47:55

To that end, CAVUHB working with Welsh Government and other partners and through the Dragons Heart Institute have taken a leading role in a partnership with academia in the development and delivery of two leadership building programmes.

Over the past three years, the HB has been one of the organisations at the forefront of the All-Wales Intensive Learning Academy for Innovation in Health and Social Care. Through the Dragon's Heart Institute (DHI) team, we deliver the Climb Leadership Programme (hereafter referred to as Climb) and the Spread & Scale Academy. Both programmes are contributing to building robust leadership capability across Wales, training a new generation from across NHS Wales and colleagues in the social care system to articulate and deliver their vision for a Healthier Wales, to innovate across siloes and to be prepared to respond effectively to the challenges of the future. I am proud that the HB has taken a leading role in these these leadership programmes supported by Welsh Government.

Partnership with Academia

The Intensive Learning Academy (ILA) offers various post-graduate qualifications in innovation and advanced management, including a PGCert and Master's programme from Swansea University. The ILA offers graduates from Climb and the Spread & Scale Academy the chance to continue their learning through access to these post-graduate qualifications.

It was great to attend the ILA Impact Symposium at the end of June in Swansea where colleagues showcased their learning and described the positive impact on their personal and professional development, the building of networks and quality improvement initiatives.

Climb

Climb is an intensive ten-month programme, similar in its depth of learning to a master's level qualification. Its delegates (or Climbers) are selected in cohorts of thirty each year and exposed to world-leading teaching, being tested under pressure during radical immersive experiences delivered by the likes of the Welsh Military and elite sport coaches. The course culminates in the delegates performing a TED-style presentation at an annual conference, or Summit which I had the pleasure of attending this year in a. Climb has successfully delivered three cohorts with a fourth beginning in Autumn 2024. Feedback from the programme indicates that it has had a profound effect on the leadership capability of its delegates and their confidence and ability to deliver, as well as the retention rates of these individuals, with one graduate stating: "without Climb, I would have 100% left the NHS."

As a result of my involvement with Climb I have initiated an informal Alumni Network bimonthly for Climb Graduates where together and in a safe space we exchange ideas, experience, reflections and suggestions. I have found it an important and beneficial source of "reverse mentoring", whilst giving colleagues the opportunity to bring development ideas and sometimes concerns for discussion. This time with colleagues enables me to support them but importantly to learn from them and experience the the positive impact the programme has.

The Spread & Scale Academy

Saunders,Vanessa
21/07/2025 09:07:15

The Spread & Scale Academy is a three-day intensive short course designed for teams from any sector working on a specific project or innovation that they want to spread to as many people as possible. It was launched in Wales by the HB in 2019 and has since been incorporated into the All-Wales Intensive Learning Academy offering delivered by the Dragon's Heart Institute Team.

Many project teams that have attended the Spread & Scale Academy, including those from CAVUHB have gone on to achieve incredible success.

One of the many successes following attendance at the Spread and Scale Academy includes the Supportive Palliative Care programme, in which a new pathway was developed to deliver patient-centred palliative care for people with heart failure. This new way of delivering care led to an average reduction from 18 to 4 days in hospital for end-of-life patients, allowing many to die in the place of their choosing, rather than in hospital by default. Cost mapping revealed an estimated average saving of at least £10,218.36 per referral and a total estimated cost saving of approximately £2.4 million between 2016 and 2020. This heart failure pathway is now being adopted by four other Health Boards in Wales and the team have secured further funding of £400,000 from Welsh Government to develop other end-of-life pathways for liver, renal and respiratory patients.

These examples are shared to provide assurance to Board that work and programmes are in place to build leadership and management capability across the HB. There is more to do to ensure equitable access to these and other programmes but the models of capability building prove useful exemplars as we continue to build capacity in this important activity.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

As anticipated the operational and fiscal environment continues to bring challenge to the delivery of the Annual and Financial Plan for FY 24.25.

More detail will be provided by the relevant Executive Directors as part of their IPR update and detailed exposure of the challenges and mitigations will be discussed at the relevant sub-Board committees. The Board can be assured that despite the challenges the Executive and Senior Leadership Teams remain entirely committed to delivery of the Annual and Financial Plan and are working collaboratively in a focused way to mitigate emergent risks.

Industrial Action

The British Medical Association (BMA) in Wales announced on the 28 June 2024 that Consultants, Junior Doctors and Specialist Doctors have accepted an improved pay offer from the Welsh Government, putting an end to their industrial action.

The Health Board fully respects colleagues right to strike and I am pleased that the Unions and Welsh Government have reached a decision with their members to bring the industrial action to a conclusion.

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

Jonathan 21/08/2024 00:41:35

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Board Assurance Framework				Agenda Item no.	6.4
Meeting:	Board	Public	x		Meeting Date:	25 Jul 2024
		Private				
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

The Board Assurance Framework (BAF) provides the Board with information on the key Strategic Risks that could impact upon the delivery of the Health Board's Strategy. 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 May are track changed for clarity. Two net risk scores have altered since the last meeting:

4. Cancer. From 15 to 20.
7. Planned Care. From 12 to 16.

Both are because the likelihood scores have increased. A deeper dive on planned care will be covered in Private Board.

Saunders,Nathan
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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 was introduced to Board Development in June and shared initially with Audit Wales and Internal Audit and the intent is to present a new format for the BAF in September's Board meeting. The change is intended to better align the strategic objectives, strategic portfolios and committees with the strategic risks.

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

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

Prevention	ü	Long term		Integration		Collaboration		Involvement	

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

Risk: Yes/~~No~~

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

Safety: Yes/~~No~~

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

Financial: Yes/~~No~~

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

Workforce: Yes/~~No~~

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

Legal: ~~Yes~~/No

Reputational: Yes/~~No~~

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

Socio Economic: Yes/~~No~~

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

Sawyers,Nathan
22/07/2024 09:14:55

Equality and Health: Yes/~~No~~	
As above	
Decarbonisation: ~~Yes~~/No	
Approval/Scrutiny Route:	
Executive Directors	

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

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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. 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.	planning and delivery of health care services. 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. With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future. Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.				8. Exacerbation of Health Inequalities 10. Sustainable Culture Change 15. Digital Strategy and Road Map
		Shaping our Digital Future	Director of Digital	Digital Health Intelligence Committee	9. Attract, recruit & retain 15. Digital Strategy and Road Map
		Shaping our Future Estate and Infrastructure	Director of Finance	Finance and Performance Committee	9. Attract, recruit & retain 12. Capital Assets
Acting for the Future 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. By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities	Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners. Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value. Maximise the Health Board's contribution to the foundational economy Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.	Shaping Our Future Clinical Care for the Next Generations	Medical Director	Quality Safety and Experience	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
		Shaping Our Future Environment for the Next Generations	Director of Planning	Finance and Performance Committee	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability

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					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 *(no controls)*	Net Risk *(after controls)*	Change from ~~Jan~~May 24	Target Risk *(after actions are complete)*	Context	Executive Lead	Committee
1. Patient Safety	Open	**25**	**20**		**10**	Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring. The Duty of Candour was formally launched in April 2023 and will further improve communication with patients and opportunities for learning across the Health Board.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science/ Chief Operating Officer	Quality, Safety and Experience
2. Maternity	Cautious	**25**	**15**		**15**	The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming	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**	For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves. To address this the UHB ~~has~~ approved additional investment for 23/24 to open 3 additional level 3 beds and to establish the Patient at Risk Team (PART) from 7am-7pm/7 days a week to 24/7 at~~by~~ the end of Q3. There has also been Executive support to develop a Strategic Outline Case to expand CC infrastructure.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
4. Cancer	Cautious	**20**	~~15~~ 20		~~10~~ 10	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. At the end of December 2023 the Health Board reached 70% against the single cancer pathway standard. The	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 was not met in Q4 by the end of Q1 24/25 further improvement is expected. However, largely as a consequence of special cause variation due to a capacity issue in pathology, perormance has deteriorated since December. It is anticipated performance will sit at mid 50% to a max of 60% until September at the earliest.		
5. Stroke	Cautious	**20**	**15**		**10**	~~Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department.~~ There has been a real drive to improve this service, particularly in the emergency stroke pathway. CAVUHB has introduced a Stroke Imaging Pathway in the Emergency Department and has implemented Brainomix e-stroke AI supported software for image interpretation. Since the introduction of these, the clinical team have been better able to deliver treatment in line with the 2023 National Clinical Guidelines for Stroke for the UK and Ireland. Thrombolysis rates at UHW are now around 20% and thrombectomy rates at 7%, the highest in Wales achieved so far and despite not having 24/7 access to thrombectomy services ~~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 remain with~~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	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

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						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. To support this, a new emergency stroke pathway has been designed which focuses on emergency imaging and identification of patients for interventional treatments. There has been considerable organisational focus on the stroke pathway and clinical model ~~6 internal stroke summits have been held in 2023~~. There is a clear improvement plan in place and a recent business case supported investment into the workforce required to deliver the emergency stroke and TIA optimal clinical model. ~~we are already seeing some improvements to the time for patients to be admitted to the specialist stroke ward~~. ~~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.~~ SSNAP performance for UHW in the last 12 months improved grading from Grade D to A or B. CAVUHB stroke service intends in the medium term to continue to develop the whole patient pathway in line with national guidance. CAV UHB is working with CTM UHB to test options for the development in the longer term of a Stroke Network for South Central Wales subject to engagement and consultation.		
6. Urgent and Emergency Care	Cautious	**20**	**15**		**10**	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	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience Committee

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						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. 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.		
7. Planned Care	Cautious	**16**	**16 ~~12~~**		**8**	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. ~~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.~~	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

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						~~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.~~ ~~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~~ ~~At the end of March 2024, the clinical boards delivered of the >98%.~~ As a consequence of the risk based lens given to urgent, cancer and extreme long waits. the backlog of patients waiting more than 52 and 104 weeks has risen considerably. Work has recently been undertaken to review demand and capacity and a deterioration in compliance with the Ministerial measures for planned care is anticipated across most specialties. In addition no additional funding has been made available form WG as yet to pump prime the position. The planned care programme is currently being refreshed to address this challenge with a particular focus on clinically led, managerially enabled transformation which in turn it is anticipated will streamline pathways, improve efficiency and productivity and timely access for our patients.		
8. Exacerbation of Health Inequalities	Open	**16**	**12**		**12**	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last	Executive Director of Public Health	Quality, Safety and

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						ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). Such inequities are present in Cardiff and Vale UHB area, and are at risk of further deterioration.		Experience Committee
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	Executive Director of People and Culture	People & Culture Committee

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						Healthcare employees continue to be exposed to unprecedented levels of demand which in a pressurised environment can result in psychological and physical distress. Evidence indicates that, Healthcare workers are at greater risk of developing mental health. The impact of this is unlikely to be experienced equally, with particular groups being affected disproportionately.		
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 estat~~e~~.~~ CAV UHB is required to work closely with Local Authority partners, through the RPB, to develop an integrated approach to developing facilities in our community, where appropriate, to support integrated models of care, improve access to services that prevent ill health and promote wellness Funding is being sought from WG to support a comprehensive condition survey to inform the refresh of UHB's estates strategy and the proposed master-planning exercise. The aim of master-planning is to develop options for a viable capital investment programme to provide a sustainable, long-term infrastructure (estate, facilities and digital) solution for UHW and UHL . The Digital Foundations Programme Business Case is being developed to~~IT SOP sets out~~ to describe and deliver digital and data priorities for the next five years and Medical Equipment is replaced based on risk-based assessments ~~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 Director of Digital & Health Intelligence	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	Executive Director of Strategic Planning	Finance & Performance Committee

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						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 Living Well, Caring Well, Working Together~~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.~~ And our vision to improve the lives of our population so that by 2035, people are healthier and unfair differences in health outcomes are reduced. The care we provide will be outstanding with outcomes and experience for all that compare with the highest performing peer organisations.		
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 Saunders,Nathan 21/07/2024 00:47:55	Cautious	**25**	**20**		**20**	CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives. A digital foundations business case is being developed for consideration at the Investment Group; if successful, this will involve	Director of Digital Health Intelligence	Digital Health Intelligence Committee

						working up a 5 year digital programme business case to submit for All Wales Major capital funding over the following 4 years (via annual business justification cases). Work to develop a longer-term case for a modular Electronic Patient Record is being scoped as a potential SE Wales regional case, working with AB and CTM UHBs.		

Lines of Defence

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

Key:

(1) First Line of Defence – Management level assurance

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

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

Risk Appetite

Key:

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

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

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

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

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

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

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

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

Risk	There is a risk to patient safety: Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within the Emergency Unit (EU). Due to a sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care in a larger clinical footprint in relation to post Covid 19 recovery. Due to the ability to balance within the health community and the challenge in transferring patients to EU. Due to the current pressure in EU and inability to segregate patients due to the volume in the department.		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care since the onset of the COVID 19 pandemic creating both longer waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, with an impact on patient outcomes Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Private Partner facilities. • In-house and insourcing activity • Additional recurrent activity taking place • Recruitment of additional staff • Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk • Hire of additional mobile theatres • Quality and Safety and Experience Framework Implementation underway • health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented		
Current Assurances	• Recovery Plans were reported to Management Executive, Strategy and Delivery Committee and the Board (1) (3) • CAHMS position was reviewed at Strategy and Delivery Committee (1) • Mental Health Committee aware of more people requiring support (1) • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives (1)(2) • Recent Executive review with Clinical Teams for understanding and review of front door pressures. (1) • Monthly Clinical Board reviews to map progress		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings. Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.		
Gap in Assurances	Discharging patients is out of the Health Boards control		

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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, backlogs on critical incident investigation etc

Risk **Date updated: 10.03.2024**	Progress has been made against the unmet recommendations of the Ockenden, however some remain unresolved, these include 84-hour obstetric labour ward cover, midwifery recruitment and workforce challenges. Dedicated theatre streams for elective procedures, increasing medicalisation of birth and complexity of women accessing services has resulted in a shift in location in place of birth resulting in geographical and workforce challenges
Cause	• 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)**

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	• Operational position reported into Management Executive (Daily) [1] • Mechanisms in place to monitor key measures being strengthened into visible dashboard.[1] • Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director. [1] • Midwifery on call manager linked into Executive evening huddle to clarify daily risks.		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	• Confirmation of additional funding resource to fill gaps in assurance mapping • Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1). • Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints • Several incidents out of time • Ability to successfully recruit to additional posts agreed as part of Ockenden.		
Gap in Assurances	• Data and benchmarking information • Resources to meet the national recommendations		

Actions	Lead	By when	Update
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.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Cause	• There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. • Gap of 15 ICU beds in CAV (2014 unmet needs study WG) • Funded increase in tertiary workload has increased the overall demands on critical care services in CAV • Poor infrastructure within the critical care unit – limited access to cubicles • Annual increase in demand for critical care services of approx. 4-5%		
Impact	• Adverse impact upon the Emergency Department and theatre flow • Untimely patient access • Inequity of patient access • 15% of referrals not admitted to critical care • Impact other operationally e.g. anaesthesia and theatres • Impact tertiary development e.g. ECMO • Patient outcomes worse • Reputation, Professional & Legal risk • Workforce - Reduced Recruitment & Retention • Poor staff morale and retention due to the sustained pressures in the system • Delayed admission and discharge from critical care leading to poor patient experience and outcomes		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	**25 (Extreme)**
Current Controls	• Strengthened site-based leadership and management • Strengthened OPAT oversight and support for DTOCs • Workforce plans in place to support recruitment and retention • Registered nursing recruited to establishment • Local escalation plan in place and utilised when appropriate to support operational pressures • PART team provide 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	• 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]		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Development and implementation of a capacity plan to address the 15-bed gap and to meet future predicted annual growth in demand Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow Development of a fit for purpose critical care unit (UHW2)		
Gap in Assurances	Able to meet the needs of the sickest or highest priority cases. Un-met need not fully understood across the organisation.		

Actions	Lead	By when	Update
1. Implementation of the UHW site masterplan and critical care infrastructure programme a. Short - Medium term acquisition of C3 and development of additional cubicles and support facilities ~~b.~~ Long term contingent on future of UHW2 and site masterplan.~~Development of a new unit as part of UHW2 development.~~ ~~c.~~b. ~~Transfer of LTiV services to a bespoke facility in UHL~~	MD~~AH~~ / PB	30.09.24~~29.02.24~~	Project mandate for the Strategic Outline Case approved by CMG February 24. Approved at SLB ~~To be discussed at SLB for approval in~~ March 24. Agreed to pursue BJC rather than SOC/OBC/FBC. ~~Aim to submit SOC to WG in Q1 24/25.~~ a. Meeting with WG April 24 to discuss and agree approach to development of BJC. Design team engaged and working with the service to ensure sufficient bed spaces, segregation cubicles and isolation cubicles to meet the project mandate. Healthcare Planner appointed and working up the BJC.~~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

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				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. The Critical Care team is fully established at present with very low turnover.
3. Winter Plan		PB	31.08.24	Plans in progress aimed to relocate Cardiology from the 3rd floor but unlikely to be prior to winter 24/25 due to sequencing of moves and associated timescales. Undertake review of last winter to test modelling assumptions. Organisational support required to minimise Critical Care DTOCs as part of strategy to manage capacity.~~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	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments to see elective patients in a timely manner has also impacted on those waiting on a cancer pathway. • Referral demand for cancer is now greater than pre-Covid levels and our planned care system has struggled to respond to this increase in demand and carve out sufficient capacity for cancer at outpatients, diagnostics, and treatments stages • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff • Weaknesses in the central cancer team in terms of changes of leadership, structure, vacancies and temporary staffing leading to lack of clarity and consistency		
Impact	• Long waiting times for first contact and diagnostics contributing to lengthening of the overall pathway for cancer patients • Overall PTL has grown 3-fold since pre-Covid • Significant volumes of patients now waiting >62 days and >104 days • Potential for harm e.g. missing the window of opportunity for surgical intervention, delays to starting chemotherapy/radiotherapy • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	• Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 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	• 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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	• 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: 4~~3~~	Net Risk Score:	**15 (Extreme)**
Gap in Controls	• Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer • Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway • Improved oversight of stages of pathway with particular focus on time to first contact being achieved in 14 days for 90% of patients Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances	• Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers • Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place • The Cancer Strategy needs to be finalised and a workplan developed		

Actions	Lead	By when	Update
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 ~~weeky~~weekly tracking with first 14-day focus	CW	Ongoing	In place for -as part of the cancer governance ~~strucutre~~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, which are now at around 20achieving >10% at UHWsince 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	• An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients. • The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED. • Pressures across the system have resulted in Stroke beds being used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning. Since the ringfencing of stroke beds in February, this situation has greatly improved with a commitment to protecting stroke capacity however the most challenging site pressures still have the potential to impact this ringfenced status. Performance against the 4 hours admit target is now ≥50% and this measure reached 70% in June 2023. • Stroke CNS being pulled into ward numbers due to poor staffing levels. The CNS role is now protected and would only be pulled into ward numbers in the most exceptional of circumstances.

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Impact	• Delays in patients receiving their CT scans within 1 hour • Delays in patients being recognised as potential Stroke patients • Delays in patients receiving timely treatment such as thrombolysis • Delays in patients being recognised as potential thrombectomy patients • Patients not receiving swallow screening in a timely manner (<4 hours) • Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours) • Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits) • Poor patient outcomes • Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	• Awareness raising on the importance of early swallow screen assessment – 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. Investment secured from Q4 of this financial year. • 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 • Development of updated emergency stroke pathway • Implementation of stroke imaging pathway • Implementation of Brainomix e-stroke software		
Current Assurances	• Operational position reported into MCB (Monthly) (1) • Mechanisms in place to monitor key schemes in Stroke Operational Group and MCB SMT/IM DPR (1) • Monthly touch point meeting with the NHS Executive Performance and Assurance Team(1) • Improving SSNAP Performance in the last 12 months ~~Grading~~ from Grade D to ~~for~~ A~~pril to grade~~ or B~~, and July to Sep 23 to grade A~~		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Lack of consistent cover to the ground floor by a dedicated Stroke Medic CNS cover not sustainable in a 7/7 model SRC capacity and challenges to flow across the whole stroke pathway ROSIER compliance remains a challenge.		
Gap in Assurances	Competing demand on regional, thrombectomy and clinical board priorities		

Actions	Lead	By when	Update
1. Nursing Uplift Stroke CNS cover to 12 hour shifts 7 days per week. **Benefits** Increased out of hours CNS support to Code Stroke, facilitation of thrombolysis	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 which was approved at

and thrombectomy treatment pathways, 4 hours admit target and nurse assessments. **Interdependencies / Risks** Capacity and flow, medical support			investment group in May 24 for go-live in Q4.
2. Medical • Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5) • Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. • Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions • Change of future models include hot clinics for TIA patients to support prevention of Stroke as part of the ongoing Stroke improvement plan. **Benefits** Cross speciality working - more sustainable OOH model and offers training opportunities. Reviewing the structure of the out of hours rota will offer further support to the medical on call team. Specialist middle grade and uplift of consultant sessions would support TIA clinic reconfiguration and front door senior decision making. Improved selection of patients for C4 beds, improved management of mimics in ED, acceleration of stroke assessment and diagnostics, improvement in 4 hours admit. This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment. **Interdependencies / Risks** Uplift is needed both in and out of hours. Locum posts are ~~expensive~~expensive, but it is unknown if the workforce is there for external middle grade or consultant recruitment.	TH/NT/SB		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~~12-month contract. Future clinical model for delivery of 24/7 consistent stroke service included~~will be worked up for~~ in Stroke B~~b~~usiness C~~c~~ase (approved at investment group in May 24 for go-live in Q4).~~; will require significant investment – business case going to investment group in March.~~ An enhanced shared front door model with Neurology continues to be explored.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

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

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	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 • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels		
Impact	• Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**

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Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs – 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	• 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	• 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 paeds.
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	• The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments for urgent/emergency care has impacted on those waiting to access the system for planned care. • Referrals for planned care are at pre-Covid levels overall, however there is significant variation between specialities. Whilst our planned care system (outpatients, diagnostics, treatments) is almost back to full capacity, it has been challenging to achieve activity levels significantly above pre-Covid activity. • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff		
Impact	• Significant volumes of patients waiting for new outpatient appointments, diagnostics and treatment • Some patients are tipping over into waits of more than 3 years, some of these are still at the outpatient stage • Potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients have yet to be seen by a secondary care clinician and priority determined • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) • Organisational/reputational harm due to political and media interest and scrutiny		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	**16 (Extreme)**
Current Controls	• Planned Care is one of the delivery programmes in the 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	• 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: 54	Net Risk Score:	**152 (High)**
Gap in Controls	• 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) Progress on improvement to productivity and efficiency measures has not met the organisational ambitions of improvements that were set through the planned care programme		
Gap in Assurances	• Whilst a sub-group on supporting patients whilst they are waiting has been established, the group is in its infancy and needs to progress at pace		

Actions	Lead	By when	Update
1. Implemented High Volume Low Complexity (HVLC) lists in UHW to reduce long waiting patients	RT	01.02.24	HVLC lists due to begin in Q4 – plans finalised
2. Implement mobile diagnostic solution in UHL (in advance of community diagnostic hub)	SL	01.11.23	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 will be ~~August~~ September 24.
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~~	Action replaced
5. ~~Review improvement plans for all delivery groups to accelerate changes to productivity measures~~	~~MT~~	~~30.04.24~~	Action replaced
6. Refresh of planned care programme in development. New clinical lead appointed and Director of Planned Care. Approach to revised programme to go live in September 2024	CW	30.09.24	New
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 persisting 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	• 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 – structural issues, e.g. income, employment, education and housing – unhealthy behaviours due to the envirnoment, 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. • 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 a care provider,~~n~~ 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 d~~Debt ~~being~~is a leading cause of anxiety
Impact	• 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: – Minority ethnic groups, especially some people in Black and Asian populations – People living in (or at risk of) deprivation and poverty – People in insecure/low income/informal/low-qualification employment, especially women – People who are marginalised and socially excluded, such as people who are homeless and other inclusion health groups

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- 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 estimated to cost £3-4 billion annually in Wales** through higher welfare payments, productivity losses, lost taxes, and additional illness
- The **total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million**, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas (PowerPoint Presentation (nhs.wales)

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

Current Controls

1. Statutory function

The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB.

2. Role as an Employer

- In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner
- Our Strategic Equality Objectives and Plan 'Shaping our Inclusive Culture 2024-2028, 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 specified in the Equality Act 2010 Staff have been signposted to resources to help them to cope with the cost-of-living crisis

3. Refocused Joint strategic and operational planning and delivery

- The refresh of the UHB Strategy Shaping our Future Well-being continues to shine a light on the issue of equity at the strategic level
- '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.

4. **Public Health Priorities to reduce health inequalities**

- As a team we have agreed three immediate priorities that will influence health inequalities (and other work that we will need to bring forward when capacity allows).
- The three immediate priorities are preventing obesity (focus 0-5 years) reducing smoking rates (dependent on a new business case) and increasing levels of vaccination using an outreach model to reduce inequity in uptake.

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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.

Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)
Gap in Controls	• Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work • Lack of capacity to deliver evidence-based interventions to tackle health behaviours e.g. smoking, diet and exercise 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
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty, and to always consider the unintended consequences of our actions	Claire Beynon/ Rachel Gidman	2024/25	We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process is being reviewed on an All Wales basis with the view of creating a Once for Wales approach. C&VUHB will contribute to the development and implementation. Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.
2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Claire Beynon	March 2025	We will continue to work with PSB and RPB partnerships on three areas where there are inequalities: smoking, vaccination and obesity. The Amplifying Prevention Board, held jointly with Local Authority partners, provides governance oversight of this collective action. July ~~May~~ 2024 update ~~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.~~

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			~~'Amplifying Prevention' work with Local Authorities has strengthened collective action to address inequalities. Current work continues to focus on action to improve uptake of MMR in children. 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.~~ We have been delivering MMR vaccines directly in schools with lower uptake to reduce barriers to access and reach groups less engaged with the childhood immunisation schedule to protect education from the impact of a Measles outbreak as this would exacerbate health inequalities. We have just completed the recruitment of a Health Improvement Officer that will work to address the health inequalities experienced by ethnic minorities in a joint position with Cardiff Council and the UHB. As part of the investment in health protection and immunisation, we will recruit to further positions to enhance our ability to deliver focused actions to reduce the gap across the socio-economic gradient and different communities.

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			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~~went to QSE in May 2024, ~~with 6-monthly updates thereafter.~~ where progress on the actions was noted and an agreement for 6-monthly updates going forward~~s~~.
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress	Claire Beynon	~~October 2024~~ September 2025	~~High level Amplifying prevention indicators have been developed. More granular indicators and evaluation to be developed in year.~~ There are improvements that need to be made in the routine collection of protected characteristics in order to support the introduction of new indicators.~~, t~~This will need to be addressed by each Clinical Board.

Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (High)**

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

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 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	• 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	• Higher levels of sickness absence • Lack of management capacity to support staff appropriately; - 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: 4	Likelihood Score: 4	**Gross Risk Score:**	**16 (Major)**
Current Controls	• 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	• Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. (1) • Quarterly IMTP/Annual Plan updates to WG. • WG JET and IQPD • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). (1)		
Impact Score: 3	Likelihood Score: 3	**Net Risk Score:**	**12 (Major)**
Gap in Controls	Agreed Retention Plan for all staff.		

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	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	• 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	• 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 employee 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	• 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/Speaking 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 July – October 2024 ~~April – June 2024~~ July-Octoberne ~~– September~~ 2024 July – Dec 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. Work has commenced to develop a General Managers Programme, consultation with key stakeholders under-way. This will include the development of success profiles and a TNA. L&M principles postponed whiles further detail awaited regarding All Wales competency development by HEIW.~~Delay due to All Wales Management and Leadership Competencies~~ development at ~~HEIW, awaiting confirmation of time-frames.~~ ~~ECOD overview of current offer presented to Management Executive Team .~~Review of Leadership Development to be supported by additional resource to lead work. Capacity gap due to staff moves at present therefore ~~G~~gap analysis and TNA will follow. Current priority on General Manager Programme. Compassionate Leadership Masterclasses launched in May and running a minimum of bimonthly. T~~his will also include analysis of Bands and Roles that have attended to date.~~ Development to continue (First Steps; Essential Management; Collabor8) ~~while gap analysis takes place~~.

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		May – Sept 2024 ~~April – June~~July - September 2024 June Sept 2024 June –Sept 2024 May – July 2024 July – August 2024 ~~March – June 2024~~July – September 2024 May – September 2023	ECOD to develop Leadership and Development TNA to be utilised by clinical boards. . The Coaching Network is expanding. The ECOD team are supporting inexperienced coaches to complete qualification and achieve coaching hours required. A review of coaching qualification route has taken ~~g~~ place and the UHB will introduce a more inclusive and practical development route for coaches as part of the launch of the Academy of Coaching and Mentoring.~~,~~ Work to develop a UHB level 5 Agored Cymru Coaching Qualification is underway. 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. Being developed as part of the Academy of Coaching and Mentoring. ECOD team have formalised and will continue to support coaches with practical peer supervision sessions. 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. Simplified paperwork has been agreed and is part of communication and training. All

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		April – March 2025 ~~May – July 2024~~ May – September 2024 ~~May 2024~~ ~~May 2024~~July – December 2024 May/June 2024 December 2024 July – September 2024 July –Dec 2024	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. NHS Wales Staff Survey organisational results were released end of Feb 2024. Detailed organisational Dashboards were released end April 2024 ~~of data has now been released~~ to Staff Survey Leads – analysis continuing to take place ~~May 2024 and~~to be in a position to share~~d~~ the data with Clinical Boards. Additional access to dashboards has been requested due to resource intensive method of obtaining data. Focus currently on overarching objectives to support UHB response. Staff assembly/ focus group held~~scheduled for~~ 1st July 2024, to ~~look at~~share the results ~~scheduled for June 2024~~and commence the development of an action plan. Over 30 staff members attended, along with the CEO. Communications piece to follow, and additional sessions scheduled for September. The ALAS Culture and Leadership Programme (CLP) continues into the 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. The Culture and Leadership Programme Approach continues to roll-out across the UHB, in prioritised areas as identified by the Chief

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		May – Sept 2024 ~~April~~July – Sept 2024 July - Dec~~May – Sept~~ 2024 ~~March – June 2024~~July – December 2024 July – Sept 2024 ~~April – September 2024~~ March 2024 – March 2025 ~~April 2024 – March 2025~~	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. CLP Work currently in progress: Theatres ~~UHL~~ UHW – Discovery phase completed, analysis completed and reported shared with Senior Team. Senior Team have commenced cascade and engagement of results, and ~~planning of~~commencing the design phase. Theatres UHL – currently in ~~discovery~~design phase. To be supported to develop Theatres-wide action plan following discovery phase at UHW. ALAS in Phase 3/4 (Design and Delivery) Radiology / Radiography – SMT development plan supported by AD of OD, Wellbeing and Culture. Affina Team Coach Journey work outline discussions ~~starting~~commenced May 2024, implementation of the baseline assessment in July 2024~~.~~ Children and Women CB – ~~2~~1 x workshops ~~planned~~delivered for Obstetrics and Gynaecology based on values and behaviours / ways of working taking place 17th May 2024. Action plan developed and owned by attendees and senior team, ECOD to support further with follow-up workshop Winter 2024. Outpatients – discovery phase, survey and focus groups completed. Senior Team being supported by ECOD in ~~planning~~ deliver of design phase.

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			~~Gastro – broader work required. Not currently included in CLP Work.~~ Cardiology cultural work as part of broader improvement work. Actions to be undertaken prior to involvement of CLP and/or OD Team. ~~Culture and Leadership Programme part of overall plan. Initial scoping discussions and launch of discovery phase planned.~~ 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. CLP toolkit being refined and improved~~developed~~by new Head of OD to support CLP in CAVUHB. Programme management approach to ensure consistency, measurements and review, and targeted support. People and Culture Team are supporting EU with retention and wellbeing work. ~~Scoping of programme underway.~~ Head of ECOD and Retention Lead joined retention working group for EU. Member of ECOD Team attending Kirkpatrick Evaluation Programme. Kirkpatrock evaluation being built in to all educational programmes. to ensure consistent approach to

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			evaluation of OD and development programmes. Affina Team Coach Journey Programme completed – programme to be utilised for Senior Team development within Radiology to support cultural / team development. Head of OD exploring 'Co-Lead' programme to support / empower leaders. ~~Retention lead completed the Nurse Retention Self Assessment by the deadline of the 31st March 2024. , Data gathered and toolkit questions to inform priority areas and next steps.~~ 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
1. 2. Equality, Diversity and Inclusion	Rachel Gidman	April 2024 – March 2025 July – August 2024 ~~May 2024~~July – August 2024	The CAVUHB Strategic Equality Plan and Objectives were published on the 31st March 2024 following agreement at Board. Progress against objectives will be monitored as part of strategic plans, IMTP and People and Culture Plan. ~~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.~~ Monitoring and reporting mechanisms currently in

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Welsh Language Standards being implemented.		May 2024 – August 2024 April 2024 – March 2025 April – March 2025 April 2024 – ~~June~~September 2024 April – September 2024	discussion at executive level, led by Director of Corporate Governance. Awaiting decision. 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. Review completed, business case to be ~~discussed~~ presented to inform decision re future translatn model of delivery. ~~for future translation requirements.~~ The UHB continues to receive and respond to inquiries from the Welsh language Commissioner's Office, particularly around reception areas, recruitment and data. To minimise future risk, and identify and monitor key actions required, WL Team working closely with Clinical Boards, and capturing lessons learned and developing plans to minimise future risk. ~~. Regul~~ Regular meetings with the WL Commissioner's office are supporting effective and proactive act~~r~~ions to improve WL compliance across the UHB. 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. Priorities identified for 2024/25 to support CB in achieving WL Standard compliance through a pragmatic and achievable way.

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Inclusion - Nine protected Characteristics		April – September 2024 April – September 2024 April – September 2024	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-out across CBs. An 'Inclusion Ambassador' pack has been circulated that support in understanding and learning. Training has been identified for mentors to support Inclusion Ambassadors at executive level, T. Timing and actions will be informed by SEP feedback and Anti-Racist Action Plan. ~~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.~~ 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

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			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 requirements. Data exercises ongoing to support this work when needed.~~ Draft WRES report has been sent to the UHB by HEIW. Report currently under review by ARAP Scrutiny Group, expected Summer 2024. There has been limited work on the LGBTQ+ action plan development due to capacity. Requirements to be revisited ~~following SEP engagement~~.
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:	6th May 2021		
Cause:	• 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	• 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	• 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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	• 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	• 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	• 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	• 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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1. Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.	Nicola Bevan and Lisa Franklin	June - Sept 2024 July – September 2024 June - Sept 2024 June - Sept 2024 June – Sept 2024 ~~May - August~~ July – November 2024	Requests continue to be assessed on an individual basis as the commissioning approach reviewed. Delay in review due to priority focus required elsewhere. Head of OD appointed, to look at commissioning approach as priority. Requests are being supported where applicable, with involvement from all P&C areas, and other teams (e.g. I&I; Change Hub; Quality and Safety) when necessary. OD ~~Academy~~ unit to be developed alongside educational academies to outline OD 'offer'. To include tools / techniques to support managers with cultural and team development. This will outline what is available to support many areas, including but not limited to: Culture Organisational Design Team Development Team Dynamics Conflict Values and Behaviours Ways of working Wellbeing & Resilience Continued signposting to cost of living support and development of resources in partnership with TU Partners and MaPS, Cardiff Credit Union and Stop Loan Sharks Wales~~.~~ Financial wellbeing communication plan

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			being developed to support ~~in~~ roadshows scheduled for 2024/25.
		May– June 2024	Continued communication of financial wellbeing support, including Wagestream platform and functionality, with a focus on support available for all staff regarding financial health / support and savings. H&WB Steering Group meetings continue bi-~~monthlyd~~monthly. Priorities identified and being developed include: Health and Wellbeing Framework (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). Draft framework developed aligned to HEIW Good Practice Guide, engagement to follow. Financial Wellbeing 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.~~ Welsh version of pathway has been

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			developed and on sharepoint Dedicated staff financial wellbeing and Cost of Living web pages available on sharepoint.
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.	Claire Whiles	May 2024 - Sept 2024 October~~Sept~~ 2024 Julyne 2024	The Health and Wellbeing Steering Group is now established and meet every 2 months. Awaiting nomination of Co-Chair (DoOps) to ensure operational focus. 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. The group will report to the People and Culture Committee. ~~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 and Women triumvirates to identify~~

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		July – September 2024 July – September 2024 July – December 2024 ~~Feb – June 2024~~ May - August 2024 ~~May - –~~ ~~Sept~~July - November 2024 May/June 2024 May Sept 2024 July – September 2024	~~appropriate area for development.~~MedTRiM progress on hold to assess impact to date. Initial findings suggest acceptable as an informal support, but more formalised trauma response required. Support for colleagues experiencing traumatic situations to be reviewed by H&WB Steering Group as part of Framework Development. Paper currently in 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. Use of Sustaining Resilience at Work Practitioner (StRaW) approach within C&W CB to be continued to encourage Peer Support mechanisms. StRaW Practitioners meeting reinstated within C&W CB, P&C supporting. '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,~~

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		July – September 2024	~~Management Development, MAAW.~~ Feedback and evaluation mechanisms to be improved to measure impact / improvements. A series of 'awareness raising' roadshows will run throughout November 2024 as part of 'Disability History' Month' ~~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~~

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			analysis available, and capabilities required to undertake analysiis limited and system resource intensive to obtain data by directorates. Focus on overarching results and priority areas. Additional access requested from HEIW to support. Aim to share directorate level results by end of May 2024. P&C Team tso support clinical boards in both understanding, interpreting and engaging colleagues in the results, and taking action to make improvements or amplify successes. Colleague Staff Survey working group advertised March 2024, over 30 colleagues have shown an interest and initial meeting planned for 7th June 2024participated in a workshop on 1st July 2024. This will facilitate a co-productive and pro-active approach.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources Saunders,Nathan 21/07/2024 00:47:55	Nicola Bevan	– June - Sept 2024	A variety of communication models including Twitter accounts, screen savers, ESR messaging are being utilised to share Wellbeing updates across the UHB. 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

		March 2024 – March 2025	about the service developments and priorities for the future
		~~March – June 2024~~July – December 2024	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 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.~~ Further engagement work is planned for 2024 focusing on the financial education, support and savings functionality available to

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			all staff and to highlight benefits available.
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	Claire Whiles	June - Sept 2024 May - Sept 2024 May Sept 2024 May - Sept 2024	ECOD initial review of management development programmes phase 1 completed. Compassionate Leadership Principles embedded in programmes and resultant revised programmes and master-classes have been launched. Next steps to support Leaders and Managers include: Launch of educational academies including Leadership & Management; Coaching and Mentoring; OD Development of General Manager Programme~~principles~~ Training needs analysis ECOD Manager, Wellbeing and Engagement supporting management development delivery to ensure focus on

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		~~April – June~~July - December 2024 May - Sept 2024	wellbeing of manager and teams. 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. 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 Development of Health and Wellbeing Framework will support and inform leadership development through identification of H&WB 'domains', evaluation and metrics. HEIW supported post, Senior Manager for Retention and OD, now fully operational within the UHB. Nursing Retention Organisational Self-Assessment completed by deadline of 31st March. TORs for Retention Programme Board and Implementation Group in draft for approval. Groups to be established quarter 2 2024/25. Financial Wellbeing (FWB) lead has worked with P&C leads to ensure Financial Wellbeing is built into moments

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			that matter including staff induction.
5. Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	May - Sept 2024 July – Sept 2024 ~~April 2024~~ ~~May - Sept 2024~~	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. Clinic co-ordinator attended internal Power BI training sessions and working on EWS data. Meeting set for 23rd July to discuss next steps. ~~Team currently attending 'Power BI' training to improve capability in this area.~~ The Annual EWS report completed for 2023 to demonstrate demand, response, themes and developments. EWS to present at P&C Committee September 2024. 2023/24 has seen positive results in terms of: Counselling waiting times reductions Improvements in staff returning to work following intervention Improved clinical indicators Introduction of a stepped care approach Reporting developments Improved management of high risk referrals Currently reviewing purchase and implementation of OPASG2 within EWS to

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			support improved user experience and reporting functionality. ~~-~~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.~~ Schwartz Rounds continue to be held across the UHB. Dedicated webpages have gone 'live' and a series of staff information leaflets have been made available. ~~, 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.~~ July PID partially completed gantt chart and benefit tracker to be developed to finalise document, ~~to be completed by end of May 2024~~ Day 2 training of facilitators held 25th April, 2 more facilitators have been trained. ~~to be trained taking the total to 18.~~ A further 'day 2' training day set for 23rd Sep to ensure all CAV facilitators will have attended both training

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		~~April 2024~~	days by the end of Sep 2024 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. Currently reviewing and refreshing the Schwartz Rounds in relation to the Steering Group in terms of function and membership. Comms lead identified and meeting to be held on the 8th July to look at a recruitment plan for story tellers L~~ooking to review and refresh the Steering Committee membership and how story tellers are recruited.~~ Plans to hold ~~3~~ 2 COVID focused sessions during 2024. 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

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			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 (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.
Impact Score: 5	**Likelihood Score: 1**	**Target Risk Score:**	**5 (Moderate)**

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

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	• 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	• 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	• 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 provided 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.

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	• 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	• 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 243-276 – 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)**
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).		
Gap in Assurances	The assurances on delivery are reported to the Board and subcommittees of the Board.		

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 consequentials 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 30th 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)**

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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	We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings Recruitment remains a challenge requiring the use of interim agency support in key areas. Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see. There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Digital strategy approved by Board in20/21 with roadmap for 21/22/23 • 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	• D & HI have a number of business cases in development which require revenue investment [(1)] • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare [(1)] • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	• Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure.		

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Gap in Assurances	• Unable to currently provide assurance that the finance will be provided		
Actions	**Lead**	**By when**	**Update**
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**

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Report Title:	Finance and Performance Committee Chair's Report				Agenda Item no.	6.5.1
Meeting:	Board	Public	x		Meeting Date:	25.07.2024
		Private				
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Finance and Performance Committee Meeting held on **19.06.2024**

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

The Committee noted and discussed the following key points: -

Finance Position Update – Month 2 Position & Savings Plan Progress

Month 2 saw disappointing financial performance and had built on the trend of month 1. In month 2, it had been expected that there would be a planned deficit of £2.650m (two twelfths of the annual planned deficit of £15.9m) but noted that the Health Board were £4.614m off the savings programme that would be needed by the current stage of the financial year and £1.557m off the operational position.

The Committee were presented with the month 2 summary financial table which analysed the £8.821m overspend between income, pay and non-pay

It was noted that there was an ambition in the forecast position to recover the money over the course of the year through management action to ensure that services operated within delegated budgets.

The Committee was advised that there was a key risk to bring to their attention on Long Term Agreements (LTAs) and the Committee was reminded that there had been an uplift of 3.67% in the allocation for 2023/24 and that the Financial Plan was based on the clear planning instructions from Welsh Government (WG) that all LTAs and SLAs should reflect uplifts in line with the general 2024-25 funding uplift provided in the 2024-25 Allocation Letter of that 3.67%.

It was noted that colleagues in neighbouring Health Boards and other NHS Wales organisations had elected not to pass the 3.67% onto Cardiff and Vale UHB which caused a potential risk to the plan of a £5.274m shortfall in the income anticipated in the Financial Plan approved by the Board.

The Committee was advised that the allocation uplift from Welsh Government had always previously been automatically added to LTAs and SLAs each year.

Key factors contributing to the financial pressures in each Clinical Board were presented and included:

- Children & Women overspend was increased by increases in medical staff variable pay and lower anticipated performance income
- Mental Health clinical board reported an improved position due to the repatriation of out of area patients
- Primary care – the revised Optometry Contract negotiated with the profession by Welsh Government was causing an overspend. Ongoing discussion are being held with Welsh Government.
- COVID expenditure is forecast to be in line with funding received from Welsh Government (WG)
- Whilst there is pressure on the UHB capital plan, expenditure is forecast to remain within funding limits.

- The savings programme has made reasonable progress to date. However, this should be assessed within the context of the challenging £47.2m target that the UHB had set itself.
- Enhanced monitoring meetings were planned with all clinical boards to monitor and action savings where possible

It was noted that the Health Board would utilise the improvements in temporary pay trends and enhanced recruitment controls provided by the Corporate Vacancy Scrutiny Panel to provide some time for additional cost savings schemes to be identified and to bed in

Operational Performance

The DOPP highlighted the following points on Operational Performance:

- The Urgent & Emergency Care performance remained strong on ambulance handovers but there were challenges with waiting times in ED
- 898 patients waited more than 12 hours in ED during May 2024
- 22 Primary Care Practises reported high escalation levels with PCIC supporting these practises
- Compliance for Stroke pathways reduced in April but remained above the all Wales average
- An increase in the single cancer pathway performance to 63.7% for April 2024
- Long waiting elective patients - 12,300 patients waiting more than 12 months for an initial appointment/ 2816 patients waiting more than 2 years and113 patients waiting more than 3 years overall
- The 8 weeks waits for diagnostics had worsened and trajectories being finalised with diagnostics teams
- WG requested CAV to submit trajectories around Planned Care, Mental Health and Ambulance rates
- Mental Health demand had increased and noted the assessment waits had increased and have agreed a trajectory with NHS Wales

The VC noted the pressures in primary care were well documented and the level of activity that took place was monumental to the Health Board. He asked to what extent was needed to give more thought to reduce pressures elsewhere. He attended a workshop on the primary care model and it was suggested more work was required to alleviate pressures.

The DOPP explained that through the 2023/24 annual planning process there were a small number of proposals which had been prioritised for investment, the majority of these were focused on Primary and Community Care. It was confirmed that the Health Board would be part of the cluster planning group, where there would be a huge organisational focus on that work.

Decarbonisation Update

The PD -SOF highlighted the following on the Decarbonisation Update:

- Q4 update outlined the 2023-24 plan with 47 of 54 actions being achieved
- 3% of our carbon footprint had been avoided this year

Business Cases:

Stroke Improvement

The DOPP highlighted the following on the Stroke Improvement Business Case:

- This was previously highlighted for an area that was to be focused on
- The Stroke rating for the Health Board was currently at B (A being the highest)
- Support at Investment Group and SLB was confirmed on the agreement that the spend would begin predominantly in Q4

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The VC welcomed the business case and added that it would be an investment that would generate returns. He suggested to spend wisely to put effective services in place. It was recommended to Board for approval.

CAVHIS

The DOPP noted the following on the CAVHIS Business Case:

- The inclusion service would help 5 vulnerable areas which included:
- homeless
- sex workers
- traveller communities
- migrants
- people in contact with the criminal justice service
- £1.4mil was requested for a range of staff members
- Support at Investment Group and SLB was confirmed on the agreement that the spend would begin in Q4

The case was recommended to Board for approval.

End of Year Financial Report for the Regional Partnership Board

The report was noted by the Committee.

Monthly Monitoring Return – Month 2

The Monthly Monitoring Return for month 2 was received for information and noting.

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:

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Report Title:	Charitable Funds Committee – Chair's Report				Agenda Item no.	6.5.2
Meeting:	Board		Public	x	Meeting Date:	25.07.2024
			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 Charitable Funds Committee meeting held on the 11th June 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.

Over 25k bids for approval – Cardiology Services Legacy Funds Expenditure - £29,700: - The Committee were presented with the bid for approval, and noted that:

- The Cardiology Unit had requested from the Specialist Clinical Board to allocate £29,700 from the Hughes Legacy for an ongoing clinical study and pilot which involved 10 patients.
- The study aimed to explore the effects of biventricular pacing in heart failure patients with preserved ejection fraction.
- The study was a collaborative effort with Medtronic and Cardiff Metropolitan University which would both provide financial support.
- The Hughes Legacy fund had a balance of £226,000.

The Committee were informed that all bids submitted to the Charitable Funds Committee (CFC) were required to include a commitment to a full evaluation to demonstrate value for money and the impact on patients. The evaluation would be conducted after the trial's completion, with timelines set in collaboration with the Clinical Boards.

It was noted that confirmation from the Executive Medical Director would be sought before final approval.

Reporting Feedback on Successful CFC Bids: - The Committee were presented with the Quarterly Report where recipients of charitable funds provided feedback and evaluations to ensure that funds had been allocated correctly and aligned with the Health Charity's aims and objectives. The following was highlighted:

- There were no approved bids to report due to the closure of bids for the overall CFC bid report.
- The next evaluation report would be due in December 2024 for the Welsh Transplant Games, which received a 5-year funding approval.
- The report included a breakdown of expenditures from the substantial donation made by Gareth Bale and his wife, specifically for the University Hospital of Wales (UHW). The remaining balance from this fund was £74,500.

Staff Lottery Bids Panel Report: - The Committee were presented with the Staff Lottery Bids Panel Report which provided assurance and details of the outcomes of the Staff Lottery Bids Panel meeting held on April 8th 2024, and highlighted the staff lottery's financial activities and decisions regarding fund allocation. It was noted that efforts were made to ensure that projects were maintained to the best possible standard, and that funding was approached with a focus on sustainability for the duration of each project.

Saunders,Nathan
25/07/2024 00:47:55

It was agreed that a site visit to Barry Hospital would be arranged with the Independent Member – Local Authority.

Staff Lottery Bids Panel Terms of Reference: - The Committee were presented with the Terms of Reference, and the following was highlighted:

- The Staff Lottery ToR were reviewed annually to ensure good governance and alignment with any new principles or changes in charity law.
- This year, the engagement process was completed and a recommendation was made to amend the ToR to prevent duplication of similar projects. The proposed change aimed to encourage diversity in successful bids and maximise the distribution of funds from the Staff Lottery.

It was agreed that an amended ToR would be brought back to the following CFC to include the consideration of sustainability for longer-term investments.

Health Charity Fundraising Report: - The Committee noted the Health Charity Fundraising Report.

Staff Benefits Group Report: - The Committee noted the Staff Benefits Group Report.

Health Charity Events Planner 2024/25: - The Committee noted the Health Charity Events Planner 2024/25.

New Customer Relationship Manager (CRM) Provider & Operating License Update: - The Committee were presented with paper which provided an update and offered assurance regarding the new Customer Relationship Management (CRM) database, and provided the following summary:

- The Health Board had previously operated under a small society lottery license with a £250,000 threshold from the local authority. However, due to the staff lottery's success, it became necessary to upgrade to a Gambling Commission's operating license and update the CRM system.
- The transition required a pause in the lottery scheme from June 1st, and communications were sent out across the Health Board. Despite a small number of people ending their lottery participation, there was a net gain with at least 20 new applicants.
- The Digital and Health Intelligence (DHI) team had worked with the third-party provider Donor Flex on the information governance aspects to meet all requirements. The current CRM donor information and lottery numbers had been reviewed and submitted to the new supplier for analysis and a detailed quote.
- Independent legal advice would be sought with Withers Worldwide Law Firm.
- The goal was to launch the new lottery scheme by September 1st 2024. If there were delays, Donor Flex would provide the necessary CRM support by the deadline. If needed, the lottery could temporarily revert to the small lottery scheme.

Signatory for Rathbones: - The Committee were presented with the paper and approved the replacement of Chris Lewis with Andrew Gough as the new signatory for the Rathbones account.

Health Charity Financial Position & Investment Update: - The Committee were presented with the Charitable Funds Financial Position Report which provided information on the Charity's financial performance for the period 1st April 2023 to 31st March 2024 (these figures remained in draft as the accounts for 2023/24 were being prepared), and assessed the forecast financial position of the Charity.

Two key issues were highlighted to the Committee:

1) The value of the Charitable Funds had decreased by £0.948m from 1st April 2023 – 31st March 2024 – this incorporated net expenditure of £1.191m over income offset by an increase in the Investment Portfolio value of £0.243m.
2) The General Reserve was currently in deficit, and was forecasted to be in deficit by £0.608m at 31st March 2024.

The key financial risks highlighted to the Committee were:

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

Saunders,Noeman
21/08/2024 00:47:55

The Committee was reminded that the investment portfolio was managed with a medium to low-end risk approach to ensure the protection of the investments.

The Board is requested to:

a) Note the contents of the Report.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Quality, Safety & Experience Committee – Chair's Report				Agenda Item no.	6.5.3
Meeting:	Board		Public	x	Meeting Date:	25.07.2024
			Private			
Status *(please tick one only):*	Assurance	x	Approval	x	Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality, Safety & Experience Committee meeting held on the 21st May 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.

Children and Women Clinical Board – Assurance Report: - The Committee were presented with the Assurance Report which provided a summary of their arrangements, progress, and outcomes within the Children and Women Services Clinical Board in relation to the Quality, Safety and Patient Experience agenda over the last 12 months. It also described the key residual risks and their mitigating actions to carry forward into 2024/25.

The Committee were informed that approximately 400 letters had been sent to staff leaving to understand why they left the organisation. The key issues identified included communication, leadership and management, supervision, and support. A piece of work was being developed to support staff on these key issues.

In regard to the risk register, the Committee were informed that the Clinical Board had struggled with the maternity lifts, staffing constraints, and particular demand and capacity issues in services (e.g. the neurodiversity service). The Clinical Board team provided assurance that they met monthly to review the risks to ensure that they were content with the level of mitigation and action to bring them to safe conclusion. These risks were also presented in their Executive Performance Reviews every month to ensure that everybody was cited on the risks.

The Committee noted that the Civica data was updated on a weekly basis, and that it presented a challenge in compiling the individual patient comments. Specific areas were being targeted for improvement based on feedback, and pain management was one particular focus. This issue was relatively new, but efforts were being made to apply the PDSA (Plan-Do-Study-Act) cycle for necessary improvements.

Deep Dive – Nationally Reportable Incidents (NRIs): - The Committee were presented with the NRI reporting Cardiff and Vale 2023-24 Report and slides to the Committee which provided an overview of the NRI Management Process, NRI Performance and improvements, learning from the NRIs and emerging themes, and further action to be taken in 2024/25.

The importance of timely review, investigation, and resolution of NRIs was emphasised to the Committee, and the significant increase in both open and overdue cases was acknowledged. Clinical Boards would undertake a deep dive that week for the Executive reviews to discuss open cases. It was noted that significant improvements in the organisation's approach to the post-NRI closure process, particularly in terms of learning and follow-up actions.

Saunders, Nathan
25/07/2024 09:37:55

Prison Inquest Update: - The Committee were presented with the Prison Inquest Update which provided the QSE Committee, Mr D's family, and the public, assurance around the ongoing work.

In regard to the sustainability concerns around overnight staffing and access to GP provision in the long-term, it was noted that:

- The sustainability of staffing, particularly at night, was a national challenge.
- The environment in prisons and cohort of patients presented significant challenges for nursing and patient care.
- The issue had been discussed at length in Executive Reviews, and efforts had been made to utilise agency staff as a temporary measure.
- A meeting had been organised between the END, the COO, and the Clinical Board triumvirate to create a sustainable model.
- A GP practice had expressed interest in taking ownership of the service.
- They had invested in a Head of Healthcare for the prison who had been instrumental in pulling the Improvement Plan together.
- The Regulation 28 PFD Improvement Plan would be brought to QSE in November 2024.

Clinical Effectiveness Committee: - The Committee were presented with the Clinical Effectiveness Committee Bi-Annual Report which provided the Committee with an overview of highlighted data from several national audits which were of particular interest to Clinical Boards, specialities, and clinical audit leads to help scrutinise and improve services.

The Committee were informed that the audits provided the opportunity to discuss the data around where to grow or focus their services, and provided a sense of benchmarking. However, a limitation as that the results were delayed and provided them with a sense of what they were doing a year ago. The potential of using data proactively to drive improvements in healthcare services was emphasised.

Equity, Equality, Experience and Patient Safety Action Plan: - The Committee were provided with a presentation on the Action Plan which set out the 24 initial action areas agreed upon in 2023, a snapshot of progress made over the past six months, and the next steps.

In terms of the practical steps being taken to collect data and increase engagement, the Committee were informed that:

- A survey had been undertaken across Clinical Board teams the previous year to measure how they saw their progress against collecting data amongst the protected characteristics.
- Basic information like date of birth and postcode was well collected, whilst data on ethnicity, sexuality, and other protected characteristics saw a significant drop in collection rates, down to about 30%.
- Efforts were being made to utilise the available data (e.g. analysis of inpatient and outpatient waiting lists using the Welsh index of multiple deprivation linked to postcodes).
- The initiative aimed to stimulate discussions on further necessary commitments against equality legislation.
- Alternative sources of information, such as census data, was being considered to compensate for the gaps in data collection.
- The report emphasised the need to improve data collection and integration across primary, secondary, tertiary, and prevention care to enhance service delivery.
- An analysis of the vaccination data collected during COVID had been conducted, and there was an ongoing effort to link this data to other vaccination types to identify which groups were being missed across Wales.
- The Vaccine Equity Group (chaired by the EDPH) had requested more detailed data connections.
- Funding from the Prevention and Early Years pot had enabled the hiring of an Ethnic Minority Connector within the local council, which would facilitate conversations and connections with the communities to improve co-creation sessions and understanding barriers and facilitators for change.
- There was optimism for future improvements and support for this work.

The Independent Member – Community offered his help in improving engagement and communication with community leaders, and suggested the possibility of a project with Cardiff University to analyse key questions.

Minutes from Clinical Board QSE Sub-Committees and the Safeguarding Steering Group (SSG): - The Committee noted the Clinical Board QSE Sub-Committee and SSG minutes.

Jeanette Neyman 28/07/2025 09:07:55

Minutes from the WHSSC Quality Patient Safety Committee (QPSC): - The Committee noted the WHSSC Quality Patient Safety Committee (QPSC) minutes.

Chair's Report Radiation Protection Group: - The Committee noted the Chair's Report for the Radiation Protection Group.

COVID-19 Investigation Programme: - The Committee were informed that the COVID-19 Investigation Programme was completed on the 31st March 2024, with all cases of nosocomial COVID-19 having been investigated. There was still a small number which remained in the Putting Things Right Process.

The Board is requested to:

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

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

Saunders,Nathan
21/07/2025 15:24:55

Report Title:	Digital Health & Intelligence Committee – Chair's Report				Agenda Item no.	6.5.4
Meeting:	Board		Public	x	Meeting Date:	25.07.2024
			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 Digital Health & Intelligence Committee meeting held on the 28th May 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.

General Cyber Update

An update was given and the following points highlighted:

- The work being undertaken needs to be recognised to ensure the comprehensive plan was demonstrated to see the cyber risks.
- The Cyber risks continue to increase during the last year
- It was recognised the data CAV hold was valued and therefore we need to provide assurance as custodians.

Internal Audit Report

Following an internal audit review in February CAV received a reasonable recommendation resource rating.

Digital Transformation Progress Report

The following points were noted on the Digital Transformation Progress report:

- Shaping our future digital services would be discussed in the private meeting and plan for a paper to go to the investment group in August for approval.
- The governance model showed the changes were established and the technical design comprised of the senior management team and have Multi-disciplinary design.
- The digital services management board plan to reconvene quarterly.

The Committee received a presentation where the following was highlighted:

- The last financial year focused on support being given to GP practises and enhance the platform
- Over 200k independent people / downloads use the app
- 70k repeat prescriptions each month
- 20k appointments booked via the app each month
- Would be beneficial to view waiting lists / planned care
- Plan to enhance communications
- NHS England saved £1million savings due to NHS App messaging
- Planning an engagement event for September 2024
- A business case was submitted to WG

Saunders,Kathryn
21/07/2024 01:44:55

A lot of the work was directed by other programmes and CAV were trying to get Nexus involved on the work that would be delivered the most. The app was now credible and expect to reach 500k users following a

publicity campaign. Apps were costly and a lot of the budget was consumed by tech improvements. The app has great potential and potential savings, but an appropriate alternative would need to be put in place for those who are unable to use the app.

Corporate Digital Risk Register

The Corporate Digital Risk Register contained 13 risks, with the highest risk being cyber security which fed in to the BAF. There were no changes but 2 new risks added:

- Risk to national service for video consultation service and it was agreed WG would continue to fund for a further 6 months and need to look at the longer term for the system.
- PARIS contract extension requires additional funding.

IG Data & Compliance

The following points were highlighted:

- The IG team had 5 WTE staff
- 139 incidents since the last committee
- 51 incidents reviewed per month over the last year
- 6 of the breaches reached the threshold to be reviewed by the commissioner's office
- Compliance dropped to 37%
- NIAS monitoring – continue to monitor activity with a total of 924 letters sent out to staff members

Digital Services Key Performance Indicators

The following points were highlighted:

- Executive score card – currently 3088 incidents closed
- Service desk – currently have 1418 incidents open / 5 remaining open
- May 2024 (10th May) – 1077 requests, with an average of 3000 for the month. 415 were closed
- 109 requests were automated but wanted to make some extra requests go through the automated service
- First call resolution – almost 20% of the incidents were dealt with on the first instance
- CAV have stock of 1200 laptops / 1000 desktops
- Automation requests were mainly nadex requests

CAV looked to support people on their devices. A level of compromise was needed and most people own a smartphone and look how CAV can support and not procure devices that staff already have.

Annual Report 2023-24

The Committee approved the Annual Report for 2023-24.

Minutes: Digital Directors Peer Group - The Committee noted the minutes of the February, March, April and May 2024 Digital Directors Peer Group meetings.

The Board is requested to:

a) Note the contents of the Report.

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

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

Jonathan 23/07/2024 00:44:55

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Audit and Assurance Committee – Chair's Report				Agenda Item no.	6.5.5
Meeting:	Board		Public	x	Meeting Date:	25.07.2024
			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 Board Members with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on 2 July 2024.

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

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

- **Progress and Update reports from Audit Wales and Internal Audit including Structured Assessment Response** – The Internal Audit Progress Report included the findings and conclusions from the seven finalised individual audit reports received by the Committee (further detail provided later in this report) and outlined the four assignments that had been planned to be reported but had not met the July deadline which included:

  - Medical Staff Additional Sessions
  - Implementation of the People & Culture Plan
  - Performance Reporting
  - Maternity Care – Ockenden Review

  The Audit Wales report provided information on a number of areas including:

  - Audit of the 2023-24 Annual Report and Accounts
  - Review of Unscheduled Care
  - Planned Care Review
  - Review of eye care services
  - 2024 local work
  - Structured Assessment work – Core / Deep Dive – review of cost savings arrangements / Review of investment in digital systems

  In relation to the Structured Assessment response, the Committee was advised that upon receipt of the Structured Assessment in December 2023, the Corporate Governance Team had undertaken a piece of work to pull out all relevant actions/recommendations from the report and progress the work with support from the relevant teams within the wider Health Board.

  It was noted that Audit Wales highlighted 7 formal recommendations for the Health Board and within those recommendations, the Corporate Governance Team had identified 14 actions to be undertaken which were outlined to the Committee with updates/responses to each provided.

Saunders,Nathan
21/07/2024 10:07:16

- **Head of Internal Audit Opinion** – The Committee received the HIA Opinion which stated that the Board could take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively.

The Committee reviewed the report and recommended it to the Board for approval which was undertaken at the special Board meeting held 11 July 2024.

- **Declarations of Interest, Gifts and Hospitality Report –** The Committee received the report where it was noted that process had remained unaltered and Employees were required to make a single declaration of interest during their period of employment, only altering it if their circumstances changed.

  It was noted that moving forward, the Committee would be provided with an update on the Declarations of Interest, Gifts, Hospitality and Sponsorship portfolio annually, with the next update scheduled to be shared with the Committee in Quarter 1 of 2024-2025.

- **Recommendation Tracker Update –** it was noted that the Committee had received all of the excel spreadsheet-based trackers at the previous meeting and so the trackers were not presented on this occasion however an overview update was provided on the 3 recommendation trackers and addressed 2 key actions taken at that previous meeting:

  - Update and, where possible, close down all internal audit recommendations older than 2022.
  - Start to transfer all recommendation trackers onto the Audit Management and Tracking system used by CVUHB

  It was noted that 6 of the 7 aged recommendations (2022 and before) had been removed since the last meeting and that all recommendations from Internal and External Audit had been uploaded to the AMaT system and that work would continue to complete the regulatory transfer as well which would be presented to the Committee in November.

- **Policy Update –** it was noted that it had been recognised that there were opportunities to strengthen policy management within the organisation, which was further supported by recommendations from Internal Audit following a Policy Audit in March 2023 which made finding of limited assurance.

  The Committee was advised that work had been undertaken around policy management by the Corporate Governance Team post the original audit and the report received set out the present position of that work post the Follow-up: Management of Health Board Policies audit by Internal Audit in May 2024. Assurance was provided that the work had progressed in a positive manner and would continue to do so as per the agreed recommendations with Internal Audit.

- The **Procurement Compliance report** which included a Chairs Action Review and some Single Tender Actions was received by the Committee

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

  The report received outlined:

  - Non-Compliant Activity (11 instances where departments had engaged suppliers without Procurement involvement and therefore, incurred a direct breach of SFI's.
  - Contracts value breached/ extended at risk as a result of emergency/unforeseen circumstances (1)

Saunders,Nathan
21/02/2024 00:01:19

- Other Non-Compliant Activity (5 Return)
- Contracts engaged at risk as a result of Covid-19 requirements (Nil Return)
- Non-Compliant Activity / Contract Breach Summary
- STA/SQA's by Department

all SQA/STA requests during the period the 1st May 2024 to 31st May 2024.

- **Losses and Special Payments Panel Report 2023-2024 –** The Committee received the report which informed them of the items considered at the Losses & Special Payments Panel meetings held on 20th November 2023 and 22nd May 2024.

  Losses included:

  - Clinical Negligence claims of £8.189m for the full year 2023-24
  - Bad Debt write-offs of £46,332 for the full year 2023-24
  - Ex gratia and other losses of £18,466 for the full year 2023-24
  - Small Claims losses of £33,485 for the full year 2023-24
  - Employment Tribunal losses of £48,000 for the full year 2023-24
  - Stock losses of £223,005 for the full year 2023-24
  - Voluntary Early Release payments of £48,897 for the full year 2023-24.

  The Committee received detailed updates on the losses via reports and the Committee approved the write offs for the period outlined within the report.

- The **Counter Fraud Report** was received which detailed the work undertaken by the Counter Fraud Team during the period from 1 April 2024 until 16 June 2024.

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

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

- Follow-up: Management of Health Board Policies (Reasonable Assurance)
- Follow-up: Medical Records Tracking (CD&T CB) (Reasonable Assurance)
- Eyecare Digitisation Programme (Reasonable Assurance)
- PCIC CB Governance Arrangements (Reasonable Assurance)
- IMTP Development Process (Reasonable Assurance)
- Temporary Staffing Costs (Limited Assurance)
- Decarbonisation (Limited Assurance)

  For the audits that received Limited Assurance, a representative from the relevant team attended the Committee to provide further detail and the work being undertaken to improve upon the rating received.

Recommendation:

Saunders,Nathan
21/08/2024 08:47:55

The Committee is requested to:

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

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

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	**Infected Blood Inquiry**				Agenda Item no.	6.6
Meeting:	Public Board	Public	X		Meeting Date:	25.07.2024
		Private				
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive Title:	Executive Nurse Director					
Report Author (Title):	Executive Nurse Director / Executive Medical Director					

Main Report
Background and current situation:

Patients have received blood or blood products from the NHS since its inception in 1948. As medicine has progressed, knowledge and understanding of the risks of transfusion has improved. It Over time it became apparent that some patients given transfusions, particularly between 1970 and 1998, contracted blood borne viruses with serious consequences. This risk was higher for blood products made from 'pooled donations' such as cryoprecipitate. Many died or suffered as a result and many continue to suffer. The impact of these infections have consequences that extend beyond the individual patient, affecting and infecting partners, families and children. One patient group particularly affected by the above is that of people who suffer from inherited bleeding disorders such as Haemophilia.

In 2017 the UK government announced an Inquiry into the use of infected blood and blood products. The Inquiry sought to examine the circumstances in which adults and children treated by the NHS were given infected blood and infected blood products . The Inquiry was of particular significance to the UHB as CAVUHB is the Comprehensive Care Centre in Wales providing care to a significant number of patients who received infected blood and blood products. In addition Professor Arthur Bloom, a former employee and lead clinician in the Haemophilia center during the 1970s until his death in 1992, was the Chair of the UK Haemophilia Centre Doctors' Organisation - an association of medical practitioners who work within Haemophilia centers in the UK and have an interest in the care of people with Haemophilia and other inherited bleeding disorders. Both Cardiff and Arthur Bloom were referenced in the opening statements of the Inquiry and again during the body of the report.

Professor Bloom's national role was subject to criticism from the Inquiry with recognition that he failed to respond to emerging understanding of the risk posed by blood borne infections particularly Hepatitis C and HIV. He failed to provide a national steer on risk reduction for the inherited bleeding disorder population. The Inquiry acknowledge that professor Bloom might have been saying one thing for public consumption, while advocating a different approach for his patients in Cardiff, where he advocated using lower risk products for children, those with mild hemophilia and for those who had never received commercial concentrate.

There is a longstanding and positive relationship between the inherited bleeding disorder patient group and the Heamophilia Centre in Cardiff and historically they have worked together on a number of important issues such as the introduction of recombinant factor VIII and the opening of the Haemophilia Centre in November 2002. In 2018 when the Inquiry was first announced the Health Board met with the Chair of Haemophilia Wales to understand what support could be provided to the patients and the bereaved throughout the inquiry. It was acknowledged that many patients had medical records in health boards across Wales and accessing all of these was challenging. Cardiff agreed to host a single point of access for subject access requests. The Haemophilia Centre team had long anticipated an Inquiry and had made significant efforts to retain and protect medical records and therefore many patients were able to access their full records.

Sandra Nicholas 12/07/2024 07:47:55

In anticipation of the publication of the Inquiry report the Health Board convened an infected blood inquiry communications task and finish group and an operational task and finish group to put in place

the necessary measure to support the patients and their families affected. This work included psychology support and practical support to make claims through compensation programs. The communication work stream has included the development of an infected blood inquiry page that signposts individuals to a variety of agencies and department to access blood borne virus testing or to further support or access to their medical records.

A dedicated helpline was set up for patients known to the Haemophilia Centre and sixty-one individuals have either contacted the line directly to have been referred by Haemophilia Wales. The majority of enquiries relate to support in accessing compensation. The compensation scheme will now include Hepatitis B and as a result there have been a small number of queries requesting Hepatitis B testing.

The Haemophilia Centre also set up support events away from the health Board sites where affected individuals could come together to provide peer support and also to ask questions of the Psychologist, Social Worker and Physiotherapist from the Haemophilia Centre. A second event is planned.

A dedicated helpline was set up for other enquiries; this helpline has received 42 enquiries since the report's publication, peaking in the second week after publication. The majority of enquiries related to information about accessing Blood Borne Virus testing and then access to medical records.

The final report of the Infected Blood Inquiry was published on 20th May 2024 with many broad ranging recommendations for health bodies, the civil services and government. The Health Board will now convene a group to consider the recommendations fully and to develop an action plan to address the requisite improvements. This group will ensure that all learning points from the inquiry are acted on with focus on systems, processes and education.

Lastly, the Health Board is aware that the findings of the inquiry provide a salutary lesson for all those involved in the care of patients. At a time when modern medicines are progressing at an unprecedented pace, we will be looking to learn and apply the findings to ensure that what happened during the period examined by the inquiry cannot be allowed to happen again in a different field. We will be examining the process of risk management, consent and ethics to ensure that all newly developed treatments are only ever given in an open, transparent and patient centered way where decision making is led by patients who are maximally informed.

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

The Infected Blood Inquiry was announced in 2017
The Inquiry sought to examine the circumstances in which adults and children treated by the NHS were given infected blood and infected blood products.
The Inquiry is significant to the Health Board as it is the comprehensive care center for affected patients in Wales and has provided care to many people.
The UHB employed Professor Arthur Bloom, who was named by the inquiry, as the clinical Director. He also had a national role as the Chair of the UK Haemophilia Centre Doctors Organisation
Professor Bloom was subject to significant criticism for his response in leading hematologists across the country during the emerging crisis
Support was put in place at the outset of the Inquiry to ensure patients and their families were able to access the information they required.
In anticipation of the publication of the Inquiry report two UHB helplines were set up. The first provides support to the affected population already know to the Haemophilia Center. Second is for all other individuals seeking support and advice.
The Health Board will seek to learn from the inquiry and implement recommendations to ensure that a similar incident cannot happen again.

Recommendation:

The Committee is requested to:

a) NOTE the actions undertaken by the UHB to support the Infected Blood Inquiry and to support the patients and their families affected

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant.*			
1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	
3. Delivering in the Right Places **Click the objective above to view more detail.**		4. Acting for the Future **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk*				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*

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 *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Saunders,Nathan
5/10/07/2024 00:47:55

Report Title:	C&V Integrated Performance Report				Agenda Item no.	6.8
Meeting:	C&V UHB Board	Public	X		Meeting Date:	25/07/2024
		Private				
Status *(please tick one only):*	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:

The Integrated Performance Report has been updated for this Board Development session as outlined in the Paper brought to Board and F&P Committee last month. The updates bring the report in line with the National Performance Framework for 24/25, the UHBs Annual Plan priorities and recently submitted trajectories to Welsh Government for delivery of the National Performance priorities.

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 33,312 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 61.13% which is the second highest uptake of all Health Boards and above the Welsh average of 58.48%.

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.

Saundersl1 Sarah1
21/07/2024 09:47:19

- 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 final data on uptake from national sources once the vaccination campaign for Cardiff and the Vale has concluded.

Healthy weight

- Healthy weight in reception year children aged 4/5 increased to 77.5% (2022/23). This is the same as the English average for the same period (77.5%). This was however, above the Welsh average of 74.3%. 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 business case is being written to develop capacity 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/m^2, average BMI at L3 is 50kg/m^2.

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 2024 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. We are currently updating our communications plan and looking to commission a targeted communications campaign focussing on groups and communities with higher rates of smoking
- NICE recommends that routine carbon monoxide testing at the first ante natal appointment and at the 36 week appointment to assess every pregnant woman's exposure to tobacco smoke. In Q4 23/24, over 95% of pregnant people received CO monitoring at their booking appointment.
- Ensure all pregnant smokers are referred to smoking cessation support following their initial booking assessment
  - **Progress:** In Cardiff and Vale UHB, pregnant smokers 'opt in' to being referred to smoking cessation services. In 23/24 46% of pregnant smokers accepted a referral to a Smoking Cessation Specialist Maternity Support Worker / HMQ advisor. Pregnant smokers receive an intervention providing them with information on smoking risk, benefits of quitting, HMQ smoking cessation services and Nicotine Replacement Therapy. From this pregnant smokers can be referred to HMQ for ongoing support to quit. 56% of pregnant smokers who received an intervention accepted an ongoing referral to HMQ for support to quit.

Saunders, Lynne
21/07/2024 09:43:39

- We are continuing to explore options with the maternity services to develop a model where support is provided from a band 5 adviser, with no need for referral onwards. Job evaluation process is in progress to enable recruitment.

Operational Performance

Urgent and Emergency Care

Delays to ambulance handovers and patient waiting times in Emergency Units markedly improved through 23/24 – the UHB eliminated 4-hour delays and significantly reduced 3, 2 and 1 hours delays at UHW. Recent performance has been affected by unseasonal operational pressures through May and June which has impacted both ambulance handover times and the length of time patients some patients are waiting in the Emergency Unit before admission, transfer or discharge. The challenges posed by these pressures were reflected at the end of June with two 4-hour ambulance delays, the only such delays in over 15 months. Since December 2023, where the number of 1-hour ambulance delays reduced to 167, the number has risen in May and June and is above our trajectory. We have seen a similar picture for 12-hour EU waits where reductions through Q3 have not been sustained during 2024. Despite these challenges, the UHB is still the best performing Health Board in Wales and we have outlined an improvement trajectory to meet our own, and the Cabinet Secretary's, ambitions.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown 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 – this reduction has been maintained though some very challenging weeks through the whole winter period and beyond. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Using the annualised NHFD data, the UHB are at or above the national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from March last year. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward breaches which can impact our performance as these times are still recorded in our compliance data.

May saw an increase 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 47.5% 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. April saw a high number of stroke patients admitted to UHW with a higher number of haemorrhagic stroke patients who are non-suitable for thrombolysis/thrombectomy. As a result, April saw our thrombolysis rate drop to 14.5% following consecutive months at over 20%. In May this improved to 26%, above our ambition and above the Wales average.

Our SSNAP grade improved to A for the period July-September 2023, this was 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. The challenges in delivering consistent performance in Stroke pathways have been well documented, particularly out of hours. A plan for investing in the front end of our stroke pathway has received endorsement at Finance and Performance Committee and will progress for consideration at Board in July.

Saunders, Nathan
21/07/2024 09:37:16

Hospital Flow and Discharge

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, April and May 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. Delayed pathways of Care remain an area of national focus and our monthly delays are highlighted in Section 1 of the accompanying IPR – we are currently delivering our commitment to reduce against the same period in 23/24.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly 'hot' reporting and end of month snapshots are provided in the IPR. We have seen a fluctuating picture as we moved through Q1, however, the most recently reported weekly snapshot has shown a reduction from the end of Q4. Our nationally submitted data on emergency admissions with a 21-day length of stay shows also a reduction from March to April.

Cancer

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%, with a further increase to 63.7% in April. The pathology delays experienced in March mean than our Q2 compliance is forecast to be lower as patients treated in these months were potentially impacted by delays in this part of their pathway. In May we saw a small drop in compliance with 62.1% of patients starting their treatment within 62 days.

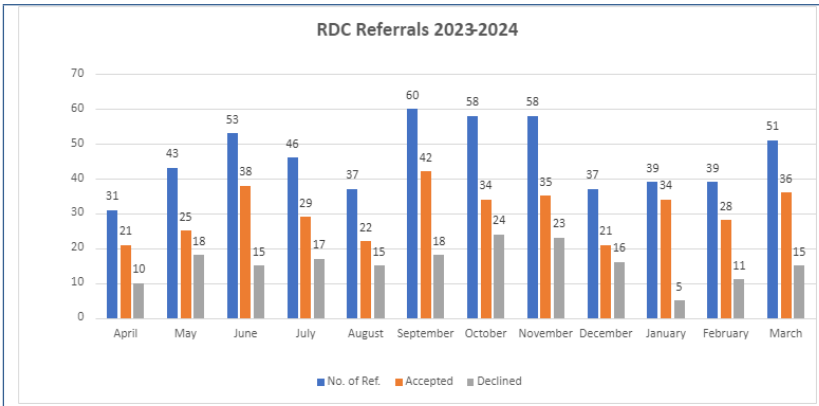
Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q3 where we have seen improvements in the monthly compliance for October and November.

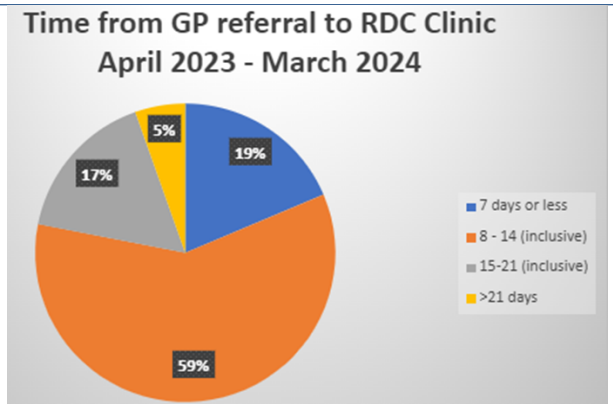
SCP compliance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Original submission	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%	64.7%	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%
Compliance following quaterly refresh	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%	66.3%	62.4%	70.2%					

In April 2023 the UHB formally launched our Rapid Diagnostics Centre (RDC) as part of the National Programme, driven by the Wales Cancer Network and Welsh Government. RDCs provide an accelerated diagnostic pathway for patients who present to primary care with vague, but concerning, symptoms which may be indicative of cancer. Research has shown that up to 50% of patients diagnosed with cancer present to their GP with vague, non-specific symptoms that do not fit the site-specific referral criteria set out in NICE guidance. Traditional referral systems often lead to delays and unnecessary investigations for these patients. The UHB's clinic follows a 2-stop model offering radiology appointment in advance of an outpatient review. In the first year of operation 552 referrals were made to the RDC with a total of 22 cancers, across 14 different tumour groups, diagnosed as a result of the investigations. The majority of patients attended the RDC in under 14 days. In addition to cancer diagnoses made, 178 patients received a non-cancer diagnosis across a number of physical and mental health conditions.

This year will see increased work with Primary Care, though educational sessions and embedding lessons from patient and clinician feedback gathered through PROMS and PREMS across the RDC network in collaboration with Welsh Cancer Network colleagues.

Saunders,Nathan
21/07/2024 00:47:55





Planned Care

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.

At the end of April there were 2,816 patients waiting 2 years for treatment, which represented 1.88% of patients on a waiting list. This position deteriorated in May to 3,018 patients, representing 2% of the waiting list. While this remains a considerable improvement from previous months, there are still too many patients waiting too long for treatment across a number of key services. We continue to focus on the small number of spinal patients who are waiting over 4-years for treatment, in addition to continuing to reduce the number of patients waiting over 3-years which are mainly concentrated in spines and urology.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9,000. 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. April and May have seen increases in the number of patients waiting over 52 weeks for their first outpatient appointment, with the number of breaches forecast to increase as we move through Q1. 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 continue our focus to all patients who are delayed for a follow-up outpatient appointment, not just those who are 100% beyond their follow-up target. From April 2024 we are only 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 52,811 patients who are past their target date for a follow-up appointment, of these 9 were over 2 years past their target date as shown below:

Saunders,Nathan
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Overdue Follow-up Outpatients							
Clinical Board	Months past target date	28/05/2024	10/06/2024	17/06/2024	24/06/2024	30/06/2024	07/07/2024
Total	Total overdue	54153	54828	54098	53509	53065	52811
	Over 18 months	175	123	102	112	152	87
	Over 24 months	20	19	8	11	11	9
Surgery	Over 18 months	47	36	37	43	82	55
	Over 24 months	7	5	3	5	6	4
Children & Women	Over 18 months	23	7	5	6	4	4
	Over 24 months	4	3	2	1	1	0
Specialist	Over 18 months	44	35	16	17	16	12
	Over 24 months	5	5	0	1	1	2
Medicine	Over 18 months	47	31	32	34	38	4
	Over 24 months	0	2	2	2	0	0

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 through this year.

Diagnostics

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. Improvement trajectories will have been finalised with the Chief Operating Officer, with a separate update brought to Board Development session in June.

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. The number of 8-week waits has continued to increase through Q4 and into Q1, albeit at a slower rate than through the rest of the year.

Mental Health

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioural needs. Part 1a compliance for adults fell in January 2024 and we reported 37.5% compliance with the 28-day standard, while this improved to 90% in February, the team expected this performance to fluctuate in Q1 as the service work though the referrals to recover the position. In March 2024 we reported 54% compliance, with a further reduction in April reported. Performance is expected to remain low through this year and recover to compliance in Q4. Part 1b compliance remains strong with >99% of patients receiving interventions within 28 months on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.

Saunders,Kathryn
21/07/2024 09:14:51

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, remaining high in March (92%) and April (91%). 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.

Primary and Community Care

We continue to see 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.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and community care services. GMS saw an increase in calls, appointments and items issued via prescription from the previous month.

GMS activity		April 2024
	Calls to GP surgeries	404,932
	GP appointments offered	269,319
	Items issued via presciption	778,026

Source: Primary Care Information Portal. Note: *The analyses and associated visualizations presented within this tile of the Primary Care Information Portal (PCIP) are a product of source data that has been provided at the initial stages of a quality improvement process and as such the completeness, accuracy, and validity of this source data (and hence any analyses/visualizations derived from such data) cannot be guaranteed.*

We continue to see high utilisation of our Urgent Primary Care Centres across Cardiff and the Vale. Overall utilisation remained above 90% in June 2024, with total utilisation across all 6 sites at 93%, with 4466 appointment booked in month.

Saunders,Nathan
21/07/2024 00:47:55

People and Culture

- **Turnover** has fallen steadily during the past 12 months, from 13.00% at Jun-23 to 11.26% at May-24. An update on the work programme was given at the July meeting of the People and Culture Committee by the Health Board's Retention & OD Lead.

- **Sickness** - the number of staff who have been absent from work for 3 months or longer has increased, the team are currently undertaking a 'deep dive' into the data, duration, reasons, etc. This will be presented to the People and Culture Committee in September.

- **Staff in post** - since January 2024 the workforce has reduced by 96.5WTE. This would suggest that the continuous growth we have seen over the last few years has stopped, due to the reshaping actions of the Clinical Boards, CEF and Corporate Departments.

- **Workforce Sustainability**: The Health Board revised the previous 'scheme of delegation' at the end of May. The following was agreed:
    - Zero tolerance on Agency and Overtime across all staff groups - approval by exception only
    - Zero tolerance on Medical & Dental Bank – approval by exception only
    - No recruitment to newly created posts for a period of 3 months unless by absolute exception *(in addition to the current vacancy scrutiny arrangements)*

- **Temporary Pay** savings target £7.4m – to date £8.1m savings has been identified, the focus is now on moving savings from red into green.

- **Workforce Reshaping** savings target £8.1m – to date £1.9m has been identified. Workshops with the Clinical Boards are being undertaken to identify further opportunities for reshaping/redesign. This remains our biggest challenge to delivery in year.

- **All Wales Standards for Preceptorship and Clinical Supervision in Nursing -** In response to the Welsh Health Circular (WHC) Issued by the CNO in April 2024 a detailed project plan has been devised to support the implementation of the Standards. The People and Culture team are working with the Executive Directors of Nursing and People and Culture to undertake a detailed impact analysis for discussion at SLB.

- **Coaching** - UHB Agored Cymru accredited coaching qualification is under development. This skills based programme will expedite the expansion of the UHB coaching network, which has been compromised due to the financial costs of coaching programmes and delays in individuals achieving formal qualifications.

- **Occupational Health staffing** - there are capacity issues in Occupational Health due to vacancies and sickness which have led to increased waiting times and delayed pre-employment checks. Remedial actions are being enacted to minimise the disruption to service with the CTM collaboration providing support for the CAV staffing situation.

- **Staff Survey** - the OD and Culture team are acting on the results from the 2023 Staff Survey and preparing for the 2024 survey. The first meeting of the Staff Survey Employee Working Group took place on Monday 1 July following a call out from the Chief Executive. Approx. 25 individuals took part and further events are being planned.

- **Welsh Language** - a task and finish group has been established in response to concerns raised by the Welsh Language Commissioner around recruitment activity. This group is looking how to identify if a Welsh speaker is required when filling a vacancy, ensuring the recruitment process itself is compliant with the Welsh Language Standards, and the provision of training for recruiting managers. A response is required by the Commissioner by 9 August 2024.

- Work is currently taking place to ensure that we are on track with the **implementation of the non-pay elements of the 2022-3 and 2023-4 pay deals.** By 31 July 2024 we are required to report to Welsh Government on those aspects which relate to implementation of new policy under this collective agreement, national tripartite collectively agreed priorities, and specific aspects of national strategic plans relevant to these policies. This work is being conducted in Partnership and will be signed off by the Local Partnership Forum prior to submission to WG.

- **Recruitment:**

    - The UHB was successful in attracting 205 newly registered nurses as part of the student streamlining programme. These nurses will join the UHB between July and December.
    - Following a recruitment event in India in partnership with the Welsh Government, 51 nurses have been appointed for Neurosciences, Emergency Unit, Peri-op and Haematology. The majority of these nurses will commence during the autumn months.
    - The use of Agency Nurses continues to reduce and in June 2024, and approximately 830 shifts were used compared to 2765 shifts in July 2023. This is a reduction of more than 65%.
    - The Staff Bank have attracted over 20 registered nurses from Agencies to join our bank following a poster recruitment campaign within the UHB.

- **Care Leavers project** - a successful bid has been awarded by HEIW to continue the work with young individuals who have been brought up in care with the aim of providing work experience and employment opportunities.

- **Line Managers capability:**
    - Over 30 new Investigating Officers have been trained, which will reduce the overall length of the disciplinary investigation process
    - Training and guidance has been developed for the role of the Chair of the Respect & Resolution process to provide clarity of the role and responsibilities and to ensure there is a pool of trained Chairs available to support formal requests for resolution.
    - 131 managers have been trained on the Managing Attendance at Work Policy since the beginning of this year, to support a culture of compassionate leadership, ensure staff are well supported and help to reduce sickness absence rates

Saunders,Nathan
21/07/2024 00:47:55

Quality Safety and Experience

Our primary objective is to establish a solid framework for Quality, Safety, and Experience (QSE), with a special focus on enhancing safety protocols and achieving excellence. The QSE Committee consistently reviews detailed reports that highlight key indicators and suggest directions for improvement.

Despite challenges such as increased demand and staffing constraints, we have maintained an 8O% performance rate in responding to complaints and concerns within 30 working days, with many issues being resolved within 2 working days whenever possible. However, there has been a noticeable rise in concerns regarding waiting times and procedural delays in diagnostic and outpatient services.

Since April 1, 2023, we have invoked the Duty of Candour on 145 occasions.
In the realm of infection control, the increase in cases of C. difficile and P. aeruginosa is concerning. We have reintroduced executive oversight of infection control outbreaks and rising trends to address this issue. There has been increased communication for patients and staff of the increased infection rates in our communities and hospital settings.

The number of patient safety incidents that remain unresolved for 90 days or more has decreased, thanks to the collaborative efforts of the Patient Safety team and clinical boards to ensure timely resolution of incidents. The percentage of NRI's closed on time has increased to 50% with an ongoing strategy to improve the performance.

Finance

2024/25 Financial Performance

At month 2, the UHB is reporting an overspend of £8.821m. This is comprised of £1.557m operational overspend, a savings gap of £4.614m and the planned deficit of £2.650m (2 twelfths of the revised forecast year end deficit of £15.900m).

The UHB expects to recover the month 2 operational and savings overspend to deliver the £15.900m planned deficit.

Saunders,Nathan
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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:

Sandra Nathan
01/07/2024 00:47:55

Cardiff and Vale
Integrated Performance Report

2024/25

July 2024

Saunders,Nathan
21/07/2024 00:47:55

Report Contents

1. Cabinet Secretary Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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Section 1: Cabinet Secretary Priorities

Return to Main Menu

The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

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

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Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	Reduction against 23/24	Yes	Mar-25	194 June-24	Hyperlink to section
Primary and Community Care	**Measure:** General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	100%	Yes	Mar-25	100% Apr-24	Hyperlink to section
	Measure: General Dental Services - % of contract value fulfilled **National standard:** 30% of contract value by end Q2, 100% Q4 **Reporting period:** Monthly	25% Q1 50%Q2 75% Q3 100% Q4	Yes	Mar-25	13.7% May-24 (incomplete for Q1)	Hyperlink to section
Urgent and Emergency Care	**Measure:** Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** 20% reduction by September 2024, further 20% reduction by March 2025 **Reporting period:** Monthly	670 Sept-24 532 Mar-25	Yes	Mar-25	915 June-24	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour **National standard/ambition:** 30% reduction by December 2024 **Reporting period:** Monthly	232	Yes	Dec-25	458 June-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental Health	**Measure:** Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	80%	Yes	Dec-24	14% May-24	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	99%	Yes	Dec-24	100% May-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	**Measure:** Number of patients waiting more than 52 weeks for a new outpatient appointment **National standard/ambition:** 40% reduction by end of September 2024, 0 by end of March 2025 **Reporting period:** Monthly	**10,825** Sep-24 **9,823** Mar-25	**No**		**13,285** May-24	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for referral to treatment **National standard/ambition:** 0 by end of December 2024 **Reporting period:** Monthly	**1,989** Dec-25	**No**		**3,018** May-24	Hyperlink to section
	Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) **National standard/ambition:** 60% by end of December 2024, 70% by end of March 2025 **Reporting period:** Monthly	**70%** Dec-25	**Yes**	Dec-25	**62.1%** May-24	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition**: 95% of patients waiting less than 8 weeks by end of December 2024 **Reporting period:** Monthly	**11,908** Dec-25	**No**		**15,425** May-25	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

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.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

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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

Saunders,Nathan
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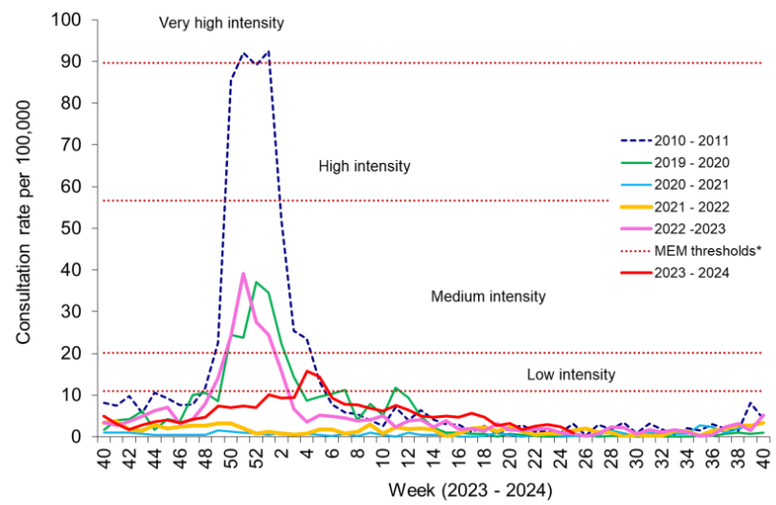
Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Seasonal respiratory infections** **Immunisation** – COVID-19 and influenza • **The Covid-19 vaccine spring booster campaign** is now underway and it has delivered 33,312 vaccines since the 2nd of April when the campaign 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 61.13% which is the second highest uptake of all Health Boards and above the Welsh average of 58.48%. **Surveillance** • Influenza activity remains low, between seasonal activity • Hospital admissions for Covid-19 increased have been elevated during June compared with May though the recent trend is unclear. PCR incidence and positivity increased throughout June • Omicron sub-variant JN.1 remains the most prevalent variant in Wales • There are currently **5** Covid-19 outbreaks and **zero** incidents in hospital; and **zero** influenza incidents or outbreaks. • Since the start of April 2024, **211** bed days have been lost due to Covid-19 incidents or outbreaks, and **7** bed days have been lost due to influenza incidents or outbreaks • 16% of C&V UHB staff sickness during May 2024 was due to influenza/COVID-19/respiratory conditions • RSV activity in under 5s remains at low intensity • Whooping cough notification levels across Wales remain high overall, though confirmed cases peaked mid/end April and are now declining	Week 25	Below standard	Wales COVID-19 vaccination surveillance weekly report.pdf Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddbb0a8025866b003a51a1/$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf  Source: PHW weekly flu/ARI report

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

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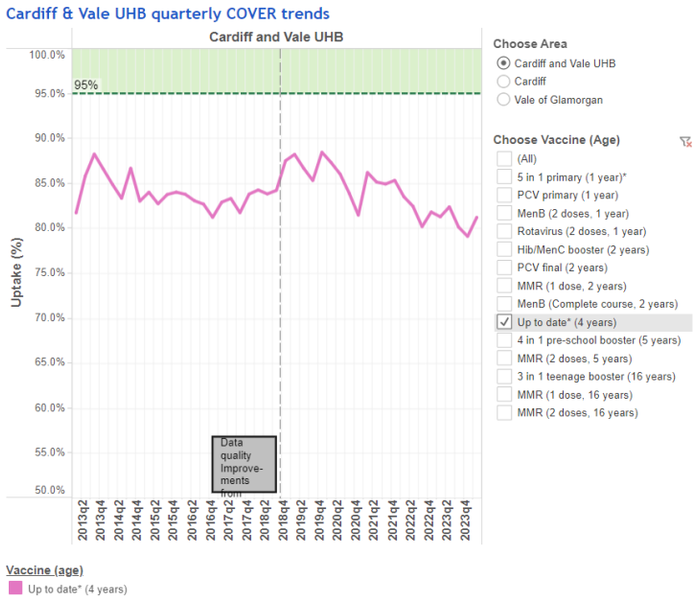
C&V Priorities and Annual Plan Commitments

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** • 81.2% 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%, uptake of all childhood vaccinations at age 5 is 84.1% which is still below the Welsh average of 87.9%.	Q4 2023/24 Jan 2024-Mar 2024	Below standard	 Source quarterly COVER data
Health Protection	**Health Protection System** • The Cardiff and Vale Health Protection Plan has been fully signed off via partnership governance processes (completed April 2024) • An action plan for 2024/25 is being developed, following a partnership workshop in May 2024, to further strengthen the agreed approach. • A measles action plan has been developed for implementation within the UHB and with partner organisations	Q1 2024/25	On target	*n/a*

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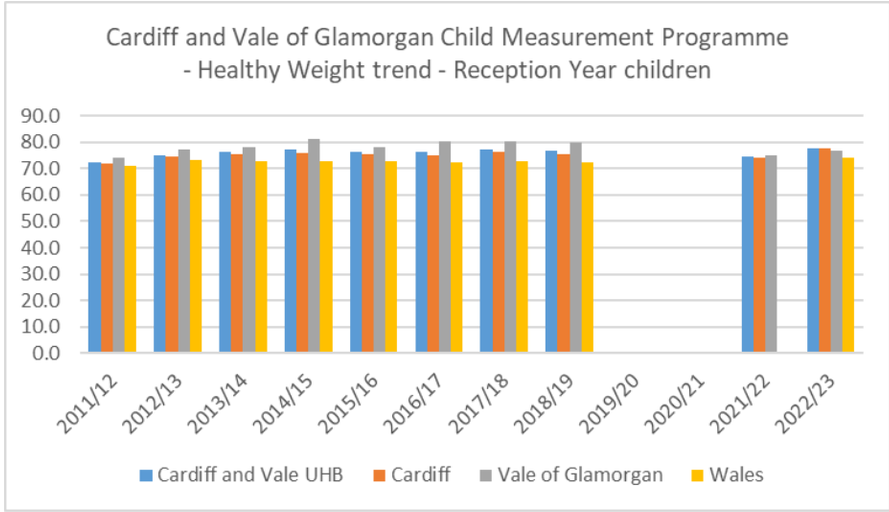
For areas of underperformance please see cover paper for details on actions being taken

C&V Priorities and Annual Plan Commitments

Priority	Performance Summary	Reported Period	On target?	Data

Health Improvement	**Healthy weight:**
	• 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23). Cardiff and Vale have the highest proportion of healthy weight children compared to other Health Board areas based on the latest available data; however, the English average for 2022/23 was 77.5%). The healthy weight local target for 2022/23 was 75%, which we met. 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.
	
	Weight management services
	• % people with body mass index (BMI)>30 who can be treated through:
	  ○ Level 2 services: 1.6% (target: 1.5%)
	  ○ Level 3 services: 0.2% (target: 0.5%)
		Q4
		2023/24
			Healthy weight:
			On standard
			
			Weight management services:
			Level 2 above standard
			Level 3 below standard
				

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

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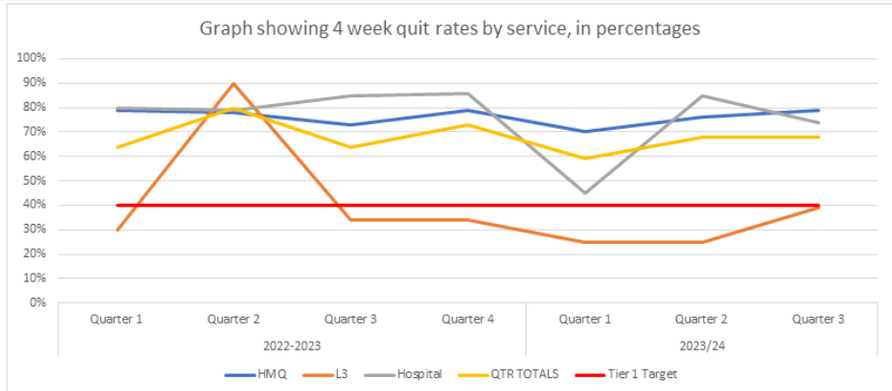
C&V Priorities and Annual Plan Commitments

Priority	Performance Summary	Reported Period	On target?	Data

Health Improvement	**Tobacco**
	• 13% of Cardiff and Vale of Glamorgan smoke.
	• NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually.
	• In Quarter 4 23/24 (the most up to date data received) 0.6 % of smokers set a firm quit date. This is below target. 70 % of these quit smoking at 4 weeks, which is above target (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . This breaks down by service as follows:
	  • HMQ community – 78% of Treated Smokers had quit smoking at 4 weeks.
	  • Level 3 Pharmacy –53% of Treated Smokers had quit smoking at 4 weeks.
	  • Hospital Service - 45% of Treated Smokers had quit smoking at 4 weeks.
		Quarter 4 2023/24	Smokers setting quit date:
			
			Below target for percentage of adult smokers who make a quit attempt
			
			Meeting or exceeding target for 4 week quits
				

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

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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 2024	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.6% Below standard	Q1	Q2	Q3	Q4
					0.6%	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.***	1 April 23 2023 to 31 March 2024	40%	70% Exceeding standard	Q1	Q2	Q3	Q4
					59%	68%	68%	70%
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	No data yet available. Data to be supplied by substance misuse team and updated by UHB analysis team						

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	2023/24	100%	96.51% Below standard	Q1	Q2	Q3	Q4
					86%	85.7%	93%	96.51 %
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2023/24	100%	36% Below standard	Q1	Q2	Q3	Q4
					49%	49%	50%	36%

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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			
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 January 2024 to 31 March 2024	95%	84.1% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					84.1	83.5	85.7	84.8
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)*	1 January 2023 to 30 June 2023	90%	74.4% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					74.4	72.6	70.3	71.3
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)*	1 September 2023 to 31 March 2024	75%	72.8% Below standard	**01/03/24**	**26/03/24**	**27/12/23**	**16/02/24**
					72.8%	72.8%	70.9%	72.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible *Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)*	1 April 2024 to 30 June 2024	75%	61.13% Below standard	**25/04/24**	**04/06/24**	**27/06/24**	
					20.8%	51.7%	61.1%	

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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	Jun 2024	1.5%	1.6% Above standard				
n/a	% of people with BMI > 30 that can be treated through Level 3 Weight Management Services	Jun 2024	0.5%	0.2% Below standard				

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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	Apr-24	90%	**14.7%** Below standard	Jan-24: 22.50%; Feb-24: 25.20%; Mar-24: 31.10%; Apr-24: 14.70%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Mar-24	90%	**96.4%** Above standard	Dec-23: 91.20%; Jan-24: 94.50%; Feb-24: 97.70%; Mar-24: 96.40%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	May-24	95%	**96.1%** Above standard	Feb-24: 95.90%; Mar-24: 96.10%; Apr-24: 96.20%; May-24: 96.10%

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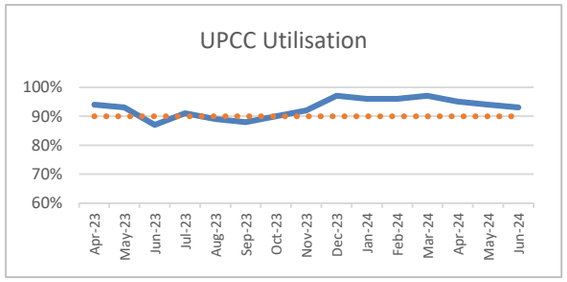
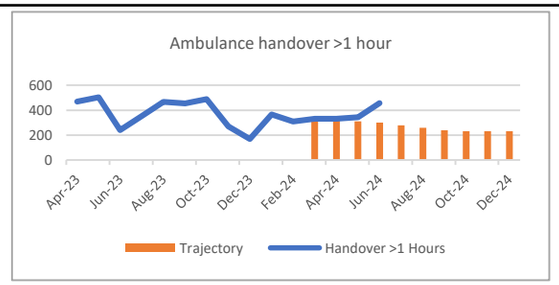
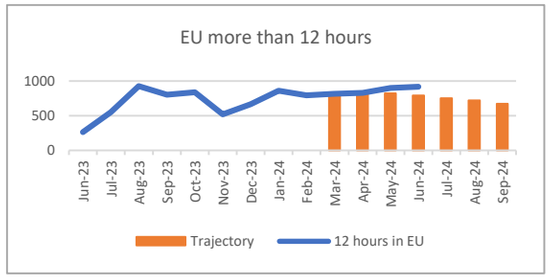
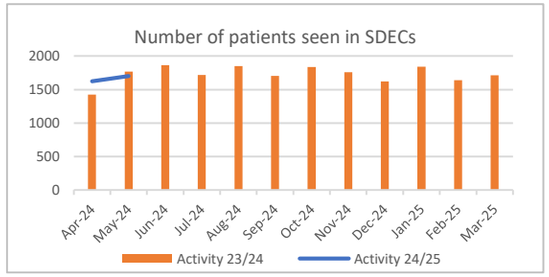
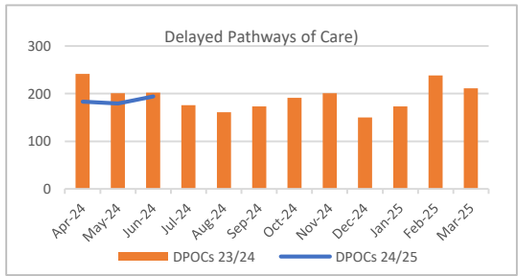
C&V Priorities and Annual Plan Commitments

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In June utilisation was 93% and remains above our commitment **Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4** Q1 to date 160 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024 **Community visits – 95% of face-to-face visits within 8 hours** Q1 to date 96% compliance with 8-hour standard	Jun-24 May-24	94% utilisation Above standard To date 160 accepted referrals Below standard 96% Above standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December** In June we reported 30 2-hour ambulance delays, above our ambition of 0 In June we reported 458 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In June we reported lost minutes per arrival had increased to 24 **ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4)** In June we reported an increase in patients waiting 12-hours in EU compared to May. This equates to 92.3% of attendances waiting less than 12-hours and below our ambition for Q1 **SDEC units – Increase attendances compared to the same period 23/24** In May we reported an increase in activity compared to April, however this is slightly below our May 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase in June	Jun-24 May-24	30 2-hour delays Above standard 458 1-hour delays Above standard 24 minutes lost/arrival Above standard 92.3% patients <12h Below standard 1700 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end off June 29.4% of patients in acute beds had a LOS of >7 days, 55.2% >21 days – reduced from April's snapshot but above out ambition **Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24** In April 2024 the number of POCDs was 179 – this is below the number of delays reported in April 2023 in line with our ambition	May-24 Jun-24	29.4% >7d Above standard 55.2% >21d Above standard 194 Below standard	

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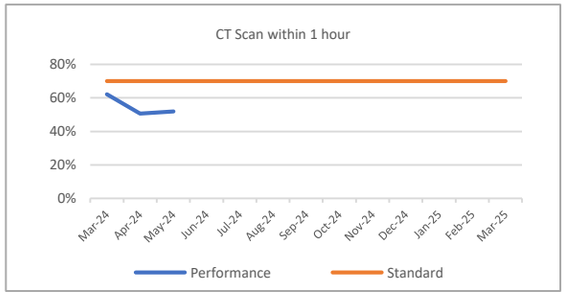
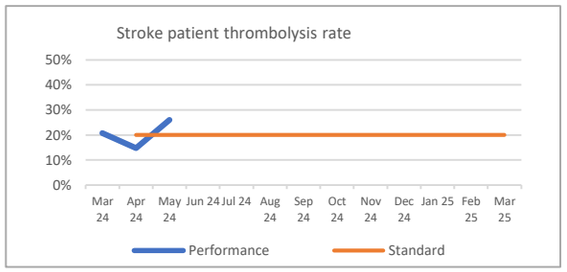
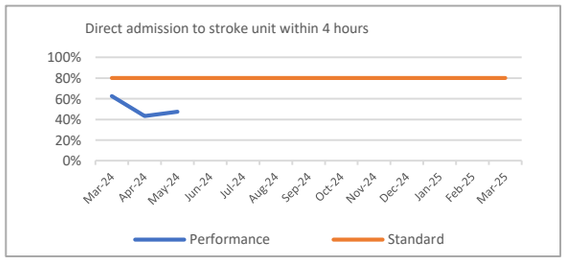
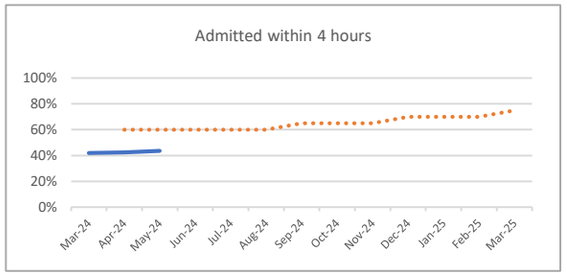
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In May 52.0% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition. **Thrombolysis – 20% thrombolysis rate** In May 26.0% of stroke patients were thrombolysed, an improvement from April and in excess of our ambition **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In May 47.5% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service is being presented this month which will allow more sustainable improvements to be embedded Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B.	May-24	52.0% CT Below standard 26.0% Thrombolysis Above standard 47.5% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In May 30.2% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.3%.	May-24	43.5% (Annualised) Below standard	

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Quadruple Aim 2: Planned Care, Cancer and Diagnostics
RTT Waiting Times

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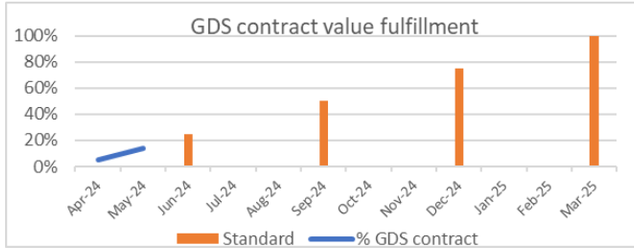
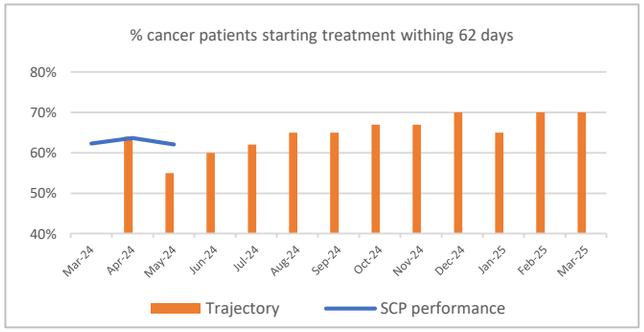
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In April 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** At the end of May 13.7% of the contract value had been delivered. Q1 data will be available next month **Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter** In May 99% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Apr-24 May-24	100% Meeting standard 13.7% Below standard (end Q1) 99% Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory** In May 62.1% of patients received their first definitive treatment within 62 days. This was above our trajectory but we are still forecasting a drop in compliance with the SCP, due to pathology delays experienced through March, but aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.	May-24	62.1% Below standard	

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Quadruple Aim 2: Planned Care, Cancer and Diagnostics
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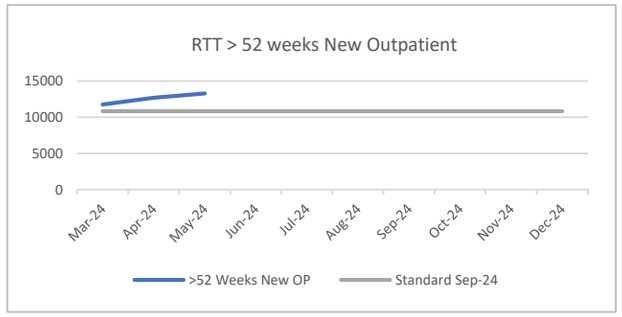
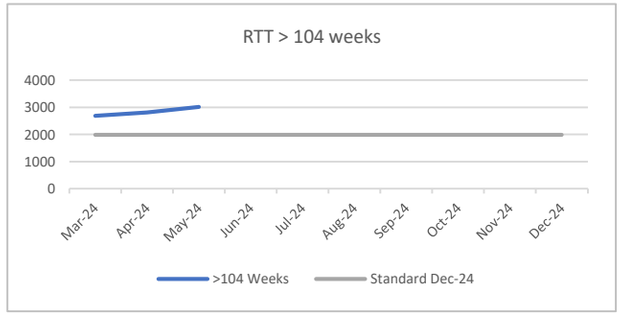
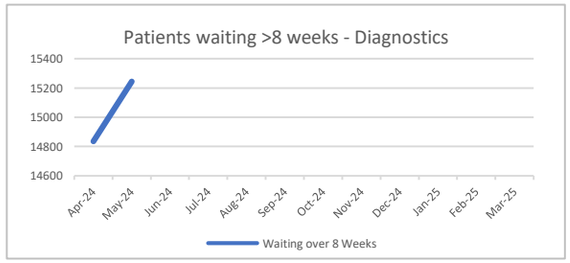
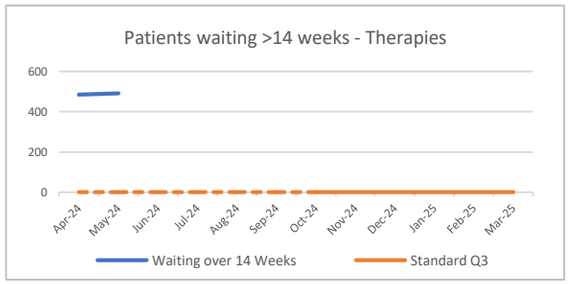
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In May there were 13,285 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In May there were 3,018 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition. We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work	May-24	13,285 patients Above standard 3,018 patients Above standard	 
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In May 15,245 patients were waiting over 8 weeks for a specified diagnostic, an increase from April and Welsh Government's ambition. A diagnostic update was brought to the most recent Board development session. **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In May 491 patients were waiting over 14 weeks for therapies, a small increase from April and above our commitment for Q3.	May-24	15,245 patients Diagnostics Above standard 491 patients Therapies Above standard (Q3)	 

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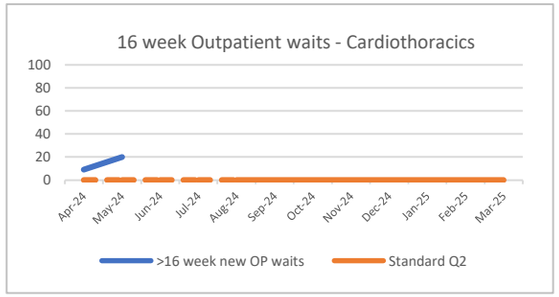
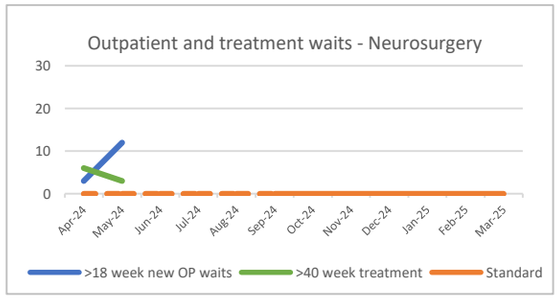
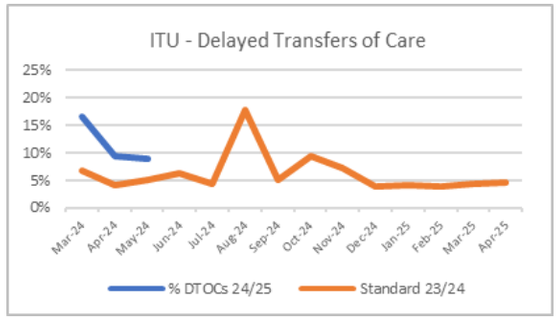
C&V Priorities and Annual Plan Commitments

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Waiting times	**Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2** In May there were 20 patients waiting over 16 weeks for a new outpatient appointment and 10 patients waiting over 52 weeks for surgery **Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4** In May there were 12 patients waiting over 18 weeks for a new outpatient appointment and 3 patients waiting over 40 weeks for surgery	May-24	20 Patients Above standard (Q2) 12 patients Outpatients Above standard (Q3) 3 patients Treatment Above standard (Q4)	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** May saw another reduction in ITU DTOCs compared to March and April. However, this remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.	May-24	8.9% Above standard	

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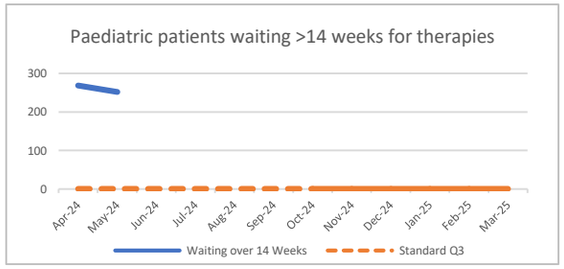
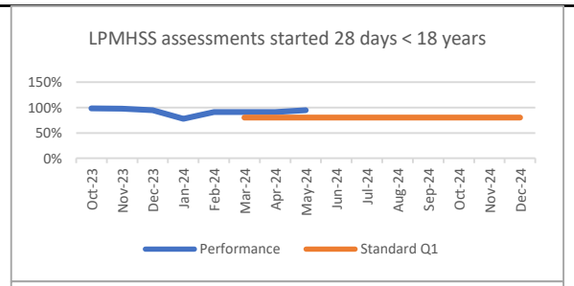
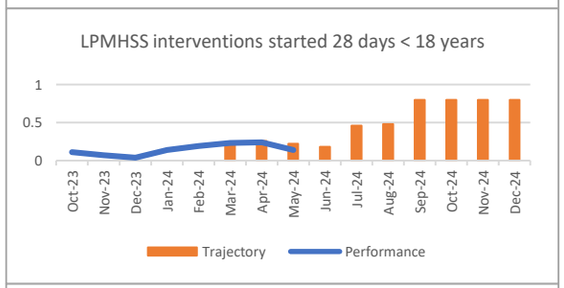
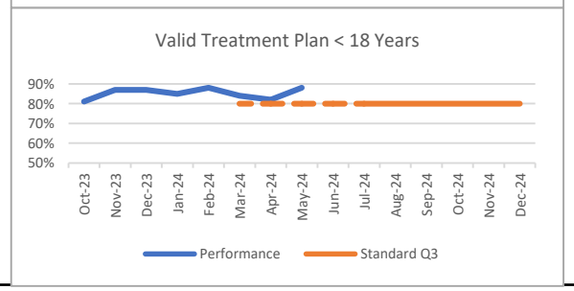
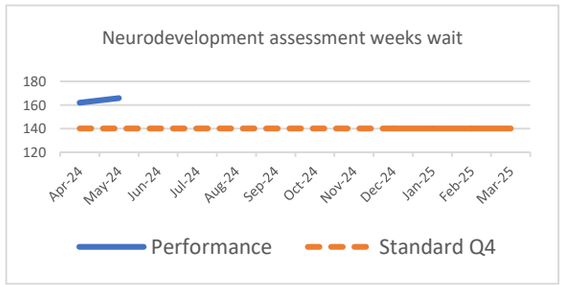
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In May there were 0 patients waiting over 52 weeks for a new outpatient appointment **Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3** In May there were 252 paediatric patients waiting over 14 weeks for Therapies (123 in Dietetics and 129 in Occupational Therapy)	May-24	0 Meeting standard 252 Above standard (Q3)	
Emotional Health and Wellbeing	**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 under 18s – 80% compliance with the Standard of <28 days in Q1** In May 95% of assessments were completed within 28 days **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3** In May 14% of interventions were started within 28 days, this is below the standard for Q3 but in line with our improvement trajectory **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In May 88% of patients had a valid Care and Treatment Plan, above our ambition	May-24	95% Part 1a Above standard 14% Part 1b Below standard 88% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In May the longest wait for a neurodevelopment assessment was 166 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24	May-24	166 Above standard (Q4)	

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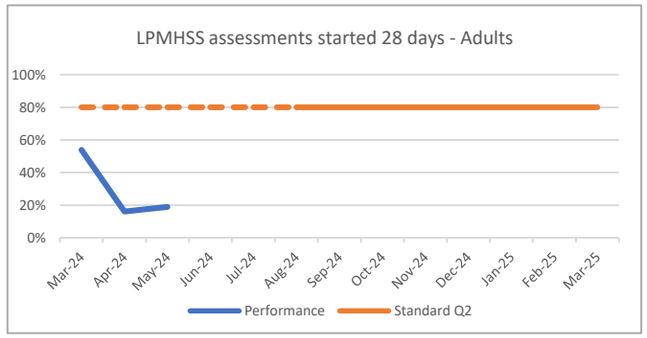
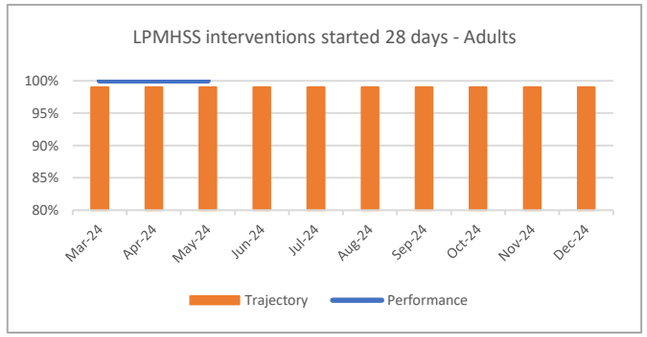
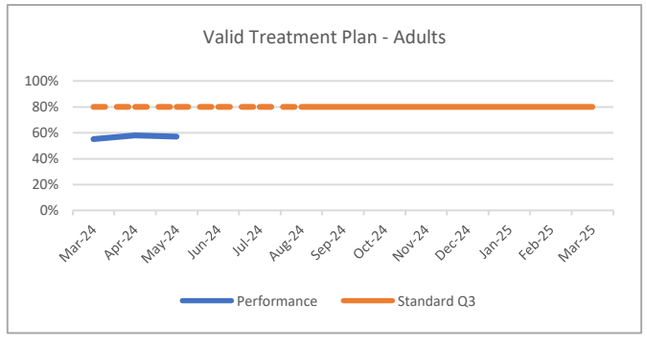
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In May 19% of patients received their assessment within 28 days – this is in line with our forecast position but below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.	May-24	19% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1** In May 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	May-24	100% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In May 57% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liason Committee to support longer term improvements in compliance	May-24	57% Part 2 Below standard (Q3)	

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NHS Wales Performance Framework Measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	**98.2%** Below standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Apr-24	Improvement compared to the same month in the previous year	**47.5%** Above standard	Jan-24: 45.20%; Feb-24: 46.10%; Mar-24: 46.90%; Apr-24: 47.50%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-May 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**13.7%** Below standard	Apr-24: 4.90%; May-24: 13.70%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-24	Increase compared to the same month in the previous year	**1,628** Above standard	Jan-24: 1452; Feb-24: 1724; Mar-24: 1649; Apr-24: 1628
15.	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 people aged under 18 years	May-24	80%	**95%** Above standard	Feb-24: 91%; Mar-24: 91%; Apr-24: 91%; May-24: 95%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	May-24	80%	**14%** Below standard	Feb-24: 19%; Mar-24: 23%; Apr-24: 24%; May-24: 14%
17.	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 adults aged 18 years and over	May-24	80%	**19.0%** Below standard	Feb-24: 91.0%; Mar-24: 53.9%; Apr-24: 16.1%; May-24: 19.0%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	May-24	80%	**100%** Above standard	Feb-24: 100.0%; Mar-24: 100.0%; Apr-24: 100.0%; May-24: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-24	65%	**48%** Below standard	Mar-24: 54%; Apr-24: 51%; May-24: 52%; Jun-24: 48%
20.	Median emergency response time to amber calls	May-24	12 month reduction trend	**01:19:27** Above standard	Feb-24: 01:17:05; Mar-24: 01:14:44; Apr-24: 01:07:22; May-24: 01:19:27

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NHS Wales Performance Framework Measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Apr-24	15 minutes or less	**20** Above standard	Jan-24: 20; Feb-24: 21; Mar-24: 20; Apr-24: 20
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Apr-24	60 minutes or less	**64** Above standard	Jan-24: 53; Feb-24: 61; Mar-24: 63; Apr-24: 64
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Jun-24	Improvement compared to the same month in the previous year, towards the national target of 95%	**62.8%** Below standard	Mar-24: 64.5%; Apr-24: 64.7%; May-24: 63.7%; Jun-24: 62.8%
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jun-24	Reduction compared to the same month in the previous year, towards the national target of zero	**915** Above standard	Mar-24: 814; Apr-24: 829; May-24: 898; Jun-24: 915
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-24	12 month improvement trend towards a national target of 80% by 31 March 2026	**63.7%** Below standard	Jan-24: 64.4%; Feb-24: 60.8%; Mar-24: 62.3%; Apr-24: 63.7%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	May-24	0	**15,245** Above standard	Feb-24: 13908; Mar-24: 14454; Apr-24: 14835; May-24: 15245
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-24	100%	**81.45%** Below standard	Jan-24: 79.74%; Feb-24: 77.94%; Mar-24: 77.99%; Apr-24: 81.45%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	May-24	0	**491** Above standard	Feb-24: 1405; Mar-24: 1337; Apr-24: 485; May-24: 491
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	May-24	0	**50** Above standard	Feb-24: 206; Mar-24: 0; Apr-24: 13; May-24: 50

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NHS Wales Performance Framework Measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	May-24	0	**13,285** Above standard	Feb-24: 12310; Mar-24: 11759; Apr-24: 12695; May-24: 13285
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Apr-24	Reduction compared to the same month in the previous year	**26,338** Below standard	Jan-24: 32644; Feb-24: 29685; Mar-24: 28020; Apr-24: 26338
32.	Number of patients waiting more than 104 weeks for referral to treatment	May-24	0	**3,018** Above standard	Feb-24: 3764; Mar-24: 2681; Apr-24: 2816; May-24: 3018
33.	Number of patients waiting more than 52 weeks for referral to treatment	May-24	Month on month reduction towards the national target of zero by 30 June 2025	**33,241** Above standard	Feb-24: 30757; Mar-24: 31124; Apr-24: 32436; May-24: 33241
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Apr-24	80%	**20%** Below standard	Jan-24: 22%; Feb-24: 22%; Mar-24: 19%; Apr-24: 20%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-24	80%	**62%** Below standard	Jan-24: 62%; Feb-24: 63%; Mar-24: 56%; Apr-24: 62%

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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	Apr-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%	9.7%	
	% 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%	12.3%	
Endoscopy	% room utilisation	90%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	73%	83%	72%	
	% utilisation (activity points available)	95%	71%	75%	74%	93%	83%	90%	82%	79%	69%	84%	94%	83%	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	17.1	
	% of theatre session utilisation	95%	87%	90%	81%	81%	81%	83%	84%	88%	80%	75%	77%	73%	86%	
	% in session utilisation	85%	77%	78%	77%	79%	78%	78%	80%	77%	77%	77%	80%	78%	79%	
	<24 hour elective cancellations		238	314	344	293	292	255	308	338	322	267	289	209	296	
	% 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	149805	
Inpatient	Delayed pathways of Care - Mental Health	217		43	39	45	36	36	31	41	36	37	38	41	38	
	Delayed Pathways of Care - non-Mental Health			204	178	171	140	124	142	150	114	173	200	170	145	
	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%	56.8%	
	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%	32.0%	

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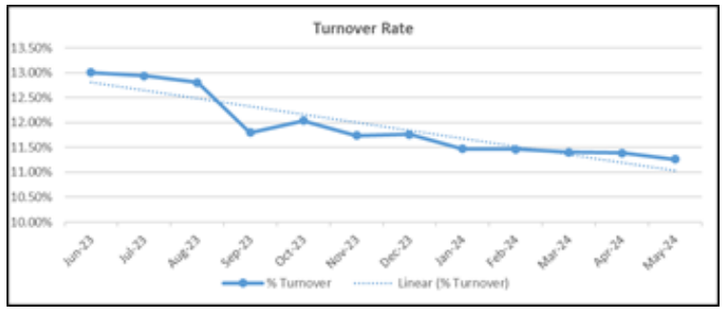
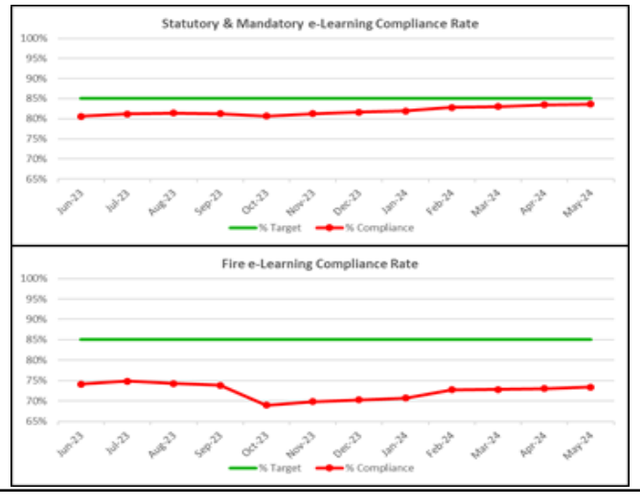
Priority	Performance Summary	Reported Period	Performance against standard	Data
Turnover	The overall trend is downwards since Jun-23; the rates have fallen from 13.00% at Jun-23 to 11.26% in May-24 UHB wide. This is a net 1.74% decrease, which represents 249 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Work Life Balance', 'Voluntary Resignation - To undertake further education or training', 'Voluntary Resignation – Relocation'. 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Other/Not Known.	May-24		
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for May-24 was 5.16%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.21% (by comparison with May-23, which was 6.84%).	May-24		
Statutory and Mandatory Training	The overall compliance rates rose for May-24 to 83.61%, 1.39% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics, Children & Women's and PCIC are above the 85% target, and Corporate Executives, Mental Health and Specialist Services are above 80% compliance. The compliance with Fire training was 73.41% for May-23. All Wales Genomics Service have reached 86.57%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.	May-24		
Values Based Appraisal	VBA compliance fell marginally during May-24 to 81.85%. All Wales Genomics Service, Capital, Estates & Facilities and Children & Women's have exceeded the 85% target. PCIC, Surgical Services, Medicine and Corporate are over 80%.	May-24		

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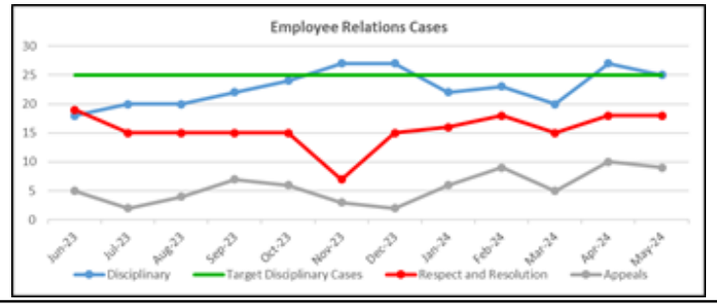
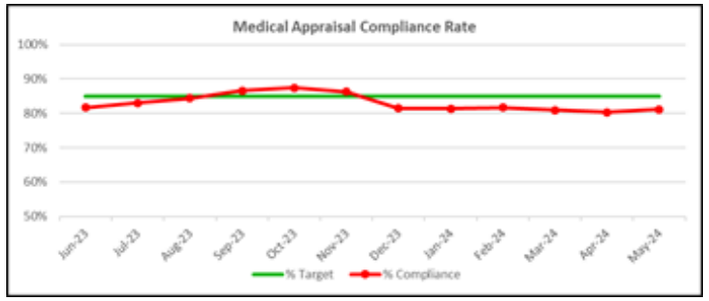
Priority	Performance Summary	Reported Period	Performance against standard	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases is at the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	May-24		
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.12% have an agreed job plan that has been signed off within the past 12 months. A further 27.32% have an agreed job plan that was last reviewed and signed off before Jun-23.	May-24		
Medical Appraisals	The rate of compliance with Medical Appraisal has risen slightly for May-24, to 81.11%, but remains below the 85% target.	May-24		

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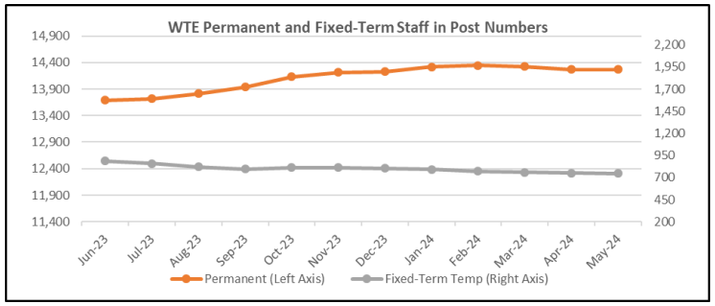
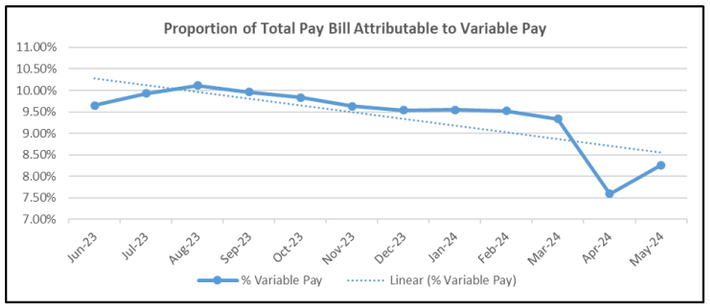
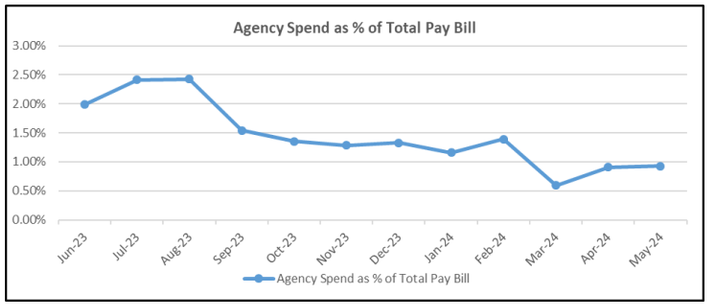
Priority	Performance Summary	Reported Period	Performance against standard	Data
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 436 WTE, to 15,013.01 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	May-24		
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 Jun-23 the percentage was 9.65% of the total spend on pay, but in May-24 had fallen to 8.26%. It must however be borne in mind that the total pay bill is increasing.	May-24		
Monthly agency spend as % of total pay bill	The proportion of the total pay bill attributed to Agency continues to fall. At Jun-23 the percentage was 1.99% of the total spend on pay, but in May-24 had fallen to 0.93%. It must however be borne in mind that the total pay bill is increasing.	May-24		

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Priority	Performance Summary	Reported Period	Performance against standard	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 61 days. The figure for Cardiff & Vale uHB for May-24 was 84 days.	May-24		
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7 days. The figure for Cardiff & Vale uHB for May-24 was 6 days.	May-24		

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NHS Wales Performance Framework Measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	May-24	12 month reduction trend (6%)	**5.16%** Below standard	Feb-24: 6.41%; Mar-24: 5.90%; Apr-24: 5.79%; May-24: 5.16%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	May-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	**11.26%** Above standard	Feb-24: 11.47%; Mar-24: 11.41%; Apr-24: 11.39%; May-24: 11.26%
38.	Agency spend as a percentage of the total pay bill	May-24	12 month reduction trend	**0.93%** Below standard	Feb-24: 1.39%; Mar-24: 0.60%; Apr-24: 0.91%; May-24: 0.93%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	May-24	85%	**81.80%** Below standard	Feb-24: 74.52%; Mar-24: 80.36%; Apr-24: 81.98%; May-24: 81.80%

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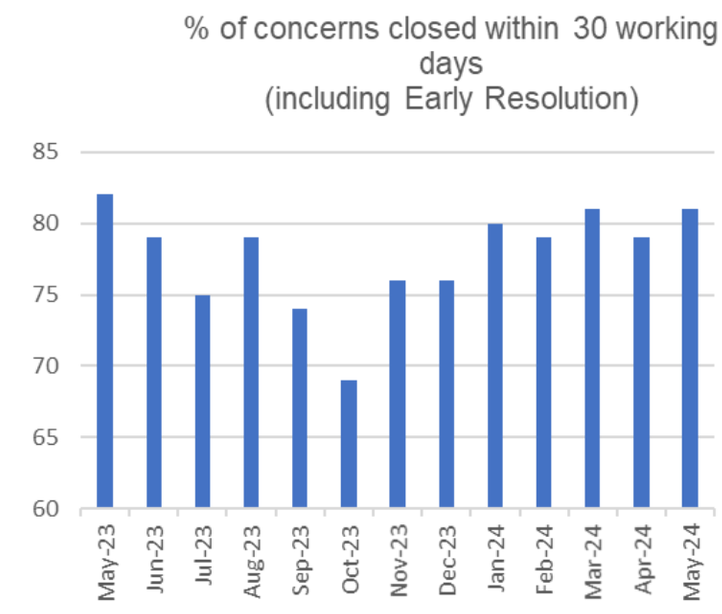
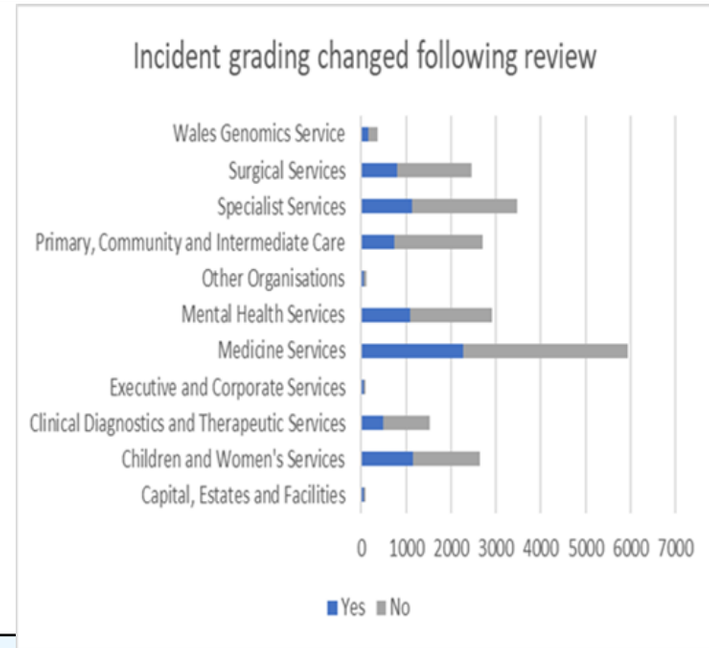
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30 day performance	**Welsh Government target for responding to concerns is 75% within 30 working days** **During April and May 24, the Health Board received :** • Received 718 Concerns • Closed 723 concerns • 80% closed within 30 working days (including Early Resolution) • 33 % closed under Early Resolution (within 2 days including day of receipt) • Received 238 Enquiries • Received 54 Compliments • We currently have 287 active concerns • Top 3 themes and trends • Concerns around appointments (waiting times/cancellations) • Communication • Clinical Treatment and Assessment	April and May 2024	80% Exceeding the 75% standard	
Duty of Candour	• Since April 1st 2023, 29,259 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 145 occasions • We have internally audited the process and compliance	To end of May-24	n/a	

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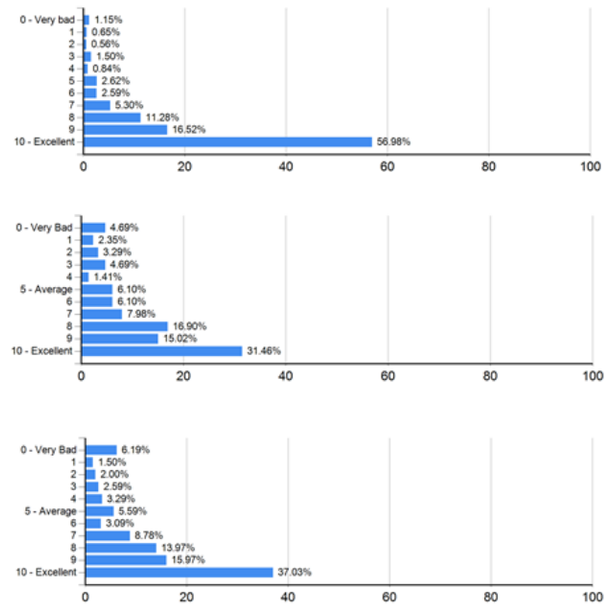
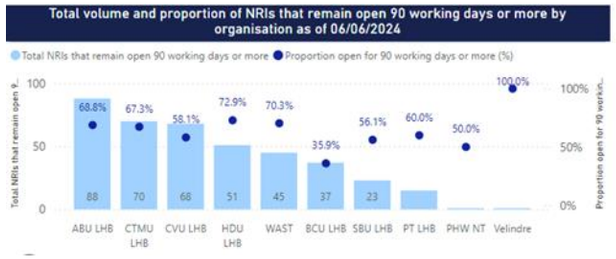
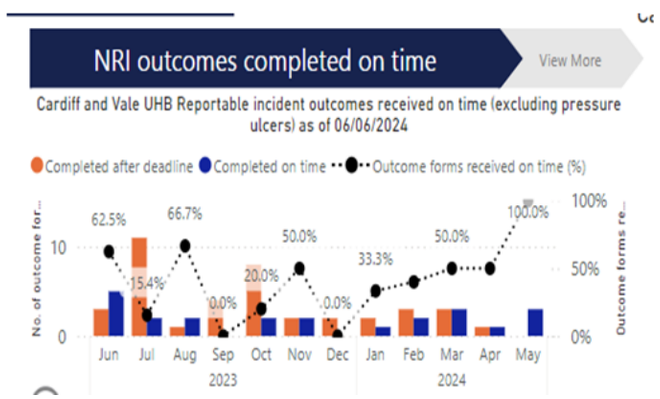
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Patient Feedback – Civica	The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. **Over the past 12 months, we have sent over 170,000 texts** and are seeing a response of 17%. In May, we sent 15,140 texts and had 2421 completions (16% response). Of those respondents who were discharged during April/May 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.	Mar/Apr-24 (Random) Mar/Apr-24 (MH) Mar/Apr-24 (EU))		
Patient Safety	Cardiff and Vale reported 7 NRIs to NHS Executive in May 2024 (by incident date). 13 closure forms were submitted to NHS Executive leaving us with 103 open NRIs (92 open in April) and 46 overdue (45 in April). Children and Women have the highest number of open NRIs due to the MBRRACE NRI reporting requirement, followed by Medicine and Mental Health Clinical Boards see chart opposite). Medicine and Mental Health also have the highest number of overdue NRIs. See top chart opposite for a break down of overdue NRIs per Clinical Board. The chart below shows that on average, 50% of C&V NRIs closures are completed on time.  The above shows how Cardiff is positioned against other Health Boards for length of time NRIs remain open (more than 90 working days)			**INC_EXEC_01A - Number of NRIs Open at End of Last Month (Crosstab)(DB)** No value / Total Children and Women's Services 31 31 Clinical Diagnostics and Therapeutic Services 2 2 Executive and Corporate Services 3 3 Medicine Services 20 20 Mental Health Services 20 20 Primary, Community and Intermediate Care 1 1 Specialist Services 9 9 Surgical Services 17 17 Total 103 103 

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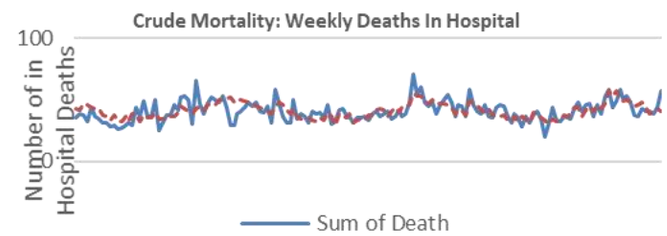
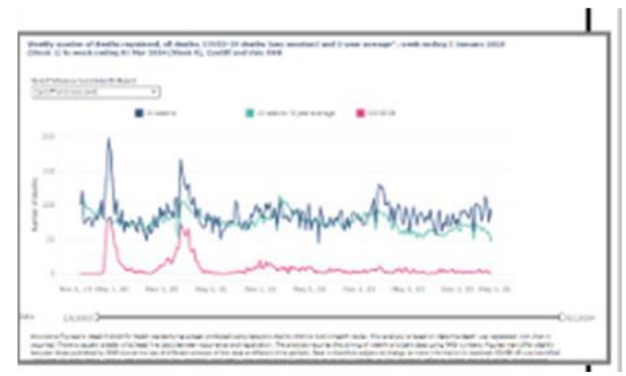
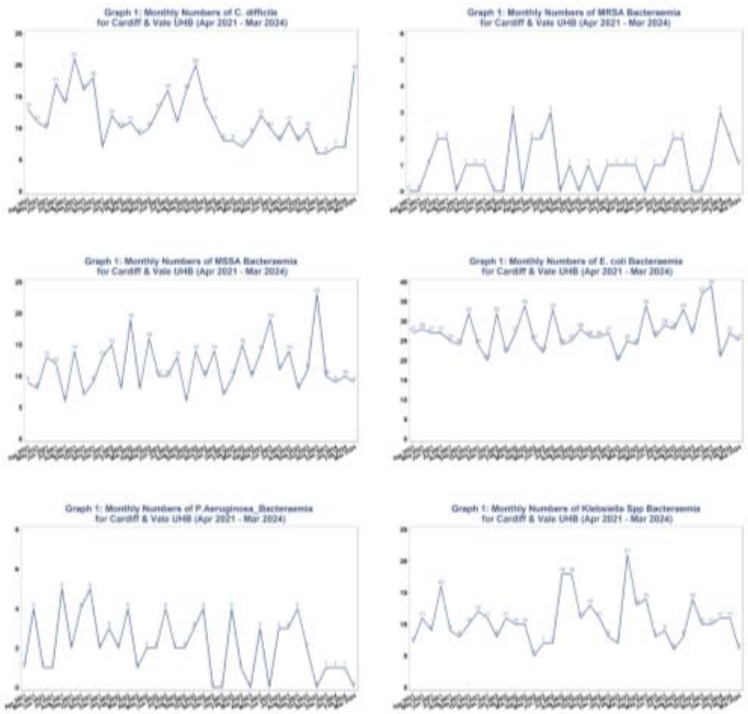
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Inpatient Mortality The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period. 100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner and plans are in place to start to review community deaths. All Cause Mortality 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. 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	Mar-20 to Mar-24		 
Infection Control	• 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.	Apr-24		

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Priorities and Annual Plan Commitments

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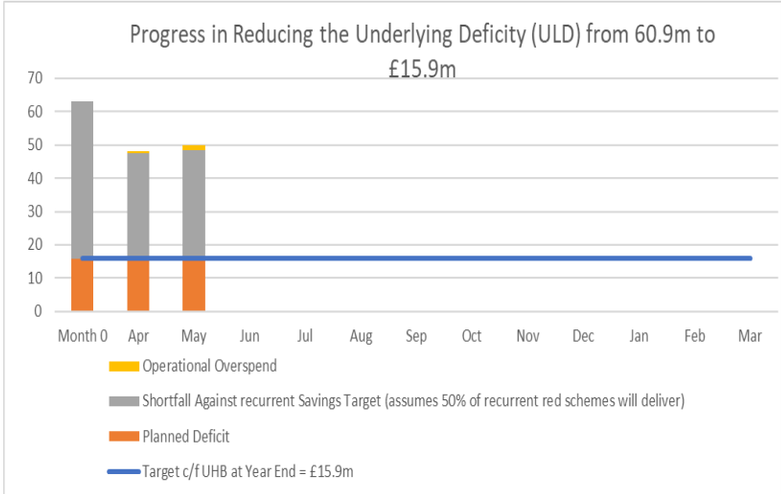
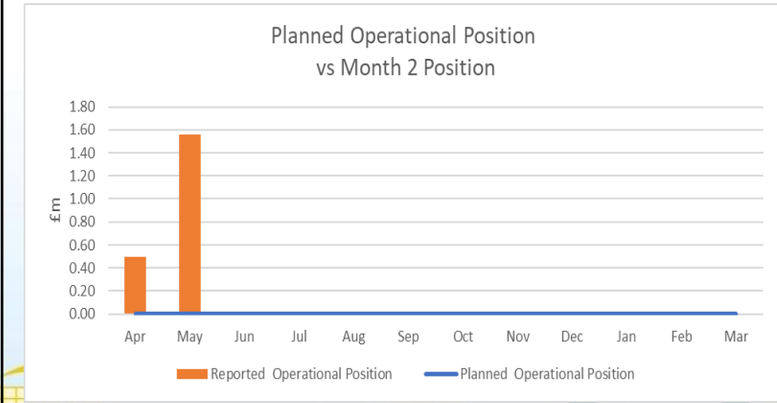
	Priority	Performance Summary	Reported Period	Data
Financial Performance	**Deliver 2024/25 Draft Financial Plan**	**Financial Plan Approved by Board and submitted to Welsh Government** • Brought forward underlying deficit of £60.9m • 2024/25 Demand and cost growth and unavoidable investments of £45.4m • 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 This results in a 2024-25 planning deficit of £15.9m. At month 2, the UHB is reporting an overspend of £8.821m. This is comprised of £1.557m operational overspend, a savings gap of £4.614m and the planned deficit of £2.650m (2 twelfths of the planned forecast year end deficit of £15.900m). The UHB expects to recover the month 2 operational & savings overspend to deliver the £15.900m planned deficit.	May. 24	

	Month 2 Position £m	Forecast Year-End Position £m
Planned deficit	2.650	15.900
Savings Programme	4.614	0.000
Operational position (Surplus) / Deficit	1.557	0.000
Financial Position £m (Surplus) / Deficit £m	**8.821**	**15.900**

	Achieve financial sustainability and recurrent financial balance by the end of 2025/26	The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25. At month 2, the UHB had identified £12.257m of recurrent green and amber savings In addition, it is assumed that 50% of the £5.134m of recurrent red schemes identified at month 2 will be delivered in year. and A £1.557m operational overspend was reported at month 2 and this will also need to be managed to a balanced position at year end to meet the target ULD. In summary, a further £32.376m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.	May. 24	



	Management of operational budget pressures	The UHB reported a £1.557m operational overspend at month 2, which is a deterioration of £1.060m from the £0.497m reported at month 1.	May 24	



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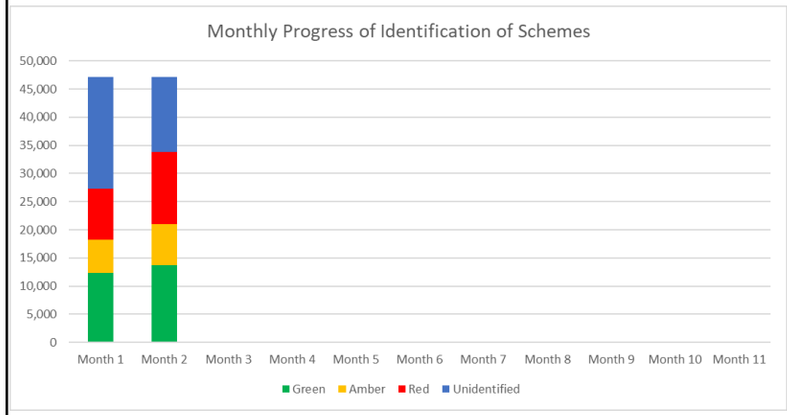
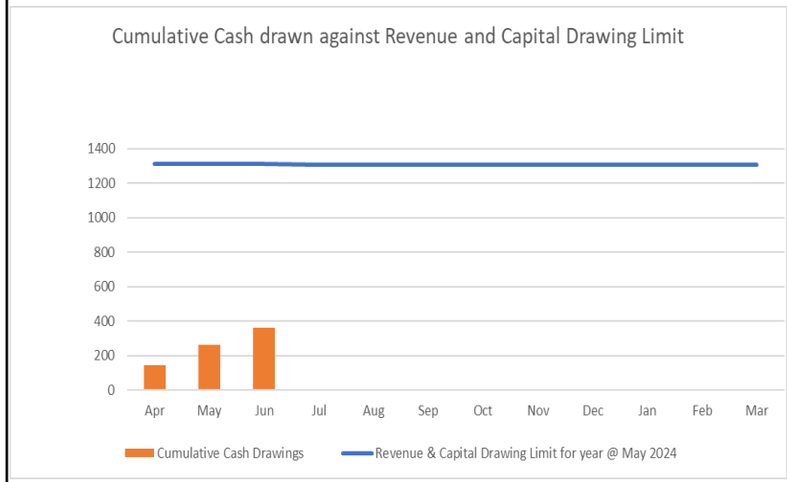
	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £47.2m savings target	£20.989m Green and Amber schemes identified at month 2 of which £12.257m were recurrent.	May 24	**Progress in Identification of Savings Schemes** 
	Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that £15.900m of strategic cash support is provided for the forecast deficit.	June 24	

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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	12 month improvement trend	**70%** Above standard	Jan-23: 59%; Feb-23: 56%; Mar-23: 44%; Apr-23: 70%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-24	90%	**0.7%** Below standard	Dec-23: 30.60%; Jan-24: 11.40%; Feb-24: 4.80%; Mar-24: 0.70%
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	**16.1%** Below standard	Jan-24: 17.00%; Feb-24: 15.30%; Mar-24: 15.00%; Apr-24: 16.10%
43.	Number of Pathways of Care delayed discharges	May-24	12 month reduction trend	**179** Above standard	Feb-24: 238; Mar-24: 211; Apr-24: 183; May-24: 179
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Apr-24	90%	**81.7%** Below standard	Jan-24: 85.3%; Feb-24: 88.0%; Mar-24: 83.6%; Apr-24: 81.7%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Apr-24	90%	**61.2%** Below standard	Jan-24: 54.4%; Feb-24: 54.0%; Mar-24: 55.2%; Apr-24: 61.2%
46.	Number of service user feedback experience responses completed and recorded on CIVICA	May-24	Month on month improvement	↑ **4681**	In May 2,000 more sms texts were sent and we send over 15,000 per month

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Apr-24	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**14** **2** Below standard	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: *E.coli* and; *S.aureus* (MRSA and MSSA)	Apr-24	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**69.79 cases per 100,000 population** **36.1 cases per 100,000 population** Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	Apr-24	25 cases per 100,000 population	**52.94 cases per 100,000 population** Above standard	On trajectory to achieve the reduction expectation rate
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Apr-24	Reduction compared to the same month in the previous year	**30%** On standard	Ap-23: 30.90%; Apr-24: 30.00%
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-24	12 month improvement trend towards national target of 95%	**56.23%** Below standard	Nov-23: 55.21%; Dec-23: 55.50%; Feb-24: 56.26%; Feb-24: 56.23%
52	Number of ambulance patient handovers over one hour	Jun-24	0	**1728** Over standard	Mar-24: 1797; Apr-24: 1704; May-24: 1705; Jun-24: 1728
53.	Percentage of ambulance patient handovers within 15 minutes	May-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**16.25%** Below standard	Feb-24: 17.41%; Mar-24: 16.53%; Apr-24: 15.90%; May-24: 16.25%
54.	Number of National Reportable incidents that remain open 90 days or more	May-24	12 month reduction trend	↓ **5,649**	Second month reporting a reduction in this figure (March figure was 5,869, April 5,695 – 4% reduction since March).

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Report Title:	Strategic Planning, Commissioning and Partnership Update				Agenda Item no.	6.9
Meeting:	UHB Board		Public	X	Meeting Date:	25.07.24
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive Title:	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 several 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 plans and programmes to support the delivery of the 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 as well as planning with Health Board, Trust and University partners.

It is key that there is alignment between our refreshed strategy, long term strategic plan and our IMTP/annual plan, showing clear integration with 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

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23/07/2024 08:55

Annual Plan 24-25: approved at Board on the 28th March 2024. Delivery of the Annual Plan will be monitored and scrutinised using the UHB's integrated performance report, supported by the quarterly submission of the IMTP-specific minimum data set (MDS) through the Finance and Delivery Committee, 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. The process for updating and refreshing the plan for 2025-28 has commenced.

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

Over the last quarter, the foundational information for the Clinical Services Plan has been collated to allow us to develop and agree our key planning assumptions and inform our long-term plan. This includes; baseline assessment of services, horizon scanning, existing plans, projections and analysis of recent engagement feedback.

Following support from SLB and Board Development, engagement events with our staff and stakeholders during the Summer and Autumn will inform the strategic priorities for our future services for
- Planned care
- Emergency care
- Children's care & Women's care
- Mental health care
- Specialised and regional services.

We will engage widely with our populations on our draft plan during Q4 2024-25 which will act as the blueprint for more detailed service and pathway 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).

Alongside this, strategic plans are being developed using the same approach for Paediatrics (our babies, children and young person's strategic plan) and in services such as the Acute Oncology Service.

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

Following an executive level commitment to work together towards developing a single regional clinical service strategy and strengthen existing regional governance arrangements.

A regional clinical summit was held on the 5th June with good executive and clinical representation from across the region. This has helped to commence wider engagement on a regional clinical strategy for SEW and further refine the scope (below):

- 10-years to 2035 to align with individual UHB clinical strategies
- South-East Wales only but closely aligned to SWW plans 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).

Saunders, Martin
21/07/2024 09:47:55

A number of meetings are now underway with leads in workforce, estates, finance, operations as well as clinical leads/medical directors to ensure we have good engagement and leadership from the

outset and can identify current baselines and any projections. There are plans to hold a joint board briefing session on 1st October this year.

In addition, work has also progressed in exploring what revised regional governance arrangements may look like in order to underpin and enable regional working. The CEOs and Chairs of all four organisations have agreed to explore the opportunities which are presented through the development of a joint strategy and the delivery networks that are now establishing. 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 programme has completed the high-level clinical model which forms a part of the planning for the planned regional diagnostic and treatment centre being built in Llantrisant. In addition, it has received praised from the national planned care programme in relation to the improvement work it has led across the region. The next phase of the programme is currently being scoped, there are existing plans to undertake the 'perfect month' which will lead to the development of a community of practice to continue the excellent improvement work that the programme has enabled.
- **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 funded, until the end of the year. There are local CAVUHB plans being developed urgently for provision for both CAV core and regional capacity but existing infrastructure constraints may impact on the solution and timescale.
- **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, (non-financial) options appraisal has been completed to inform optimal configuration of a SE Wales cellular pathology service. Following this a financial appraisal will now be undertaken. There is recognition that service planning work should commence as soon as possible to include, workforce and OD planning in addition to estates scoping.

  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 plans to optimise existing capacity and efficiency gains available within existing services but recognises that there is a capacity deficit to meet long term demand and is committed to exploring an appropriate regional solution with SEW UHB partners.

- **Stroke** (jointly led by Cardiff and Vale and CTM UHBs) – A new programme manager commenced in post on the 8thJuly which will provide opportunity for a review of current service developments and clear articulation of the process and timeline for the delivery of a regional networked service for stroke. 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.

Sandra Thomas 24/07/2024 10:47:53

- 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.
- Working with internal stakeholders to describe the case for change collectively clearly and transparently.
- Revisiting and evaluating service model options and scenarios.
- Developing the clinical service specification (CSC/HASU and clinical model(s) for (sub) acute services).
- Designing patient pathways for each option/scenario, aligning with national optimal pathways.
- 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) work is underway to develop clear objectives and define the scope for the regional programme.

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 Clinical Guidelines, Patient Pathway and Network Service Specification for stakeholder consultation. The stakeholder consultation is scheduled to commence on the 1st July, running for six weeks, until the 9th August. The feedback from the consultation will be reviewed by the Project Team and Shared Service Model Working Group, and the outcome will be presented to the September meeting of the Project Board.

- **Oesophago-Gastric Cancer Surgery** – A further workshop has been arranged with colleagues in SBUHB to consider the outcome of the workshop held in March. The aim of this workshop is to identify mitigations to the existing constraints, to enable the adoption of the proposed pathway and service model for patients requiring resectional surgery.

- A further final workshop with the wider group across South Wales will be arranged once these discussions have concluded, and the outcome will be presented to the next available meeting of the RSSPPP

- **Specialised Infectious Diseases Services –** The draft service specification was considered at the April meeting of the Chief Executive Management Team. Further discussion is ongoing with Public Health Wales to finalise the document, and an updated document will be submitted to the next available meeting of the RSSPPP

- **Cardiac Surgery Review –** The interim Chief Commissioner of the Joint Commissioning Committee has written to both Chief Executives to confirm support for a collaborative approach to the second phase of the Cardiac Review. A draft project definition has been prepared for discussion at the July meeting of the RSSPPP.

Saunders,Natalie
21/07/2025 09:00:15

- **Gynaecological Oncology Surgery –** A draft project plan for a benchmarking exercise and gap analysis of the two South Wales services has been prepared for discussion at the July meeting of the RSSPPP.

- **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 is now chaired by Charles Janczewski for the next two years and will drive forward the approved annual delivery plan for 24/25. Stakeholders from across the partnership attended a planning workshop with the RPB to hone the plans, ensuring that they focus on service improvements across the Starting Well, Living Well and Ageing Well portfolios of work.

The Health Board will receive c.£7.1m of funding via the RPB, supporting the organisation to deliver a wide range of services, including integrated place-based care, children's emotional wellbeing and mental health, learning disability services, autism and neurodevelopment service, support to unpaid carers and digital developments.

Over the last quarter there has been a focus on the following areas:

- Development of a clear partnership programme to improve services for people with learning disabilities
- Digital:
  1. Close engagement with the national Connecting Care programme overseeing the replacement of the Welch Community Care Information System. The priority is to ensure there is a replacement social care information system by Winter '26 and this currently presents a significant issue for LAs dependent on the current system. Work will follow to commission replacement systems for community services and mental health.
  2. The Digital Care Region programme has achieved a significant milestone, linking together a number of partner's record systems, including WCCIS in the Vale, to enable teams to work more closely together.
  3. Development of telehealth services to support community-based intermediate care (Safe@home service initially), funded through the national 6 goals programme to prove concept.
- Partners are continuing to develop the approach to place planning, bringing together service and infrastructure plans around the needs of the 'place'. SW cluster is keen to prototype the approach. Place planning will inform the IMTP and RPB planning processes ultimately.

- The RPB continues to work closely with Welsh Government and NHS Wales to support the development of an Integrated Community Care System, linking a wide range of initiatives currently competing in that space (6 Goals for Urgent and Emergency Care, the Strategic Programme for Primary Care, Regional Integration Fund, Further Faster)

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

Supplied by Nathan Jones 21/08/2024 09:44:35

The UHB and Cardiff University met with the WG Infrastructure Investment Board (IIB) in May 2024 to update them on the progress made to date with regards to the previously agreed actions relating to the Estates Condition Survey and master planning exercise.

The UHB confirmed that a scope for the Estate Condition Survey was agreed and that tenders had been sought, which were in the process of being evaluated. The UHB indicated that the cost to progress this work would likely be in the region of £750k and requested funding support from WG to progress.

In addition, the UHB confirmed that they had been working with Cardiff University colleagues to develop a specification for the master planning exercise and subject to final comment could be in a position to issue the procurement documentation in autumn 2024, with an indicative timescale showing key progress dates for a series of joint decisions being highlighted.

A discussion regarding the possibility of funding support to develop the Digital Foundation Programme Business Case highlighted a potential investment of circa £10m over a 5 to 6-year period.

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.
Work has been taking place to articulate a programme of work over the next three years, scheduled to be ratified at Programme Board on 24/6/24.

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

A paper was presented to Finance & Performance committee that c3% or c8,000 tonnes of carbon was avoided last year. Actual savings (if any) will be known around September 2024.

Internal Audit completed a review of Health Boards' approaches to carbon reduction. A Limited Assurance rating was provided because Cardiff & Vale does not have a costed plan to achieve a 16% reduction by 2025.

10. Commissioning Developments

The Commissioning Intentions for 2025-2028 have been refreshed and agreed by the Strategic Commissioning Group. These are re-written every three years, which was done last year, and then refreshed in-between. This year's refresh is attached for information and key updates are around organisational structures and delivery mechanisms. The detailed commissioning intentions in the appendix have been re-structured to reflect the priorities from the UHB's Strategy Refresh and new and revised information has been updated. The refreshed Commissioning Intentions are attached for noting.

Recommendation:

Saunders,Nathan
21/07/2024 09:37:55

The Committee 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 place an "X" in the below boxes as relevant.			
1. Putting People First **Click the objective above to view more detail.**	x	2. Providing Outstanding Quality **Click the objective above to view more detail.**	x
3. Delivering in the Right Places **Click the objective above to view more detail.**	x	4. Acting for the Future **Click the objective above to view more detail.**	x

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant.*				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Not required*

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 - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES]*
Equality and Health: No - *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)]*
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Saunders,Nathan
21/07/2024 00:47:55

Tîm Comisiynu
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board
Commissioning Team

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

COMMISSIONING INTENTIONS

25-28

Saunders,Nathan
31/07/2024 00:47:55

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INTRODUCTION

This document sets out the high-level commissioning intentions of Cardiff and Vale University Health Board for 2025-28. This is a generic document which gives a broad overview of our commissioning intentions, for internal provision and across other providers. These commissioning intentions are aligned to the Shaping Our Future Wellbeing strategy whilst recognising our current transformation portfolio.

Over the next 3 years, to achieve financial balance, Cardiff and Vale UHB needs to work to eliminate the £16m underlying deficit by the end of the 3 year Integrated Medium Term Plan (IMTP).

These Commissioning Intentions are informed by the place-based plans in conjunction with the Cardiff and Vale of Glamorgan population needs assessments and the Wellbeing assessments for the two local authority areas, to ensure we are delivering outcomes that matter to our population. These highlight the specific health needs of our population and are supported by the needs profiles for our three localities.

The commissioning intentions form the bridge between the refreshed Shaping Our Future Wellbeing 2023- 2033 strategy and our Integrated Medium-Term Plan or Annual Plan, by continuing to outline our strategic objectives but also look towards the future priorities for our organisation. Our vision as stated in Shaping Our Future Wellbeing:

Working together we will improve health, reduce health inequity and aspire to deliver excellence so staff, patients and populations have the best outcomes and experience.

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NATIONAL CONTEXT

The UHB will respond to the Ministerial priorities to provide effective, high quality and sustainable healthcare as outlined in the Programme for Government 2021-2026, which include:

- Provide treatments which have been delayed by the pandemic.
- Deliver better access to doctors, nurses, dentists and other health professionals.
- Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector.
- Prioritise investment in mental health.
- Prioritise service redesign to improve prevention, tackle stigma and promote a no wrong door approach to mental health support.
- Roll out child and adolescent mental health services 'in-reach' in schools across Wales.
- Introduce an all-Wales framework to roll out social prescribing to tackle isolation.
- Review patient pathway planning and hospice funding.
- Develop an HIV action plan for Wales.
- Introduce an autism statutory code of practice on the delivery of autism services.

The Duty of Quality, is part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, which came into force on 1 April 2023. It aims to improve and protect the health, care and well-being of the current and future population of Wales. It strives to ensure a stronger citizen voice and to improve the accountability of services to deliver a better experience and quality of care. By focusing on the six domains of quality, the Act will have positive benefits for the people in Wales, supporting a culture and the conditions needed to drive improvements in health care.

The Duty of Quality recognises that health services may be provided across geographical boundaries through commissioning arrangements with NHS and non-NHS service providers. As a Health Board, we must look to commission with a view to securing improvement in the quality of health services. Regardless of who is delivering health services when they are commissioned, the duty is the responsibility of the commissioning body.

Our commissioning responsibility is set out as:

- Services commissioned by an NHS body from another NHS body in Wales
- Services provided by primary medical, dental, optical and pharmaceutical services in Wales
- Services commissioned from non-NHS bodies
- Services commissioned outside of Wales

Therefore, it is important to recognise, that whilst certain roles may not be directly aligned to the CAV Commissioning Team, if they are performing these functions of healthcare, they will need to be mindful of the Duty of Quality and its remit.

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The legacy of the COVID-19 pandemic has significantly impacted both delivery and access to healthcare services. Whilst there was transformation and accelerated development in some areas, other services slowed. The pandemic highlighted the need to focus on illness prevention, wellness maintenance and continuing our focus on health inequalities.

The **Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales**, provides five goals for planned care and the National Clinical Framework to ensure sustainable, prudent and value-based services as close to home as possible. It also further reinforces integration between primary care, community services and secondary care and between health and social care.

The aim of the programme is to accelerate health and care recovery in the short to medium term focusing on stabilising and recovering the waiting lists, whilst longer-term transformative and innovative change is developed and embedded.

The Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales focuses on:

- The prioritisation of diagnostic services
- Early diagnosis and treatment of suspected cancer patients
- A fair and equitable approach to patient prioritisation to minimise health inequalities
- Emphasis on those patients at the highest end of the waiting list times
- Building sustainable planned care capacity
- Supporting appropriate information and communication

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In order to do this, there will be a drive to:

- Continue to build a sustainable workforce
- Ensure infrastructure and estates are appropriate
- Allow for clinical and pathway redesign as part of the reset
- Use digital and data to evolve and transform the delivery of services

The **Six Goals for Urgent and Emergency Care policy** sets out the expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. As part of the policy there are six goals for urgent and emergency care to support the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care.
Emphasis is on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission.

Alongside this, there is the need to tackle inequalities and prioritise new or existing models of care that are proven to work for all populations, ensuring we offer the most value to people, based on what matters to them.

The priorities outlined in the policy have medium or longer-term timescales for implementation. This acknowledges the challenges concerning recruitment and retention, and the increasing and complex levels of patient needs. The longer-term milestones recognise that sustainable and effective change will take time and require a cycle of learning, sharing and improving.

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DECARBONISATION

"Cardiff and Vale UHB will be an exemplar in the delivery of sustainable healthcare, setting the pace that others will follow and learn from. Low environmental impact will be a business-as-usual consideration where all of our colleagues will be encouraged to make changes to working practices that will see our carbon emissions reduce initiative by initiative."

CAVUHB Decarbonisation Action Plan 2023-24, Vision Statement

The National Decarbonisation Strategic Delivery Plan sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030. There are three target phases, of which the main aims for 2022-2026 are:

- NHS Wales will have reduced carbon emissions by 16% in line with the 2025 interim target
- Low carbon heat evolution plans for acute hospitals will be in place
- By 2025, all lighting across the estate will be LED
- The total renewable energy potential for the NHS Wales estate will be known, with an implementation plan progressing
- Reducing emissions will be mandated within new procurement contracts for major suppliers
- Procurement emissions accounting will shift to a 'market-based' approach
- Medical gases with low global warming potentials will be used as standard with improved emissions accounting data available to assess the impact
- All cars and light goods vehicles procured will be battery-electric where practically possible. Sufficient charging infrastructure will have been installed to support an increased uptake in fleet, staff, and public electric vehicles
- Digital technology and telemedicine will be increasingly used to increase efficiency and reduce travel

Saunders,Nathan
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The programme of work undertaken within these phases will play a central role in the Health Board's achievement of the goals of the Wellbeing of Future Generations Act (2015), ensuring that the services we provide remain environmentally sustainable long into the future.

The UHB anticipates that its formal commissioning roles and responsibilities from other providers will continue to include:

- Specialised Commissioning as a member of the Joint Commissioning Committee (JCC)
- Specialised adult learning disabilities from Swansea Bay UHB
- Long Term Agreements; Provision of care for Cardiff and Vale patients in neighbouring and near health boards (Swansea Bay, Cwm Taf Morgannwg, Aneurin Bevan, University Hospitals Bristol) and specialist cancer services from Velindre
- Reciprocal arrangements for service provision with Cwm Taf Morgannwg and other neighbouring health boards
- Tertiary Services
- Collaborative commissioning of WAST
- Collaborative commissioning of low and medium secure and residential placements for adults with mental health and learning disability needs
- Collaborative commissioning of Welsh Sexual Assault Services with the police and other health boards
- Third and independent sector contracts to support early intervention, prevention and service delivery
- Integrated commissioning with the local authorities under pooled budgeting and other arrangements

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As an integrated health board Cardiff and Vale UHB expects to provide the majority of care for its residents.

As part of the annual strategic planning process, is the Integrated Medium Term Plan. The process is designed to capture our core commitments, giving clarity on our priorities. The diagram below highlights some of the key parts of the process for the next year.

Above shows the draft timeline for the forthcoming planning cycle with the diagram below outlining the higher level process.

Saunders,Nathan
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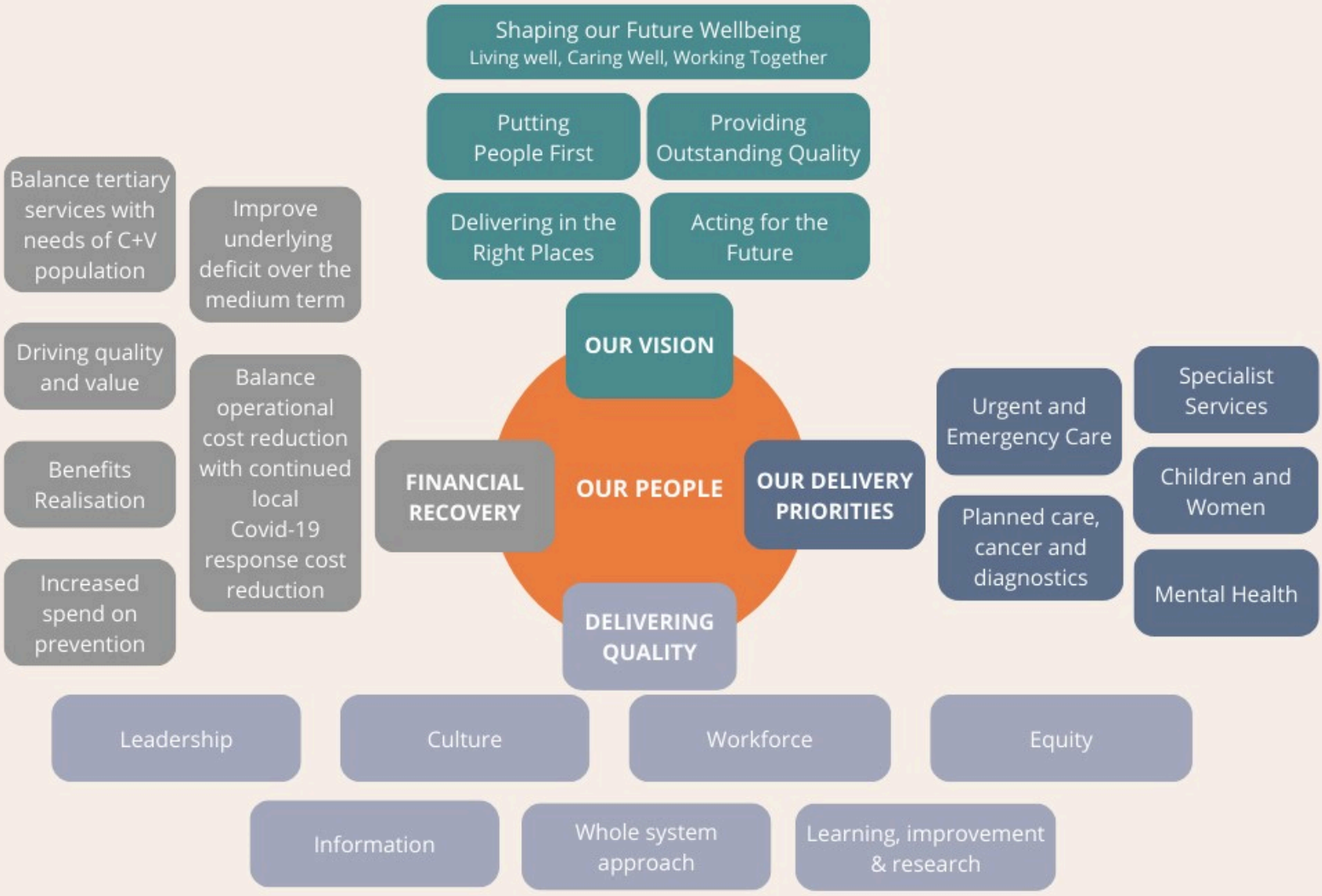
Our Plan Components



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LOCAL CONTEXT

Cardiff and Vale UHB have specified the operational priorities below to allow us to ensure that our resources are targeted to provide maximum benefits to patients and give clarity on process for our teams.

Operational Priority

- Urgent and Emergency Care
- Planned Care, Cancer and Diagnostics
- Specialist Services
- Mental Health
- Children and Women

Locally, Cardiff and Vale UHB undertook a series of engagement events with the public, colleagues and stakeholders to refresh our Shaping our Future Wellbeing Strategy. Shaping our Future Wellbeing 2023-2033 refines and strengthens the messages of our previous strategy. Our strategic objectives are:

Putting people first

We will be an organisation which is a great place to work, learn and be cared for and where we listen to and empower our communities and colleagues

Providing outstanding quality

We will be an organisation that is committed to continuous learning and improvement which delivers the best advice, access, experience and outcomes for all our patients and communities, focusing on prevention and improving equity

Delivering in the right places

Care will be provided in the right place, in facilities that are fit for purpose, wherever possible enabling people to receive the care they need in, or closer to, their own homes

Acting for the future

We will be certain that our services are designed and provided to ensure that the needs of the present do not compromise the needs of our future generations and that we help develop and take advantage of new technologies, treatments and techniques to provide the best possible advice and sustainable care

Saundersjn1 21/07/2023 10:02:23

Putting People First – we will:

- Support people to live healthily, enabled by healthy and supportive environments, recognising that this is key to achieving the Health Board's vision. This means everyone having the knowledge, opportunity and support to behave healthily at every stage in life.

Providing Outstanding Quality – we will:

- Focus on minimising inequity to reduce the current life expectancy and healthy years lived gap
- Working with our partners and population to improve health and reduce the risk of ill-health
- Deliver outstanding quality of care every time - care that is timely, safe, accessible and effective – from the most complex care for the most critically ill through 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 and their families and carers
- Use quality to drive the best use of our resources – people, assets (buildings and equipment) and money.

Saunders,Nathan
21/07/2024 00:47:55

Delivering in the Right Places – we will:

- Provide care in the right care setting for the care required, closer to home or at home where possible.
- Provide the right environment of care. Flexible, appropriately designed and equipped:
- Community facilities – in patients' homes, in shared-care, integrated facilities with partners and in other community healthcare environments
- Tertiary, regional and acute hospital facilities.
- Inpatient mental health, rehabilitation, ambulatory and planned care facilities.
- Develop effective digital platforms and connectivity to enable our workforce, partners, patients and public to improve all aspects of communication and information-sharing to support the planning, delivery and assurance of excellent care
- Investment in appropriate digital solutions that capture and share patient data in near real time; data sharing across different systems and between different parts of the health and social care system to support patients and services users.

Acting for the Future – we will:

- Advancing health care through research, clinical innovation and continuous improvement
- Maximising our contribution to the foundational economy, using our position as an anchor institution and key contributor to the health and life science sectors in Wales.
- Responding to the climate emergency, protecting and promoting biodiversity and reducing waste
- Ensuring provisions for future generations by consciously considering the impact of our planning and decision making on future generations and planning for their needs

Partnership working remains a key characteristic for the future services we are planning and delivering. Underpinning our objectives is our relationship with internal and external partners to embed a consistent approach to engagement and co-production to ensure our communities are effectively involved in developing our plans for future services. We continue to work closely with our universities, further education, life sciences and research partners to develop and deliver our research and innovation objectives and to further develop and support our workforce.

We are committed to working with SE Wales Health Boards, Velindre NHS Trust and Swansea Bay UHB (University Health Board) to develop sustainable clinical networks and supporting clinical pathways to improve access and/or outcomes for patients across the tertiary, regional and secondary care service portfolio and JCC to ensure that strategic tertiary service commissioning plans are deliverable and sustainable.

We will continue engaging with our PSB (Public Service Boards) and RPB (Regional Partnership Board) partners to deliver our shared objectives to join up our health and care across our system to keep our communities safe and well by improving population health and illness prevention and support them effectively when care is required through our Starting Well, Living Well and Ageing Well Programmes.

These will be underpinned by our organisational values:

Saunders,Nathan
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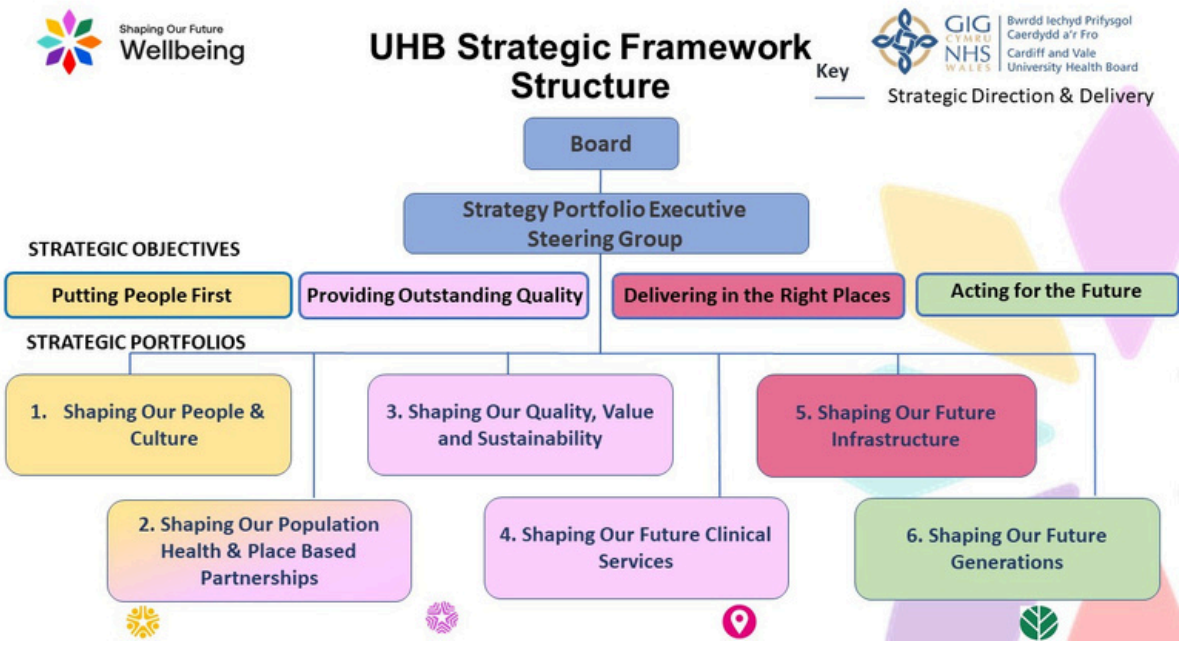
Shaping Our Future Wellbeing 2023-2033 outlines many of our current ambitions including moving care closer to home, supporting prevention and wellness, delivering outcomes that matter to people and delivering care that is efficient and effective. Driving this forward we have strategic portfolios (set out below) designed to deliver our long-term strategic goals.



Ensuring a focus on wellness and the prevention of chronic disease and associated risk factors is an important part of value based healthcare provision. The concept of wellness, an optimal state of health has been transforming healthcare. The concept of the 4P Model is an approach which aligns to the aims of Cardiff and Vale UHB.

The People and Culture Plan 2022 – 2025 is designed to help the Health Board improve the experience of our people both now and in the future, while supporting the integration of health and social care services to deliver a seamless, co-ordinated approach from different providers, based on outcomes that matter to the person.
This Plan is built around seven themes which align to the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 3 to recognise the importance of retaining our workforce as well as recruiting new people:

1. Seamless workforce models - to support multi-professional and multi-agency working through integration of Health and Social Care services and the development of alternative workforce models to deliver a seamless, co-ordinated approach with partners based on outcomes that matter to the person.
2. Engaged, motivated and healthy workforce - to have a workforce that feels valued and supported wherever they work.
3. Attract, recruit and retain - to recruit and retain the right people with the right skills.
4. Building a digitally ready workforce - to have a workforce that is digitally ready, with both the technology available and the skills to utilise this effectively.
5. Excellent education and learning - to invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for and support our people to progress their careers.
6. Leadership and succession - to have leaders in the health care system who embody inclusive, collective and compassionate leadership.
7. Workforce supply and shape - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Quality, Safety and Patient Experience

The UHB wishes to ensure the provision of equitable services across Cardiff and the Vale which meet the needs of the population. The challenge is to ensure that its residents have equitable access to health care which is effective and of a proven quality. The UHB recognises that those who most need medical care are least likely to receive it. Conversely, those with least need of health care tend to use health services more (and more effectively). Also, rates of immunisation, and screening for cervical and breast cancer, are significantly lower in people living in more deprived areas - areas where cancer mortality rates are highest.

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. The QSE Framework 2021-2026, recognises that a significant amount of care received by patients is provided in a primary or community care setting is a crucial element of the patient pathway, and key to delivering safe, high quality care as that part of the pathway which extends from the community to more acute settings. What really matters for our patients, carers and people in our communities must be central to our decision making, so that we can use our time, skills and other resources more wisely.

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The challenge to commission services that improve the health of our residents in Cardiff & Vale and provide prudent, integrated health and social care for a growing local population whist providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available, has never been greater.

There is a focus on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. Our philosophy of value-based, prudent, health and care underpins this and will continue to be a distinctive feature of the Welsh system. The recent Health and Social Care (Quality and Engagement) (Wales) Act which places both an enhanced Duty of Quality and an Organisational Duty of Candour will strengthen the approach to high quality, safe care. The UHB will be required to set out how it is meeting its statutory duties in annual reports to Welsh Government.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. The All Wales Quality and Safety Framework, describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales.

The Quality, Safety and Experience (QSE) Framework 2021-2026 which has been developed through extensive engagement with a multitude of stakeholders throughout the Health Board, community and with many external partners. This has helped define our priorities for the next 5 years.

Traditionally we have focused on things that go wrong, and of course this is important and something we will always be committed to. However, to really become one of the safest, high quality organisations in the UK where people and patients experience great care, we recognise that there are a number of key enablers that we have to address.
In focusing on these 8 key priorities, we can aspire to provide safe, effective services that deliver excellent user experience equal to the best healthcare organisations in the world.
These eight key areas are:

- Safety culture
- Leadership and the prioritisation of QSE
- Patient Experience and Involvement
- Patient Safety Learning and Communication
- Staff Engagement and Involvement
- Data and insight
- Professionalism of QSE
- Quality Governance arrangements

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Some of the key priorities within the QSE Framework 2021-2026 include ambitions to:

- Implementation of a Quality Improvement System (in line with the Clinical Services Framework)
- Working with University/student nursing/Allied professionals
- Implement a systems and human factors approach to workplace safety
- Identify, develop and resource, priority programs that equitably foster and promote workforce safety for staff (psychological and physical) including simulation and coaching for safety
- Develop and implement a Framework to support staff involved in incidents, complaints and claims
- Establish a Patient Safety Specialist Network, MDT Safety and Quality Clinics and a Safety Champion role

An increasing number of the services provided to the population of Cardiff and Vale are delivered in partnership with the Local Authorities and third sector organisations. It is important therefore that the planning of services involves a multi-agency approach and also involves patients, service users and carers to plan services in a way that reflects the needs to the local population. As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. Recognising that the majority of care received by patients is provided in a primary or community care setting, this element of the patient pathway is also key to delivering safe, high quality care.

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Equality and Diversity

Cardiff and Vale University Health Board will support the elimination of all forms of unlawful discrimination from all UHB functions, policies, procedures and practices. We will promote equality of opportunity, foster good relations and create an environment where diversity is valued, respect for personal dignity and recognition of human rights by and for all employees, patients and the public. The Health Board has continued to demonstrate how it is taking into account the Public Sector Equality nine protected characteristics as well as considering vulnerable groups, including for example, carers, homeless, gypsy traveller communities, sex workers and prisoners. The UHB also recognises the requirements of the Socio-economic Duty; to deliver better outcomes for those who experience socio-economic disadvantage, and will consider the prevention of inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

The Anti-racist Wales Action Plan (formally the Race Equality Action Plan for Wales) provides guidance on delivering better health outcomes for Black, Asian and Minority Ethnic people. The goals of the plan are specified as;

- Leadership and Accountability – to ensure that NHS Wales is anti-racist, with zero tolerance of any form of discrimination or inequality for employees or service users.
- Workforce – to ensure that the NHS Wales workforce reflects the population it serves; and staff in work feel safe, inclusive environments (recognising specific challenges for women in the workplace) that enable them to reach their full potential, recognising the intersectional factors causing cumulative disadvantage in an individual.
- Data and Intelligence – to ensure that health data in relation to race, ethnicity and intersectional advantage is actively collected, understood and used to drive and inform continued improvements in services.
- Access to health services – to ensure public health messages to improve uptake and access to health services are developed through dialogue and in partnership; individuals are supported where necessary in order to access health care.
- Tackling health inequalities – to ensure disease and condition specific delivery plans and strategies include actions to address health inequalities experienced by some Black, Asian and Minority Ethnic people.

The plan will be refreshed every two years, building on the learning from the previous years. Cardiff and Vale UHB have just approved our organisational response outlining the actions that we will undertake in response.

Cardiff and Vale University Health Board also recognise the priorities in;

- A Healthier Wales
- A more Equal Wales
- Equality Act 2010
- Welsh Health Equity Status Report
- Socio-Economic Duty
- The Duty of Quality
- The Duty of Candour
- Anti-racist Wales Action Plan

Saunders,Nathan
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We will undertake Equality and Health Impact Assessments for all service developments and changes and associated policies, procedures and practices.

Further, the Health Board has adopted the following Equality Objectives which aligned to our ten Year Safeguarding Our Future Wellbeing will help us define key areas of priority and determine its progress:

- People are and feel respected (this includes patients, carers and family members as well as staff)
- People are communicated with in ways that meet their needs (whether this is through leaflets, face to face, signage, Welsh or other community languages including British Sign Language)
- More people receive care and access services that meet their needs (including those from disadvantaged communities)
- Gender and any other protected characteristic pay gaps are reduced

Financial Planning Assumptions

- National guidance will be followed
- Demographic growth impacts will be modelled using ONS population projection
- Demand for services other than universal services may not directly correlate to increased population
- Mapping should include the impact of future population growth and apply these to the impacts of service planning

Savings plans and investments will be agreed and applied on an individual Clinical Board basis, in line with the overall strategic framework of Shaping Our Future Wellbeing and considering impacts across the UHB. Priority will be given to any nationally mandated or legislated investments, after which business cases will need to be made for proposals which demonstrably improve quality, outcomes or value for money and are aligned with our strategic objectives.

The current financial planning assumption is that there will be a 2% uplift and all clinical boards will be required to recover any deficits and make additional estimated 2% savings, there may be some variation to this when final assignments are determined. Over the preceding years, the Health Board will focus on our commitment to eradicate the underlying deficit of £15.9m .

The UHB is working to enable fair share population-based resource allocation and full cost recovery of our provider functions.

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Target Planning

The UHB will continue to work on the improvement trajectories for achieving Welsh Government targets and will work towards patients waiting no more than 36 weeks for treatment than at the end of 2024/25.

The Quadruple Aim

The Quadruple Aim are four interlocking aims that help develop a shared understanding of how we want our system to develop and how we will prioritise change. The philosophy of Prudent Healthcare is a distinctive feature of the Welsh system, enabling higher quality and value through reducing variation, waste and harm, and through less intensive clinical interventions.

There is also a commitment to prevention and early intervention, and to co-production and shared voice and control. Using the Quadruple Aim the Health Board will plan how our health and social care system contributes to achieving the goals defined in the Well-being of Future Generations Act.

Sustainable health and social care is a global challenge. The international profile of the Quadruple Aim means using it will help us learn and share with other health and social care organisations, so that we can share experiences and speed up learning. The four themes of the Quadruple Aim, are:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care
- A motivated and sustainable health and social care workforce

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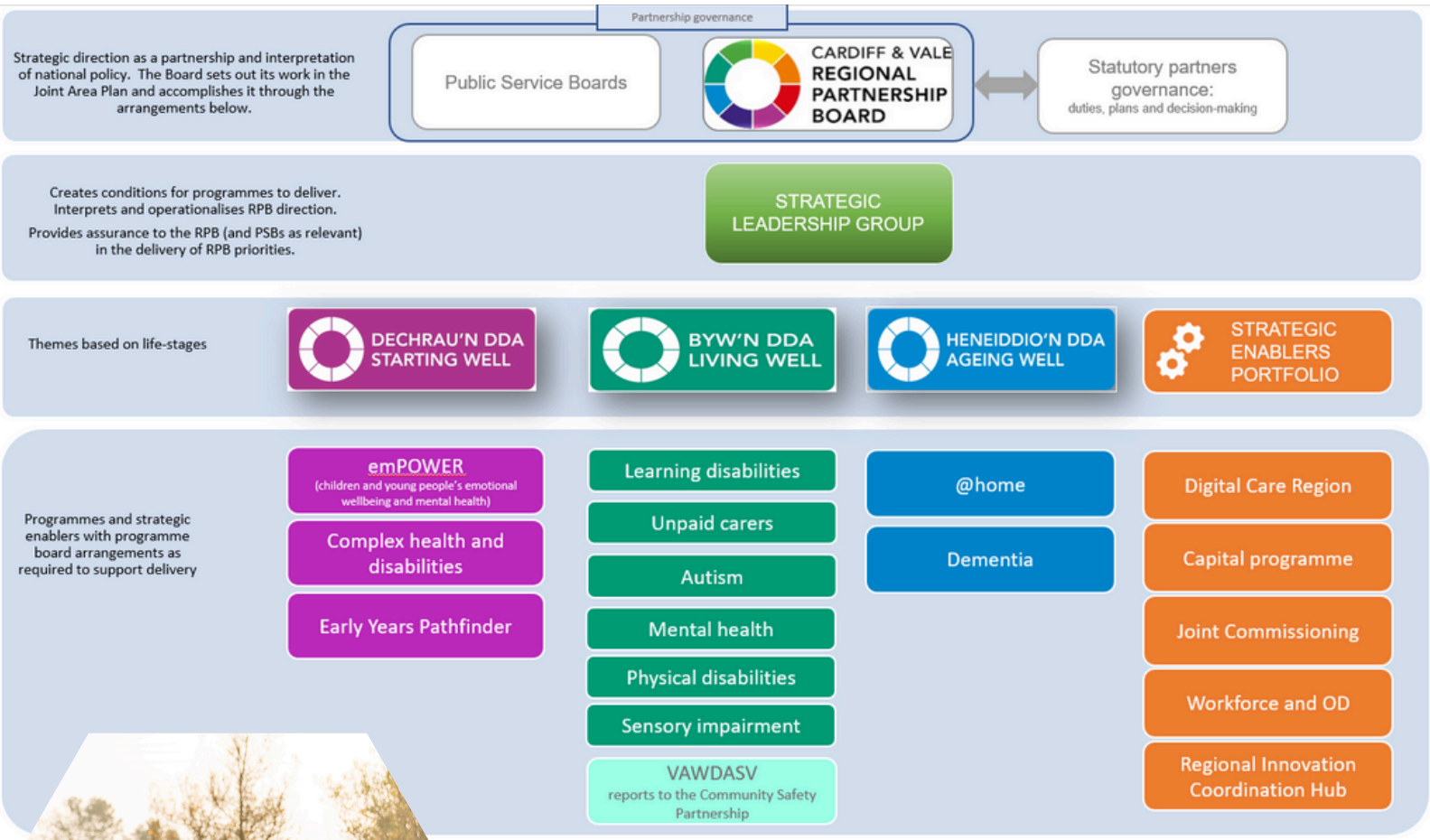
Integrated Health and Social Care

The Cardiff and Vale Regional Partnership Board (RPB) includes the public sector, local third sector, National third sector and representatives for people with needs for care and support. The aim to improve the health and wellbeing of our local population through enabling enhanced ways to deliver health and care services. There is an agreed a Regional Outcomes Framework to help shape the focus of and keep on track of the work.

The joint wish to achieve greater social value lies at the heart of this framework which aims to enable people to live the best lives they can in their homes and communities. The work will ensure that the ways to measure the effectiveness in enhancing social value are embedded within each of the underpinning shared priorities and recognises that supporting people and places to thrive is at the heart of the RPB's overarching outcome, enabling people to 'live the best lives they can in their homes and communities'.

The RPB agreed the programmes of work that the Regional Integration Fund will be used to support delivery as outlined in the diagram below:



Starting Well:

- Accelerating work on emotional health and wellbeing for children and young people, in particular with the delivery of new secure accommodation to aid ongoing care and support following a hospital stay
- Strengthening the focus on planning care and support for young people with learning disabilities

Living Well:

- Creating and delivering an Unpaid Carers Charter to help raise awareness of available support
- Strengthening the focus upon service planning and delivery for people with learning disabilities
- Publication of a Cardiff and Vale Regional Disability Strategy for Infants, Children and Young People
- Embedding the code of practice for people with Autism
- Building plans and the right governance structure to support work to meet the needs of other key priority groups to live well in their communities

Ageing Well:

- Continuing delivery of the @Home programme with specific acceleration of Access, Intermediate Care, Cluster development, Health and Wellbeing Centres and Vale Alliance plans
- Delivering a revised structure to support the ongoing development of services for people with dementia and their families, focused on a refined set of outcomes following from the recent review of dementia work so far
- Moving forward with work to address loneliness and isolation

Pan Cluster Planning Groups

Pan Cluster Planning Groups have been established in both Cardiff and the Vale of Glamorgan and are emerging as the vehicles for integrated planning and delivery at a county-level. During 25/26 the Groups will mature into primary care, third sector and local authority partnerships as part of the Health Board and Regional Partnership Board governance to enable planning and delivery on county-level footprints, addressing the health and wellbeing needs of local populations. This will strengthen place-based ownership of region-wide RPB programmes to reflect local assets and need, e.g. local implementation of a whole system out of hospital delivery model/integrated community care service known locally as the @home programme.

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30/07/2024 08:47:03

Cardiff and Vale UHB will draw together access points, urgent primary care, community nursing, AHP and MDT coordinated care, intermediated care, discharge support, social prescribing, care and support and wider community services into a coherent place-based model of care.

The Health and Social Care Regional Integration Fund

The Health and Social Care Regional Integration Fund (the RIF) is a £144.7 million five year fund to deliver a programme of change from April 2022 to March 2027. In order to maximise the impact, this fund merges several existing funding streams and will build on the previous work undertaken through the Integrated Care Fund and the Transformation fund. This is a new fund with distinct aims and objectives.

Key features and values of the Fund include;

- A strong focus on prevention and early intervention
- Developing and embedding national models of integrated care (also referred to as models of care in this document)
- Actively sharing learning across Wales through Communities of Practice
- Sustainable long-term resourcing to embed and mainstream new models of care
- Creation of long-term pooled fund arrangements
- Consistent investment in regional planning and partnership infrastructure

The aim of the fund is that by the end of the five-year programme at least six new national models of integrated care will have been established in relation to;

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and wellbeing
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

The new Regional Integration Fund enables the Regional Partnership Board to plan for the next five years. It is made up of;

- Embedding Fund – to support existing projects that have been tested and evaluated as having had good impact and are part of the delivery of our emerging integrated care models
- Acceleration Fund – allowing us to develop and test new elements of our emerging integrated care models
- National ring-fenced fund – fully funded by the Welsh Government to support delivery of ministerial priorities – our work around the Integrated Autism Service, dementia and unpaid carers
- Infrastructure fund – to support the RPB to fulfil its duties under the Social Services and Wellbeing (Wales) Act

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Working with other Commissioners and Specialised Commissioning

The UHB is working with other Health Boards collectively and collaboratively to coordinate commissioning and deliver outcomes that matter to people in line with the refreshed Shaping Our Future Wellbeing 2023-33 strategy.

- Specialist – Joint Commissioning Committee (JCC)
- Collective Commissioning – LD/Velindre/Regional Services
- Collaborative Commissioning – Ambulance/specialist mental health and learning disabilities/ nursing home beds/Welsh Sexual Assault Service
- Long Term Agreements – Contractual agreements with neighbouring health boards for provision of services to Cardiff and Vale patients
- Reciprocal Arrangements - Development of cost neutral reciprocal arrangements for service provision with Cwm Taf Morgannwg and other neighbouring health boards
- Tertiary Commissioning

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Appendix A – Detailed Commissioning Intentions for 2025-28

Putting People First

- Empower our colleagues and our communities
- Attract, retain and develop brilliant, passionate people
- Provide excellent training
- Services provided by the right team: Professionals with the right skills, training and expertise.
- Respect and exemplify equality, diversity and inclusion
- Embed a culture of Candour

Immediate Priority	Medium Term Priority	Long Term Priority
Great Place to Work and Learn • Embed the themes set out in the People and Culture Plan 2022 – 2025 • Reduce sickness levels, improve staff wellbeing, and embed absence management • Embed workforce development and implementation plans to support the WOD strategy: • Engaged, sustainable, efficient, transforming, capable • Improve workforce efficiency – ensure an affordable workforce plan is in place which is aligned to service and financial requirements. Make in-year improvements and the necessary recurrent workforce savings. • Increase sustainability of the workforce – ensure right people in right roles, in right place at the right time • Ensure all staff have an up to date Values-Based Appraisal (VBA) to improve performance and accountability • Within VBA, ensure all staff have completed the Statutory and Mandatory Training Core Modules • Develop and maintain systems for clinical revalidation • Engage staff across the health and care system to embed the updated long term strategy vision, including prevention and tackling inequity as a key focus	**Great Place to Work and Learn** • Embed the themes set out in the People and Culture Plan 2022 – 2025 • Improve workforce capability – deliver quality training and development to meet learning and leadership skills • Transform the workforce to enable quality productivity and continuous improvement • Improve succession planning and manage implications of an ageing workforce • Ensure adequate and timely planning of workforce resource requirements and address staffing difficulties • Continuous improvement of local management actions to recruit and retain staff • Embed education and development within the organisation • Increase apprenticeship opportunities • Move away from traditional ways of working in Primary Care, developing new workforce roles and innovative practice	**Great Place to Work and Learn** • Embed the longer term aims set out in the People and Culture Plan 2022 – 2025 • Increase workforce engagement by creating conditions to unleash capability, potential and commitment to goals and values of the organisation • Development and embedding of different service models which drive change in the workforce model and skill mix

Immediate Priority	Medium Term Priority	Long Term Priority
Excel at Teaching, Research, Innovation and Improvement • Become a centre of Excellence, a magnet and an anchor for learning, research and innovation for the region and Wales overall; fully integrated into the local community, fostering a sense of ownership and pride • Information Technology and Information • Implement strategic plans outlined in Shaping our Future Wellbeing • Develop IM&T plans and governance for the Primary Care Cluster new models of care	**Excel at Teaching, Research, Innovation and Improvement** • Innovation. • Develop and implement knowledge portal and academy • Research and development • Increase the number of research studies • Increase the number of patients entering trials • Education • Adherence to new GMC Medical Education standards to deliver improved patient outcomes through high quality medical training	**Excel at Teaching, Research, Innovation and Improvement** • Use R and D to benefit patient care by providing new diagnostic and prognostic testing, more stratified medicine and more innovative therapies to our patients
Deliver in Line with our Values • Kind and caring; respectful; trust and integrity; personal responsibility • Equality and Diversity • Support the elimination of all forms of unjustifiable discrimination from all UHB functions and policies • Support the creation of an environment where diversity is valued • Ensure respect for personal dignity and recognition of human rights by and for all employees, patients and the public • Implement and embed the Strategic Equality Plan and Socio-economic Duty	**Deliver in Line with our Values** • Develop corporate level defined set of desired behaviours and embed at Clinical Board and divisional level with all employees • Demonstrate evidence of values being embedded internally through workforce processes such as Recruitment, VBA, Induction, Training and Education	
Prevention • Promote Making Every Contact Count (MECC) training to staff to use in their clinical practice • Encourage and support staff to develop knowledge and skills to promote prevention in their clinical practice • Promote referral to 'Help Me Quit' smoking cessation service, so that all users of health board services can access this • Ensure our health board sites demonstrate a commitment to improving health, by , eg enforcing no smoking on hospital sites and directing people to support and help	**Prevention** • Development of knowledge and skills for delivering prevention are a core element of staff job descriptions and roles • Collaborate with colleagues working in childcare and educational settings to ensure accurate health promotion / disease prevention messages are given at an early age	

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Providing Outstanding Quality

- Focus on minimising inequity to reduce the current life expectancy and healthy years lived gap
- Working with our partners and population to improve health and reduce the risk of ill-health
- Deliver outstanding quality of care every time - care that is timely, safe, accessible and effective
- Achieve the best outcomes for patients in line with what matters most to them and their families and carers
- Using quality to drive the best use of our resources

Immediate Priority	Medium Term Priority	Long Term Priority
Minimise Inequity • Integrate equity, equality experience and patient safety improvements into existing and new work programmes, staff development initiatives and policies • No new IT systems that do not collect data on protected characteristics as standard- data quality on protected characteristics and socio-economic status to improve towards 100% and to be used by services for improvement purposes	**Minimise Inequity** • Good understanding of health inequity in each and every clinical service, including access, experience and patient safety of those who reach services. Plus, a thorough understanding why people cannot attend appointments, making services more accessible and flexible and meeting the health needs of the local population • Reduction in differential of outcomes by socio-economic group or protected characteristics	**Minimise Inequity** • Excellent understanding of health inequity in each and every clinical service, including access, experience and patient safety of those who reach services. Plus, a thorough understanding why people cannot attend appointments, making services more accessible and flexible and meeting the health needs of the local population. • No differential outcomes by socio-economic group or protected characteristics
Tobacco • All Clinical Boards to offer routine offer of Nicotine Replacement Therapy (NRT) to all patients who smoke on first contact with NHS staff with offer of referral to NHS smoking Cessation support • All Clinical Boards to offer routine, systematic recording of smoking status on admission to hospital by all NHS staff, with an offer of referral to NHS Smoking Cessation support		
Falls Prevention • In line with NICE guidelines, healthcare staff who have contact with patients aged 65+ routinely screen for falls risks and provide advice on keeping risks low	**Falls Prevention** • Patients are routinely screened for falls risks and signposted to services/ activities to help them reduce risk and have a multi-factorial assessment if needed	

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Immediate Priority	Medium Term Priority	Long Term Priority
Restaurant and Retail Standards • Improve the availability and access to good food for staff, patients, and visitors across all UHB- operated food and food outlets	**Restaurant and Retail Standards** • Improve the availability of good food for staff, visitors and patients; limiting access to unhealthy food and beverage products on the premises • Ensure that all staff have access to an affordable healthy budget option	**Restaurant and Retail Standards** • Maintain and continue to improve access to good food across for staff, patients and visitors across all Cardiff and the Vale food outlets
Food Partnerships • Support and enable Food Partnerships in Cardiff and the Vale to increase their reach/work towards achieving Sustainable Food Places Awards where eligible	**Food Partnerships** • Support and enable food partnerships in Cardiff and the Vale to increase their reach and focus on food poverty and food insecurity	
Move More Eat Well • Support and enable a whole systems approach to healthy weight aligned to the MMEW Framework (2024-2030) • Take forward action that enables and supports staff to eat well and be physically active taking opportunities to strategically align • Engage in the development and implementation of a Healthier Advertising policy for the UHB	**Move More Eat Well** • Support and enable a whole systems approach to healthy weight aligned to the MMEW Framework (2024-2030) • Embed action that enables and supports staff to eat well and be physically active taking opportunities to strategically align • Support the implementation of a Healthier Advertising policy for the UHB	**Move More Eat Well** • Support and enable a whole systems approach to healthy weight aligned to the MMEW Framework (2024-2030) • Embed, sustain and strategically align action that enables and supports staff to eat well and be physically active
Immunisation • Increase uptake of Winter vaccinations (COVID-19 and flu) in staff • All Clinical Boards to exceed the national target for winter respiratory vaccination of frontline staff • Maximise uptake of Winter vaccinations (COVID-19 and flu) in 'at risk' groups • Increase uptake of childhood vaccinations amongst target population groups • Promote and enable equitable access to all vaccination programmes • Ensure commissioning/provision to increase uptake of winter vaccinations in frontline social care and independent sector frontline workers	**Immunisation** • Implement a comprehensive cycle of data cleansing and performance management for immunisation • Adapt or introduce new vaccination programmes as directed by Welsh Government • Promote vaccination through MECC - Staff working with families and children take appropriate opportunities to discuss and encourage childhood vaccination	**Immunisation** • Maintain an upward trend for uptake of all existing and new vaccination programs to meet or exceed national targets • Review practices and infrastructure to improve data quality, collection and sharing practices to ensure vaccination records at all levels of the healthcare system are seamlessly integrated, up to date and can provide reliable information about immunisation at the population and individual level • Adapt or introduce new practices, resources and/or infrastructure in line with the implementation of the National Immunisation Framework for Wales

Saunders, Matthew
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Immediate Priority	Medium Term Priority	Long Term Priority
Alcohol • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours and signposting to services if required	**Alcohol** • Patients are routinely screened in Primary and Secondary Care to identify hazardous and harmful drinking behaviours and signposted to services if required	
Physical Activity • Continued support and leadership for the Move More Cardiff Physical Activity and Sport Strategy • Work collaboratively to develop and deliver the Central South Active Partnership Plan	**Physical Activity** • Continued support and leadership for the Move More Cardiff Physical Activity and Sport Strategy • Work collaboratively to develop and deliver the Central South Active Partnership Plan	
Screening • Support and promote population screening programmes with relevant patient and staff groups	**Screening** • Further develop a systematic approach to promoting population screening programmes with relevant patient and staff groups in order to increase uptake and reduce inequity	
Prevention • Identify the preventative activities that are relevant to clinical teams and assess whether these are being currently delivered • Deliver preventative actions in line with NICE and other relevant clinical guidelines		
Ensure Compliance with the Welsh Language Act • Set out actions required to deliver services through the medium of Welsh in response to the Population Needs Assessment		
Improve Identification and Support for Carers, in line with the Social Services and Wellbeing Act • Supporting carers to recognise themselves in that role and helping staff to spot carers • Recognise the long-term support needs of carers		

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Immediate Priority	Medium Term Priority	Long Term Priority
Quality, Safety and Experience Framework Support delivery of the Quality, Safety and Improvement Framework, with specific focus on: • Improving compliance with the investigation and timely closure of Serious Incidents and Never Events, within prescribed WG timescales • Reduction in the number of falls that cause serious harm to patients • Full implementation of the revised Sepsis pathway • Reduction in the rates of healthcare acquired infections in line with WG targets • Reduction in the numbers of healthcare acquired pressure ulcers • Development of an annual risk based local clinical audit plan • Demonstrate improvement in all of the Health and Care Standards • Work towards full compliance with all NPSA alerts and NHS Wales Patient Safety Solutions • Ensure people are facilitated/supported to access routine services	**Quality, Safety and Experience Framework** Support delivery of the Patient Experience Framework with specific focus on: • Improving performance against the 30-day working response time; • 60% of concerns to be resolved via the informal route • Development of suitable environments which meet the needs of patients with sensory impairment especially those with impaired sight or hearing • Development of a workforce/volunteer network with advanced skills to meet the specific needs of those with sight and hearing loss • Being able to seek the views of patients and carers and the patient experience across all areas of the UHB • Increasing the number and utilisation of patient stories • The actions being taken on the themes emerging from 'what it is like to be a patient in the UHB' (You said/we did)	

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Immediate Priority	Medium Term Priority	Long Term Priority
Learning Disabilities • Care provision in line with the Improving Care, Improving Lives report recommendations • Early Intervention and Crisis Response • High quality specialist care with a focus on enablement • Timely transition to the best service that meets their needs • Voice and control – putting the individual and their needs at the centre of their care • Supporting people to achieve their own wellbeing • Short, effective hospital admissions, if required (ATU) • Multidisciplinary support for people with the most complex health issues • Support to lead a fulfilled and happy life in the local community • Develop and implement revised transition arrangements for young people moving into adulthood • Commitment to delivering the Joint Commissioning Strategy for Adults with Learning Disabilities in conjunction with SBU and our Local Authorities • Co-production in the design and delivery of services **Neurodiversity** • Meeting the new national guidance on neurodiversity requirements • With partners, working to embed strengthen the Integrated Autism Service and all elements of the new Autism code • Access to a skilled, multi-agency service	**Learning Disabilities** • Care provision in line with the Improving Care, Improving Lives report recommendations • Early Intervention and Crisis Response • High quality specialist care with a focus on enablement • Timely transition to the best service that meets their needs • Voice and control – putting the individual and their needs at the centre of their care • Supporting people to achieve their own wellbeing • Co-production in the design and delivery of services • Short, effective hospital admissions, if required (ATU) • Multidisciplinary support for people with the most complex health issues • Support to lead a fulfilled and happy life in the local community • Develop and implement revised transition arrangements for young people moving into adulthood **Neurodiversity** • Strengthening support to ensure the right support is available at the right time • Improving timeliness and access to assessment and diagnosis	**Learning Disabilities** • Engage with SBU modernisation programme • Support integration with Local Authority systems and processes **Neurodiversity** • Build on transitional arrangements for Children and Young People's provision to maximise prevention and early intervention opportunities and promote better transitions into adult life • Improving ADHD service provision

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Delivering in the right place

- Provide care in the right care setting for the care required, closer to home or at home where possible.
- Provide the right environment of care. Flexible, appropriately designed and equipped:
  - Community facilities – in patients' homes, in shared-care, integrated facilities with partners and in other community healthcare environments
  - Tertiary, regional and acute hospital facilities
  - Inpatient mental health, rehabilitation, ambulatory and planned care facilities
- Develop effective digital platforms and connectivity to enable our workforce, partners, patients and public to improve all aspects of communication and information-sharing to support the planning, delivery and assurance of excellent care.

Immediate Priority	Medium Term Priority	Long Term Priority
Population Health Management • Engage in work to scope and develop a population health management approach to a defined chronic condition	**Population Health Management** • Implement at least one population health approach to chronic condition management	
Healthy and Sustainable Travel • Reduce unnecessary staff travel by enabling staff to adopt agile working as appropriate to their role		
Stroke • Improve outcomes of stroke patients, by reducing the levels of death and disability following a stroke • Reduce length of stay of stroke patients in bed-based services • Evaluate opportunities for sustainable regional stroke services, including provision of a Hyper Acute Stroke Unit (HASU) • Deliver improvements to the acute phase of the pathway with focus on consistent out of hours cover	**Stroke** • Improve primary prevention	**Stroke** • Social care staff better supported to care for stroke survivors

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Immediate Priority	Medium Term Priority	Long Term Priority
Cancer • Develop shared care and primary care support arrangements for cancer patients. Increasing focus on: - Access to screening, early diagnosis, including advice and guidance for GPs - Cancer survivorship, support after treatment and long term follow up arrangements - Acute oncology admissions • Re-establish co-located Acute Oncology dedicated beds and implement optimal pathways for patients with cancer • Continue with further performance improvement including SCP standard and reduction of backlog • Implementation of Tumour site pathway improvements (x 4 high volume) • Establishment of Rapid Diagnostic Clinic model • Deliver implementation plan for the approved UHB Cancer Strategy	**Cancer** • Development of standardised pathways with Velindre and other specialist providers	
Long Term Conditions Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed: • Inclusion of self-care/management activities as appropriate, specifically diabetes and other long-term conditions, frail elderly, MSK • Promotion of and embed self-care approaches within encounters between providers and patients/clients • Inclusion of delivery of public health and self-care activity in staff job descriptions	**Long Term Conditions** Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed: • Skilling up health and social care staff to 'Make Every Contact Count'; supporting patients to make behaviour changes for health gain; enabling staff to use appropriate contacts with patients/clients to help maintain or improve their mental and physical health and wellbeing, whatever their specialism or the purpose of that contact	**Long Term Conditions** Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed: • Identification of opportunities for inclusion of health promotion and self-care initiatives through contacts with partners, for e.g. local authorities and third/independent sector

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Immediate Priority	Medium Term Priority	Long Term Priority
• inclusion of public health and self-care activity in staff appraisals **Diabetes** • Implement pre-diabetes intervention as part of national evaluation • Strengthen community-based diabetes provision including diabetes education and support/self-care	• Promotion of self-care through patient/client resources • Implement the diabetes community workforce plan	• Provision of evidence-based self-care/management programmes or piloting innovative approaches where evidence is not available • Improve availability of near patient testing and agree offset of costs where appropriate
Mental Health (all ages) • Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system • Continue the work of the Cardiff and Vale Recovery and Wellbeing College to provide free educational courses across mental health, physical health and wellbeing topics • Enabling a change from traditional and institutionally based services, including moving away from a medical model • Develop an all age eating disorder pathway to include the development of local and regional inpatient and day patient service provision • Review workforce capacity in respect of mental health support for physical health inpatients. **Child and Adolescent Mental Health Services** • Embed neurodevelopment services within Community Child Health and develop integrated pathways with CAMHS • Focussing on models that meet the needs of children and young people	**Mental Health (all ages)** • Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system • Develop and implement parity of esteem initiatives, including workforce development plans to show how teams can change their skill mix; support training for staff (on methods to assess someone's mental health and how to provide psychological support); ensure physical health assessment and support is routinely included in the care planning of people in mental health services; mainstreaming prevention, promotion and self-management • Develop integration of health and social care service provision across sectors and continue to work with partners to enhance the services that are provided 7 days a week, built around the Primary Care clusters, to enable response to health and wellbeing needs close to home	**Mental Health (all ages)** • Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system • Continue to maximise opportunities for working with the local authorities and improve the regular reporting of social care activity, quality and outcomes • Primary Secondary care interface • Pilot a community secondary care discharge peer support model in one locality/cluster arrangement to act as navigator for vulnerable service users stepping down from community secondary care services • Develop realistic and relevant service user focussed outcomes in mental health at the earliest stage possible time and through a service user lens. This is in the context of the most disabling impact of mental illness including loss of social networks, employment, and housing

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Immediate Priority	Medium Term Priority	Long Term Priority
Other • Develop and implement the requirement for a Dual Diagnosis delivery plan for Cardiff and the Vale (substance misuse)	**Child and Adolescent Mental Health Services** • Embed and integrate commissioned young people's emotional wellbeing service with primary mental health • Develop transition from child to adult services including joint work with children's social services **Primary Secondary Care Interface** • Work with Primary Care to improve support for decision making closer to General Practice for Mental Health Care and Treatment. Enabling work of demand capacity analysis of current referrals and whole systems integrated Community Mental Health Team review of Adult and Mental Health Services Older Persons services, to be followed by service redesign to support GP Liaison and develop services through an intervention focus instead of service or team boundary focus. • Develop pathways, protocols and enhanced services to enable and facilitate the appropriate sharing of care and prescribing with Primary Care **Other** • Ensure new Psychological Therapies investment is targeted at waiting list reductions in primary care and facilitate the delivery of psychologically minded care and treatment across non-specialist professional groups and other clinical boards • Ensure new perinatal investment improves early detection of mental health problems around childbirth across all clinical boards • Develop interagency practice guidelines for those facing people who are suicidal and/or self-harming. • Work with substance misuse partnership commissioning structures to address the waiting list for addiction prescribing services • Develop systems and processes to actively participate in wider substance misuse Alliance	

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Immediate Priority	Medium Term Priority	Long Term Priority
'Home First'. • Managing Ambulatory Care Sensitive Conditions to reduce bed days, specifically pathways around: Atrial Fibrillation; Chronic Heart Failure; Chronic Obstructive Pulmonary Disease • Move early stages of pathways into primary and community care, specifically: Diabetes; Gastroenterology; Dermatology; Urology • Accelerated cluster development: a consistent target operating model which is sensitive and responsive to the needs of each GP cluster; Health and Wellbeing Centres: Detailed scoping to align capital developments of Barry Hospital, Cardiff Royal Infirmary and North and West Locality Health and Wellbeing Centres; Intermediate Care: Developing a common service specification and implementing a consistent, region-wide intermediate care service model; Single Access Point: Design and specification of a target operating model to deliver co-ordinated, joined up access to health and care community services • Enabling a new governance structure to enable increased integrated working through the Vale Alliance • Ensuring timely and effective flow from hospital.		**'Home First'.** • Managing Ambulatory Care Sensitive Conditions to reduce bed days, specifically pathways around: Atrial Fibrillation; Chronic Heart Failure; Chronic Obstructive Pulmonary Disease as part of the All Wales Pacesetters programme accompanied by appropriate post discharge support in the community • Move early stages of pathways into primary and community care, specifically: Diabetes; Gastroenterology; Dermatology; Urology • Develop model for 'discharge to assess' in the community

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Immediate Priority	Medium Term Priority	Long Term Priority
Planned Care • Deliver across the planned care programme to reduce waiting times and improve outcomes • Frail Elderly: - Increase integration of health and social care and consider whole systems partnerships, agreeing and implementing pooled budgets for residential care for older people - Sustain the reduction in the number of admissions from nursing homes and further reduce length of stay following admissions from a nursing home • Transform outpatient services, moving appointments away from acute hospital sites • Reduce DNA rates • Reduce percentage of patients with more than 1 cancelled procedure and increase number of new dates offered within 14 days	**Planned Care** • Deliver across the planned care programme to reduce waiting times and improve outcomes • Review and implement efficient, effective whole systems pathways, specifically: Ophthalmology, Dermatology, Gastroenterology, Urology • Expand and implement new telehealth/assisted technology • Reduce number of follow up appointments delayed past their target date • Deliver NHS Outcomes Framework targets or develop action plans and improvement trajectories as appropriate • Ensure INNU, Prior Approval and IPFR policies are understood by primary care and all Clinical Boards • Ensure that the INNU intervention list is fully implemented and monitored by Clinical Boards	**Planned Care** • Deliver across the planned care programme to reduce waiting times and improve outcomes • GP/MDT roles and secondary care clinicians in developing MDT Specialist Services • All Clinical Boards to understand the cost effectiveness of interventions and work to remove variation between services and locations. • Aim to reduce cost per Quality Adjusted Life Year (QALY) across services

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Immediate Priority	Medium Term Priority	Long Term Priority
Urgent & Emergency Care • Co-ordinate planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission to hospital • Rapid response in physical or mental health crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce the risk of readmission • Develop ambulatory emergency care model • Highly responsive urgent care services outside hospitals • GPs and wider primary care contractor services to include Community Pharmacy, Optometry and General Dental Services contributing to the provision of urgent care needs of the population • Community services e.g. MH and community nurses • Admission avoidance (e.g. Support to residential homes) • Decrease emergency readmissions in the 30 days following discharge • Develop urgent and emergency care networks • Develop broader emergency care networks that connect all urgent and emergency care services together • Transform acute medicine and provide a reconfigured footprint that reduces pressure on the emergency department • Develop our Lakeside model to provide an appropriate environment for patients with delayed transfers of care • Re-model our medical model and bed footprint to better meet the needs of acute geriatric medicine patients	**Urgent & Emergency Care** • Co-ordinate planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission to hospital • Rapid response in physical or mental health crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce the risk of readmission • Access to care in the right place and the right time • Review and develop an integrated plan for medicine • Consider role of Llandough and community hospitals • Develop reciprocal arrangements with Cwm Taf and other neighbouring health boards • Work with 111 project to ensure meets need; input to accurate Directory of Services for Cardiff and Vale to ensure residents are signposted to appropriate services • Develop urgent and emergency care networks • Ambulance services • Improve productivity • Decrease conveyance rates • Increase proportion of direct admissions (not via A&E) • Increase proportion of patients for Hear and treat/See and treat to ensure a reduction in ambulance responses	**Urgent & Emergency Care** • Co-ordinate planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission to hospital • Rapid response in physical or mental health crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce the risk of readmission • Improve inter-practice referrals in Primary Care to reduce the number of secondary care referrals E.g. sexual health/contraception and ensure optimal utilisation of all contractor services within primary care • Optimal utilisation of all contractor services within Primary Care

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Immediate Priority	Medium Term Priority	Long Term Priority
• Develop proposals which will move us towards a single point of access for urgent and emergency paediatric patients • Reduce length of stay and improve the experience for patients and staff through our "Releasing Time to Care" programme	• WAST and health board to embed and improve the agreed process to ensure that frequent service users are managed consistently and equally • Reduce patient transport bookings to be made on the day journey is required	
Accessibility of Primary Care • Improve access to in-hours GMS through monitoring of access standards • Improve resilience/ capacity of the primary care estate by utilising opportunities for GMS to be located in HB schemes and other premises development schemes • Increase number of dentists and optometrists with extended hours • Improve performance of OOH service • Improve availability of GP referred direct access to diagnostics over increased hours • Develop pathway and service plans for the operation of integrated community health and wellbeing centres • Improve integrated community working with primary, community care and partnership working • Improve service delivery for the Cardiff and Vale Health Inclusion Service to support our prevention and tackling the inequities agenda • Deliver an Integrated Community Care Service though our @Home programme including intermediate care and roll out of cluster MDT care model in conjunction with our local authority partners • Increase access and capacity within Community Pharmacy through the ongoing implementation of prescribing interval review • Increase access and capacity within Community Pharmacy **Eye Health** • Ensure patients are seen closer to home in their local optometry practices (various pathways are being rolled out during 2024 to support this)	**Accessibility of Primary Care** • Review and consider options to enhance the urgent treatment provision at Barry Hospital • Review and evaluate PCIC model of support to practices to provide support to maintain sustainability and other improvement initiatives to build on further	**Oral Health** • Increase percentage of resident population with access to NHS dentists **Eye Health** • Optometrists and GPs to work together to ensure patients are seen in the most appropriate setting • Implement Together for Health – Eye Heath Care Delivery Plan

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Immediate Priority	Medium Term Priority	Long Term Priority
End of Life Care • Ensure all end of life patients have advanced care plans in place and do not attempt CPR (DNACPR) orders in place	**End of Life Care** • Decrease the number of people who die in hospital • Develop End of Life planning processes to support patients to choose where to die • Include End of Life protocols and support within the winter pressures schemes	
Regional Planning • Deliver Cardiff and Vale elements of South-East Wales regional planning portfolio which includes programmes of work across: - Orthopaedics - Ophthalmology - Diagnostics (Radiology, Pathology and Endoscopy) - Stroke - Cancer • Ensure active engagement and implementation of any Cardiff UHB components of the regional diagnostic and treatment facility being developed by CTMUHB on behalf of the South-East Wales region	**Regional Planning** • Deliver Cardiff and Vale components of the South East Wales regional clinical service strategy (expected publication early 2025)	

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Immediate Priority	Medium Term Priority	Long Term Priority
Tertiary Services • Develop recommendations for the future delivery of HPB surgery for patients in South Wales, and identify interim arrangements to improve resilience and service sustainability • Agree the future model for delivering OG cancer surgery for patients in South Wales • Through our Tertiary Services Development Group we will identify specialised services which require a collaborative approach for delivery, or which have critical interdependencies with services delivered by another provider for discussion at the appropriate partnership forum • Develop our partnership approach with SBUHB to identify services that both organisations provide which would benefit from a collaborative approach	**Tertiary Services** • Implement the recommendations for the future delivery of HPB surgery for patients in South Wales • Implement our partnership approach with SBUHB for services which would benefit from a collaborative approach	**Tertiary Services** • Implement the recommendations for the future delivery of HPB surgery for patients in South Wales • Implement our partnership approach with SBUHB for services which would benefit from a collaborative approach
Estates • Deliver against estates plans: Develop estates plans to support the delivery of the South East Wales Regional Planning Forum • NICU development Obstetrics expansion • Develop strategic service and capital blueprint for integrated community health and wellbeing centres and wider integrated community infrastructure	**Estates** • Deliver against estates plans: Deliver full business case to re-provide Rookwood Hospital services at Llandough	
Working Better with Partners • Improve interoperability between Clinical Boards, Local Authorities, 3rd/independent sector providers • Develop interoperability between different areas of the health board and local authorities and 3rd/independent sector providers that enables service transformation through the sharing of patient information • Support tactical patient information-sharing initiatives that are aligned with the broader strategic objective of seeing accurate, timely and relevant patient information available to practitioners to support patient care		

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Acting for the Future

- Advancing health care through research, clinical innovation and continuous improvement
- Maximising our contribution to the foundational economy
- Responding to the climate emergency and reducing waste
- Ensuring provisions for future generations

Immediate Priority	Medium Term Priority	Long Term Priority
Decarbonisation • Engage with the climate change debate • Staff and citizens understand what they can do	**Decarbonisation** • Integrate action on climate change into our public facing engagement. We show how we appreciate the value of low carbon products, services and places • Account for climate change future impacts in all decision making processes. Life cycle costing is the norm in the public sector • Collaborate with cross sector partners to prevent disadvantage, promote well-being and develop sustainable joint service plans • Enable and support technology to allow the empowerment, equality and well-being of individuals • Explore sustainable models Increase investment to prevent disadvantage and improve well-being. Optimise benefit from nature. • Adopt and invest in sustainable technologies • Reduce the risk of investment in new technology • Welcome innovation	**Decarbonisation** • Model business decisions so entire resource impact is accounted for. All resources need to include full life cycle carbon costings • Staff and citizens expect to be able to make choices based on sustainability and well-being criteria when considering services and products **Sustainable and Climate Conscious Healthcare** • Prevention - We will look to calculate reductions in carbon emissions through preventing ill health • Clinical Quality - We will aim to integrate decarbonisation into clinical practices • Operational Excellence - Account for the carbon benefits derived from operation improvement programmes such as, 6 Goals and financial sustainability **Sustainable and Climate Conscious Leadership and Cultures** • Leadership - At all levels of the organisation providing leadership to support the decarbonisation agenda • Communication and engagement - We will support colleagues with the tools and knowledge to improve our impact on the environment **Sustainable and Climate Conscious Estates** • Buildings and Land - Continue to improve the efficiency of our estate and increase activity to improve biodiversity

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Immediate Priority	Medium Term Priority	Long Term Priority
		• Waste - Seek to reduce our waste across our estate • Transport - Aim to transition our fleet to lower carbon vehicles and implement the Level 2 Healthy travel Charter • Adaptation - Develop a plan of how we can adapt to the impacts of climate change both on our estate and services
Digital • Create a roadmap to describe elements that will be delivered by each channel of the strategy • Determine how the Programme Boards are constituted, arranged and used to oversee implementation • Clinical engagement - a plan will be drawn to develop a more formal structure of clinical engagement across the organisation • Clinical Informatics will be developed as a discipline in its own right, in line with national strategy and the recommendations of recent important national reports e.g. Topol, Wachter, Nuffield Trust	**Digital** • Patients will access their own health and care records, reports, and results • Clinicians will access information about individual patients • The data collected will be used to build the foundation for a Learning Health and Care System • Patients will be able to choose which information to share, and which they do not wish to share	
Healthy and Sustainable Travel • Support the implementation of relevant actions in the Level 2 Healthy Travel Charter, led by Estates, to increase the number of staff and visitors travelling to our sites by sustainable modes	**Healthy and Sustainable Travel** • Support the implementation of relevant actions in the Level 2 Healthy Travel Charter, led by Estates, to increase the number of staff and visitors travelling to our sites by sustainable modes • Estates and strategic planning to prioritise walking, cycling and public transport access to new healthcare premises in our area as they are being designed and locations identified	**Healthy and Sustainable Travel** • Estates to scope and implement simple segregated cycle path network through UHL and UHW • Estates and strategic planning to prioritise walking, cycling and public transport access to new healthcare premises in our area as they are being designed and locations identified

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Appendix B - Legislative Context

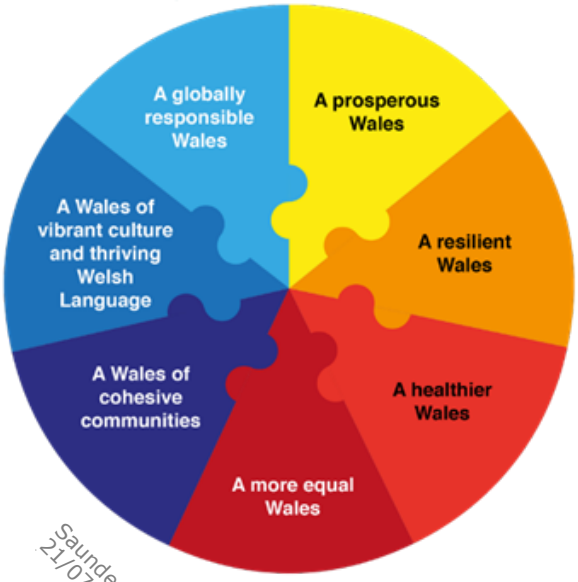
Social Services and Wellbeing Act (2014)

We are pursuing further integration with our local authority partners. Key priority areas for extending joint working and integration include:

- Prevention and early intervention
- Older people with complex needs and long-term conditions, including dementia;
- People with learning disabilities;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with complex needs due to disability or illness;

Establishment of pooled funds – pooled funds are established in relation to older persons residential care has been in place since 2018.

Wellbeing of Future Generations Act (2015)



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We will work to achieve the Wellbeing Goals as we develop, redesign, deliver and commission services. Cardiff and Vale will consider the sustainable development principle when providing and commissioning services. We will:

- Long Term – Balance short-term needs with the need to safeguard the ability to meet long-term needs.
- Prevention – Act to prevent problems occurring or worsening
- Integration – Consider the impact of our own wellbeing goals on other goals and objectives, or on the objectives of other public bodies and partners
- Collaboration – Act in collaboration with patients, carers and partners to meet our wellbeing objectives.
- Involvement – Involve others in the achievement of our wellbeing goals and ensure that the diversity of the population is reflected.

Health and Social Care (Quality and Engagement) (Wales) Act (2020)

We will work to deliver the duties laid out in the Health and Social Care (Quality and Engagement) (Wales) Act (2020). We will:

- Focus on the enhanced 'Duty of Quality' to strengthen quality governance arrangements to ensure high quality and safe care
- Promote a culture of transparency and openness with patients in the event of an adverse outcome to enable learning and improved care quality in alignment with the organisational 'Duty of Candour'
- Use service user feedback and the Citizens Voice Body as an integral part to drive improvement, supporting patients to raise corners about their care.

Welsh Language Standards

We will follow the Welsh Language Standards set of requirements that aim to improve the bilingual services that the people of Wales can expect to receive from the public sector.
The Standards clearly set out what our responsibilities are in terms of providing bilingual services, ensuring the Welsh language is not treated any less favourably than the English language.

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Report Title:	Stroke Business Case				Agenda Item no.	7.1.1
Meeting:	Board	Public	X		Meeting Date:	25.07.2024
		Private				
Status *(please tick one only):*	Assurance		Approval	X	Information	
Lead Executive Title:	Paul Bostock, Chief Operating Officer					
Report Author (Title):	Adam Wright, Director of Operational Planning and Performance					

Main Report
Background and current situation:

Stroke is a life changing event; the fourth highest cause of death in Wales and the leading cause of disability. In the severest of cases, if survived, stroke carries a high level of disability and dependency with ongoing both physical and mental health needs. There is a need for CAVUHB to review its service provision, quality and outcomes for people with stroke across the whole clinical pathway – from hyperacute care to specialist recovery and rehabilitation including into integrated community stroke services and long-term life after stroke support. This will require a longitudinal phased improvement programme imbedding the principles of value-based health care provision, aligned to developments of the National Stroke Programme and the regional South Central Wales Stroke Delivery Network. The totality of this work is outside of the scope of this business case; rather this case is the first step in addressing the identified gaps in the stroke service by starting at the emergency stroke and TIA part of the patient pathway. To this end, Stroke was prioritised of one of the few investment priorities through the annual planning process.

This business case, to the value of £1,385,852 p/a sets out the resource requirements to right size the stroke service in order to deliver the optimal clinical model for acute stroke and Transient Ischaemic Attack (TIA) at the University Hospital of Wales (UHW).

Over the last 18 months, the stroke service has applied a sustained and focused improvement programme, which has included trialing elements of different working models and interventions for improving patient flow and the clinical pathway. The intended improvements have been somewhat realised with progressive change in performance indicators for stroke; the service was recently awarded a 'A' grade on the Sentinel Stroke National Audit Programme (SSNAP).

Despite these improvements, consistent delivery of the optimal stroke pathway remains vulnerable due to workforce constraints and large variability in the service across the week, and our outcomes from stroke are relatively poor. 30-day mortality from stroke at CAVUHB was 13.3% for the 12-month period to November 2023 (NHS Executive data). More than one third of patients with stroke at CAVUHB leave hospital with a dependency level requiring long term health and social care, many of these after a long period of recovery and rehabilitation in hospital. TIA patients currently wait an average of up to 12 weeks to be seen when the clinical standard for assessment is within 24 hours of referral.

The proposal in this business case is to reconfigure the clinical model for acute stroke and TIA care, enabling a sustainable upward performing trajectory, reducing variation in our service across the week, and delivering a sustainable and effective workforce model. The optimal pathway for stroke prioritises improving access for eligible patients to thrombolysis and thrombectomy treatments, with the aims of improving outcomes for patients, reducing the level of dependency and the length of hospital stay for this population.

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This case presents the current gap in resources and ongoing requirements to enable the implementation of a new clinical model, supporting UHW to operate as the South Wales Thrombectomy Service (business case

agreed by WHSSC January 2024 for service commencement Summer / Autumn 2024) and to be considered as the Comprehensive Regional Stroke Centre for the South Central Wales Regional Stroke Delivery Network.

The proposed improved patient pathway and clinical model has been developed with the Executive Management Team and colleagues from other Clinical Boards across the Health Board through regular Stroke Summit meetings during 2023.

Benefits expected in this case include:

- Implementation of the Health Board's Stroke Improvement Action Plan
- Improvement against all measured stroke clinical standards and performance indicators
- Reduction in adverse events and patient safety concerns
- Reduction in investigations and diagnostics resources
- Supporting the management of the acute and emergency medicine caseload and improving flow of this patient group within the emergency department
- Avoidance of admission for a proportion of patients with TIA, stroke or suspected stroke
- Anticipated reduced length of stay for patients requiring admission
- Through reduction in admissions, investigations and diagnostics, reduced length of stay and reduced health and care dependency and treatment need, carbon emissions can be reduced.
- Improved patient and carer experience
- Improved staff experience and wellbeing through sustainable workforce delivery; better career pathways in stroke as a speciality and opportunity to build UHW as a centre of excellence

The Full Business Case can be located in the supporting documents folder.

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

- Stroke is one of the organisations priority areas for 24/25
- Our outcomes and performance in stroke are highly variable and susceptible to deterioration especially out of hours
- This paper is focused on the front end of stroke pathway. Further work is ongoing locally and regionally to develop all parts of the service
- Investment Group and SLB have supported the investment on the proviso that costs are only incurred from Q4 in 2024/25
- The Finance & Performance Committee received the case on 19.06.2024 where it was recommended to Board for approval.

Recommendation:

The Board is requested to:

a) **Approve** the Stroke Business Case

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the relevant box below ***(this section must be completed)***

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	
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

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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 place an "X" in the relevant box below ***(this section must be completed)***

Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment:
Please state yes or no for each category. ***If yes please provide further details. This section must be completed***

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: ***Please insert any previous meetings where this paper has been received***

Committee/Group/Exec	Date:
Investment Group	09.05.2024
Senior Leadership Board	16.05.2024
Finance & Performance	19.06.2024

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	CAV Health Inclusion Business Case				Agenda Item no.	7.1.2
Meeting:	Board	Public	X		Meeting Date:	25.07.2024
		Private				
Status *(please tick one only):*	Assurance		Approval	x	Information	
Lead Executive Title:	Paul Bostock, Chief Operating Officer					
Report Author (Title):	Adam Wright, Director of Operational Planning and Performance					

Main Report
Background and current situation:

Inclusion health is a research, service, and policy agenda that aims to readdress extreme health and social inequities among the most vulnerable and marginalised in a community. The concept of inclusion health typically encompasses people experiencing homelessness, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal justice service. These marginalised populations share common overlapping risk factors for poor health that include poverty, adverse life experiences, discrimination, violence, and complex trauma. These risk factors, accompanied with multiple barriers and negative experiences when attempting to access health and care services, result in significantly poorer health outcomes, putting those affected beyond the extreme end of the gradient of health inequalities.

Within Cardiff and Vale, we have the Cardiff and Vale Health Inclusion Service, CAVHIS, which is a directorate within the PCIC Clinical Board. The importance of the Health Inclusion agenda has been confirmed in recent years at the UHB Board and it was highlighted as one of the organisations key priorities for 2024/25 through our annual planning process. This is not least because the gap in life expectancy between those living in the least and most deprived areas in Wales is increasing. In Cardiff and Vale, healthy life expectancy for males living in the most deprived areas (Adamsdown) is 55 years, compared with 74 years in the least deprived (Lisvane); for females, these figures are 58 and 75 years respectively.

Health inclusion groups have long experienced markedly worse health outcomes than the general population. What defines and unites inclusion health groups are common experiences of sustained social and economic marginalisation. Poorer health outcomes for these populations are the result of several inter-related factors across the life course, including wider determinants of health, such as income insecurity, unemployment, lack of community support, and poor living conditions.

Under the sponsorship of the Chief Operating Officer, Multi-agency Health Inclusion Programme Board and support from Senior Partnership Boards (including Public Services Board and the Regional Partnership Board) the business case outlines the proposed expansion of the Cardiff and Vale Health Inclusion Service (CAVHIS) to deliver a **Tier 3 Health Inclusion Service**: a coordinated, integrated, responsive health and social care service model for those individuals who are at the 'cliff edge' of inequality. A Tier 3 Health Inclusion Service is a no wrong door service which is fully aligned and integrated with partnership services

The case is requesting £1.4m full year effect. The pay costs are a range of multidisciplinary staff and administrators. The table on page 30 highlights the current staff in post and the planned staff in post, it is essentially an additional 20WTE at a cost of £1.1m per annum. The non-pay costs are a combination of consumables, security, charitable support and travel. A number of the pays and costs including in the case have previously been funded on a non-recurrent basis and this case seeks to make those investment substantively in addition to an expansion of the service.

Standing Orders 11/01/2024 09:57:45

The case sets out the known demand on the service and is also clear that there is likely to be a significant level of hidden demands which the service will seek to meet. Delivering the service as described would make Cardiff and Vale the leading organisation within the UK for this innovative approach to Health Inclusion. The £1.4m will ensure there 1st tier of the programme can be achieved - Universal Primary Care for these marginalised group. Future expansion of the service, in line with the vision set out, will lead to the provision of a multi-disciplinary, multi-agency comprehensive, 'no wrong door' service, which is targeted at individuals at the cliff edge of inequality and whose needs are so complex.

Benefits of delivering this model include:

- Improved patient access to health care
- Increased uptake on screening programmes and appropriate aftercare for positive cases.
- In conjunction with partner organisations, contribute to reducing the gap in life expectancy and health life expectancy in Cardiff and the Vale
- Reduction in preventable EU attendances and reattendances
- Reduction in the unplanned admissions and readmissions and total bed days
- Motivated and Sustainable workforce that have access to training and development.

The business case can be located in the supporting documents folder.

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

- Health inclusion groups have long experienced markedly worse health outcomes than the general population
- This business case is described as the first phase of delivering a Tier 3 Health Inclusion Service
- Health Inclusion has been confirmed as one of the organisations key priorities for 2024/25 through our annual planning process
- Investment Group and SLB have supported the investment on the proviso that costs are largely only incurred from Q4 in 2024/25
- The Finance & Performance Committee received the case on 19.06.2024 where it was recommended to Board for approval.

Recommendation:

The Board is requested to:

a) **Approve** the business case for the expansion of the Cardiff and Vale Health Inclusion Case

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the relevant box below ***(this section must be completed)***

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X

Saunders,Natha
21/07/2024 09:47:35

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

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the relevant box below ***(this section must be completed)***

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:
Please state yes or no for each category. ***If yes please provide further details. This section must be completed***

Risk: No

Safety: No

Financial: Yes

Phase the spend from Q4 24/25

Workforce: Yes

Workforce planning underway in PCIC

Legal: No

Reputational: No

Socio Economic: Yes

The case is uniquely aimed at those who suffer socio-economic disadvantage

Equality and Health: Yes/No

Decarbonisation: No

Approval/Scrutiny Route: ***Please insert any previous meetings where this paper has been received***

Committee/Group/Exec	Date:
Investment Group	09.05.2024
Senior Leadership Board	16.05.2024
Finance & Performance	19.06.2024

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	TRAMS- Radiopharmaceutical Business Justification Case – NHS Wales Shared Services Partnership			Agenda Item no.	7.1.3
Meeting:	UHB Board	Public	X	Meeting Date:	25 July 2024
		Private			
Status *(please tick one only):*	Assurance	Approval	X	Information	
Lead Executive:	**CD&T Director of Operations/Executive Director of Finance**				
Report Author (Title):	**Deputy Director of Finance (Operational)**				

Main Report
Background and current situation:

Background

The Radio-pharmacy at UHW ceased operations in 2023. It was the main provider of radiopharmaceuticals to facilitate Gamma camera scans at UHW and UHL. Since its closure C&V UHB has procured limited supply from Swansea and Bristol. The reduced supply has impacted patient treatment capacity and throughput. NHS Wales Shared Services has developed a revenue and capital Business Justification Case (BJC) for submission to Welsh Government under the banner of its TRAMS (Transforming Access to Medicines) programme.

Shared Services Partnership (SSP) are seeking support from NHS Wales stakeholders for the business model underpinning their BJC.

Proposal
The impending obsolescence of equipment in the UHW Radio-pharmacy prompted the development of plans by C&V UHB for a capital bid to Welsh Government in 2020. At this time Welsh Government expressed its preference that a revised radiopharmaceutical service be developed under the strategic umbrella of the TRAMS programme being led by SSP. The C&V business case development was stood down.

The interim period has seen delays in the development of a revised service model, impacted by Covid. Consequently, the UHW service ceased operations before the re-establishment of a replacement in house NHS Wales service. During this period C&V UHB has been sourcing limited supply from Swansea and Bristol.

NHS Wales Shared Services Partnership has developed a Business Justification Case to submit to Welsh Government which seeks support from stakeholder NHS Wales organisations for its submission process. Working groups involving stakeholders have contributed to the attached BJC.

The proposed unit would be located within the IP5 (Imperial Park) facility in Newport, South Wales.

The BJC provides a realistic profile of likely costs and profiles the recharge of costs across customer organisations based on current regulations, specifications and recent, relative consumption patterns of products. The cost sharing profile broadly returns C&V to a financial position it would have been in before the cessation of the C&V service although the financial recharge to C&V UHB will vary in the future according to absolute and respective demand patterns.

Bauchen,Nathan
21/07/2024 00:40:55

There are also two financial risks associated with transition :-

- A number of C&V UHB staff who previously worked in the Radio-pharmacy may not transfer to the new service for a number of employment contractual and service reasons. Mitigation

for this risk (estimated at circa £0.150m to £0.250m) would be alternative employment opportunities within vacancies that emerge within C&V UHB over the period.

- Velindre NHS Trust is a stakeholder organisation for Radio-pharmacy services and will see an increase in recharged costs arising from the BJC funding shares proposal. Velindre in turn will seek to recover the increase in cost from the health boards that commission oncology services from Velindre, including C&V UHB. This cost pressure presentation is anticipated from 2025-26 onwards and estimated at £0.040m

These are reasonable risks to manage within the overall proposed financial framework for the new service.

Governance Framework for support and approval by C&V UHB
The value of the commitment towards the BJC of £0.643m requires approval by the UHB governance assurance framework.

The profiled share of costs for C&V UHB within the BJC presents an increase in C&V costs of £0.354m. This BJC presentation does not take into account the reduction in the costs of previous provision of the radio-pharmacy which were not fully recovered by C&V UHB from purchasing organisations. Taking these into account means that the proposed costs of the new service for C&V UHB broadly match the financial liability that was previously bourne.

The governance assurance pathway will be :-

- Investment Group – 3rd July 2024 - Approved
- Senior Leadership Board – 4th July 2024 - Approved
- Finance & Performance Committee – 17th July 2024 – Recommended for Approval by the UHB Board
- Board Meeting consideration – 25th July 2024

If the case is approved through the C&V UHB governance assurance framework, confirmation of support will be given to NHS Wales Shared Services Partnership after the Board meeting on 25th July 2024.

The business case can be located in the supporting documents folder

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

Following the cessation of internal supply, future access to adequate and timely supply of Radiopharmaceutical products is a key service consideration for the UHB. The TRAMS model provides longer term stability of supply and, financially, broadly fits within the cost quantum prior to the cessation of the C&V UHB service.

Recommendation:

The Board are requested to:

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- **NOTE** the business model presented in the Business Justification Case prepared by Shared Services Partnership for the future provision of Radiopharmaceutical products to NHS Wales organisations including C&V UHB.
- **NOTE** the fair shares financial risk share principle that underpins the funding model
- **NOTE** the recommendation by the Finance and Performance Committee to approve support for the BJC
- **APPROVE** C&V UHB support for the NHS Wales Shared Services partnership BJC

Saunders, Natalie
21/07/2024 09:59:59

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 wellbeingrd K		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		Long term	x	Integration		Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Access to stable Radiopharmaceutical supply for patient services
Safety: Yes/No
Access to stable Radiopharmaceutical supply for patient services
Financial: Yes
As detailed in the report.
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
Yes, if forecast financial position is not delivered.
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Senior leadership Board	Date: 19th June 2024

Saunders,Nathan
21/07/2024 00:47:43

Finance Committee	Date : 17th July 2024
Board	Date : 25th July 2024

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Business Justification Case for Digital Cellular Pathology Programme Phase 3 – National Scale Up				Agenda Item no.	7.1.4
Meeting:	Public Board	Public	X		Meeting Date:	25.07.2024
		Private				
Status *(please tick one only):*	Assurance		Approval	X	Information	
Lead Executive Title:	Chief Executive Officer					
Report Author (Title):	Clinical Board Director, CD&T					

Main Report
Background and current situation:

The last four years have created significant challenges to the NHS and the Cellular Pathology service generally. In particular, it is becoming increasingly difficult to attract and retain suitably skilled professionals and demand is growing, both in terms of volume and the complexity of cases. The impact of the pandemic resulted in a backlog of activity, which, even though progress has been made locally to reduce this, will continue to be a factor as other services continue to expand to meet the needs of the population. These factors combined have created a capacity gap and the service urgently needs mitigations to address this and to ensure it is fit for the future.

This business case outlines the justification for investment into the digital solution. Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand and provide different, regional solutions as an alternative to outsourcing to external providers. Using the apportionment in the business case, it would equate to around £170k for CAVUHB, around 3% of the spend. Although it might not eradicate the need for outsourcing entirely, a regional approach with robust SLA in place would enable much of the funding to remain within NHS organisations rather than seep out to private outsourcing companies.

Some of the benefits of adopting digitised pathology include:

- Provision of a modern and sustainable service in line with the rest of the UK, ensuring Wales remains an attractive location for current and future Pathologists
- Having an all Wales integrated system with LIMS and scanner connectivity, which enables any Consultant to report on and review any case from any location, using any device
- Quicker turnaround times enabled by Voice Recognition software and reduction in the amount of secretarial support required
- The use of AI applications for some routine reporting would free up Consultant time for more specialist reporting
- Less laboratory time needed to retrieve and store slides
- Reduction in time taken for preparing slides for MDT review so that Pathology administration staff could be redeployed
- Reduction in risk of misfiling or losing slides
- Ability to mark images/cells for review to support genomic testing or research projects
- Ability to build an annotated image library for teaching/training which will enable opportunities for a virtual training school to be set up with multiple trainees both pathologists and BMS staff can participate from all over Wales
- Future direction of FRCPath is to transition to a digital platform - this will require a digital pathology service to be able to deliver a digital training programme.
- Enables integration with genomics in one location for the provision of precision medicine.

Sandra Nichols
21/07/2024 02:47:09

The digitisation of Cellular Pathology and Genomics Programmes supports a concurrent business case to develop a Centre of Excellence for Precision Medicine (CoEPM) at Cardiff Edge Science Park, which received agreement of its scope and business case development in Q2 2021. Cellular Pathology is a key component service of the proposal and without digitisation, it would not be feasible. Regardless, even without the CoEPM development, digitisation of Cellular Pathology is a required development for Cellular Pathology services that is aligned to a number of national healthcare strategies, including but not limited to:

- Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025 https://www.gov.wales/sites/default/files/publications/2023-04/diagnostics-recovery-and-transformation-strategy-for-wales-2023-to-2025_0.pdf

- Pathology Statement of Intent 2019: 190409 - VG - Pathology Statement of Intent March 2019 - English.pdf (gov.wales)

- Review of Histopathology Services in Wales, 2010

As with many national initiatives, funding for this proposal is sought partly from Welsh Government and partly from Health Boards. The table below details the cost and proposed sources of funding.

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	Apportionment	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	394	4,251
CVUHB	24.53%	75	930	873	884	903	923	944	963	725	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	433	4,684
SBUHB	17.58%	73	698	657	663	677	692	707	720	550	550	5,986
Total Recurring Revenue Costs	**100.00%**	**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**

The total share of revenue funding required from CAVUHB would be £7,945,000 over the 10 year term, commencing next financial year (although timescales may slip due to aspiration for all HB's to go live at the same time). The apportionment by Health Board has been derived by potential providers' assessment of existing workloads and complexities with 4% annual growth anticipated per Health Board, with CAVUHB workload significantly higher than any other Health Board.

The business case can be located in the supporting documents folder

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

It is recognised that there is a monetary cost associated with this programme and that the efficiencies that will be generated to mitigate this cost are not easily identifiable. This project, recently implemented in Ireland, for instance has recognised that the financial benefits will not be realised until 5-7 years after implementation. However, the clinical benefits are more instantaneous.

If the strategy were not supported at CAVUHB, it would be detrimental to service delivery. All Health Boards are being asked to support this, and as such, if it were not adopted locally, there is a risk that the service at CAVUHB would fall significantly behind those provided by other Health Boards. This would result in a further deterioration in service due to recruitment and retention difficulties, which would impact on referring specialties and patients through repeated cancelled appointments, increased anxiety of patients and increased risk associated with delayed diagnosis from a backlog that would never be able to be cleared. It would also put at risk every tertiary service in the Health Board. It is unlikely that the project could continue if one Health Board withdrew, which would put at risk all Cellular Pathology services in Wales.

The recommendation is to support and approve the digitisation of Cellular Pathology services.

Document Name: 2024-07-24 09:41:34

Recommendation:

The Board is requested to:

a) **Approve** the Business Justification Case for Digital Cellular Pathology Programme Phase 3 - National Scale Up

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the relevant box below ***(this section must be completed)***

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	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 place an "X" in the relevant box below ***(this section must be completed)***

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:

Please state yes or no for each category. ***If yes please provide further details. This section must be completed***

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: ***Please insert any previous meetings where this paper has been received***

Committee/Group/Exec	Date:
Investment Group	12.06.2024
Senior Leadership Board	20.06.2024

Salmers-Nathan 22/07/2024 10:04:53

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Pentyrch Branch Surgery - Submission of Business Justification Case			Agenda Item no.	7.1.5
Meeting:	UHB Board	Public	✓	Meeting Date:	25th July 2024
		Private			
Status *(please tick one only):*	Assurance		Approval ✓	Information	
Lead Executive Title:	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 request that the Board approve the submission of the Pentyrch Branch Surgery Business Justification Case to submit to Welsh Government to seek £5.344m of All Wales Capital Investment.

The attached document, Executive Summary, describes the rationale for constructing a new build facility at Rhydlafar Drive, Rhydlafar.

The development of a replacement Pentyrch Branch Surgery has been a priority for a significant period of time and is a key component in supporting the primary care agenda of enhancing community infrastructure and the Health Board's overarching *Shaping our Future Wellbeing Strategy to 2035* which aims to provide high quality primary care in fit-for-purpose accommodation.

For the past 10 years, General Medical Services in Pentyrch have been provided, by the Practice, out of a temporary portacabin which provides only two clinical rooms with limited ancillary provision. This is unsuitable and unsustainable for the delivery of healthcare services and is not compliant with minimum standards for GP premises.

The aim of the business justification case is to seek investment in future proofing the GP services within the area, along with the ability:

- To deliver a permanent solution for the delivery of General Medical Services to the residents of Pentyrch and surrounding areas and support the transformation agenda for primary care;
- To provide for increased General Medical Services capacity locally therefore addressing the need for additional space to respond to existing needs as well some of the significant increase in the population planned under Cardiff Council's Local Development Plan (LDP);
- To increase the scope and range of services provided in primary care e.g. minor surgery and increased sexual health service provision e.g. Nexplanon and possibly an extended sexual health clinic for neighbouring practices, in line with national direction and refocusing services to be provided in the community;
- To provide modern purpose-built facilities to allow services to be provided appropriately in a modern, well designed physical environment suitable for the delivery of 21st Century healthcare;

Strategic Alignment

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

- Refocusing services to be provided locally / in the community;
- Increasing the range of service delivery in general practice / primary care;
- Providing clinical care in facilities which are fit for purpose in the 21st century, whilst being as adaptable as possible for further future change as demand grows;
- Utilising new technology and systems to advance the way services are delivered and improve access to care;
- Provision of more integrated working across professions leading to more seamless co-ordination;
- Improvements in patient safety to reduce avoidable harm;
- Modern ways of working through new approaches to delivery of care, including enhancing and delivering clinical roles, supporting staff to work to the top of their skill set;

Saunders,Nathan
21/07/2024 09:37:03

- Ensuring the local community are involved in any development of proposals and the needs, aspirations, health and wellbeing of all people are considered at the outset;
- Providing sustainable buildings and infrastructure;

This business case contributes to delivering a key number of Local strategies and policies through:

- Eradicating poor infrastructure that is no longer suitable for current and future use and is not conducive to the best patient outcomes and experience, nor staff wellbeing
- Contributing to the future sustainability of General Medical Services (GMS)
- Working with local communities and primary care networks to reduce health inequalities and provide improved support in relation to preventative action/ self-care
- To increase multi-disciplinary working and service integration in line with cluster priorities
- Providing sessional use of multi-functional, generic room types rather than service specific areas that will create a flexible approach that will also create efficiencies in utilisation across assets
- Assistance in meeting the themes set out in the Workforce Strategy for Health and Social Care in relation to the CVUHB People and Culture Plan by improving the experience of staff working across services as well as supporting further education and training where possible to attract, recruit and retain the right staff with the right skills
- Providing a means to reduce the Health Boards carbon footprint by providing sustainable healthcare
- Providing settings that enable engaged, motivated and a healthy workforce - to have a workforce that feels valued and supported wherever they work.

Benefits Criteria

The Business Justification Case has outlined the following main benefits:

- Improve the Sustainability of General Medical Services
- Increase Capacity to support Future Demand
- Increase Access to a Range of Locally Delivered Services
- Provide a High Quality and Compliant Environment
- to provide a conducive working environment for staff and support training opportunities and collaborative communication links

Options Appraisal

As part of the development of the business justification case, after consultation with key stakeholders, the following list of options were identified and assessed:

- Option 1 - Business as usual (for comparative purposes)
- Option 2 - Do Minimum (Core Scope/ Refurbish Existing Building)
  Retain temporary accommodation with internal modifications to create a facility for Pentyrch and the surrounding areas that meets minimum statutory requirements
- Option 3 - Do Intermediate (Desirable Scope / Extend Existing Building)
  Provide a facility for Pentyrch and the surrounding areas that meets minimum statutory requirements, supports GMS sustainability, best practice models and addresses known current capacity issues whilst providing an opportunity for expansion to support LDP growth and include other health care services at a future date
- Option 4 - Do Intermediate Plus (Desirable Scope / New Build Solution)
  Provide a facility for Pentyrch and the surrounding areas that meets minimum statutory requirements, supports GMS sustainability, best practice models and addresses known current capacity issues whilst providing an opportunity for expansion to support LDP growth and include other health care services at a future date.
- Option 5 - Do Maximum (Optional Scope / New Build Solution)
  A facility for Pentyrch and the surrounding areas that meets minimum statutory requirements, supports GMS sustainability, best practice models and addresses known capacity issues whilst providing accommodation to support future long term LDP growth and include other health care services at a future date.

Saunders,Nathan
21/07/2024 00:47:55

An economic analysis was undertaken along with a detailed assessment of benefits, the outputs confirmed;

- Option 4 – was the preferred option.

Having identified the requirement of a new purpose-built development, was the preferred option, with the other options being deemed unviable, it was therefore necessary to identify a suitable site for the development.

Twenty-five sites were originally identified, these were reduced to six, these were;

- Land between Bronllwy & Heol-Y-Bryn Roads
- Land between A4119 & Rhydlafar Drive
- Land off Fairmeadow
- 'Commercially sensitive site'
- Rugby Club
- Squash Courts

The six were then subject to further assessment, this assessment was undertaken by the then Pentyrch Project Team against standard criteria which has been applied previously to other primary care schemes locally, the criteria being;

- Size
- Accessibility
- Affordability
- Deliverability
- Acceptability

Based on the above conclusion of the assessment, the land between A4119 & Rhydlafar Drive was the chosen site.

The land sale has since been discussed with Cardiff Council. The Council has advertised the land as pending sale, in relation to its current open space categorisation. Heads of Terms have been agreed in principle between the UHB and the Council for its purchase in conjunction with colleagues from NWSSP Shared Services, Legal and Risk.

Preferred Way Forward

The preferred way forward has been identified as a new purpose built development on the Council-owned Land between A4119 & Rhydlafar Drive which will provide a 21st century healthcare solution for the current patients of the Pentyrch Branch Surgery, support a medium term solution in relation to uplifting capacity and providing continued sustainable delivery of General Medical Services to the residents of Pentyrch and local surrounding areas whilst also offering an opportunity to expand service delivery in the longer term future to meet further capacity requirements as the population increases in the wider locality due to the planned Cardiff Council Local Development Plan.

Procurement Route

Previously submitted reports have confirmed that the Health Board were previously procuring the new Pentyrch facility via a third-party developer. This, however failed, due to the inability to reach an acceptable deal with the third-party developer, which could be supported by the District Valuer and Welsh Government.

The decision was made in consultation with the Welsh Government, to procure this scheme via Welsh Government funded capital.

To maintain the intellectual property rights of the design and thus the already approved planning permission, the Health Board, in complete consultation with colleagues from shared services, Legal and Risk and Specialist Estates Services, appointed the original design team under a direct award, in conjunction with procurement services. This award was via the NHS SBS Framework for Healthcare Planner, Construction Consultancy, and Ancillary Services (HPCCAS). The Design team was led by Corstorphine & Wright.
Upon completion of the design, the scheme was tendered through the Cardiff and Vale UHB Building Framework Lot 2, under the contract terms and conditions, NEC 4 option B. The procurement was issued and

Saunders, Martina
21/10/2024 09:15:55

administered via procurement services.

The tenders received were competitive with the two lowest tenders very close. Tender analysis was completed by the Design team and the most economically viable tender cost was used in the costings within the Business Justification Case.

Capital Costs

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

Capital Costs	Option 4 £m
Works Cost	3.908
Fees	0.826
Non-Works	0.410
Equipment	0.036
Planning contingency	0.270
VAT Recovery	(0.107)
Total Capital Cost/ Cost Forms	**5.344**

Affordability

It is assumed that the impairment and recurrent charges for depreciation will be funded by the Welsh Government.

Revenue Implications

This cost assessment relates to the service wholly provided by the Practice and excludes any further services that may be delivered by the Health Board or other partners in the future.
The summary of revenue costs is as follows:

Costs	Current UHB Expenditure £'000	Estimated UHB Expenditure £'000
Rent (Portacabins)	21	0
Rent (Site)	2	0
Rates	1	21
Office Equipment (incl. IT equipment)	0	29
Electricity/Gas	0	0
Cleaning	0	0
Security	0	0
Water	0	2
Decommissioning of Existing Site	0	19
Legal Fees	0	5
Waste	1	2
Maintenance	0	0
Service Charge	0	0
Total	**25**	**78**

Saunders,Nathan 21/07/2014 00:47:55

A breakdown of the estimated Health Board expenditure split by recurrent/non-recurrent is provided below:

Costs	Recurrent £'000	Non- Recurrent £'000
Rates	21	0
Office Equipment (incl. IT equipment)	0	29
Water	2	0
Decommissioning of Existing Site	0	19
Legal Fees	0	5
Waste	2	0
Total	**25**	**53**

The following assumptions have been made in respect of the revenue case:

- The lease is assumed to be for 20 years

Outline Project Programme

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

BJC Submission to CMG	June 2024
Submission of BJC to the Welsh Government	July 2024
Commence construction	September 2024
Construction completion	September 2025
Facility operational	4Q 2025

The business case can be located in the supporting documents folder.

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

- The cost for the preferred way forward has a capital requirement of £5.344m inclusive of VAT
- Welsh Government have agreed to the submission of a Business Justification Case which was initially being progressed via a third-party developer.
- The Investment Group approved the revenue consequences at their meeting held on the 3rd July 2024 and the case was subsequently supported by the Senior Leadership Board

Recommendation:

The Board is requested to:

a) **APPROVE** the submission of the Pentyrch Branch Surgery Development – Business Justification Case to Welsh Government for capital funding support
b) **APPROVE** the awarding of the construction contract, subject to Welsh Government approval of the BJC, at the cost of £3.908m (inclusive of VAT) under the terms and conditions of the NEC 4, Option B contract
c) **NOTE** the appointment of the Health Board's Project Manager and Cost Advisor will be undertaken at a later date and that there is a fee allowance in the overall Business Case

Saunders,Nathan
21/07/2024 00:14:58

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

Prevention		Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

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

Risk: No
Safety: Yes
The capital design incorporates statutory health and safety requirements.
Financial: Yes
Capital funding for this project is anticipated to come from the All Wales Capital Programme. The BJC sets out the rationale and capital costs along with the recurring revenue consequences.
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: Yes
The capital design incorporates required elements of decarbonisation measures.

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*

Capital Management Group	Date: 17th June 2024
Investment Group	Date: 3rd July 2024
Senior Leadership Board	Date: 4th July 2024
Finance & Performance Committee	Date: 17th July 2024

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Compassionate Leadership Pledge				Agenda Item no.	7.2
Meeting:	Public Board				Meeting Date:	25.07.2024
Status *(please tick one only):*	Assurance		Approval	x	Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture					

Main Report
Background and current situation:

The Compassionate Leadership Pledge, created by Health Education Improvement Wales (HEIW) for NHS Wales, is an initiative that encourages all Health Boards and Trusts to commit and sign up to an organisational-wide approach to leadership that is underpinned by the principles of compassionate leadership.

CAVUHB, as part of its dedication to embedding a compassionate and inclusive culture, recognises the significance of the right workplace culture in ensuring the engagement and wellbeing of our staff and the delivery of high-quality care. The UHB has supported the development of compassionate leadership through ensuring that all leadership and management development opportunities are underpinned by the compassionate leadership principles, and this has been commended by an internal audit. By signing the Compassionate Leadership Pledge, CAVUHB further affirms its commitment to improving its culture, as evident in the Shaping Our Future Wellbeing Strategy, People and Culture Plan, and Strategic Equality Plan.

The Compassionate Leadership Pledge encompasses several key principles that will guide our actions and behaviours:

- Develop supportive and effective team and inter-team working.
- Improve equality and diversity by consciously removing barriers and boundaries.
- Agree on direction and ensure alignment and commitment.
- Manage difficulties and challenges positively, openly, courageously, and ethically.
- Enable safe, trusting, and engaging systems and cultures.
- Establish the conditions for our workforce to reflect, learn, continually improve, and innovate.
- Create environments where collective leadership thrives.

Figure 1 The Compassionate Leadership Pledge Template created by HEIW.

Fig 1

Saunders,Nathan
21/07/2024 00:47:55

There are three ways in which the pledge can be signed:

- **Organisational:** Executives within organisations can sign the pledge on behalf of their organisation, committing to creating compassionate workplaces and modelling compassionate leadership in all interactions.

- **As a Team/Department:** Teams or departments can agree in collaboration on how they will model and experience each Compassionate Leadership Principle within their respective areas.

- **As an individual:** This allows individuals to reflect on how they embed each compassionate leadership principle within their work.

Signing the pledge at an organisational level will further demonstrate the Board's commitment to creating compassionate workplaces and modelling compassionate leaders in all interactions and at all levels. This commitment sets the tone for the entire UHB, reinforcing the values we uphold.

Although the signing of the pledge will start at Board level, individuals and teams should also be encouraged and supported to sign the pledge, and the Organisational Development Unit (ODU) will provide supporting resources to encourage this throughout the UHB, enabling a sense of accountability and collective commitment to creating a compassionate and inclusive workplace.

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

Signing the Compassionate Leadership Pledge for CAVUHB is an important step towards creating a culture of compassion and inclusivity within the UHB. Signing the pledge and role modelling the principles at Board level provides reinforcement and assurance to our communities, our patients, our colleagues and our stakeholders that we are committed to living our values, and to our ongoing efforts to improve culture and practice within the UHB. It demonstrates our commitment to developing healthy high performing teams, through which we will promote and foster equitable, diverse and inclusive practices, manage challenges and opportunities ethically, and create collective leadership environments.

Embracing this pledge and working together, we can continue to celebrate and create workplaces and environments where compassion is integrated into our daily interactions and decision-making processes and this will reaffirm our strategy of 'Living Well, Caring Well, Working Together', and support us all in achieving our strategic objectives:

- Putting People First
- Providing Outstanding Quality
- Delivering in the Right Places
- Acting for the Future

Recommendation:

Executive Board to:

APPROVE the signing of the Pledge at Board Level, and encourage signing of the pledge at all levels including the engagement and support to encourage individuals, teams and departments to sign.

Sandra Nathan
2024/07/24 00:47:38

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: yes – inability to identify areas of 'poor' culture / behaviours / practices that may impact on patient experience

Safety: yes – as above

Financial: yes – impact of poor culture on retention, recruitment and patient experience

Workforce: yes - impact of poor culture on retention, recruitment and patient experience

Legal:no

Reputational: yes - impact of poor culture on retention, recruitment and patient experience

Socio Economic: no

Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience

Decarbonisation: yes – opportunity to gather ideas for improvement at a local level

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders,Nathan
21/07/2024 00:47:55

Compassionate Leadership Pledge

Saunders,Nathan
21/07/2024 00:47:55

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

GIG CYMRU NHS WALES

Report Title:	Capital Plan 2024-25				Agenda Item no.	7.3
Meeting:	UHB Board	Public	√		Meeting Date:	25th July 2024
		Private				
Status *(please tick one only):*	Assurance		Approval	√	Information	
Lead Executive:	Director of Finance					
Report Author (Title):	Director of Captial, Estates and Facilities					

Main Report
Background and current situation:

The purpose of this report is to request that the Board approve the capital plan for the 2024/25 financial year. The proposed capital programme set out in the paper has undergone the internal governance process with support provided by Capital Management Group at their meeting held 20th May 2024, Senior Leadership Board 20th June 2024 and is scheduled to be considered by Finance & Performance Committee on 17th July 2024.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via their Capital Resource Limit (CRL). The 2024/25 CRL, issued by WG allocates £33.942m in total, with £20.288m allocated to Major Capital schemes and £13.654m Discretionary Capital, there is a variance of £0.566m against the CRL and Planned spend due to RISP funding of £0.566m which has not yet been included on the CRL.

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

It should be noted that the UHB have previously funded the development of a number of Business Cases which have been submitted to WG for approval. Should these Business Cases be approved then the UHB will be able to draw down the expenditure which would be reimbursed to the discretionary capital budget. WG are in the process of undertaking a pan Wales capital prioritisation review and until this exercise is concluded it is not known when the UHB will receive approval of the Business cases and have access to the additional funding.

Business Case Development Expenditure

Scheme	Amount £m
CRI Wellbeing Centre (OBC)	2.301
CRI MEP (FBC)	0.662
Haematology Ward & Day Unit (BJC)	0.090
Total	**3.053**

Table 1 below, indicates the income identified on the CRL for 2024/25, which includes the funding allocated for the approved All Wales Capital schemes in addition to the Discretionary capital allocation. The table currently indicates no receipts from the sale of properties, however, CEF are currently considering options for the rationalization of the estates which may generate some income later in the year.

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21/07/2024 00:47:55

Table 1 – Capital Funding

Description	Funding		
	Major Capital	Discretionary Capital	O'Turn
	£k	£k	£k
Major Capital			
Rookwood reprovision at Llandough	(750)		(750)
EFAB	(3,390)		(3,390)
Park View WBH	(1,174)		(1,174)
Tertiary Tower Infrastructure (BJC)	(1,765)		(1,765)
Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales	(2,870)		(2,870)
Mortuary (BJC)	(2,993)		(2,993)
Lift Upgrade (BJC)	(4,487)		(4,487)
Electronic Switchgear, UHW	(1,286)		(1,286)
Replacement Boiler, University Hosptial Llandough	(637)		(637)
Diagnostic Equipment	(540)		(540)
Sanctuary Provision for Children and Young People	(10)		(10)
DPIF			
DPIF - Digital Medicines Transformation Portfolio	(386)		(386)
Unapproved			
RISP Programme (Funding letter signed)	(566)		(566)
National Imaging Programme			0
Major Capital Total	(20,854)	0	(20,854)
Discretionary Capital & Sale of Properties			
Discretionary Capital Allocation		(14,871)	(14,871)
EFAB 30% Contribution		1,217	1,217
Discretionary Capital & Sale of Properties Total	0	(13,654)	(13,654)
Total Funding	(20,854)	(13,654)	(34,508)

Discretionary Capital Prioritisation Process

As part of the UHB annual planning process Clinical and Service Boards submitted schemes for funding support against the available unallocated budget. The unallocated budget is, determined after the annual commitments and 'roll over' schemes are taken into consideration.

Given the limited availability of both 'All Wales' Capital and Discretionary Capital the UHB undertook a prioritization exercise using agreed criteria. The schemes identified were then scored independently by strategic service planning, operational planning and Capital Planning (CEF). The initial draft prioritization schedule was presented to SLB in January 2024 to ensure that the logic applied and the direction of travel was supported by the group.

The table below (3) identifies the schemes which scored highest following a final review and taken forward into consideration against the available funding.

Saunders,Nathan
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Table 2 – UHB Wide Priority Schemes

Rank	Scheme	Current Status	Estimated Capital (£m)	Spend Plan 2024-2025 (£m)
1	Cardiology relocation – critical enabler for the cardio-thoracic and ITU expansion schemes & Separation of planned and emergency Gynae – critical enabler for Cardiology relocation)	Included in Draft Plan	*3.500*	*3.500*
2	Combined Heat & Power – new contract to protect against obsolescence	Removed	*0.500*	*0.000*
3	Medical Gas – Pressure Reducing Sets	Completed 2023/24	*0.040*	*0.000*
4	Urgent Roof Repairs – A Block Plant Room	Potential Welsh Government funding	0.150	0.000
5	Main Chiller – theatres UHW	Potential Welsh Government funding	0.600	0.000
6	Statutory Fire (mainly doors)	Potential Welsh Government funding	0.200	0.200
7	UHL – Amulatory Theatres (High Vol/Low complexity)	Feasibility work underway	*TBD*	*TBD*
8	Air Handling Unit HSSD – replacement	Potential Welsh Government funding	0.650	0.000
9	Emergency Community Dental Service (interim replacement capacity – from Roath Park to CRI)	Feasibility work required	*1.900*	*0.000*
10	CRI/Clinical Addictions Unit – interim works	Included in Draft Plan	*0.100*	*0.100*
11	Welsh Clinical Intensive Care Information System (Deferred to 2025-26)	Deferred until 2025-26	0.950	0.000
Grand Total			**8.590**	**3.800**

Draft Capital Programme 2024/25

At their meeting held on the 20th May 2024,the Capital Management Group (CMG) considered the limited unallocated budget of which equated to circa £2.5m and the significant priority schemes that need to be addressed. The relocation of cardiology from C3 to C1, which principally provides opportunity to increase ITU capacity to support the demands of winter was supported by CMG as being the most urgent priority.

Budget costs for the scheme, which requires a series of moves have been prepared with an anticipated outcome of £3.5m and the only option to bridge the gap between unallocated funding and the budget costs is to commit the Discretionary programme contingency of £1m.

In addition, the CMG were presented with a paper relating to the mortuary refurbishment scheme which requested additional funding of £330k to support the additional structural works that had been identified during construction and the extension required for the temporary body store at Rookwood Hospital.

CEF agreed the draft programme as shown in Table 4 below which is currently forecasting an overcommitment of £0.375m against current available allocation. However, 2 actions were agreed to reduce the anticipated overcommitment:

Gauthers,Nathan 21/07/2024 09:45:55

1. Approach WG for additional support for the Mortuary Refurbishment
2. Undertake the design and tendering of the Cardiology scheme to establish the actual cost as the Budget was based on limited information

The Board should be aware however that there is no contingency remaining and this carries a significant risk given the position in the year.

Table 3 – Draft Expenditure Programme

Description	Expenditure		
	Major Capital	Discretionary Capital	Total
Major Capital Construction			
Rookwood reprovision at Llandough	750		**750**
EFAB	3,390		**3,390**
Tertiary Tower Infrastructure (BJC)	1,765		**1,765**
Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales	2,870		**2,870**
Refurbishment of Mortuary UHW (BJC)	2,993	330	**3,323**
Lift Upgrade (BJC)	4,487		**4,487**
Electronic Switchgear, UHW	1,286		**1,286**
Replacement Boiler, University Hosptial Llandough	637		**637**
Diagnostic Equipment	540		**540**
Sanctuary Provision for Children and Young People	10		**10**
DPIF - Digital Medicines Transformation Portfolio	386		**386**
RISP Programme (Funding letter signed)	566		**566**
National Imaging Programme			
Relocation of Cardiothoracic Unit from UHL to UHW		1,920	**1,920**
Car Park Enabling CRI		300	**300**
Cardiology Relocation		3,500	**3,500**
Major Capital Business Cases			
Park View Wellbeing Hub (FBC)	1,174	230	**1,404**
	20,854	**6,280**	**27,134**
Annual Commitments:			
UHB Capitalisation of Salaries		700	**700**
UHB Director of Planning Staff		165	**165**
UHB Revenue to Capital		1,015	**1,015**
Business Cases funded via Discretionary Capital			
ITU Refurbishment (SOC)		180	**180**
Pentyrch Surgery - Fees			**0**
Statutory Compliance:			
Fire Risk Works		200	**200**
Asbestos		400	**400**
Gas infrastructure Upgrade		300	**300**
Legionella		450	**450**
Electrical Infrastructure Upgrade		150	**150**
Ventilation Upgrade		500	**500**
Electrical Backup Systems		250	**250**
Upgrade Patient Facilities		350	**350**
Dedicated Team		200	**200**
Other:			
Backlog Estates		598	**598**
Lift 8 & 9 UHW		156	**156**
Biochemistry Cooling UHW completion of project from 23/24		385	**385**
CFPU Chiller Upgrade completion of project from 23/24		50	**50**
UHW Tunnels Phase 2		50	**50**
Community Addiction Unit at CRI		100	**100**
Backlog IM&T		500	**500**
Backlog Medical Equipment		950	**950**
Contingency			**0**
PIE Requests		100	**100**
Unallocated funding			**0**
	0	**7,749**	**7,749**
Total Commitment	**20,854**	**14,029**	**34,883**
Over / Under Commitment	**0**	**375**	**375**

Saunders,Nathan
21/07/2024 00:47:55

Backlog Maintenance & Patient Safety Funds 2024/25

NWSSP Specialist Estate Services requested that the UHB submit bids relating to backlog maintenance and patient safety, to be funded from a £30m capital budget identified by WG. The UHB provided the information which amounted to £11.5m, a number of the schemes are included in table 2 above, which were considered a priority by the UHB but could not be funded from the Discretionary Capital Budget. The UHB has received confirmation that the Minister has approved 12 schemes, at a total of £4.434m, which includes items 4,5,6&8 in table 2.

For completeness, the Major Capital Schemes slippage against IR Suites £0.885m has been managed by bringing forward schemes from 2024/25 as shown in the table below

Scheme	£m
IR Suites	0.887
Efab - Fire	(0.299)
Efab - Decarbonisation	(0.295)
UHL Electrical Infrastructure	(0.072)
Electrical Infrastructure, Tertiary Tower Block at UHW	(0.036)
Lift Refurbishment and Upgrade, UHW	(0.013)
Mortuary Refurbishment, UHW	(0.142)
Electronic Switchgear, UHW	(0.007)
Replacement Boiler, University Hosptial Llandough	(0.023)
Balance	**0.000**

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

- The draft capital programme identifies an **Overcommitment of £0.375m**
- Contingency in programme has been fully utilised
- The Minister has approved an additional funding allocation of £4.334m against £30m capital budget to address backlog maintenance and patient safety schemes.
- The capital plan 2024/25 has been endorsed by Capital Management Group at their meeting held 20th May 2024 and supported by Senior Leadership Group at their meeting held 20th June 2024.
- The paper is scheduled to be presented at Finance and Performance Committee on Wednesday 17th July 2024.

Recommendation:

The Board are requested to:

1. **NOTE:** the content of the paper and in particular the prioritisation process undertaken.
2. **APPROVE:** the draft capital plan 2024/25, subject to support from Finance and Performance Committee, recognising the reported overcommitment and risk associated with the unavailability of contingency
3. **NOTE:** the receipt of £4.434m additional Welsh Government funding allocation to support 12 backlog maintenance schemes including items 4,5,6&8 in table 2 of the 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	
3.	All take responsibility for improving our health and wellbeing	√	8.	Work better together with partners to deliver care and support across care	

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

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

Prevention		Long term	√	Integration		Collaboration		Involvement	

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

Risk: Yes
Lack of capital funding to deliver the scheme has implications on clinical service delivery.
Safety: No
Financial: No
Workforce: No
Legal: Yes
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.
Reputational: Yes
The UHB's ability to reduce waiting times and deliver services in an appropriate setting being cognisant of patient's privacy and dignity.
Socio Economic: No
Equality and Health: Yes
Increasing the overall reliability of the Lifts will ensure clinical staff are able to appropriately perform intensive clinicals activities.
Decarbonisation: Yes
Although not been specifically, new equipment installed will be more energy efficient.

Approval/Scrutiny Route:

Capital Management Group	Date:20/05/2024
Senior Leadership Group	Date: 20/06/2024
Finance & Performance Committee	Date: 17/07/2024

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Corporate Risk Register					8.1
Meeting:	Board Meeting	Public	x	Meeting Date:	26 July 2024	
		Private				
Status *(please tick one only):*	Assurance	x	Approval		Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Risk and Regulation Officer					

Main Report
Background and current situation:

The Corporate Risk Register ("the Register") has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Register includes risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The risk registers are currently produced on an excel spreadsheet. The AMaT IT Solutions Team will be releasing the new RICC module that will contain Risk Management functionality. The Health Board is one of the organisations interested in using the module that will be part of the 'early adopter' workshops throughout the release.

The assurance map indicates where assurance sits within the organisation and how it operates using a three lines of defence approach. A range of assurance activities within the Clinical Boards and Corporate Departments from across all lines of defence, provides an enriched assurance picture.

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 Medicine Clinical Board set up a workshop session on 19 June 2024 and the Team supported the programme by delivering a presentation.

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.

Saunders,Nathan 31/07/2024 00:47:16

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.

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.

Table 1 displays six new risks from Capital Estates and Facilities added to the Corporate Risk Register after its last presentation to the Board on 30 May 2024.

Table 2 shows six risk ratings having decreased from Children and Women Clinical Board, three from the Finance Corporate Department and one from Strategic Service Planning and therefore removed from the Corporate Risk Register as highlighted below:

Table 1: New Risks added to the Register

Risk Ref	Risk Title	Clinical Board / Corporate Dept	Current Risk Score
28	11kv main distribution board for UHW site network. There are no additional spare circuits for any further expansion. All the electrical intake equipment is in one location, feeding the whole of hospital, risk to loss from fire would mean total loss.	Capital Estates & Facilities	20
38	Main steam header and valves aged. Major shutdowns of steam now required in most cases.	Capital Estates & Facilities	20
46	Steam plate heat Exchanger. Failure of entire package system due to critical components would leave CAVOC without the ability for heating or ventilation heating control, ultimately could lead to cancellations of operations.	Capital Estates & Facilities	20
48	Main 415 v distribution panel. Failure of Board due to age could leave area without power.	Capital Estates & Facilities	20
50	2 cold/hot water storage tanks. Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1. Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance.	Capital Estates & Facilities	20
69	CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways.	Capital Estates & Facilities	20

Table 2: Risks ratings decreased and removed from Corporate Risk Register

Risk Ref	Risk Title	Clinical Board / Corporate Dept	Current Risk Score
5	Inadequate midwifery and medical staffing on obstetric assessment unit.	Children & Women	16
7	Fetal medicine capacity shortfall and breech of ASW 5 day referral standard.	Children & Women	15
8	Obstetric Staffing Level Challenges	Children & Women	16
12	Publication of UK Maternity & Neonatal Services Report (Ockenden) detailing standards and requirements	Children & Women	16
14	UK wide challenges in recruitment, retention and wellbeing of staff (predominantly Nursing & Midwifery)	Children & Women	16
15	Lack of appropriate Fetal Monitoring Capability on Delivery Suite	Children & Women	8

Saunders Nathan
21/07/2024 00:47:55

40	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.	Finance	15
41	Due to a planned deficit of £15.9m for 2024/25 there is a risk of failure to achieve an Approved 3-year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.	Finance	15
44	Remain within Cash Limit	Finance	15
39	Business Continuity – outdated plans, no central depository or register for plans; depts writing plans in isolation; EPRR long term sickness; Plans being reliant on backup generator power to maintain services in a power failure when large parts of UHW is not covered This is likely to lead to services not being maintained during and following an incident, increased risk to patient and staff safety, reputation, etc.	Strategic Service Planning	

Candidate risks were submitted and accepted from all of the CD&T, PCIC, Children & Women Clinical Boards and CEF, IT and Finance Corporate Departments. Combined risks from all Clinical Boards and Corporate Departments stand at 90.

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.

The DCG continues to review the risk register in order to establish a coherent structure of risk moderation and engagement across the Health Board. 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.

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21/07/2024 00:47:35

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processed and procedures.
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Approval/Scrutiny Route:

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Clinical Board/Corporate Directorate	Risk Reference	Date risk added	New Risk/s Added January 2024	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
					Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Medicine	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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Me	3			**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. **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; **Impact:** patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	5	5	25	Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management	5	5	25	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	5	2	10	Jun-24	Quality, Safety & Experience	Workforce Patient Safety
	4			**Context:** Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers form 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern and media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC **Risk:** Delays in offering nutrition to patients in whom there is no alternative with complications creates a nubmer of risks including death and increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with a HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations which creates a risk of reputational harm and regulatory breaches. **Impact:** Potential harm including death; multiple concerns and media coverage; not meeting national guidelines	5	5	25	**Position** regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated **Previous** business case and SBAR to WHSSC for additional service support including consultant post	5	4	20	**Dependant** upon agreement of funding by WHSSC/UHB and availablity of suitability experienced workforce to fill new posts	5	2	10	May-24	Quality, Safety & Experience	Patient Safety Workforce
	5			**Issue** - Ongoing Lift Failure - 7, 8 & 9 **Risk/Impact** - Serious harm to women and babies from risk of entrapment or potential delays in emergency treatment due to lifts failing on demand	5	5	25	Lift refurbishment completed at the end of 2020. Failure occurred in December 2020 resulting in damage to doors requiring a 3-month repair time. Current maintenance contract in place however, this hasn't proved to be adequate mitigation. Maintenance contract to be moved to OTIS from Thyssen to overcome the high level of new equipment failures.	5	4	20	Due to repetitive faults and requirement for refurbishment, risk rating remains at 20. Refurbishment still awaited, risk rating remains unchanged in view of this. 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.	5	2	10	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety Maternity Capital Assets

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Children and Women	6	01.12.2022, 7.11.2023		**Issue** - Paper Based Clinic Records - PAS Service **Risk/Impact** - A)Treatment delay and thus need for more invasive treatment. Increased risk of complications (admission for haemorrhage, additional surgery, infection and additional psychological trauma). B)Poor service data quality, underreporting of clinical workload, loss of funding, prolonged or insufficient clinical governance projects C)Treatment delay, vital info previously gathered unavailable at the point of care – risk of clinical errors, failing to promptly diagnose complications D)Confidentiality at risk when paper files get lost in transit. E)Risk of legal challenges and implications due to non-compliance with statutory abortion framework. Particular legal risk: non-reporting of abortion treatment	4	5	20	1 close collaboration with Emergency Gynae team for managing complications 2. hand-checking of records entered 3. referral to BPAS in case of delay into second trimester 4. e-mails and phone calls from either end to ensure receipt of paper files across sites (not working after 4 pm) 5. overtime paid to admin staff to catch up with HSA4 report	4	5	20	PARIS training rollout awaited to progress with switchover from paper to electronic system. Will need training of all staff to ensure all staff able to use in gynaecology. Tania to liaise with CS about how this training is disseminated 1. A)Emergency team has little or no access to clinical notes B) hand-checking of clinical data rarely possible and of doubtful efficacy 2.BPAS treatment is at a cost and further grief to women who have to undergo a second assessment 3. A)Notes are very frequently lost during transit, much time wasted searching and re-creating notes B) delay of reporting is down to 6 months – still very far away from statutory two weeks. Business case now approved, arranging implementation date with IT. IT currently building software but not ready yet. Update awaited Obstetric Consultants allocated to review PAS systems/functions	4	2	8	Monthly	Quality, Safety and Experience	Patient Safety
	7	04/2021		**Issue** - Inadequate Emergency Gynaecology Facilities **Risk/Impact** - There is a risk of harm and poor patient experience as a result of lack of available provision for emergency gynaecology care resulting in delays and patients waiting to be seen in the corridor due to lack of designated area and staff to review and triage patients	4	5	20	Ongoing review of additional workforce to support	4	5	20	Emergency Gynae nurse practitioner now in post Temporary reorganisation of rooms to enable better emergency care provision. To be discussed at gynae planning meeting on 17/11/23. Wider planning in progress to right size gynae.Right sizing meeting completed, side room to be used for Emergency Gynaecology. Presence of senior nurse cover in Emergency Gynaecology. Risk Rating remains at 20 currently. Updated on 28/05/2024: HM to chase update from TB regarding this risk with a view of reducing risk rating at subsequent Risk Register Meeting. KM appointed into ANP role to support Emergency Gynaecology services. Additional spaces/ side rooms identified to support Emergency Gynaecology service. 4 Gynaecologists (1 Consultant, 1 Middle Tier and 2 Junior Gynaecologists) now appointed to Gynaecology department. Likelihood reduced to 3 (possible). Verbal feedback received from staff confirming improvement in Emergency Gynaecology service.	4	2	8	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety
	8	08/01/1900		**Issue** - UK wide shortage of Paediatric & Neonatal Intensive Care Capacity **Risk/Impact** - There is a risk that C&YP who are admitted or waiting to be admitted to the CHfW will suffer harm due to the increased demand for PCCU and NICU bed. If children require care in either critical care areas and we are at maximum capacity for the number of nurses we have, then we have to review children that can be moved out of each area, which depends on ward capacity also. In addition to this we review children that can go to local DDH's. We often cancel elective admission to critial care which can lead to more complex surgery later and longer hospital admision times.	5	5	25	1. Daily huddles and deployment of nursing resource based on risk. 2. Staff moved wherever possible throughout the day to respond to changing circumstances and level of risk. 3.Bank and Agency requested on every shift, own staff offered enhanced overtime. 4. Daily medical ward round, to assess patients needs for ongoing impatient care. 5.Senior nurse engagement with external agencies, to expedite DTOC. 6.Education and support of practice educators for staff moved to the critical care areas.	5	4	20	1.Increased numbers of suitably trained staff in critical care areas. 2. Increased numbers of staff on wards to allow rotations to critical care areas 3. Better flow through critical care with timely discharges back to DGH's. 4.Childrens hospital discharge co-ordinator. 5. Risk rating to reduce in September 2024 on arrival of streamlining students	5	2	10	Monthly	Quality, Safety and Experience	Patient Safety Maternity
	9	1.10.2023, 7.11.2023		**Issue -** Waiting times for C&YP awaiting ND Assessment **Risk/Impact** - There is a risk of harm and poor patient experience as a result of current waiting times for CYP awaiting ND Assessment. Waiting times are currently significantly high and also the increase in referrals, currently significantly exceeds capacity.	4	5	20	1. Review of top 10 long waiters every week. 2. Additional WG funding in place to increase capacity 3. Review of current service model	4	5	20	1. Weekly DMT meetings to continue. 2. Continued monthly team meeting 3. Review triage 4. Review pathways 5. Review expedite criteria 6. Ensure representation at WG national meetings 7. Consider as part of empower multi agency meeting	4	1	4	Monthly	Finance & Performance Quality, Safety & Experience	Patient Safety Planned Care
	10		8.01.2024	**Issue** - Euroking System Capability - UK Wide Alert **Risk/Impact** - Data Overlay of any previous medical/surgical history for patient data	4	5	20	1. Staff are aware of the system issues and advised not to review historic surgical/medical assessments 2. Issues escalated to IG/Legal/Procurement/CNIO/Digital Maternity Cymru 3. Data dictionary obtained and to commence full risk assessment for CAVUHB 4. Pause on any audit/research that includes overlayed data points 5. Storage of documentation against future archive to mitigate future claims 6. Daily contact with Supplier to reconnect access to server	4	5	20	Continue project work for procurement and implantation of new maternity system. Continue urgent request with Euroking for reconnecting server access to continue support. Successful bid for Badgernet system achieved. Risk Rating to remain at 20 whilst transition to Badgernet system from Euroking awaited. Updated on 28/05/2024: Transition to Badgernet system may be established by January 2025. Further National Alerts regarding Euroking system have been submitted. Engagement from Euroking remains limited. Updated on 25/06/2024: Transition to Badgernet system may be established by January 2025. Further National Alerts regarding Euroking system have been submitted. Extension of Euroking system agreed, methods of financing this to be confirmed. Risk rating remains at 20 due to ongoing risks associated with Euroking system. Extension of Euroking system agreed, methods of financing this to be confirmed.	4	1	4	Monthly	Quality, Safety & Experience	Health Inequalities
	11			**Issue -** Challenges in Management of Patients within PAS Services: 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 comples patients when PAS Lead is unavailable. This is resulting in complaints and concerns raised by the patients. 2. USS governance issues. 3. Difficulties in transferring patients across to acute settings- long waiting times for ambulances. 4. Inefficiant utilization of staff to have a cross cover resulting in shortage of staff across both sites which has implications on the clinics in UHW. 5. 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. **Risk/Impact:** Impact on patient safety and management. Missed opportunities in relation to treatment option in patients diagnosed subsequent with PUL/ Ectopics.	4	5	20	1. USS Governance Lead in post. 2. RM recommended patients attending PAS should be offerec USS. Awaiting final outcome.	4	5	20	1. Move PAS services back to UHW. 2. Establish required resources/ rooms required for PAS service. 3. Re-establish TDSI access and broken 'locked' door to increase security for staff. 4. USS provision added as new addition to Risk Register and for escalation to Clinical Board Risk Register. 5. 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. 5. 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
	12			**ISSUE:** Delay in implementing a Regional Sexual Assault Referral Centres (SARC) rota. **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.	4	5	20	1. Cover identified for Consultant who has formally withdrawn. 2. Consultants identified to contribute to Regional rota, with a plan to cover the 8th slot.	4	5	20	1. Request urgent financial sign off of proposed model and remuneration. 2. Implement regional rota as soon as practically possible. 3. Regular review of risk/ update register.	4	2	8	Jul-24	Quality, Safety & Experience	Patient Safety Exacerbation of Health Inequalities

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	13			**Issue:** Non compliance against New MHRA Guidance for Beds/Bed Rails across CHFW **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. 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 MMO5000	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 MMO5000 and Solo beds.	4	5	20	Trial beds arriving in CHFW in June to test suitability	3	4	12	Monthly	Quality, Safety and Experience	Patient Safety Planned Care Urgent & Emergency Care
Clinical Diagnostic & Therapeutics	14			**Estates Risks** The fabric of the estate is suboptimal to delivery of modern, safe and sustainable healthcare. Significant aggregated risks across the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. 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. 3. 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 4. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 5. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 6. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 7. UHL Main Occupational Therapy Department and Physiotherapy dept in UHL and old hydro area- Fabric of building is deteriorating , room unusable , leaks throughout the area .Patient records damaged as a result . Poor condition of portacabins. Area condemned due to risk of roof collapse - toilet, cleaners room, fire exit, accessable via main office. situation to be escalated on the estates risk register now. 8. The viability and sustainability of an ageing facility in PSU at UHL,	5	5	25	1.Capital planning programme 2. 1.Capital Programme 2.2. Business Continuity Plans 3. Business Continuity Plans 4. Capital Planning Programme 5. Capital Planning 6. 1. Escalation routes to Estates 6.2. Busines Continuity Plans 7. 1.Escalation routes to Estates 7.2. Business continuity plans 7.3. Capital Planning Programme 8.1. Managed Service Contracts 8.2. Maintenance Service Agreements	5	4	20	1-7 Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. 1-7 Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies 1. Engage with Capital Planning with regards to Mortuary refurbishment project,commenced January 2024, planned completion time Summer 2024 3. Put in place recommendations from internal audit of medical records storage and security. 1-7 Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies 8. Engage with TRaMS project for proposed regional solution to Radiopharmacy and aspetics, progressing following recent MHRA inspection and cessation of Radiopharmaceutical production.	5	2	10	Apr-24	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety
	15			Equipment Risks - ageing equipment across the clinical board including: 1. NVA 1 and NVA 2 simultaneous breakdown, affecting both emergency and elective patients, increasing frequency and severity of breakdown affecting both rooms. 2. Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service . 3. 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. 4. 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. 5. 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. 6. 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	5	5	25	1.1. Capital Replacement Programme 2.1. Discretionary capital programme 2.2. Escalation routes to Estates 3.1. Escalation route to Estates 3.2. Business Continuity Plan 4.1. Business Continuity Plans 4.2. Managed Service Contrats 5.1. Maintenance service agreements 5.2. Business Continuity Plan 5.3. Medical equipment governance framework 6.1. Maintenance Service Agreement Managed Service Contracts	5	4	20	11.1. Replacement process underway for NVA 1 and 2 2.1. Capital replacement bid to be submitted for air handling and chiller units. 2.2. Procurement for new temperature monitoring solution, supplier identified for Pharmacy. Lab Medicine to rview if same supplier could meet needs for labs. 4.1./5.1./6.1./ Engage with TrAMS project for proposed regional solution to sterile production units	5	2	10	Apr-24	Finance and Delivery Quality, Safety and Experience	Capital Estates Patient Safety
	16	14.11.2019		**Regulatory Compliance and Accreditation** Non compliance with regulatory and accreditation requirements leading to: - impact on service delivery and patient safety (potential for cease and desist of service) - reputational risk - financial risk e.g. loss of income, fine for breach of statutory duty - inability to maintain suitable systems, practices and facilities to ensure on-going compliance - increasing requirements from regulators which cannot be met - mismatch in capacity/demand on QMS which leads to failure to deliver activities - patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT - Health and Safety at Work incidents - patient concerns, claims and redress - failure to comply with GDPR and Information Governance	5	5	25	Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services. Incident management, including Root Cause Analysis Concerns management Audit of practice/standards Risk register Service Improvement initiatives Clinical Board Data Integrity Policy and Assessment Standardised QMS approach between directorates Dedicated quality resource in key Directorates	5	4	20	MHRA action plan for BTL in place, quarterly submission to MHRA to monitor improvement in QMS. Risk based approach to overdue incidents, audits, document review and change controls.	5	2	10	Dec-23	Quality Safety and Experience Committee	Patient Safety

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	17	1.09.2023		Temporay air handling unit installed in biochemistry lab in UHW to mitigate the longer term issue of replacing whole air conditioning system does not provide adequate air cooling, there is no even distribution of cool air, the laboratory is not maintained at a consistent temperature. The temporary ducts are brining in significant amounts of dust into the lab, with potential to affect semsitive immunoassays, with potential to p[roduce erroneous results. The high air flow from the ducts can affect the track in the centrifuges. The temporary air handling unit has failed leading to high temperatures affecting staff morale and inability to provide certain tests as business continuity plans were instigated involving the switch off of certain analysers to reduce overall temperature. Mobile air conditioning units are alos in use to try and maintain cooler temperatures but come with risk in electrical load and the ducting becoming hot	4	5	20	1. Two closed windows replaced with ones that open 2. Mobile air conditioning units rented and installed 3. Oestradiol and Gentamicin have been referred and the Architect turned off 4. In event of total failure all work has business continuity plans 5. Some parameters specifically susceptible to high temperaturescan have re-run rules applied on main automated system to mitigate some potential erroneous results 6. working on short term plan to ensure the air conditioing system is being serviced/ maintained with regular diagnostic reports so prevenatable actions can be taken. 7. Portable units ordered 8. Filters being fitted to ducting to reduce dust and debris 9.Air flow from outside unit can be altered to improve temperature within lab, estates more responsive when temperatures beginning to rise 10. Replacement programme due to commence April 2024	4	5	20	PIE submitted in June to replace air conditioning system. A contigency back up should be included. Update contigency 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
	18	01/01/2020		**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. Seperate commodes for c.diff and BMT patients. Footprint for BMT patients inadequate. En-suite facilities required.	5	5	25	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	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
	19	17/02/2020		**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.	5	4	20	Email correspondence from VCC Clinician confirming treatment plans. Expertise in pharmacy and nursing teams involved in TYA cancer care delivery.	5	4	20	Access to VCC chemocare on TCTU. Treatment plan proforma to be usitlsed 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	20	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
	21	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
	22	27/08/2021		**Neurosciences** High level of registered nursing vacancies which potentially will risk sustainability and provision of services	4	5	20	Several active recuritment initatives underway, block booking of bank/agency where possible. Recuritment 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
	23	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		Quality, Safety and Experience	Patient Safety Urgent & Emergency Care
	24			**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		Quality, Safety and Experience	Patient Safety
	25			**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		Quality, Safety and Experience	Patient Safety Urgent & Emergency Care
	26			**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		Quality, Safety and Experience	Workforce
	27			**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		Quality, Safety and Experience	Patient Safety
	28			**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	Cuurently 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
	29			**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 contraints on running an isolated service	4	1	4		Quality, Safety and Experience	Patient Safety
	30			**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
				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 targetting 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		Qualty, Safety and Experience	Patient Safety

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	32			**Neurosciences** Due to the relocation / lack of investment / workforce shortfall against BRSM standard. The Spinal Rehab service is currently extermely fragile.	4	5	20	Seeking investment from WHSSC into staffing groups to bring unit within National guideline. Opertionally currently not admitting to full capacity due to single handed medical consultant and nursing staffing challeges. DMT raised disusssin 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
	33			**Haematology and Immunology** Single handed consultant (Gastro) NET service. Single handed consultant delivered service for cominssioned South Wales Neuroendocrine Cancer Service since 2017, unsuccessful recruitment despite resource from WHSCC. 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. Esplore 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 rpovide limited input into service for education and troubleshooting. Clinical fellow to be appointed.	4	3	12		Quality, Safety and Experience	Workforce Patient Safety
Finance	34			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		Quality, Safety and Experience	Financial Sustainability Delivery of IMTP 23-26
	35			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		Quality, Safety and Experience	Financial Sustainability Delivery of IMTP 23-26

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Digital Health	36	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 interuption 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 Softare - 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	**June 2024 update:** New Cyber Security Lead joined CAV on 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance. **April '24:** Cyber Manager successfully appointed, starting in May 2024. Cyber plan in place.	5	3	15	Mar-24	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
PCIC	37	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 Pharmcy 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 **UPDATE 14.06.2024: no amendment by RAA because this is a CB-wide issue.**	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
	38	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. **UPDATE 12.06.2024: no update to narrative.**	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

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Mental Health	39	17/08/2023		Severe High Risk Eating Disorders getting timely access to inpatient beds for refeeding or medical stabilisation	4	5	20	SHED sesrvice working with this group and escalating concerns	4	5	20	Escalated to COO	4	2	8	1.01.2024	Quality Safety and Experience	Patient Safety
	40	8.11.2023		Pendine, Pentwyn, Gabalfa, Park Road, CAU, Hamadryad - damp issues, water leakage from roofs, poor facilities such as meeting rooms and limited office space. Lack of panic alarms, uncontrolled access to clinic rooms due to lack of internal lockable doorways - poor wireless signal. Fire Officer has recommended CAU shuts due to estates and fire risks. Alternative accomodation will be required.	5	4	20	Workplace inspections. Currently allocating internal funding for minor refurbs to manage the problems in the short term.	5	4	20	Escalated to COO	5	2	10	1.01.2024	Health & Safety	Patient Safety
	41			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 Heath 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	1.01.2025	Health & Safety	Health and Safety
	42			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		Health & Safety	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	Assurnace Committee	Link to BAF
						Consequence	Likelihood	Total		Consequence	Likelihood	Total				Consequence	Likelihood	Total			
Compliance																					
1	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Workforce Patient Safety Capital Estates Staff Wellbeing
2	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	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Patient Safety Capital Estates
Electrical																					
3	E1A			Risk/Issue Lifts urgently require replacement. A phased approach has been adopted with the following lifts to be reviewed: Maternity Lifts 8 & 9 All to be considered. Impact: Failure of lifts restricts public and staff movement around site.		4	5	20	Maintained on a best endeavours philosophy until scheme to replace these lifts is conducted	4	5	20	Put a replacement plan in place for lifts	Senior Electrical engineer	01-Dec-25	4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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 directlty 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 incluidng Main Operating Theatres, Dy theatresand recovery, SDEC, Mortuary, Cath labs A B and C, sections of the LGF tunnels and other essential plant.		5	4	20	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss	5	4	20	Bid to WG for funding under EFAB scheme or BJC funding for 2024	Senior Electrical engineer	01-Dec-24	5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
5				**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	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		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Mechanical																					
6	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 unspection.		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	21/12/2022	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
7	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
8	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 availbility 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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
9	Estates 49	Lift AE	07/12/2022	**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	Finance and Delivery Quality, Safety and Experience	Capital Estates
10	Estates 111	UHW	**Main Chiller Pi**	**Risk/Issue**: External supply and retuern main chiller plant pipework is severly corroded for 2 mteres in length, where lagging is missing. Estimate 3mm thicjness 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	Finance and Delivery Quality, Safety and Experience	Capital Estates

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11	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 stautory tank inspections and testing. Serius 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	Finance and Delivery Quality, Safety and Experience	Capital Estates
12	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 rosk 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 longivity to maintain oxyegn demand for hospital. This concern has also be raised by the MGPS Authorising Engineer as a potential point of failure.	5	4	20	Investment and plan to replace and redirect the main oxygen pipework run into the hospital.	DC Team		5	1	5	31/01/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
13	Estates 132	UHW	BMS Sigma control modul	**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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
14	Estates 134	Boiler house compressors	07/12/2023	**Risk/Issue:** Bolier 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. 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. (Previuosly 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		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
15	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
16	M27		Mar-21	**Risk/Issue:** UHW Tunnels corroded Main 4inch O2 Copper pipework due to building leakage. Pipework is within the tunnels of UHW and one section of pipework is effected. **Impact:** Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients		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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
17	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
18	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 intermitent due to access issues to the AHU within ward waste room. Fan coils in ward are not accesable 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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
19	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 intermitent 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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
20	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
21	M32		Apr-22	**Risk/Issue:** Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. **Impact:** Loss of refrigerated drugs causing interuption to service		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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
22	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 interuption 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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
23	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
24	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
25	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			5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience	Capital Estates
26	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	Finance and Delivery Quality, Safety and Experience	Capital Estates

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27	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	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
28	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	Finance and Delivery Quality, Safety and Experience Health &	Capital Estates
29	M51		Oct-23	**Risk/Issue:** Biochemistry Lab at UHW over heating due to increased equipment and failure of exisitng 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	Finance and Delivery Quality, Safety and Experience Health &	Capital Estates
Energy and Environment																						
30	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	Finance & Delivery	Financial Sustainability
31	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 propsed 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 Facilties	Ongoing	5	2	10		Finance & Delivery	Financial Sustainability
Building																						
32	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		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates Patient Safety
33	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		Finance and Delivery Health & Safety	Capital Estates Patient Safety
34	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		Finance and Delivery Health & Safety	Capital Estates Patient Safety
35	B4			Plant room roofs at UHW are showing signs of degragation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corroision 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		Finance and Delivery Health & Safety	Capital Estates
Critical Risk Project																						
36	2		20/11/2023	**Issue: High voltage load shedding equipment** **Risk/Potential Impact :** •The system relies on external data from the building management system which is now old and newer systems available •The system age is now not compatible with latest BMS installed •Failure of the system could result in no power being distributed to site. •Failure could result in overload of generator and no power available •External parts could fail and not work correctly causing loss of power •There is only one system no N+1 •No simple override system •Only know it's working when required to do so •Only Authorised people high voltage (APs) able to remedy		5	5	25	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSi is in place to maintain the system.	5	5	25	•Upgrade existing system and associated equipment to latest standard •Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure •Look at simple override function (remote switching) •Possibly move away from BMS control and move to independent system			5	1	5		Finance and Delivery	Capial Estates
37	7		22/11/2023	**Issue: 2 Pumped cold water mains to roof tanks** **Risk/Potential Impact:** •Failure of pipework (resilience) •Unable to supply cold water to roof tanks •Age of original pipe and number of repairs •+1 pipe is now approximately 20 years old •Both pipes converge into one riser (single point failure) •Disruption to site when failure occurs •Treated water (chlorine dioxide) not supplied in event of total failure •Labour intensive to resolve		5	4	20	•N+1 installed one can supply the site •Contractors usually effect repair within 2 days •Pipes separated for most of run minimizing accidental damage, or subsidence. •+1 installed within 20 years •Alternative supply available in LGF (untreated)	5	4	20	•Plan to replace original pipe with modern materials and jointing techniques. •Look at secondary riser either full bore or emergency capacity. •Look at life cycle of +1 and plan replacement			1	4	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
38	15		01/12/2023	**Issue: Blowdown vessel of main steam boilers** **Risk/Potential Impact:** •Operational difficulty in controlling quality of boiler water •Failure to meet pressure vessel regulations (subject to defect notice) •Contravention for water discharge permit by Welsh water •Scalding risk •Isolation vales showing signs of wear •Age of vessel beyond working life		5	4	20	•Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event) •Approved people in boiler house and trained •Daily checks carried out	5	4	20	•Suggest new vessel and associated valves replaced •Repair existing vessel and controls to comply •Improve PPMS and reporting procedures •Carry out remedial maintenance works			1	4	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates

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39	25		13/12/2023	**Issue: Steam raising boilers 1 and 3** **Risk/Potential Impact:** •Boilers 1 and 3 have failed (age of boilers not supported) numerously over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop. •Parts are obsolete and repairs have become harder to instigate and effect reliability. •Main suppliers wont support due to age of boilers •Cost of extended maintenance and time spent hire etc. •Next failure could result in several critical parts being non repairable. •Lack of expertise or contractors to be able to assist reliant on one company •Critical spares unavailable		5	4	20	•Boiler 2 upgraded for new boiler due on-line December 2023 •Temporary boiler connected as insurance back up •Local company sourcing spare parts •Welsh government case for money and upgrades and replacement early 2024 •Regular checks and maintenance carried out	5	4	20	•Boiler 2 due on line completely new installation •Replacement upgrade of boiler 1 and 3 •Source spare parts in interim			2	4	8		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
40			NEWLY ADDED 01/12/2024 date TBC	**Issue: 11kv main distribution board for UHW site network** **Risk/Potential Impact:** •There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance. •Fault with board causing loss of power to hospital •Breakers are SF6 (Sulphur hexafluoride) ozone depleting gas. •Unsure of replacement parts due to age and Gas type •Only Authorised people able to switch equipment •All the electrical intake equipment is in one location, feeding the whole of		5	4	20	•Any new developments added to existing ring will require low voltage stand by generation to take load. •Able to split board and feed from other half of board •Regular checks for leaks •Contract with specialist contractors for maintenance •Trained staff and competent staff on call 24/7 •Full alarm system and regular maintenance	5	4	20	•Undertake independent review and seek advice off Authorizing Engineer on level of Risk •Consider sourcing spares •Review upgrade options •Look at extension of existing board •Look at having back up emergency arrangements away from existing building.			5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
41			NEWLY ADDED 01/12/2024 date TBC	**Issue:** Main steam header and valves **Risk/Potential Impact:** •The steam header is of an age and condition not checked and unknown thickness. •probably asbestos joints on some of the flanges/pipework (not confirmed) hindering repairs. •Valves are of a single isolation type and not now the double block and bleed type. Major shutdowns now require in most cases a major shutdown of steam to the hospital. •Existing valves not seating and holding, unable to maintain due to criticality of shutting off steam.		5	5	25	•Contractors and DEL staff available to conduct repairs as required	5	5	25	•Look at changing the valves to double block and bleed •Consider new steam header replacement with all new and redesign for better resilience. •Introduce summer shutdown maintenance swap out valves and reset and pack existing valves •Review asbestos data and consider strip out			3	4	12		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
42			NEWLY ADDED 01/12/2024 date TBC	**Issue: Steam plate heat Exchanger** **Risk/Potential Impact:** •Failure of entire package system due to critical components would leave CAVOC without the ability for heating or ventilation heating control, ultimately could lead to cancellations of operations. •Plate already failed leaving no N+1 should the other plate fail. •Single valves for isolation on steam supply making repairs disruptive and time sensitive. •Disruption to system for repairs to valve arrangement •Time to get repairs completed.		5	4	20	•No mitigation against failure or contingency in current state.	5	4	20	•Completely Update and replace package plant altering valve arrangement, steam supply and controls •Replace the existing plate heat Exchanger •Alter steam supply to allow independence of dual plates •Review installation from resilience point of view			2	4	8		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates

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43			NEWLY ADDED 01/12/2024 date TBC	**Issue:** Main 415 v distribution panel **Risk/Potential Impact:** •Failure of Board due to age and leave area without power. •Live terminals exposed RISK OF ELECTROCUTION •Whole board shut down to work on system •Parts not readily available adaptations would need to be completed to make a repair. •No overload protection only rewireable fuses •No expansion available without add on boards		5	5	25	•No mitigation against failure •Warning notices to be fitted •Qualified competent electrician only to work on system	5	5	25	•Review installation for suitability. •Install new board to modern standard and re cable all outgoing services with appropriate protection.			2	4	8		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
44			NEWLY ADDED 01/12/2024 date TBC	**Issue:** 2 cold/hot water storage tanks **Risk/Potential Impact:** •Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1. •Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance. •Tanks serve both services hot and cold any issues result in both services being affected. •Tanks 24 years old life expectancy is 25 years •Tanks physically joined together and not wholly independent.		5	4	20	•Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system. •2 tanks normally available for resilience.	5	4	20	•Replacement of tanks completely to current standards. •Two independent tanks fitted of the correct size and in line with today's standards •Ensure access ladder upgraded			4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
CFPU																					
45				19/12/2023	**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 safet 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. Coninue to monitor production against patient demand, continue to be flexible with delivery schedules - continue to order limited products from external supplier to provide opportunity of increasing production.			5	4	20		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
46				01/02/2024	**Risk: CFPU are sitting on the outer HV ring, which isnt 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 compromising the ability to feed patients in line with Nutrition and hydration guidelines.	GW	5	4	20	The issue has been highlighted during the Power outage testing. CEF are aware.	5	4	20	There has been limited occassions of power failure for the Lakeside Complex where the Central Food Production unit is loacted. Manage stock levels to minimise stock loss, CEF to continue to review the risk.			5	4	20		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
47				23/04/2024	**Risk: CFPU is based on the first floor with one goods lift avaiable - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways.** **Impact:** Food production of patient cook freeze meals would stop, due to the ability to move high quantity heavy amounts (somedays 200-300kg of fresh meat) of chilled/frozen food in a food safe timescale. Increased level of staff injuries and possible claims.	GW	5	4	20	The issue has been highlighted during the lift failure 19/04/24. CEF are aware.	5	4	20	There has been limited occassions of failure for the lift in the Central Food Production unit. Future priority needs to be on lift 46 for all lifts within the UHB eexcept the lifts required to transport patients in cases of emergencies. (Theatres etc)			5	4	20		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Assurance and Compliance																					
48	HS12	Site disposal	21/12/2023		**Issue:** The continuing deterioration of Whitchurch Hospital (building structure). Ongoing issues of tresspass and material thefts. Damage to asbestos materials. Damage to wooden floors to allow access to the basement. **Risk/Potential Impact:** Based on a recent incident at the facility there is a foreseeable risk of further structural failures to the building infrastructure. Injuries to the tresspassers/ exposure to asbestos to both tresspassers and thieves during their presence on site.		5	4	20	The site is currently monitored externally by an onsite security team (with dogs). The onsite security team do not enter the building. Externally the site is also monitored by localised CCTV cameras feeding back to a central control point. The CCTV cameras are solar powered.Planned site visits (internal) are carried out by the assurance and compliance team. There is no lone working permitted on the site. The site is surrounded by pallisade fencing. Structural engineer	5	4	20	C&VUHB are actively involved in removing Whitchurch Hospital from its property portfolio. Until then the current control measures will remain in place.			5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates

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	CRR Reference as at 9.05.2024	Corporate Risks as at 10.01.24	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	There is a risk of patient harm due to the progression of conditions from benign to malignant disease due to increased waiting times for surveillance and planned recall endoscopy procedures.	5x4=20	x	x	x	x		x				
Med	CRR2	Risk of patient harm due to workforce and capacity constraints across Gastroenterology & Endoscopy.	5x4=20	x	x		x	x	x				
Med	CRR3	Risk of patient harm due to delays receiving timely assessment for Thrombolysis	5x4=20	x	x	x	x		x	x			
Med	CRR4	Risk of patient harm due to delays providing Home Parenteral Nutrition services and treatment	5x4=20	x	x		x		x				
C&W	CRR5	Risk of patient harm due to inadequate midwifery and medical staffing issues on obstetric assessment unit	5x5=25	x	x	x	x		x				
C&W	CRR6	Risk of harm to mothers and babies due to delayed lift replacement works and inadequate repairs within the Maternity Services lifts.	5x4=20	x	x	x	x	x	x				
C&W	CRR7	**Issue** - Paper Based Clinic Records - PAS Service **Risk/Impact** - A) Treatment delay and thus need for more invasive treatment. Increased risk of complications (admission for haemorrhage, additional surgery, infection and additional psychological trauma). B) Poor service data quality, underreporting of clinical workload, loss of funding, prolonged or insufficient clinical governance projects C) Treatment delay, vital info previously gathered unavailable at the point of care – risk of clinical errors, failing to promptly diagnose complications D) Confidentiality at risk when paper files get lost in transit. E) Risk of legal challenges and implications due to non-compliance with statutory abortion framework. Particular legal risk: non-reporting of abortion treatment	4x4=20	x	x	x	x		x				

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C&W	CRR8	**Issue -** Waiting times for C&YP awaiting ND Assessment **Risk/Impact** - There is a risk of harm and poor patient experience as a result of current waiting times for CYP awaiting ND Assessment. Waiting times are currently significantly high and also the increase in referrals, currently significantly exceeds capacity.	4x5=20	x	x								
C&W	CRR9	Issue - UK wide shortage of Paediatric & Neonatal Intensive Care Capacity Risk/Impact - There is a risk that C&YP who are admitted or waiting to be admitted to the CHfW will suffer harm due to the increased demand for PCCU and NICU bed. If children require care in either critical care areas and we are at maximum capacity for the number of nurses we have, then we have to review children that can be moved out of each area, which depends on ward capacity also. In addition to this we review children that can go to local DDH's. We often cancel elective admission to critial care which can lead to more complex surgery later and longer hospital admision times.	5x4=20	x	x	x	x	N/A	x				
C&W	CRR10	Issue - Euroking System Capability - UK Wide Alert Risk/Impact - Data Overlay of any previous medical/surgical history for patient data	4x5=20	x	x	x	x		x				
C&W	CRR11	Issue - Challenges in Management of Patients within PAS Services: 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 comples patients when PAS Lead is unavailable. This is resulting in complaints and concerns raised by the patients.	4x5=20	x	x	x	x	x	x				
C&W	CRR12	ISSUE: Delay in implementing a Regional Sexual Assault Referral Centres (SARC) rota. 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.	4x5=20	x	x	x	x	N/A	x				
C&W	CRR13	Issue: Non compliance against New MHRA Guidance for Beds/Bed Rails across CHFW 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.	4x5=20	x	x	x	x	x	x				

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CD&T	CRR14	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	CRR15	There is a risk to the delivery of modern, safe and sustainable healthcare due ageing equipment across CD&T Clinical Board.	5x4=20	x	x	x	x	x	x	x	x		
CD&T	CRR16	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	CRR17	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	CRR18	**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. Seperate commodes for c.diff and BMT patients. Footprint for BMT patients inadequate. En-suite facilities required.	5x4=20										
Spec Serv	CRR19	**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	CRR20	**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										
Spec Serv	CRR21	**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										

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Spec Serv	CRR22	**Neurosciences** High level of registered nursing vacancies which potentially will risk sustainability and provision of services	5x5=25											
Spec Serv	CRR23	**Neurosciences** Prolonged waits for epilepsy new case and follow up outpatient due to consultant vac / sickness	4x5=20											
Spec Serv	CRR24	**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	CRR25	**CARDIOTHORACIC** Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk.	5x4=20											
Spec Serv	CRR26	**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	CRR27	**CARDIOTHORACIC** The relocation of Coronary Care due to Critical Care expansion through winter pressures.	5x4=20											
Spec Serv	CRR28	**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	CRR29	**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											
Spec Serv	CRR30	**Neurosciences** Availability of appropriately trained temporary staffing when required. Recruitment difficulties have led to vacancies (nursing / medical)	5x4=20											
Spec Serv	CRR31	**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											

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Spec Serv	CRR32	**Neurosciences** Due to the relocation / lack of investment / workforce shortfall against BRSM standard. The Spinal Rehab service is currently extermely fragile.	4x5=20											
Spec Serv	CRR33	**Haematology and Immunology** Single handed consultant (Gastro) NET service. Sigle handed consultant delivered service for cominssioned South Wales Neuroendocrine Cancer Service since 2017, unsuccessful recruitment despite resource from WHSCC. High risj of servoce collapse with in creasing patient numbers, no cover for leave/sickness etc.	4x5=20											
Fin	CRR34	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	CRR35	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		
Dig H	CRR36	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					
PCIC	CRR37	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	CRR38	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					
Mental Health	CRR39	Severe High Risk Eating Disorders getting timely access to inpatieint beds for refeeding or medical stabilisation	5x4=20	x	x		x		x					
Mental Health	CRR40	Pendine, Pentwyn, Gabalfa, Park Road, CAU, Hamadryad - damp issues, water leakage from roofs, poor facilities such as meeting rooms and limited office space. Lack of panic alarms, uncontrolled access to clinic rooms due to lack of internal lockable doorways - poor wireless signal. Fire Officer has recommended CAU shuts due to estates and fire risks. Alternative accomodation will be required.	5x4=20	x	x		x		x					
Mental Health	CRR41	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	x										

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Mental Health	CRR42	Currently there is no CCTV in Hafan y Coed or Llanfair	5x5=25	x									

Assurance Key	
Assurance on one line of defence, limited or no third line of defence, assurance over 3 years old.	Low
Assurance across two lines of defence, positive assurance on third line of defence, assurance within last three years.	Medium
Assurance across all three lines of defence, positive assurance on the third line of defence, assurance within last three years.	High

Third Line of Defence - External Audit Rating Key	
Limited	Low
Reasonable	Medium
Substantial	High

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CRR Reference as at [*DATE*]	Corporate Risks as at July 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**	
		Current Risk Score as of July 2024:	Operational Processes and Management Reviews	Management informantion 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	CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no	5x4=20	x				x	x					**ADDED JUNE**
CRR4	Risk: Fire doors non compliant	5x4=20	x				x	x					
CRR5	Risk: Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change.	5x4=20	x				x	x					
CRR6	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					
CRR7	Risk: No 1 & 3 boilers - Obsolete parts for the control panel for the two main boilers.	5x4=20	x				x	x					
CRR8	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					

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CRR9	Risk: External supply and return main chiller plant pipework is severly corroded for 2 mteres in length, where lagging is missing.	5x4=20	x				x	x				
CRR10	Risk: 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.	5x4=20	x				x	x				
CRR11	Risk: Safe Access to the CWST (B58) is difficult with no ladder or any safe means of access to carry out stautory tank inspections and testing.	5x4=20	x				x	x				
CRR12	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				
CRR13	Risk: Satchwell Sigma BMS control cards are no longer supported.	5x4=20	x				x	x				
CRR14	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				
CRR15	Risk: Satchwell Sigma BMS control cards are no longer supported.	5x4=20	x				x	x				
CRR16	Risk: Bolier 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				
CRR17	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				
CRR18	2 Pumped cold water mains to roof tanks. Risk: Failure of pipework (resilience)	5x4=20	x				x	x				
CRR19	Blowdown vessel of main steam boilers. Risk: Operational difficulty in controlling quality of boiler water.	5x4=20	x				x	x				

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CRR20	Steam raising boilers 1 and 3. Risk: Boilers 1 and 3 have failed (age of boilers not supported) numerously over the last several months resulting in steam loss and disruption to the hospital.	5x4=20	x				x	x					
CRR21	Issue: 11kv main distribution board for UHW site network Risk: There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance. Fault with board causing loss of power to hospital	5x4=20	x				x	x					**ADDED JUNE**
CRR22	Issue:Main steam header and valves Risk:The steam header is of an age and condition not checked and unknown thickness. Probably asbestos joints on some of the flanges/pipework (not confirmed) hindering repairs.	5x5=25	x				x	x					**ADDED JUNE**
CRR23	Issue: Steam plate heat Exchanger Risk: Failure of entire package system due to critical components would leave CAVOC without the ability for heating or ventilation heating control, ultimately could lead to cancellations of operations. Plate already failed leaving no N+1 should the other plate fail.	5x4=20	x				x	x					**ADDED JUNE**
CRR24	Issue: Main 415 v distribution panel Risk: Failure of Board due to age and leave area without power. Live terminals exposed RISK OF ELECTROCUTION	5x5=25	x				x	x					**ADDED JUNE**

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CRR25	Issue: 2 cold/hot water storage tanks Risk:Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1. Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance.	5x4=20	x				x	x					**ADDED JUNE**
CRR26	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					
CRR27	Risk: UHW Tunnels corroded Main 4inch O2 Copper pipework due to building leakage.	5x4=20	x				x	x					
CRR28	Risk: UHL Main Boiler Hotwell Tanks are badly corroded and require renewing	5x4=20	x				x	x					
CRR29	Risk: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation.	5x4=20	x				x	x					
CRR30	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					
CRR31	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					
CRR32	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					
CRR33	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					

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CRR34	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				
CRR35	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				
CRR36	Risk: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates.	5x5=25	x				x	x				
CRR37	Risk: Ventilation verification of critical systems has identified a non compliant plant and airflow serving main recovery at UHW.	5x4=20	x				x	x				
CRR38	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				
CRR39	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				
CRR40	Risk: Biochestry Lab at UHW over heating due to increased equipment and failure of exisitng cooling systems.	4x5=20	x				x	x				
CRR41	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				

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CRR42	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 directlty replaced due to the age of the panels and equipment is now obsolete	5x4=20	x				x	x				
CRR43	The continuing deterioration of Whitchurch Hospital (building structure). Ongoing issues of tresspass 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 tresspassers/ exposure to asbestos to both tresspassers and thieves during their presence on site.	5x4=20	x				x	x				
CRR44	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				
CRR45	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				

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CRR46	Risk:Plant room roofs at UHW are showing signs of degragation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corroision 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				
CRR47	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				
CRR48	Risk:UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023	5x4=20	x				x	x				

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, poitive assurance on third line of defence, assurance within last three years.	Medium

Third Line of Defence Assurance Level Key:	
No Evidence	Not evidenced on Risk Register/ Not Applicable
Limited	
Reasonable	

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Assurance across all three lines of defence, positive assurance on the third line of defence, assurance within last three years.	High

Substantial	

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Report Title:	Stakeholder Reference Group Report				Agenda Item no.	8.2.1	
Meeting:	Public Board	Public	X		Meeting Date:	25.07.2024	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive Title:	Executive Director of Strategy & Planning						
Report Author (Title):	Lani Tucker, Chair of Stakeholder Refernce Group						

Main Report
Background and current situation:

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT
The SRG considered the following.

Public Transport and the Planning of Health Services
The SRG was informed by Marie Davies and Geoff Walsh that access including public transport was a key consideration in the planning of health services. The needs of all groups must be considered, in particular those of vulnerable groups. There is an imperative to move away from private transport usage towards more sustainable public transport alternatives. Welsh Government (WG) guidance stipulates to local authorities that the allowance for car parking spaces for new facilities is significantly lower than it has been in the past. However, if people are to be persuaded to reduce the use of their own private vehicles there will have to be major improvements to the public transport infrastructure.

There is a statutory responsibility on health boards to produce a transport document to accompany any new development. These reports provide details of how sites can be accessed including public transport facilities. WG stipulates that for every new development, the Health Board must meet the BREEAM (Building Research Establishment Environmental Assessment Methodology) excellent standard and one of the BREEAM sections relates specifically to transport.

The SRG made a number of comments and observations

- If patients use their own transport to attend appointments this creates parking issues on the Health Board sites. However, if patients miss appointments due to unreliable public transport this increases the number of 'did not attends'.
- The Equality Act 2010 places socio-economic duties on Health Boards and it is the more socio economically disadvantaged who suffer most as a result of poor public transport provision.
- Public transport providers seem to be able to unilaterally change or withdraw services. Some formal channel of communication is required between public transport providers, local authorities and the Health Board.
- Is there an argument for Local Authorities and the Health Boards contributing to public transport costs to maintain services that are considered commercially unviable? The SRG was informed that the Health Board had, on occasion, made a Section 106 planning contribution to public transport. There has been a reduction in subsidies for some non-profitable routes and he would be open to further discussions with the Local Authorities regarding this. The Health Board has a very good relationship with Cardiff Bus and the Health Board has invested heavily in the park and ride service for UHW. The now ceased park and ride service for UHL had been far less successful as the parking facility had been located in Cardiff. The Health Board had tried without success to identify as potential site on the Dinas Powis side of UHL.
- Consideration should be given to providing a shuttle bus service from UHL to central Penarth which has good public transport infrastructure.
- A third sector transport audit has been undertaken. Common themes were the difficulties these organisations had with funding and recruiting sufficient volunteer drivers. Voluntary Emergency Service Transport had indicated that it did not provide a service to Hospitals or a service in the Vale
- It would be helpful to arrange a workshop to highlight and discuss potential solutions to specific transport issues. Attendees could include representatives from the Health Board, Local Authorities,

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third sector, patient groups and public transport providers. Marie Davies suggested that this could be arranged via the Regional Partnership Board and agreed to consider how this could be taken forward
- The emphasis should be on providing local health services thereby reducing the need to travel to hospital sites for routine appointments.
- It would be helpful to analyse the reasons why people chose to drive to hospital when there are good public transport alternatives as it's this cohort that need to be encouraged to change their behaviours.
- Is there an opportunity for the Health Board to form an agreement with local taxi companies?

Llais
The SRG received a presentation from Jessica Mannings, Llais Public Engagement, Monitoring & Scrutiny Management Officer, on the first twelve months of Llais. A report had also been produced a link to which was included on the Llais website.

The SRG made a number of comments and observations
- What is the requirement in terms of responding to Llais representations following site visits? Jessica Mannings explained that Health Boards and social care providers must acknowledged all Llais representations and inform Llais how they will be implemented. Where representations cannot be implemented, an explanation must be provided.

Changes resulting from complaints should be shared with other Health Boards.

Recommendation:

The Board is requested to:

a) **NOTE** the report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the relevant box below ***(this section must be completed)***

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 place an "X" in the relevant box below ***(this section must be completed)***

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:
Please state yes or no for each category. ***If yes please provide further details. This section must be completed***

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

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Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No

Approval/Scrutiny Route: ***Please insert any previous meetings where this paper has been received***	
Committee/Group/Exec	Date:

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GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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	James Quance, Assistant Director of Corporate Services
Date of meeting	16 May 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on her activities since the last meeting and forthcoming events. This includes:

- RadioPharmacy developments;
- Consultation with JQ in his new role supporting the SSPC's continued development and improvement;
- The all-Wales Chairs' meeting due to take place at the end of May;
- The Welsh Risk Pool Committee due to meet in June and an update would be received at the July SSPC meeting; and
- The SSPC autumn development workshop would be held on 11 October 2024. TM reminded Committee Members to diarise in advance to ensure good attendance and participation.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The 2023/24 financial year finished with a small surplus of £12,000. This includes a confirmed return of £1m of funding to Welsh Government and £2m distribution to NHS Wales organisations and capital expenditure of under £8million, which was positive position.
- The report from the Infected Blood Inquiry would be published on 20 May and would be of interest to NWSSP as host to the Welsh Infected Blood Support Scheme on behalf of Welsh Government.
- DHCW had notified NWSSP that there was a contracting issue with the audit software used to check records by the Post Payment Verification team in

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Primary Care Services. Options were being explored to mitigate the impact and a contract extension was being explored.

- The Medical Examiner Service would go live on a statutory basis from September, covering 95% of deaths in acute settings (around 30,000 deaths in the last 6 months). The stages to be worked through would increase the coverage which was circa 50% of GP practices, with the remaining 50% being managed practices within Health Boards. Contingency planning was to be agreed and NWSSP would deliver training to update Health Boards as to the changes.

In respect of RadioPharmacy, there was a need to procure three production isolators at a cost of £1.5m for the safe preparation of Radioactive medicines in sterile conditions and the equipment meets an urgent operational need, following the closure of the Radio-pharmacy unit at University Hospital Wales in October 2023. The procurement forms part of the project to provide a replacement RadioPharmacy unit for South and South East Wales, located in IP5 in Newport, hosted by NWSSP, and delivery is being managed by the Transforming Access to Medicines Programme (TRAMs), which has an endorsed Programme Business Case. The funding had been confirmed in the past 24 hours and the Committee were asked to support an urgent Chairs Action for commitment of expenditure for the programme, which would then be taken to Velindre University NHS Trust Board for approval by inclusion within its meeting papers being issued this week, and a report would be received for ratification by the Committee at its next meeting in July 2024.

NWSSP Finance colleagues were working with colleagues in other organisations to understand the revenue implications of the RadioPharmacy Business Justification Case (BJC) which were not anticipated to be of a high level. NF re-iterated that this request relates to RadioPharmacy only, not the TrAMS project as a whole. The intention was for NWSSP to provide the required information to enable each organisation to take the BJC through their governance processes which would likely vary depending upon the revenue implications. There would be a further Business Case for the Hub, which covered two suites of clean rooms, with costs to be confirmed to NWSSP by the working group.

The comments received were in terms of the revenue implications of the RadioPharmacy BJC and the need to establish written communication of the governance to be considered within organisations; outlining the timescales, draft BJC, and details of the finance group overseeing the project. A paper would be circulated with key milestones and key dates of different groups and programmes with arrangements to support this workstream and anticipated that some initial figures would be ready to be shared around mid-June with the overall aim of submitting the BJC to Welsh Government by the end of July.

The Committee **NOTED** the update.

Saunders, Siân
21/07/2024 00:47:09

Deep Dive – Recruitment Modernisation

Positive progress continues to be made in implementing the Recruitment

Modernisation Programme. NWSSP has been working with organisations to implement agreed actions to streamline the recruitment process and reduce time to hire.

In recent months the impact of the actions taken is coming through in greatly improved performance, with the time from vacancy creation to ready to start date at April 2024 standing at 59.4 days against the target of 71 days.

The Committee **NOTED** the information provided in the Deep Dive session.

Items Requiring SSPC Approval/Endorsement

NHS Resolution Service Level Agreement

The Committee considered the 3 year renewal of the existing NHS Resolution Service Level Agreement which is an invaluable service to clinical colleagues which is hosted by NWSSP.

The Committee **APPROVED** the Service Level Agreement.

2024/25 Service Level Agreements

Service Level Agreements are annually updated and submitted to SSPC for approval. It was confirmed that the Single Lead Employer and associated KPIs would be discussed under cover of a separate meeting.

The Committee **APPROVED** the Service Level Agreements.

Proposed Changes to Scheme of Delegation

Amendments to the Scheme of Delegation are required in order to provide greater clarity in financial delegation arrangements and to ensure that approval levels are appropriate for the size and complexity of NWSSP operations today. In addition, an update to the matrix of delegated powers for warnings, suspension and dismissal in the Disciplinary Policy and Procedure for NWSSP was proposed in order to ensure that it covers all possible fair reasons for dismissal aligned to employment policies.

The Committee **APPROVED** the proposed changes to the Scheme of Delegation and Disciplinary Policy and Procedure.

Procure to Pay (P2P) Governance Update

At the November 2023 Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives. This was agreed following the closure of the Finance Academy All Wales P2P Forum in September 2023. An update on the proposed governance arrangements was provided to the Committee.

Supplementary Papers 31/01/2024 09:47:55

The Committee **NOTED** the progress made to establish new P2P governance arrangements.

P2P Invoices on Hold Not on Statement Clearance Proposal

A new process was proposed under the above temporary governance arrangements in order to clear invoices on hold which are not on supplier statements with a review of the procedure after 6 months.

The Committee **APPROVED** the process.

Items for Noting

Duty of Quality Annual Report

The inaugural draft report on Duty of Quality highlighted how the story of quality within NWSSP was being told and the work that had been done so far. The report, when published, will be a public facing document and it would also be integrated into the Velindre Report, for completeness.

The Committee **NOTED** the progress made.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported a small surplus of £0.012m for the 2023/24 financial year. Savings achieved during the year led to the final 2023/24 distribution to NHS Wales and Welsh Government of £3m. Welsh Risk Pool 2023/24 DEL expenditure is £135.966m compared with £136.727m in 2022/23. The small increase of £0.037m above the IMTP forecast was agreed with and funded by Welsh Government. The value of stock held in stores at 31 March 2024 was £24m. NWSSP continue to await a Welsh Government decision regarding the level of PPE stock to be held in the longer term.

People & OD Update – The sickness absence rate remains very low with the average for the last 12 months being 3.07%. Statutory and Mandatory training compliance remains good at over 93% and PADR compliance continues to improve with the current reported level being 84%.

Performance – The in-month March performance was generally good with 40 KPIs achieving the target against the total of 43 KPIs. The three that missed the target were CTeS which very marginally missed the 90% customer satisfaction index with 89%, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses.

IMTP Quarter 4 Update Report – A total of 74% of NWSSP's objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in year across divisions. For those objectives not completed and not completed due to external factors, targeted actions for 2024/25 are in place with a view to bring

Business Manager 21/08/2024 16:47:18

them back in line or to complete and close within the year.

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 – In addition to the three red risks remaining on the Register relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and the development of the TrAMS project, a further risk was added regarding the lack of availability of capital funding and its potential impact on the achievement of objectives.

Annual Report Concerns and Complaints 2023/24 – During 2023/24, 26 formal concerns were received and recorded by Corporate Services. This compares with 35 concerns received in the same reporting period during the 2022/23 financial year. 60% of the complaints received were responded to in full within the 30-working day target. Additionally, there were 20 matters that were categorised as early resolution complaints during 2023/24, which were locally resolved within 24 hours, thus negating the requirement for a formal concern to be made. 33 early resolution complaints were received during 2022/23.

The Committee **NOTED** the above reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Month 12 2023/24 and Month 1 2024/25);
- PPE Report;
- NWSSP Audit Committee Assurance Report - April 2024;
- Internal Audit Plan & Charter 2024-25;
- Audit Wales Audit Assurance Arrangements 2023-24; and
- 2024/25 SSPC Forward Plan.

AOB

The Committee was reminded to diarise the Development Day planned for 11 October 2024. The Chair requested that any topics of particular interest to Committee members that could be explored in the Development Day be submitted to the Assistant Director of Corporate Services.

Part B (Private Session)

Saunders,Nathan
21/07/2024 00:47:18

Legal & Risk Case & Document Management System Procurement

The Committee was asked to approve the contract award following the tender for

the implementation of a case management system for Legal and Risk Services. The Committee **NOTED** and **APPROVED** the paper to be submitted to Velindre University NHS Trust Board.	
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	18 July 2024

Saunders,Nathan
21/07/2024 00:47:55

Report Title:	Local Partnership Forum Report				Agenda Item no.	8.2.3	
Meeting:	UHB Board	Public	x		Meeting Date:	25 July 2024	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		x
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Head of People Assurance and Experience						

Main Report
Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum usually meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

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

Key items discussed at the meeting held on 13 June 2024 can be summarised as follows:

The Director of Corporate Governance provided an update report to the Forum on behalf of the Chief Executive. Key points included:

- Welsh Government have responded to the annual plans submitted and CAVUHB have not been asked to revise and resubmit our plans. The financial difficulty ahead and the challenging £47 million savings target was recognised. At the Sustainability Programme Board, it was identified that of the £47million pounds, £32 million, has been identified, but £12 million is still in the red category and progress is not where it needs to be.
- An email was sent out by the Chief Executive on 7/6/2024 where a number of control actions were outlined to strengthen the savings plan and take control of expenditure. This includes scrutiny over the use of agency staff, the holding of new job vacancies and the review of Retire and Return applications by an Executive moderation panel.
- An initial pilot on the Call for Concern (a scheme which provides the opportunity for patients and family members to seek a second opinion) has been completed successfully and the next steps involve the creation of a standard operating procedure which can be implemented across the organisation by September.
- The importance of Decarbonisation and the focus on the decarbonisation agenda.
- The Infected Blood Inquiry report. The Haemophilia Centre have a really strong relationship with patients in the represented groups and there's a genuine passion within the team to look after them. The Chief Executive has expressed the importance of not being complacent about the past but to understand what are we potentially naive about and to understand if this could possibly be happening now and if similar decisions, mistakes and behaviours are taking place.

Saunders, Lianne
21/07/2024 09:42:33

Staff representatives noted the financial situation and acknowledged that they are kept well informed on the size of the challenge ahead. They expressed their desire to help support the Health Board deliver on the savings target but noted the importance of being consistent with the messaging around workforce reshaping and requested a seat on the Moderation Panel. The importance of Speaking Up Safely and psychological safety around raising concerns was noted by Trade Union members in the context of the Blood Inquiry. Concerns were raised over the consistency of communications across the Health Board.

The principal lead for tobacco in the Public Health team provided an update on some of the smoking cessation work taking place. It was noted that although it is illegal to smoke on hospital sites and fines of £100 can be issued, these fines can only be issued by Local Authorities. Conversations are currently taking place to determine if this can be implemented. There is a range of signage and loud speaker messages in place across the sites outlining the ban is in place but smoking on the site is a problem.

The Programme Director for Strategic Clinical Redesign provided a presentation on the Clinical Services Plan. She explained that the Plan was being refreshed in line with the new Strategy and would act as a framework for setting the direction of travel for our services. It will describe the models and function so that people can then start to develop plans around workforce planning, digital planning etc. The importance of developing the Plan collaboratively was noted. In the next quarter, work will take place with stakeholder groups and the Board to formulate some of the planning assumptions and what this means for the teams when looking at service redesign. Trade Union members of the Forum expressed concern that there is a disconnect between the strategies that are agreed at a corporate level and the delivery of them at a local level. They suggested that the Trade Unions can play a big part in driving this forward.

The Director of Communications provided a presentation on update on the progress of the Communications plan, looking at the approaches adopted and types of audiences targeted. It was noted that Viva engage, an internal engagement platform to allow staff to share learning, ideas and to build relationships across the organisation, was due to be launched imminently. There was a discussion about how to ensure that the workforce doesn't feel engaged and communicated with, and whether the Trade Unions could help with this. In general, when face to face opportunities are available very few people attend, particularly from clinical areas because they can't leave their wards or areas. As a result, we are heavily reliant upon the cascade system through line managers as the evidence shows that this is a more trusted form of communication than corporate emails.

The revised Terms of Reference of the Employment Policy Sub Group were noted and approved.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by the Board.

The Clinical Board LPF Annual Report was received and noted.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Saunders,Nathan
21/07/2024 10:29:16

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	

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

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

Prevention		Long term		Integration		Collaboration	x	Involvement	

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

Risk: Yes/No No

Safety: Yes/No Yes
Patient Safety, Quality and Experience is included in the Integrated Performance Report

Financial: Yes/No Yes
The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update

Workforce: Yes/No Yes
Key WOD KPIs and workforce actions are included in the Integrated Performance Report

Legal: Yes/No No

Reputational: Yes/No No

Socio Economic: Yes/No No

Equality and Health: Yes
The Strategic Equality Plan 2024-28 was considered at this meeting

Decarbonisation: Yes/No No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
n/a	

Sangeetha Nathan
10/03/2024 00:47:55

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

JOINT COMMISSIONING COMMITTEE (JCC)
MEETING BRIEFING – 21 MAY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 21 May 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The papers for the meeting can be accessed using the link below:
Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

1. Minutes of Previous Meetings
The minutes of the JCC meeting held on the 23 April 2024 were **approved** as a true and accurate record of the meeting, subject to a minor amendment to the list of attendees.

2. Action log and matters arising
Members **noted** the progress on the actions outlined on the action log.

3. Chairs Report
Members received the Chair's Report and **noted**:

- **JCC Induction Programme –** introductory meetings had been held with key personnel and partners, including Lay Members, JCC Directors, HB Chairs and CEOs, and a local induction session had commenced in tandem with the Welsh Government (WG) NHS Wales Induction Programme for Independent Members (IMs) taking place on 23 April, 4 June and 11 June 2024.
- **Appointment of Lay Members -** In order to establish the new JCC the Welsh Government Public Appointments Unit undertook a public appointments recruitment process to appoint a new Chair and 3 independent lay members in readiness for 1 April 2024. Now that the JCC had been established and we are into the transition process it has been agreed to proceed with recruiting the final two lay members in accordance with the National Health Service Joint Commissioning Committee (Wales) Regulations 2024 and the JCC Standing Orders and Welsh Government has commenced this process. It was agreed that Dr Paul Worthington was assigned as the interim Audit and Finance led for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies; and that Susan Elsmore was assigned to the role of Chair of the Quality and Patient Safety Committee (QPSC) for the JCC for an interim period until the full complement of 5 lay members were appointed; and
- **Key Meetings attended by the Chair.**

Saunders,Nathan
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Members **noted** the report.

4. Appointment of Vice Chair

Members received a report proposing that a Vice Chair is appointed to the Joint Commissioning Committee (JCC) from the Lay Members to ensure business continuity should the Chair be absent due to leave or for other reasons. It was agreed that Nia Roberts, Lay Member, be appointed to the role of Vice Chair of the JCC for 2 years until 30 April 2026, in accordance with section 6.1.4 the JCC Standing Orders (SO's). It was noted that the role does not attract additional remuneration.

5. Interim Chief Commissioners Report

Members received the interim Chief Commissioners Report and **noted** the following updates:

- **Deep Brain Stimulation (DBS) Service -** DBS services for people in South Wales with Parkinson's disease and movement disorders have been provided by the North Bristol NHS Trust (NBNHST). However, the JCC (previously WHSSC) was made aware of concerns relating to these services, particularly relating to communication regarding post-surgery care. Following several discussions with NBNHST, these were unable to be brought to a timely resolution. As a result, WHSSC needed to identify a temporary solution to ensure new patients from South Wales had access to high quality DBS services moving forward. Within this context the JCC (previously WHSSC) determined an urgent temporary service change was deemed necessary. This was discussed with Llais Wales who supported this decision. A 'designated provider process' was undertaken and an additional service provider had been designated (St Georges University Hospitals NHS Foundation Trust). To minimise disruption and maintain continuity for those patients who were already in the pathway or who had undergone DBS in NBNHST, it had been agreed they would continue to receive follow-up care as planned. The report also confirmed that commissioning discussions regarding the re-establishment of access to the NBNHST.
- **JCC Integrated Medium Term Plan (IMTP)** - The Interim Chief Commissioner outlined proposals for the development of the 2025/2026 JCC Integrated Medium Term Plan (IMTP) that recognises that 2024/2025 is a transition year as the JCC becomes fully established. It is proposed that the plan is developed with an overarching corporate and aligned strategic intent section, and single financial plan, with three implementation plans ('chapters') for:
  - Ambulance Commissioning,
  - Specialised Services Commissioning; and
  - Mental Health and Vulnerable Groups Commissioning (and NCCU)

Saunders,Nathan
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With the intention that there will be further integration from 2026/2027 onwards. Work is being undertaken with the NHS Wales Directors of Planning peer group to identify any lessons learned from the process for this years plans, and a Finance Working Group is being established by the JCC Director of Finance and Information. A more detailed report on the development of the JCC's IMTP will be presented at the JCC on 16 July 2024.

- **Non-Emergency Patient Transport Service (NEPTS) workshop -** In December 2023, EASC endorsed the development of a new future vision for Non-Emergency Patient Transport Service (NEPTS), following the formal closure of the 2016 NEPTS Business Case. On 20 April 2024, the JCC Team held a NEPTS Future Vision Event. This event was the first phase in working in collaboration with NHS Wales organisations and external partners, to shape a new vision for the NEPTS in Wales. The work will be brought into the JCC for consideration at key decision points and key milestones.
- **111 Update -** responsibility for the commissioning of 111 call handling and clinical advice transferred to the JCC on 1st April 2024. The transfer went smoothly and there remains close liaison with the former 111 team now part of the urgent and emergency care 6 goal support team in the NHS Executive. The implementation of the new Call Answering System (CAS) in the last 10 days went well and service continuity was maintained, although some temporary dips in performance have been noted. The new CAS will offer opportunities to enhance existing services and members will be kept up to date with progress,
- **Adult Specialised Rehabilitation Services Commissioning Strategy** - The JCC is responsible for commissioning Specialised Rehabilitation Services for neurological conditions on behalf of the seven Health Boards. Services are delivered by tertiary centres across NHS sites in Wales and England. The commissioning strategy for adult specialised rehabilitation services will set out the JCC overall vision and priorities for the next five years to improve equitable access to high quality specialised rehabilitation services for the adult population of Wales. The draft strategy was considered by the WHSSC Management Group in February 2024 and was supported for consideration by the WHSSC Joint Committee in March 2024, however this was delayed due to the transition to the new JCC. The draft strategy is currently being finalised and will be brought to the JCC later in the year and will be issued for stakeholder stakeholder feedback. The final strategy will be brought to the JCC in the final quarter for approval to be reflected in the 2025/2026 IMTP; and
- **NHS Wales Joint Commissioning Committee establishment -** The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final WG Oversight Board

Saunders,Nathan
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meeting was held on 30 April 2024 to complete the programme. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024. As recommended in the Q1 transition plan, a Transition/Transformation Director is being appointed to work with the Chair, Chief Commissioner, JCC and JCC directors to support the development of the JCC Operating Model which will bring the governance framework into operation and ensure delivery of the commissioning plans for 2024/2025. Assurance reports will be reported to the JCC as appropriate.

Members **noted** the report.

6. Emergency Medical Retrieval and Transfer Service (EMRTS Service Review Update on Implementation Plan

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

Members noted that the JCC at its meeting on 23 April 2024, agreed to support the recommendations set out in the EMRT Service Review report, and had requested that additional detail on the implementation plan for the bespoke road-based response service be brought back to the May meeting outlining key milestones.

Members noted that the Wales Air Ambulance Charity Trust (WAACT) had welcomed the decision of the Committee to accept the recommendations of the Review. As a result of the decision, the Charity had begun active engagement with their stakeholders on the implementation of the recommendations, and continued to monitor the public and stakeholder reaction to the decision and the impact on their income and funding position and will provide regular updates on any emerging risks to the Charity's operation to the Committee.

Members noted that as a result of the decision the Charity and its staff had been subject to difficult and inappropriate comments and behaviours and that the Charity were providing additional support to its staff in response to this.

Members noted that the EMRTS leadership team had welcomed the certainty the decision brought for them and their operational teams. The leadership team were focused on the development of the operational implementation plan and supporting its staff across Wales through the changes required as part of the implementation.

Members noted that initial discussions had been held with the Chief Executive of the Welsh Ambulance Services University NHS Trust (WAST) and the Clinical Director of EMRTS on the development of a bespoke road-based service and they had confirmed their organisational support for the development and implementation of such a service. A task and finish group will lead a delivery plan on the development of the commissioning

Saunders, Natalie
21/07/2024 10:07:07

requirements for the bespoke road-based model and will provide update briefings and recommendations for approval to the JCC following each meeting against the milestones. In addition, routine updates on progress against the project plan and communication and engagement plan will also be provided. The JCC will receive the outcome of this work at its October meeting.

Members (1) **Discussed** and **approved** the timeline for the delivery of the commissioning approach for the bespoke road based model,
(2) **Discussed** and **approved** the proposed membership and chair of the Task and Finish Group, (3) **Discussed** and **noted** the public and stakeholder position in relation to the decision of the JCC, (4) **Discussed** and **noted** the WAACT position in relation to the decision of the JCC; and
(5) **Discussed** and **noted** the EMRTS Leadership team position in relation to the decision of the JCC.

7. Neonatal Transformation Programme Phase 2
Members received a report providing an update on the agreed Neonatal Transformation Programme Phase 2 review to undertake strategic planning on the service model and designation of cots to ensure an efficient and sustainable model is in place to support optimal outcomes for the mothers and babies in Wales. It was noted that it had previously been agreed that this review would be undertaken jointly between the JCC and Health Boards due to the need to consider neonatal and maternity services together.

Members noted the engagement which had been undertaken with the NHS Wales Directors of Planning Executive Peer Group (DoPs) and other Executive Peer Groups in the course of designing the Neonatal Phase 2 Programme, including the scope and indicative timescales for the programme, and the request for the resources required to successfully deliver the programme. Members discussed the importance of effective engagement and the need to liaise with Llais early in the process. The proposal to secure additional independent advice and support in respect of the engagement work stream was also supported. The need to reflect issues of equity and diversity in the work was also emphasised. Nicola Prygodzicz agreed to take on the Senior Responsible Officer role for the programme. It was agreed that a Programme Initiation Document would be produced and brought back to the JCC for approval.

Members (1) **Noted** the previous agreement by the then WHSSC Joint Committee to undertake a Phase 2 Transformation Programme for Neonatal Services, (2) **Noted** the pre-planning engagement that had taken place to design the Programme and develop the Case for Change, (3) **Approved** the scope, remit and high-level design of the Programme; and (4) **Approved** the financial resource requirements to support the successful delivery of the Programme.

Saunders,Nicola
21/07/2024 00:47:55

8. Performance Report:

- **Specialised Services – Feb 2024**
- **EASC Performance (incl Ambulance Service indicators) – March 2024**

The Interim Chief Commissioner introduced the report and set out that the sections of the report reflected the style and content developed in the predecessor bodies. Work would be undertaken with the JCC to determine how the integrated performance report should be developed overtime to reflect the full remit of the JCC.

Members received the report on performance up until 31 March 2024 for the former Emergency Ambulance Services Committee (EASC) and the former Welsh Health Specialised Services Committee (WHSSC) and noted the additional key performance indicators for 2024/2025 recently introduced by Welsh Government (WG).

Members noted the ambulance performance indicators, the ambulance performance dashboard, the immediate release requests and the Integrated Commissioning Action Plan (ICAP) actions aligned to the goals of the Six Goals for Urgent and Emergency Care Programme.

Members noted the integrated overview of the performance of specialised services commissioned by the former WHSSC up to the end of February 2024.

Members noted that the NHS Wales Chief Executive had written to all health boards, WAST and Velindre University NHS Trust (VUNT) on 7 May 2024 in relation to Key Performance Indicators and that there was an expectation that all organisations set out a clear improvement trajectory against each to achieve milestones by December 2024, and March 2025.

Members noted that for Ambulance and 111, whilst some improvements were being made, within the ASIs and the Performance Dashboard there were a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care.

Members agreed to develop a revised red performance indicator action plan in conjunction with WAST, and agreed to discuss the ICAP with each HB with a view to focussing on the following priorities

- Flow in hospitals,
- Targeting patients with breathing difficulties and individuals who have fallen to avoid unnecessary hospital attendances and admissions – use Care Homes as a start point,
- Targeting mental health patients to avoid an increase in demand from changes to regulations,
- Understanding the impact and potential of all of the above,
- Collating and sharing best practice; and
- Developing trajectories for approval by the JCC.

Saunders,Nathan
21/07/2024 00:47:55

Members agreed that a longer term strategy should be the focus for a future JCC development session. It was also agreed that a deep-dive on ambulance services commissioned by the JCC would be undertaken in the July meeting.

Members (1) **Noted** the former EASC performance report and Ambulance Service Indicators (ASI) for month 11 2023/2024, (2) **Noted** the former WHSSC performance report for month 11 2023/2024; and (3) **Noted** the Welsh Government additional targets for 2024/2025.

9. Financial Performance Reports Month 12 – EASC and WHSSC
Members received the financial performance reports for month 12 2023-2024 for EASC and WHSSC for information and completeness.

Members noted the outturn position for both predecessor committee's as being a small overspend for EASC of £0.026m and an underspend for WHSSC of £6.121m as per the anticipated forecasts reported through the committees throughout 2023/24.

In addition, ST briefly updated that for Month 1 of 2024/25, the financial position for the new NWJCC reflected the latest activity information where received (that being month 12 for most provider contracts) or the financial plan position that had been agreed at the previous Joint Committee's. ST highlighted that the team were actively working with provider finance teams to assess the provider proposals against the commissioner funding available, with the aim of approving Heads of Agreement by the 28th June. This is not without risk but ST updated that she will keep the committee sighted as discussions progress.

Members (1) **Noted** the 2023/24 financial year-end position of EASC; and (2) **Noted** the 2023/24 financial year-end position of WHSSC.

10. Gender Identity Services for Children and Young – Final Report of the Cass Review
Members received a report providing an update on the final report on the independent review led by Dr Hilary Cass OBE which was, commissioned by NHS England and NHS Improvement in 2020 to make recommendations on the services provided to children and young people who were exploring their gender identity or experiencing gender incongruence.

Members noted that the aim of the Cass Review was to ensure that children and young people who were questioning their gender identity or experiencing gender dysphoria, and who needed support from the NHS, received a high standard of care that met their needs and was safe, holistic and effective. It was noted that services for children and young people are commissioned from providers in England.

Saunders, Kathryn
21/07/2024 09:27:55

Members noted that the JCC commissions CVUHB to provide gender identity services for adults (non-surgical) through the Welsh Gender Service (WGS), and whilst this service is commissioned in Wales, in light of the Cass Review it was proposed that the NHS Wales JCC work with NHS England in the review of the service specification for adult services (non-surgical) rather than a single site approach.

Members discussed the recommendations of the review, and agreed that further information was required and that a further report be brought back to the next meeting.

Members (1) **Noted** the recommendations of the Cass Review and the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan, (2) **Noted** the Cabinet Secretary's direction that the Welsh Gender Service fully co-operates in the delivery of the data linkage study, (3) **Noted** the implications for CAMHS which may require additional resources outside of the commissioned service, (4) **Noted** that the NHS Wales Joint Commissioning Committee had written to Health Education and Improvement Wales (HEIW) to set up a working group to consider current training available for gender care. This work will include linking with the work being undertaken by NHS England to ensure consistency of approach and access to training materials.

11. Work Plan and Performance Update for Mental Health and Learning Disabilities

Members received a report highlighting the work to date and outlining the programme of work for 2024/25 for the former National Collaborative Commissioning Unit (NCCU).

Members **noted** the Work Plan / Performance Update for Mental Health & Learning Disabilities previously part of the National Collaborative Commissioning Unit.

12. Corporate Governance Report

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

Members (1) **Noted** the report, (2) **Approved** the JCCs Annual Plan of Committee business for 2024-2025, (3) **Approved** the Annual Governance Statements 2023-2024 for EASC and WHSSC, and the Annual Compliance Statement for the NCCU 2023-2024, (4) **Reviewed** the responses prepared for the EASC and WHSSC Annual Audit Enquiries Letter responses for 2023-2024 and, subject to any required amendment, endorse for onward submission to Audit Wales; and (5) **Noted** the update on the development of the JCC hosting agreement and memorandum of understanding.

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13. Other Reports

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

- CTMUHB Audit and Risk Committee (ARC) Assurance Report,
- Management Group Briefing,
- Individual Patient Funding Request (IPFR) Panel,
- Welsh Kidney Network (WKN),
- South Wales Trauma Network Delivery Assurance Group,
- Neonatal Transport DAG; and
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Action Notes.

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Llywodraeth Cymru
Welsh Government

Abigail Harris – Chief Commissioner (Interim), NHS Wales Joint Commissioning Committee

Ian Green – Chair, NHS Wales Joint Commissioning Committee

CC:

Carole Bell – Director of Nursing and Quality Assurance
NHS Wales Joint Commissioning Committee

Krysta Hallewell, NHS Wales Joint Commissioning Committee

David Thomas, Suicide and Self-harm Prevention Team, Welsh Government

Beverley Morgan, Suicide and Self-harm Prevention Team, Welsh Government

Jon Lane, Suicide and Self-harm Prevention Team, Welsh Government

Stuart Hackwell, Senior Medical Officer, Mental Health and Primary Care

Anna Kuczynska, Senior Medical Officer, Mental Health and Primary Care

15 May 2024

Dear Abigail and Ian

Following the publication of the final report from the Cass Review on 10 April 2024, I am writing to thank you and colleagues at the NHS Wales Joint Commissioning Committee (JCC) for your ongoing role in commissioning gender identity services for people in Wales.

I would also like to thank you for your continued representation on the NHS England Programme Gender Board and associated sub-groups and for publishing the Joint Commissioning Committee briefing to the Cass Review which sets out anticipated next steps.

As you know, on 1 May 2024, a debate by the Welsh Conservatives took place focussing on the CASS Review, where Senedd Cymru / Welsh Parliament was asked to:

1. Note the publication of the Cass review.

Saunders,Nathan
21/07/2024 09:37:55

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.

2. Note that NHS Wales commissions gender identity services for children and young people 17 and under from NHS England.

3. Note that NHS England has concluded there is not enough evidence to support the safety or clinical effectiveness of puberty suppressing hormones for the treatment of gender dysphoria in children and young people at this time.

4. Note the Welsh Government will continue to develop the transgender guidance for schools taking account of the Cass review and stakeholder views.

In light of these developments, I am writing to request formally that the NHS Wales JCC give specific consideration to the findings of final Cass Report. This must include a consideration of its findings in the review of the service specification for the adult gender identity service in Wales, which is planned to commence in 2024.

In addition, one of the recommendations of the Cass Review was to consider how interventions impact on outcomes. For that to happen, there is a need to monitor the long-term impact through tracking into adult gender services. Therefore, I am requesting that in line with this Cass recommendation, the NHS Wales JCC also ensures that gender identity services commissioned by the JCC share relevant data as part of the wider data linkage study referred to in the Cass Review (Recommendation 5). The data should be collected in a consistent and comprehensive manner to support an evidence-based approach to the support and interventions put in place.

We would also request that through the NHS Executive CAMHS Network, the NHS JCC informs health boards about the recommendations of the final Cass report to support the development of local implementation plans.

The Welsh Government also recognises the importance of existing services having the necessary training to support transgender children and young people in Wales, and as such, we are very supportive of the engagement that has taken place between the NHS Wales JCC and Health Education and Improvement Wales on this matter. I look forward to an update on training and workforce developments.

Yours sincerely,

Matt Downton
Deputy Director for Mental Health, Substance Misuse and Vulnerable Groups, Welsh Government

Saunders,Nathan
21/07/2023 09:37:55

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.

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

Minutes of the Public Audit & Assurance Committee Meeting
Held On 20 May 2024 at 9:30am
Via MS Teams

Chair:		
Rhian Thomas	RT	Independent Member for Capital and Estates and Committee Chair (CC)
Present:		
David Edwards	DE	Independent Member for ICT
Mike Jones	MJ	Independent Member for Trade Union
John Union	JU	Independent Member for Finance
In Attendance:		
Darren Griffiths	DG	Audit Wales Manager
Hannah Jones	HJ	Senior Auditor – Audit Wales
Mark Jones	MJ	Audit Manager – Audit Wales
Lucy Jugessur	WW	Interim Deputy Head of Internal Audit (IDHIA)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist (LLCFS)
Helen Lawrence	HL	Assistant Director of Finance
Robert Mahoney	RM	Deputy Director of Finance
Lianne Morse	LM	Deputy Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance (EDF)
Ceri Phillips	CP	UHB Vice Chair
Matt Phillips	MP	Director of Corporate Governance (DCG)
Ian Virgil	IV	Head of Internal Audit (HIA)
Observers:		
Glynis Mulford	GM	Risk & Regulation Officer
Frankie Thomas	FT	Head of Corporate Governance
Laura Tovey	LT	Internal Audit Manager
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Rachel Gidman	RG	Executive Director of People and Culture
Urvisha Perez	UP	Audit Lead - Audit Wales
David Thomas	DT	Director of Digital & Health Intelligence

Item No	Agenda Item	Action
AAC 24/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 24/05/002	**Apologies for Absence** Apologies for absence were received. **The Committee resolved that:**	

Signed: Nathan 17/06/2024 00:47:53

	a) Apologies were noted.	
AAC 24/05/003	**Declarations of Interest** **The Committee resolved that:** a) No Declarations of Interest were noted.	
AAC 24/05/004	**Minutes of the Meeting Held on 6 February 2024** The Minutes of the Meeting Held on the 6 February 2024 were received. **The Committee resolved that:** a) The draft minutes of the meetings held on 6 February 2024, were held to be a true and accurate record of the meeting.	
AAC 24/05/005	**Actions– Following Meeting held on 6 February 2024** The Actions were received. **The Committee resolved that:** a) The Actions were discussed and noted.	
AAC 24/05/006	**Internal Audit Progress Report** The Internal Audit Progress Report was received. The Head of Internal Audit (HIA) advised the Committee that he would take the report as read and highlight key areas which included: • Section 2 noted that 5 audits had been scheduled to come to the Committee in May 2024 but deadlines were not met and the reasons for the delays were outlined within the report. • Section 3 noted that 9 audits had been finalised since the previous meeting of the committee with scores which included: - Core Financial Systems - Financial Management within Clinical Boards - UHL Endoscopy Development - Information Governance - Cyber Security - Cancer Services - Patient Safety Incident Management - Mortality Reviews - Risk Management / Board Assurance Framework The HIA provided assurance to the Committee that each report had received positive outcomes with Core Finance Systems receiving a	

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substantial assurance rating and the other 8 receiving reasonable assurance.

- Section 4 noted the delivery of the 2023/24 Internal Audit Plan which stated that there were a total of 34 reviews within the 2023/24 Internal Audit Plan and the overall progress was outlined within the paper which highlighted that 24 had been finalised, 5 were in draft form and the remaining 5 were in progress.

The HIA advised the Committee that there were 3 audits from the 2022/23 that had not been finalised in time for the previous year and so that they had been finalised in 2023/24 and would be feed into the annual opinion bringing the total number of audits for 2023/24 to 37.

- Appendix C of the report provided an update on the performance against the Key Performance Indicators (KPIs) for the service where it was noted that one status was highlighted red on performance around the Health Board providing responses to Internal Audit within 15 working days.

- Section 5 of the report noted that 1 audit had been identified for deferral from the 2023/24 plan:
  - UHW Tertiary Tower due to delays with the progression of the scheme on site.

The CC noted that the Committee needed to have a closer eye on the delay in responses identified to Internal Audit.

The Independent Member – Finance (IMF) asked how the Health Board looked against others in Wales.

The HIA responded that response times was a KPI that caused the most issues to Internal Audit Teams across Wales but noted that there was an awareness of the ongoing pressures against Health Board and key individuals.

The Independent Member – ICT (IMICT) noted that if delays in response continued to be an issue for the Health Board, a detailed report would need to be received by the Committee.

The CC agreed and noted that it would be helpful for Internal Audit to provide the Committee with what was expected in terms of a response and would help to inform the Committee.

The Committee received details of the 9 Internal Audit Reports which included the assurance rating and objectives for each;

- Core Financial Systems – substantial assurance
- UHL Endoscopy Development – reasonable assurance
- Information Governance – reasonable assurance
- Cyber Security – reasonable assurance

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	- Financial Management within Clinical Boards – reasonable assurance - Cancer Services – reasonable assurance - Patient Safety Incident Management – reasonable assurance - Mortality Reviews – reasonable assurance - Risk Management / Board Assurance Framework – reasonable assurance The CC advised the Committee that it was her understanding that following an audit, if it received a limited assurance rating, there would be a 12 month follow up undertaken and asked if it was the same for audits that had received a reasonable assurance rating but with actions that were deemed limited. The HIA responded that the tracker would be used to actively track the actions and reported back to the Committee. **The Committee resolved that:** a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports were considered. b) The proposed adjustment to the 2023/24 plan was approved.	
AAC 24/05/007	**Audit Wales Update to include Primary Care Services - Follow-up Review (2022 Local Work).** The Audit Wales Update to include Primary Care Services -Follow-up Review (2022 Local Work) was received. The Senior Auditor – Audit Wales (SAAW) advised the Committee that she would take the report as read and would identify key points which included: • The review focussed on the follow up review of Audit Wales' review of Primary Care services in 2018 and the work that focussed on the Health Boards strategic planning, investment, workforce oversight and leadership. • In relation to previous recommendations outlined by Audit Wales, it was found that the Health Board had progressed work to improve strategic planning, cluster maturity and leadership through cluster led training and development. • Whilst the Board successfully shifted some services from Secondary care to Primary Care, more work was required to establish a financial baseline to establish the true cost of Primary Care. • In relation to Board visibility and focus on Primary Care, Audit Wales found that Primary Care was reflected well in Health Board strategies and plans and there was reasonable oversight and	

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	scrutiny of Primary Care at Board and Committee meetings, although there was opportunity to strengthen the reporting. • In relation to capacity and capability of the Primary Care Central Team, it was identified that the Team remained stretched due to workloads associated with local national priorities it was noted that good arrangements were in place to support the development of staff within the Team. The CC asked that in terms of management responses provided to Audit Wales, and the timescales given, was that something Audit Wales felt satisfied with. The SAAW responded that they had been satisfied with the management response following discussion with the relevant Teams. The Audit Wales Manager (AWM) provided the Committee with an update on the general Audit Wales Update report which included: • Review of unscheduled care – Audit Wales would be undertaking the work in several parts and the current work being drafted related to regional arrangements around discharge planning and the field work for the second part would look at demand for urgent emergency care. • Field work for the review of financial efficiencies had concluded and verbal feedback had been provided to the Health Board. • National reports had been published since the Committee last met and the annual plan for 2024/25 had also been published. **The Committee resolved that:** a) The Audit Wales Update was noted.	
AAC 24/05/008	**Internal Audit Recommendation Tracking Report, Audit Wales Recommendation Tracking Report & Regulatory Compliance Tracking Report** The Internal Audit Recommendation Tracking Report, Audit Wales Recommendation Tracking Report & Regulatory Compliance Tracking Report were received by the Committee. The Director of Corporate Governance (DCG) advised the Committee that he would take all 3 reports together and would take them as read. He noted that the overarching comment against all 3 trackers was the need to evolve the system in the auspices of the Audit Committee's view. The Committee was advised that the risk register system also required a new system to bring all of the tracking work together and that discussions	

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	were ongoing with the company that the Health Board used to manage audits (AMaT) to develop a new risk module which would then be used to transfer all of the regulatory tracker items onto. The DCG noted that the internal audit tracker had the most aged risks on and that there were still 7 from 2022 and before and so work would be undertaken to dig into those older risks and to check if they would be implemented or if they needed to be captured as risks. He added that the Audit Wales tracker had been updated to reflect the structured assessment recommendations but noted that further detail would be received at the next Audit & Assurance Committee. The DCG concluded that assurance could be provided to the Committee that the work on the trackers was evolving and additional details would be received by the Committee in July 2024. The HIA added that Internal Audit would work closely with the Corporate Governance Team to ensure that older risks were managed effectively and noted that he met with the DCG and Risk & Regulation Officer prior to each Audit & Assurance Committee meeting. **The Committee resolved that:** a) The tracking report for tracking audit recommendations made by Internal Audit was noted. b) The Committee noted and was assured by the progress which had been made since the previous Audit and Assurance Committee Meeting in November 2023. c) The Committee received assurance from the progress which had been made in relation to the completion of Audit Wales recommendations. d) The continuing development of the Audit Wales Recommendation Tracker was noted. e) The updates shared were reviewed and assurance was taken from the continuing development and review of the Legislative and Regulatory Compliance Tracker.	**NS**
AAC 24/05/009	**Procurement Compliance Report / Single Tender Actions** The Procurement Compliance Report / Single Tender Actions report was received. The Executive Director of Finance (EDF) advised the Committee that the Procurement Compliance Report / Single Tender Actions was received at each meeting and that it worked through the areas of activity outside of the Health Boards procurement which were in breach of its Standing	

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	Financial Instructions (SFIs) or Single Tender Actions (STA) or Single Quotation Actions (SQA). She added that the work was being done alongside the procurement improvement work which was looking to make sure that everything that could be brought through procurement was brought through procurement. The IMF noted that whilst looking at the STA and SQA, one of the largest was around Thornberry Nursing Services and asked if there were any alternative services that could be used. The EDF responded that the package identified within the STA/SQA was for very intensive care and a very specific patient who required care at short notice. She added that the package of care had been put in with the hope that the patient would be transferred to a more specialised facility but unfortunately that did not occur and so the Health Board had to issue the contract to Thornberry but noted it was a very specific case and was being tracked closely with a lot of learning taken and that the contract was with a different provider at the current time. **The Committee resolved that:** a) The contents of the Report were noted. b) The contents of the Report were agreed.	
AAC 24/05/010	**Internal Audit Plan 2024/25** The Internal Audit Plan 2024/25 was received. The HIA advised the Committee that the Internal Audit Plan 2024/25 had been developed following a review of the Health Boards key objectives, Corporate Risk Register, relevant Committee papers, previous audits undertaken and other key documents. He added that the plan detailed the proposed audits to be undertaken in 2024/25 along with an analysis of the corresponding resources for delivery or the plan as well as an Audit Charter which defined the purpose, the authority and the responsibilities of Internal Audit. It was noted that section 2 of the report confirmed that the plan had been developed in accordance with the requirements of the public sector internal audit standards and that a risk based approach had been taken in the development of the plan. It was noted that section 2.4 outlined the engagement undertaken with the Health Board to discuss and refine the draft plan. The HIA added that Internal Audit had met with the CEO and other Executive Directors to obtain their views and thoughts on the approach to	

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	the list of audits that was being developed and that it was also discussed with the Audit & Assurance Committee's Chair and Chair of the Health Board. He added that section 4 of the plan explained the full detail of the plan and showed 32 audits which was 3 to 4 less than the previous year but noted that the plan would be kept under review as the year progressed. The HIA concluded that section 5 confirmed that Internal Audit had sufficient resource to deliver the plan outlined and that appendix B of the report confirmed the KPIs that would be used to monitor the plan. The CC thanked the HIA and noted that the plan showed a wide breadth of themes for the year. The DCG expressed his thanks to the HIA and their team on how the report had been put together and noted the audits would help the Health Board's financial situation. **The Committee resolved that:** a) The Internal Audit plan for 2024/25 was approved b) The Internal Audit Charter as at April 2024 was approved. c) The associated Internal Audit resource requirements and Key Performance Indicators were noted.	
AAC 24/05/011	**Audit Wales - 2024 Audit Plan** The Audit Wales - 2024 Audit Plan was received. The AMAW advised the Committee he would take the report as read and would make one key point: • The audit materiality had changed since papers were drafted and Audit Wales had received the 2023/24 count and therefore the main materiality was based on gross expenditure which had gone up from £18.6m to £19.8m. The AMW advised the Committee that in terms of the Audit Wales planned performance audit work, they would deliver the core structured assessment and that there would not be any changes to the methodology applied in the previous year and would include 4 areas: • Board and Committee effectiveness • Systems of assurance • Corporate Planning Arrangements • Corporate Financial Management Arrangements He added that the 2024/25 deep dive module would look at Digital Transformation	

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	The Committee resolved that: The Audit Wales - 2024 Audit Plan was noted.	
AAC 24/05/012	**Counter Fraud Annual Plan 2023/24 and Outline 2024/24** The Counter Fraud Annual Plan Outline 2023/24 and outline 2024/25 was received. The Lead Local Counter Fraud Specialist (LLCFS) advised the Committee that the annual plan was received each year and aimed to show the Committee how the Counter Fraud Team would comply with Counter Fraud standard and the work continuing toward compliance. He added that in the year 2024/25, focus would be heavier on pro-active work. **The Committee resolved that:** a) The report was approved as an accurate assessment of the work undertaken during the year and a measure of compliance with the standards set out by the NHS CFA.	
AAC 24/05/013	**Counter Fraud Progress Update** The Counter Fraud Progress Update was received. The Lead Local Counter Fraud Specialist (LLCFS) advised the Committee that he would take the report as read and noted that referrals into the Counter Fraud Team had increased. He added that he would meet with the Risk and Regulation Officer to discuss adding Counter Fraud activity onto the relevant trackers. The CC asked what was driving the increased referrals. The LLCFC responded that there was better awareness across the Organisation on Counter Fraud activity thanks to increased training and educational activity. **The Committee resolved that:** a) The report was noted.	
AAC 24/05/014	**Agenda for Private Audit and Assurance Committee** *i. Counter Fraud Progress Update (Confidential – ongoing investigations* *ii. Health Board Salaries Overpayment Update*	

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AAC 24/05/015	**Any Other Business** No Other Business was discussed.	
AAC 24/05/016	**Items to be deferred to Board / Committee** The follow up internal audit report on Cyber Security would be received by the Digital & Health Intelligence Committee.	
	Date and time of next committee meeting Tuesday 2nd July 2024 at 9am via MS Teams	

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Cardiff&Vale HealthCharity

Public Minutes of the Charitable Funds Committee
19 March 2024
Via Microsoft Teams

To watch this meeting, please click here:

https://www.youtube.com/embed/cMcOwL_hyvk

Present:		
John Union	JU	Committee Chair / Independent Member – Finance
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Susan Lloyd-Selby	SL	Independent Member – Local Authority
Rachel Gidman	RG	Executive Director of People & Culture
Rob Mahoney	RM	Deputy Director of Finance
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
In Attendance:		
Elizabeth Barrett	EB	Rathbones Investment Manager (EB)
Alex Dow	AD	Rathbones Investment Manager (AD)
Rebecca Holliday	RH	Head of Financial Services
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Sara Moseley	SM	Independent Member – Third Sector
Ceri Phillips	CP	UHB Vice Chair

CFC24/03/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	Action
CFC24/03/002	**Apologies for Absence** Apologies for Absence were noted.	
CFC24/03/003	**Declarations of Interests** The Executive Director of Therapies & Health Sciences (EDTHS) advised the Committee that she had been asked by them to be the Senior Responsible Officer for the disposal of Rookwood Hospital.	
CFC24/03/004	**Minutes of the Committee Meeting held on 05.12.2023** The Committee reviewed the minutes of the meeting held on 5 December 2023 **The Committee resolved that:** a) The minutes of the meeting held on 5 December 2023 were approved as a true and accurate record.	

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CFC24/03/005	**Committee Action Log** The Committee reviewed the Action Log. **The Committee resolved that:** a) The Action Log was noted.	
CFC24/03/006	**Chair's Action** No Chair's Actions were noted.	
CFC24/03/007	**Rathbones Investment Update (click to watch)** The Rathbones Investment Update was received Alex Dow, a Rathbones Investment Manager (AD) advised the Committee that the presentation shared would outline: • Performance • Asset Allocation • Responsible Investment • Market Review • Any Other Business **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. It was noted that in comparison, 2023 had seen much better returns with positive performance in the last quarter of 2023 which had continued into 2024. AD advised the Committee that when looking at the years together, the portfolio was up by 5.3% which was slightly ahead of the benchmark. He added that as of 14 March 2024, the investment portfolio was worth £5,757,803 with an income yield of £132,997 and asked if the income was sufficient to the Committee. The Deputy Director of Finance (DDF) responded that the Health Board would be OK up to the end of the financial year but noted that in the new financial year, the cash flow forecasts would indicate that the Health Board would need to raise cash. **Asset Allocation** - AD provided the Committee 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. He added that it could be translated that Rathbones were fairly neutral in the major asset classes verses the benchmarks. **Responsible Investment** – Elizabeth Barrett, a Rathbones Investment Manager (EB) presented the Committee with a portfolio summary on responsible investment and 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.	

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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.

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

The Executive Director of Finance (EDF) thanked the Rathbones Investment Managers for the information and noted it was a great reminder of where the Health Board had been and was going.

She added that she had been surprised at some of the average environmental, social and governance (ESG) factors of the organisations being invested in and asked if the Committee needed to review those.

EB responded that Rathbones did not actively target the ratings and noted that it was a check undertaken once the investment process was done and noted that Rathbones did a lot of its own proprietary checks.

She added that she would not suggest avoiding companied that were deemed to be average or “meeting expectations” and noted that no rating system was perfect.

The EDF noted that supplementing those ratings with Rathbones own research meant that the Committee could be assured that the package provided by Rathbones was the best one for the Health Board.

The CC asked if Rathbones looked at other Health Charities to benchmark.

EB responded that they did but noted that they were unable to compare as they did not have that data.

AD added that the Health Boards ethical investment policy would be very similar to the majority of clients managed by Rathbones and similar to a number of charities managed elsewhere.

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The Committee resolved that:

a) The Rathbones Investment Update was noted

CFC24/03/008	**Health Charity Financial Position & Investment Update (click to watch)** The Health Charity Financial Position & Investment Update was received. The Deputy Director of Finance (DDF) advised the Committee that the paper received provided figures as of 31 January 2024. He added that there had 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 DDF presented the Committee with 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. He reminded the Committee 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 in respect of the current financial year (2023/24) the investment portfolio opened with a market value of £5.546m and the value of investments had increased by £0.131m to £5.677m for the period ending January 2024. Cashflow Forecast – 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 DDF advised the Committee 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. He added 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. Forecast Financial Position of the Charity's General Fund Reserve – it was noted 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. The DDF advised the Committee that the General Fund incorporated income that was not specified to a particular fund, alongside gains and losses in the Charity's investment portfolio. He added that the analysis received by the Committee 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.	

Saunders,Nathan
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	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. Utilisation of Dormant Funds – 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. The DDF concluded that the key points for the attention of Committee were: • The performance of the investment portfolio which currently supported the General Fund balance. • The staff recharges to the General Fund • The impact on the Funds Held on Trust cashflow arising from the investment portfolio and the staff recharges. The CC asked if the dividends paid from the fund were restricted funds or unrestricted funds and if they found their way into the cash flow for the general fund. The DDF responded that the dividends were distributed pro-rata across the funds as per the current policy. The EDF asked if the next report on the general fund received could be split into two parts: • Cash deficit • Non-cash deficit or surplus. The Independent Member – Local Authority (IMLA) noted that the work to identify dormant funds for 2023/24 would shortly commence and asked if there was any indication to a level that could be identified. The DDF responded that usually at the beginning of the process it looked to be around £50/60k but noted that when writing out to fund holders, that decreases as and when they develop plans. **The Committee resolved that:** a) The financial position of the charity was noted. b) The performance of the investment portfolio was noted. c) The over commitment of the General Reserve was noted. d) The development of a longer term plan to reduce the deficit on the General Fund Reserve was noted.	
CFC24/03/009	**Our Health Meadow Annual Report (click to watch)** The Our Health Meadow Annual Report was received. The Director of Communications, Arts, Health Charity and Engagement (DCAHCE) advised the Committee that the report provided 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. She added that the fundraising 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.	

Saunders,Nathan
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	The DCAHCE noted that the report provided the Committee with Our Health Meadow Events and Grant Applications and outcomes during the past 12 months which also identified bids that were unsuccessful. She added that the fund balance at present was £9,809 and noted that the work of the Health Meadow would form part of the Annual Plan and the Health Charity Strategy. The CC noted that the report had identified that the Down to Earth team had no option but to leave the site until further funding for the capital build, or for the continuation of social prescribing programmes had been secured and asked what the implications were for the site. The DCAHCE responded that there was no proactive work ongoing on the development but noted that there were still some small groups doing bits of work (volunteers) and noted that the Director of Capital & Estate's team were looking at how the Health Charity could continue with some of the maintenance. The IMLA asked if there was a strategy for long term sustainability in development of the project or if the Health Charity were reliant on successful future fundraising. The DCAHCE responded that the development of the project was reliant on successful future fundraising. **The Committee resolved that:** a) The progress on the ambition and that the programme of work would be progressed as further fundraising opportunities arose was noted.	
CFC24/03/010	**Legacy Update (click to watch)** The Legacy Update was received. The DCAHCE advised the Committee that it was an annual update provided to the Committee as well as the Board of Trustees. 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 DCAHCE advised the Committee that the Health Charity had received £203,144.08 in legacy donations in 2023/24 as of the publication of the paper. She added that the Health Charity and Arts in Health Programme continued to promote its Gifts In Wills (Legacy) fundraising campaign, launched in 2022, with the aim of increasing awareness and sharing information of how to leave a gift in will to Cardiff and Vale University Health Board and increasing potential pledges. The Committee were provided with some examples of legacy funded projects during 2023/24 which included: • Installation of vinyl's at UHW and UHL, including acknowledgement of legacy donations • Installation of motivational artwork at the Spinal Rehab Gym, University Hospital Llandough plus purchase of kitchen items for the Spinal Unit. • Vehicle lease extension and Pedal Power costs within Mental Health Services for Older People at UHL. The DCAHCE concluded the discussion and advised the Committee that there was an Action Plan for 2024/25 and noted that Gifts in Wills (Legacy) was an area where the Health Charity would like to increase activity and provide a focus on it.	

Saunders,Nathan
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	The Committee resolved that: a) The report on the legacy income received to date in 2023/24, the further active legacies plus the ongoing Gift In Will fundraising awareness campaign were noted.	
CFC24/03/011	**Food Sense Wales Update** The Food Sense Wales Update was received. The Executive Director of Therapies and Health Sciences (EDTHS) advised the Committee that the report was largely a Public Health paper and provided assurance that the Executive Director of Public Health had reviewed the paper prior to being received by the Committee. She added that 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 Committee resolved that:** a) The successful delivery and local and national influence of Food Sense Wales over the past 12 months was noted b) The securing of 40% core funding for 4 years was noted.	
CFC24/03/012	**Food Sense Wales Memorandum of Understanding (click to watch)** The Food Sense Wales Memorandum of Understanding (MoU) was received. The EDTHS advised the Committee that the MoU gave greater clarity of what Food Sense Wales was and its relationship with the Health Board. The CC asked if the MoU needed to be signed off by the Trustees. The EDF responded that the Trustees would need to approve the MoU and it was agreed that the Food Sense Wales MoU would be added to the agenda for the next Trustees meeting. **The Committee resolved that:** a) Consider and approve for recommendation to the Board of Trustees to approve the revised Memorandum of Understanding (MOU) between Food Sense Wales, Cardiff & Vale Health Charity and corporate functions of the UHB	
CFC24/03/013	**Health Charity Strategy Update (click to watch)** The Health Charity Strategy Update was received. The DCAHCE reminded the Committee 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.	

Saunders,Nathan
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	She added that all of 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 DCAHCE advised the Committee that the Strategy would be published on the Health Charity website, with English and Welsh versions made available once approved by the Board of Trustees. She added 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. **The Committee resolved that:** a) The update of the Health Charity Strategy 2024 – 2030	
CFC24/03/014	**Over £25k bids for approval: (click to watch)** The Over £25k bids for approval was received. The DCAHCE advised the Committee 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 Committee resolved that:** a) The proposed expenditure of £170,000 from Cardiac Services Endowment Fund 9541, and submit to the next meeting of the Board of Trustees for consideration and approval was endorsed.	
CFC24/03/015	**Reporting Feedback on Successful CFC Bids: (click to watch)** The reports on Feedback on Successful CFC Bids was received. The DCAHCE advised the Committee that no new bids had been received because the general reserve fund was closed to new bids. She added that the next evaluation report would be on the Welsh Transplant Games due in December 2024 She added that the next evaluation report on the Welsh Transplant Games – approved bid year project is due in December 2024. It was noted that in the interim period, the Committee was asked to note the recent allocations of funding from the Bale Fund.	

Saunders,Nathan
21/07/2024 00:47:03

	It was noted that those Bale Funds applications were reviewed and approved by the Health Charity and Finance Team, in line with the financial scheme of delegation and Bale Fund criteria, as agreed by the CFC in September 2023. **The Committee resolved that:** a) The assurance of the use of charitable funds for its intended purpose, as approved by the CFC was noted.	
CFC24/03/016	**Great Wall of China Fundraising Proposal Verbal Update (click to watch)** The Great Wall of China Fundraising Proposal Verbal Update was received. The DCAHCE advised the Committee that the feedback she had 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. She added that it was her understanding was that the sequence of events would be: • The Health Charity Strategy to be agreed • The paper on the Great Wall of China fundraising event would be agreed because within the strategy, it alluded to other Headline Fundraising campaigns. The EDF reminded the Committee that the issue and much of the conversation held at the last meeting was around the exclusive nature of 12 people going to China and how that would by default exclude some people and how that would align with the Health Charity strategy. She added that the strategy was a key part of the discussion, but noted that it was more of a nervousness about the exclusive nature of that type of fundraising. The CC asked for the DCAHCE to look at the previous meetings minutes and bring back an update when appropriate. **The Committee resolved that:** a) The Great Wall of China Fundraising Proposal Verbal Update was noted.	
CFC24/03/017	**Arts Annual Update (click to watch)** The Arts Annual Update was received. The DCAHCE advised the Committee that the update 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. **The Committee resolved that:** a) The information presented was noted.	
CFC24/03/018	**Health Charity Annual Report (click to watch)** The Health Charity Annual Report was received. The DCAHCE advised the Committee that annual report provided gave information and looked for approval on an annual basis and had gone to the Auditor General for Wales. She added that the Health Charity team had been working alongside finance colleagues and that they received and approved the content and had approved the financial statement that was also within the annual report. **The Committee resolved that:**	

Saunders,Nathan
21/07/2024 00:47:13

	a) The Cardiff & Vale Health Charity Annual Report 2022-23 was endorsed for publication.	
CFC24/03/019	**Staff Lottery Bids Panel Report (click to watch)** The Staff Lottery Bids Panel Report was received. The DCAHCE advised the Committee 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. She added that the proposed revised staff lottery fund approval hierarchy was proposed to include: • The Chair and Vice Chair of the staff lottery panel • Assistant Director of Finance. It was noted that in the event of absence, an application may also be considered by the DCAHCE, along with the Head of Financial Services. **The Committee resolved that:** a) The changes to authorised signatories for the Small Bids Process was approved. b) The content of the Staff Lottery Bids Panel Report for assurance was noted.	
CFC24/03/020	**Health Charity Fundraising Report (click to watch)** The Health Charity Fundraising Report was received. The DCAHCE advised the Committee that tables which related to projected and actual cost estimates for planned events, in alignment with Health Charity audit requirements had been included within the paper. **The Committee resolved that:** a) The Fundraising Report for information was reviewed b) The progress and activities of the Health Charity as advised were noted.	
CFC24/03/021	**Staff Benefits Group (SBG) Report (click to watch)** The Staff Benefits Report was received. **The Committee resolved that:** a) The Staff Benefits Group Report for the period December 2023 – February 2024 was noted.	
CFC24/03/022	**Staff Lottery Bids Panel Report (click to watch)** The Staff Lottery Bids Panel Report was received. **The Committee resolved that:** a) The content of the Staff Lottery Bids Panel Report was noted.	
CFC24/03/023	**Health Charity Events Planner 2024/25 (click to watch)** The Health Charity Events Planner 2024/25 was received. **The Committee resolved that:** a) The planned activities of the Health Charity as advised were noted.	
CFC24/03/024	**Charitable Funds Committee Annual Report 2023/24 (click to watch)**	

Saunders,Nathan
21/07/2024 00:47:55

	The Charitable Funds Committee Annual Report 2023/24 was received. **The Committee resolved that:** a) The draft Annual Report 2023/24 of the Charitable Funds Committee was reviewed. b) The draft Annual Report 2023/24 was noted c) The Annual Report was recommended to the Board for approval.	
CFC24/03/025	**Any Other Business (click to watch)** The DCAHCE advised the Committee 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. She added 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. It was noted that D2D had identified an area in Critical Care to upgrade the visitors' toilets and had been working with the relevant Clinical Board on the project. The DCAHCE added that there had also been discussions between another fundraiser, who had been fundraising in memory of a loved one and D2D about supporting that upgrade to the visitors' toilets. The Head of Financial Services (HFS) noted that it was the 2nd time that D2D had requested the money and asked how it could be stopped in future. The DCAHCE responded that the decisions were always difficult and that in terms of governance, assurance was required that the money would be spent on the Critical Care Unit and noted that on that particular occasion, the Health Charity had adhered to the donors terms for the money to go to the relevant charity. The IMLA asked if there were any implications in terms of Gift Aid and which charity would claim against that. The HFS responded that the gift aid was provided by the platform and so once received that would be given alongside the donations to D2D. **The Committee resolved that:** a) The other business raised was noted.	
	Date and Time of Next Meeting 11 June 2024 via MS Teams.	

Saunders,Nathan
21/07/2024 00:47:55

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

Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 20 February 2024
Via MS Teams

To view a recording of the meeting, click here.

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance (DCG)
Meriel Jenney	MJ	Executive Medical Director (EMD)
Suzanne Rankin	SR	Chief Executive (CE)
David Thomas	DT	Director of Digital & Health Intelligence (DDHI)
James Webb	JW	Head of Information Governance & Cyber Security (HIGCS)
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences (EDTHS)
Gary Marklew	GM	IT Service Desk Manager (ITSDM)
Angela Parrat	AP	Director of Digital Transformation (DDT)
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		
Catherine Phillips	CP	Executive Director of Finance

Item No	Agenda Item	Action
DHIC 20/02/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
DHIC 20/02/002	**Apologies for Absence** Apologies for absences were noted. **The Committee resolved that:** a) The apologies were noted.	
DHIC 20/02/003	**Declarations of Interest** **The Committee resolved that:** a) No Declaration of Interest were noted.	
DHIC 20/02/004	**Minutes of the Meeting Held 03 October 2023** **The Committee Resolved that:**	

Saunders, Hannah
21/07/2024 09:07:55

	a) The Minutes of the Meeting held on the 03 October 2023 were confirmed as a true and accurate record.	
DHIC 20/02/005	**Action Log – Following the Meeting held on 03 October 2023** The Action Log was received. **Digital service KPI 23/10/011** – The DDHI noted that in order for the Health Board to maximise funds from the digital investment assurance was required that staff were using the systems efficiently. The DDHI discussed with the EDPC regarding the employment of a person with a range of IT skills to ensure staff were being provided with the correct tools, which was planned to be discussed at the People & Culture Committee (12.03.24) and would bring back a detailed report to DHIC in May. A digital champions network was discussed plans for that work to be taken further across the Health Board. The IMLC highlighted that there was a need to know the digital competence of staff members. The DDHI responded that the levels of competence were based on individuals and the systems used within the Health Board and that work was being undertaken by Digital Health and Care Wales (DHCW) and Health Education and Improvement Wales (HEIW) to understand the systems and competency. He added that some training needs could be addressed with online learning but some people prefer class-based learning, which would be looked into with the EDPC. **Digital Directors Peer Group 23/10/012** – The DDHI explained that a regional summit took place and agreed to work in areas as a region alongside Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg UHB and Velindre NHS Trust. He explained there were Terms of Reference for the digital steering group which would feed in to the national CEO's group. **The Committee Resolved that:** a) The Action Log was discussed and noted. View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members - Minute ref 00:01:25	
DHIC 20/02/006	**Chair's Action taken since the last Committee Meeting** **The Committee Resolved that:**	

Saunders,Nicola
21/07/2024 09:27:55

	a) There were no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
DHIC 20/02/007	**Digital Transformation Progress Report** The DDT presented and summarised the Digital Transformation Report. The report was received by the Committee to view in detail under agenda item 2.1. It was noted that all of the national initiatives had continued and that Electronic Prescribing and Medicines Administration (EPMA) would give the Health Board the opportunity to improve its plan around digital maturity as well as improvement using HYMNS as a guide. It was noted that the investment case would show the Health Board how it would achieve that. The CC asked if a project could be developed to include digital champions etc, so that it would give it more visibility. The CE look at the number of programmes planned to be rolled out, each to include an implementation piece. Information to be shared on the work being undertaken. The DDHI highlighted the Sway tool was previously used to show the work being undertaken by the digital teams. The DDT explained a health informatics forum was scheduled each month and a digital advisory board had been established. Clinical design authority had commenced but more work needed to be done to highlight the work. **The Committee Resolved that:** a) The Committee reviewed the progress report and noted the planned investment case being developed. View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members – Minute ref 00:25:18	
DHIC 20/02/008	**Joint IMT & IG Corporate Risk Register** The Joint IMT & IG Risk Register was presented and the following was highlighted: • 13 joint risks to be discussed in the Private Digital & Health Intelligence Committee	

Saunders,Nathan
21/07/2024 00:47:55

	• There were concerns around money but a number of risks had reduced • Effective utilisation has a low score as there is now a process and have a digital advisory board to help prioritise work. **The Committee Resolved that:** a) The Committee noted the progress and updates to the Risk Register report. View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members – Minute ref 00:19:28	
DHIC 20/02/009	**IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The HIGCS presented and noted 279 incidents with 4 highlighted to be taken forward and discussed in the private meeting. He highlighted the following points: • 316 requests received for medical records per month • Non-health records are compliant with 61 requests • Continue to monitor staff access and remind staff members when accessing clinical systems • Information Governance training figures remain at 76% The CE highlighted the need for staff to complete mandatory training as we need to make staff understand this is patient safety critical. The HIGCS noted there was a significant increase in complaints and explained that response times were longer with no increase in resources provided but an improvement plan had been created. **The Committee Resolved that:** a) The Committee received and noted a series of updates relating to significant Information Governance issues. View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members – Minute ref 00:41:30	
DHIC 20/02/010	**Digital Services Key Performance Indicators** The ITSDM presented on the Ivanti Management Report and highlighted the following points – • 2023 data showed an increase of 50% of requests in 2024	

Saunders,Nathan
21/07/2024 00:47:55

	• Ivanti commenced in CAV HB in 2022 • Averaging 3.2 days in 2023 to close an incident • An average of 36,000 requests with 25,000 being resolved by the service desk team • CAV to look into produce an automatic password reset • The chat function on the self-service desk is another way to connect with IT colleagues • A high number of nadex requests were completed by the automation server The DDHI explained the Ivanti system was being used to gain intelligence regarding systems use and cost. The level of service improved as a result of the new service desk tool. The DDHI explained devices procured by the digital team would be included. He noted there was value to gain the data and for people to receive care at home. Personal devices are not in the scope of stats that we are able to report but suggested for a policy for how we manage staff's personal devices for work purposes. The ITSDM explained Ivanti was introduced in 2022 but 2023 was the first full year of data. The IT Service Desk queues are lower and wait times have dramatically reduced due to the digital self-service. **The Committee Resolved that:** a) The Committee reviewed and noted the progress since the last update on the Ivanti service desk tool in relation to KPIs. View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members – Minute ref 00:53:20	
DHIC 20/02/011	**Framework Policies, Procedures & Controls Update** The DDHI noted an IG policy was to be discussed. Guidance notes were being worked towards and a number are to be scheduled. **The Committee Resolved that:** a) The Committee noted progress. View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members – Minute ref 01:17:05	
	Items for Approval / Ratification	

Saunders,Nathan
21/07/2024 00:47:55

	Information Governance Policy The HIGCS reviewed 4 national policies and had reflected recent changes. **The Committee Resolved that:** a) Received and approved the recommended changes to the Information Governance Policy View the minute here (internal members): *Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4* For external members – Minute ref 01:20:29	
	Items for Noting and Information	
DHIC 20/02/012	**Minutes: Digital Directors Peer Group** The DDHI explained that DHCW had published their latest strategy. A WG update for funding for 2025 was discussed, which would be tight. **The Committee Resolved that:** a) The Committee noted the minutes of the 08.08.2023 and 05.09.2023 Digital Directors Peer Group meetings.	
	Agenda for Private Digital & Health Intelligence Meeting	
	(i) Minutes from the Private DHIC Meeting held on 3rd October 2023 *(ii) Digital Budget and Investment and Digital Strategy Case for Investment (Confidential paper)* *(iii) Caldicott Guardian Requirements (Confidential paper – contains personal data)* *(iv) Cybersecurity Update (Confidential paper)*	
DHIC 20/02/013	**Any Other Business** No Other Business was discussed.	
DHIC 20/02/014	**Items to bring to the attention of the Board / Committee** No Items were brought to the attention of the Board / Committee.	
	Date & Time of next Meeting: Tuesday 28th May 2024 at 9am via MS Teams	

Saunders,Nathan
21/07/2024 00:47:55

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

Minutes of the Public Finance and Performance Committee Meeting
Held on 17 April 2024
Via MS Teams

Chair:		
John Union	JU	Independent Member – Finance
Present:		
David Edwards	DE	Independent Member – Information Communication & Technology
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Marie Davies	MD	Interim Executive Director of Strategic Planning
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Ceri Phillips	CP	UHB Vice Chair
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
FPC 24/04/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting including Marie Davies, the Interim Executive Director of Strategic Planning (IEDSP) as it was her first meeting attended in her capacity as IEDSP.	
FPC 24/04/002	**Apologies for Absence** Apologies for Absence were noted. **The Finance and Performance Committee resolved that:** a) Apologies for Absence were noted.	
FPC 24/04/003	**Declarations of Interest** No Declarations of Interest were noted.	
FPC 24/04/004	**Minutes of the Finance and Performance Meeting held on 20 March 2024** The minutes of the meeting held on 20 March 2024 were received. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 20 March 2024, were held as a true and accurate record of the meeting.	
FPC 24/04/005	**Actions following the Finance and Performance Committee meeting on 20 March 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.	

Saunders,Nathan
21/07/2024 09:37:55

FPC 24/04/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting	
FPC 24/04/007	**1) Financial Report – Month 12** The Financial Report – Month 12 was received. A summary was provided to the Committee which stated: *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 Operational Deputy Director of Finance (ODDF) advised the Committee that due to the time of year, a summarised report had been received which was finalised the previous Friday. He added that the Finance Team would now 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 £55,000 under the target of £16.460m and so had it the achieved control target set by WG. The ODDF advised the Committee that the Health Board had also met its Creditor Compliance Target. He added that the Health Board did not meet its rolling three year financial statutory duty in 2023/24 but that it had been known that would occur due to the 3 year rolling plan and on that rolling 3 year break even, the Health Board were overspent by £43m. It was noted that to get back into the compliance phase the Health Board would need to achieve 3 years of balance. 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. The ODDF 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 advised that the tables within the report; • Financial Performance for the period ended 30th March 2024 • Summary of Month 12 COVID 19 Net Expenditure 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 the Health Board had set a savings target of £32 and had achieved a saving of £32.59m which was an overachievement by £590,000, a record by the Health Board in terms of delivery. The ODDF advised the Committee that the Health Board had finished the financial year in a positive cash flow balance. He added that the Key Performance Indicators identified within the report indicated that the Health Board had obtained a red RAG rating in terms of delivering on the 2023/24 draft financial plan but there had been compliance with the Capital Resource limit The CC asked the ODDF to pass on the thanks of the Committee to the Finance team for all of their hard work.	

Saunders,Nathan
21/07/2024 09:47:55

	He asked if a summary of the £32m savings and the additional £8m could be received at the next meeting. The Independent Member – ICT (IMICT) requested that the Total Variance Graph seen within the report stay for the reports in 2024/25 as it showed how things were tracking. He asked how confident the Finance team could be that recurrent savings would be reached. The Strategic Deputy Director of Finance (SDDF) responded that in an Organisation the size of the Health Board, there would always be non-recurring savings as part of its savings programme and noted that as the Health Board moved into 2024/25 a review of all of the non-recurrent savings would be held on the savings made in 2023/24 because there was a chance some of them could be made recurrent. **The Finance and Performance Committee resolved:** a) The draft reported year end deficit of £16.405m which is within the £16.460m control total was noted. b) The Health Board meeting annual public sector payment compliance performance target of 95% was noted. c) The Health Board remaining within its capital resource limit with a draft underspend of £0.086m against an allocation of £45.663m was noted.	
FPC 24/04/008	**Savings Tracker 2024/25** The Savings Tracker 2024/25 was received. The SDDF advised the Committee that the savings tracker received went up to the 4th May 2024. He added that the 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 SDDF advised the Committee 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. He added that where some of the good savings could be achieved in 2024/25 was around workforce reshaping and noted that there was a £15.6m target against workforce. 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. The SDDF summarised the discussion and noted that: The Health Board had identified over 50% of the 2024/25 savings to date and were in a much stronger position compared to the previous year but it was noted that the target was also bigger which would provide additional challenges. He added that meetings on financial sustainability were held fortnightly which had helped drive traction against weekly action trackers. The CC asked if more detail could be provided on the workforce reshaping at a future meeting. The Chief Operating Officer (COO) responded that of all of the schemes, workforce reshaping was the most challenging to deliver and a deep dive could be helpful at the June 2024 meeting.	

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	The Finance and Performance Committee resolved: a) The progress against the 2024/25 Savings Tracker was noted.	
FPC 24/04/009	**Operational Performance** The Operational Performance update was received. The Chief Operating Officer (COO) advised the Committee 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. He added 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 COO advised the Committee 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. He added 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 COO concluded that the NHS Wales Performance Framework would be received by the Board at their development session in April. **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.	
FPC 24/04/010	**Finance Committee Annual Report 2023/24** The Finance Committee Annual Report 2023/24 was received. **The Finance and Performance Committee resolved:** a) The draft Annual Report 2023/24 of the Finance & Performance Committee was noted b) The Annual Report was recommended to the Board for approval.	
FPC 24/04/011	**Any Other Business** No other business was raised.	
	Date & time of next Meeting Wednesday 22 May 2024 via Teams	

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

Minutes of the Public Finance and Performance Committee Meeting
Held on 22 May 2024
Via MS Teams
Link to YouTube recording – click here

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
Marie Davies	MD	Interim Executive Director of Strategic Planning
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
Andrew Partridge	AP	Corporate Archivist & Records Management Manager
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Matt Phillips	CP	Director of Corporate Governance
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
FPC 22/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 22/05/002	**Apologies for Absence** Apologies for Absence were noted. **The Finance and Performance Committee resolved that:** a) Apologies for Absence were noted.	
FPC 22/05/003	**Declarations of Interest** No Declarations of Interest were noted.	
FPC 22/05/004	**Minutes of the Finance and Performance Meeting held on 17 April 2024** The minutes of the meeting held on 17 April 2024 were received. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 17 April 2024, were held as a true and accurate record of the meeting.	
FPC 22/05/005	**Actions following the Finance and Performance Committee meeting on 17 April 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.	

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FPC 22/05/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting	
FPC 22/05/007	**1) Financial Report – Month 1** The Financial Report – Month 1 was received. The ODDF gave a summary of the Financial Report for Month 1 and highlighted the following: • A deficit in month 1 of £1.325m, which was 1/12th of the £15.9m planned deficit • An over spend of £4.267m at the end of the month 1 • Due to the projected deficit, CAV would continue to fail the 3 year rolling performance requirements and therefore would not receive Ministerial approval for the UHB financial plan. • LHBs are obliged to confirm with WG that all inter NHS contracting arrangements have been concluded and agreed by 30 June 2024. Due to the approach of other health boards in Wales in not applying uplift funding to contracts in line with the 3.67% uplift provided by WG in Allocation Letters, this is unlikely to happen and may preclude the requirement to enter arbitration processes with commissioning organisations. This represents a £5.274m risk to the CAV financial plan which assumes a 3.67% baseline uplift to all Long-Term Agreements and Service Level Agreements within NHS Wales. Most commissioners have offered a far lower uplift with the balance being offered in return for additional service delivery by CAV. The CE noted a discussion took place at the NHS Leadership Board regarding the Executive Finance Director being clear in his expectation that uplifts on LTA's should be 3.67% in 2024-25. She questioned what the proposal was to ensure CAV receive the 3.67% of additional services. The ODDF explained that, as an example some commissioners have calculated non pay inflation as being 1.1% for 2024-25. CAV's position is that similar amounts have been added in previous years when non pay inflation was running at 11% or above. . He added that £5.2m was a risk but he believed this to be slightly lower since one LHB had changed its position since the report was written. The VC stated his perception that CAV didn't recover funding well through the LTAs and the position of commissioners offering 1.1% with the expectation that CAV does more was unfair. He thought WG has clearly stated their expectation that commissioners were committed to the 3.67% and CAV would need to stick to this line, and if necessary we may need to renegotiate the LTA downwards in terms of what could be provided for them even if this puts pressure on waiting lists targets. The ODDF noted the following points following VC's observations: • There was no previous debate over uplift rates which had followed WG uplifts to allocations • CAV expect the 3.67% per the clear guidance issued by WG • Updating the LTAs, some of which dated back more than 20 years would require joint agreement between parties, and wouldn't necessarily generate extra funding for CAV The ODDF noted the report and reflected on the different categories: • Table 2 reflected on the different pay income, non-pay categories and how CAV reached £4.26m overspend at Month1 • Table 3 displayed the same variance by clinical board • Additional funding offsetting variances will be allocated but hadn't been completed in month 1 so had been displayed separately in the table. • • The £47.2m Cost Reduction target underpins the plan and remains high risk. • As the year 2develops the ability of CAV to 'remain within the cash limit will come under pressure. At present the working assumption is that WG will support the £15.9m deficit set out in the draft plan. • CAV continued to work with NWSSP, Workforce and Operational Leads to try to minimise overpayments and act appropriately to reclaim salary overpayments. • Month 1 position was a cause for concern especially as CAV has yet to identify large parts of the £47.2m savings target.	

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	The SDDF noted the following points: • CAV were more progressed compared to last year but noted it was against a bigger target • Progress was being made but more work was needed by the organisation and needed to be identified by the end of Q1 to have any meaningful impact in the financial year. The ODDF further highlighted the following points: • Expect some of the Red CRP schemes to convert to Amber or Green during the year. • CAV's cash flow would be monitored • CAV are further advanced in identifying savings than in to 2023-24 and have a governance structure is in place with Exec / Clinical Board staff members, with a focus on the workforce reshaping. • CAV have put in place more enhanced recruitment controls from month 1, but there was still scope to reduce agency expenditure. The CC requested to have specific targets if this continued by next month. The ODDF explained that without knowing what the figure would be, the ability to pull it back in the short term would be challenging. The focus was on each clinical board and to see what costs could be avoided. The CE reassured the committee that the Sustainability Programme Board owned the savings plan and monitored the achievement. The escalation policy and scheme of delegation was reviewed for agency staff and also put a complete freeze on all new unfunded vacancies with effect from 16.05.24. The IMICT asked when would we see the line change on the trajectory. The EDF noted CAV didn't conclude the budget setting in the time set out and there was confusion in the clinical boards and wanted to ensure we had a clean position. Some assumptions were made and she was keen not to bring the problems here at this point in the year but would bring back later in the year The VC noted CAV need to be careful not to assume that by cutting costs in each clinical board that we will deliver overall savings. We may spend more money in one area that may generate savings in other areas. **The Finance and Performance Committee resolved:** a) The reported year to date over spend of £4.267m and the forecast deficit of £15.900m was noted and; b) Within this, the month 1 operational overspend against plan of £0.497m with a further £2.445m savings gap was noted and; c) The progress against the savings target, with £18.181m (39%) of green and amber schemes identified at Month 1 against the £47.2m target was noted and; d) That delivery of the forecast is also predicated on the confirmation of all expected income streams was noted.	
FPC 22/05/008	**Operational Performance** The COO presented the Operational Performance and highlighted the following: • New outpatient waiting list currently has 12k waiting for their first outpatient appointment • Some patients suffered waits of over 2 / 3 years particularly in Ophthalmology • CAV will meet the standard for Cancer but unable to meet the 75% • Concerns with Diagnostics as CAV was recorded of having wait times of over 8 weeks • Mental Health Clinical Board have a trajectory and currently tracking to where it should be with an expectation of 80% by September • Mental Health summit planned for June 2024 • CAV were required to reduce the 12 hr wait time in A&E The CC asked if the diagnostics wait was due to staff or equipment? The COO confirmed it was due to staffing issues. With non-Obstetrics ultrasound CAV were sending patients to a private hospital but stopped this in 2023 and plan to grow our own people & resources. He added there was no criteria for going on to the waiting list for ultrasound. The VC noted the demand continued for MH Clinical Board. He added that he had discussed using on line facilities more, which could be useful to reduce some of the demand within the MH Clinical Board, which had been done in Powys THB.	

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	The COO noted a solution was looked at for ADHD which would help give a diagnosis and help reduce waiting times. The CC asked who planned to attend the MH summit in September 2024? The COO explained the clinical summits were internal but attended by multi-disciplined teams. **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 was noted.	
FPC 22/05/009	**Monthly Monitoring Return – Month 12 & Month 1 (24/25)** The Monthly Monitoring Return for month 12 and 1 were for information and noting. **The Finance and Performance Committee resolved:** a) The monthly monitoring return for month 12 and month 1 (24/25) were noted.	
FPC 22/05/010	**Any Other Business** No other business was raised.	
	Date & time of next Meeting Wednesday 19th June 2024 via Teams	

Saunders,Nathan
21/07/2024 00:47:55

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

Minutes of the Public People and Culture Committee
Held On 14th May 2024
Via MS Teams

Recording (YouTube link) – Click here

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
In Attendance:		
Joanne Brandon	JB	Director of Communications
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Claire Whiles	CW	Assistant Director of OD
Geoff Walsh	DCE	Director of Capital & Estates
Rachel Pressley	HPA	Head of People & Assurance
Rob Warren	RW	Head of Health, Safety & Fire
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Paul Bostock	PB	Chief Operating Officer
Francesca Thomas	FT	Head of Corporate Governance
Sian Griffiths	SG	Consultant in Public Health
Leanne Morris	LM	People Services Manager
Jessica Castle	JC	Director of Operations – Specialist Services
Thomas Holmes	TH	Interim Co-Clinical Board Director – Specialist Services
Michael Stephens	MS	Interim Co-Clinical Board Director – Specialist Services
Tom Porter	TP	Consultant in Public Health Medicine
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Matt Phillips	MP	Director of Corporate Governance

Item No	Agenda Item	Action
P&C 14/05/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 14/05/001	**Apologies for Absence** Apologies for absence were noted. Internal Link - PUBLIC People & Culture Committee-20240514_090043-Meeting Recording.mp4	
P&C 14/05/001	**Declarations of Interest**	

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	The IM-CE declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.	
P&C 14/05/001	**Minutes from meeting on 12th March 2024** **The Committee resolved that:** a) The draft minutes of the meeting held on 12th March 2024 were agreed to be a true and accurate record of the meeting following minor updates.	
P&C 14/05/005	**Action Log following 12th March 2024 Meeting** The Action Log was received, and the following comments were made: The DDPC requested that learning from exit interviews to be added to the action log for the People & Culture Committee in July. **The Committee resolved that:** a) The Action Log was discussed and noted.	
P&C 14/05/006	**Chair's Actions** There were no Chair's Actions.	
	Items for Review & Assurance	
P&C 14/05/007	**Staff Story** The staff story was shared with the People & Culture Committee. This highlighted improvements in quality and safety achieved by Matthew King, the Head of Podiatry and his team. Matthew and the Podiatrists were commended and thanked. **The Committee resolved that:** a) The Staff Story was received.	
P&C 14/05/008	**Board Assurance Framework – Wellbeing** **Wellbeing Deep Dive** The ADOD presented the Board Assurance Framework focusing on Wellbeing and highlighted the following points: • The main reasons for absence was anxiety / stress / depression • Staff report feeling unable to meet increasing work demands due to burnout • When asked, more staff are saying they would not be happy for for family or friends to b treated at CAV than in past surveys • CAV invested in the Employee well-being service following the pandemic and were now seeing an improvement of staff returning to work after ill health • We now want to improve the wellbeing service for staff who suffer trauma, with the team receiving training regarding delivering a traumatic stress service • All CAV councillors are currently working towards their accreditation • An inaugural meeting is planned for June for staff who have expressed a willingness to work together to address the issues raised in the staff survey	

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	The IMCE asked what impact the wellbeing service was having on the HB and what are the long-term aspirations for growing the service? The ADOD explained that a review paper had been produced and would be shared following the meeting. The IMLC asked which clinical boards had the greatest sickness levels. The ADOD agreed to bring back the detail regarding the figures **The Committee resolved that:** a) The Board Assurance Framework on Wellbeing was noted.	
P&C 14/05/009	**Key Workforce Performance Indicators** The DDPC discussed the Key Workforce Performance Indicators and highlighted the following – • Staff turnover continued to improve with Nursing & Midwifery below 10% • Statutory & mandatory training improved an is now above 80% The CC asked about the continuing lag in the proportion of medical staff with completed job plans. The IEMD explained that work had been done regarding job planning, with the help of the Operations Team, which resulted in completions but that this was still slow. The COO agreed that the process was slow because sevice were being re configured and job plans had to be right. However, thorough work was being completed in the Medicine clinical board, with job plans done for each member of staff. The IMTU was pleased to see the rise in the proportion of staff having VBA. He also asked how many staff were on sick leave for three months or more and how many were suffering from long COVID? The DDPC agreed to circulate the figures following the meeting. **The Committee resolved that:** a) The contents of the report were noted and discussed.	
P&C 14/05/010	**Clinical Board Spotlight – Specialist Services** The DOSS presented the Clinical Board Spotlight for Specialist Services and highlighted the following – • The age profile for staff within SS ranged from 20 – 71 years, with a predominantly female workforce • Sickness increased during the winter but returned to below 6% by March • Statutory & mandatory training completion is at 78% and VBA at 79.04% • Band 4 practitioner roles had proved a successful innovation • SS were early adopters for safe care and health roster and will be the first clinical board to roll out electronic prescribing • Recruitment & retention – the Directorate is trialling a different approach for Health care Support Workers and reducing the variable pay The CC asked how services had been re-shaped during and after COVID, particularly in the areas currently facing difficulties in relation to staffing. She asked also whether there were there were there any were any themes or underlying recurrent issues in areas of difficulty.	

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	The Interim Co-Clinical Board Director – Specialist Services (Michael Stephens) explained that the biggest challenges were in areas where difficulties had not been tackled as well as they should have been over the years with problems allowed to fester and grow. He understood why it was done in the past, but he wanted to ensure this doesn't happen again. The CC thanked the leadership team. She said that the presence of the whole leadership team was an indication of a collaborative culture, also evident in the teams willingness to tackle difficult issues and change post-Covid. **The Committee resolved that:** **a)** The Clinical Board Spotlight – Specialist Services was noted.	
P&C 14/05/011	**Director of Public Health Update** The EDPH presented the Director of Public Health Update and highlighted the following points: • A new measles outbreak has recorded 1200 cases in the UK with 9 cases in ABHB • CAV to support healthy behaviours which included stop smoking services and healthy eating • Priorities are being set to support healthy behaviours which include focusing on stop smoking services and healthy eating • Overall, 3 priorities were selected due to the biggest impact in our area – vaccination, obesity and smoking For £1 worth of investment public health can deliver £14 worth of savings The CPHM highlighted the following points: • 10 year public health plan will be linked with the IMTP • Immunisation and Obesity will be the initial focus The IMLC highlighted the issues raised in the community regarding the supply of bad food and eating habits, which weren't seen in privileged areas. He asked how CAV plan to engage regarding these issues? He further added that food banks may be a useful connection. The EDPH explained that CAV were engaging with partners and the next step was to ensure CAV have the correct resources to enable change. **The Committee resolved to:** a) The Director of Public Health Update was noted.	
P&C 14/05/012	**Health and Safety Update:** • Estates The HHS highlighted the following priority areas: • Staff sickness was high across a number of areas • A planned 5-year program was being out in place to replace the drainage in UHW • The Tunnels at UHW has been cleared of all items following focused work	

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	Another episode of Operation POET is being planned, to include UHL The DCEF explained that CAV were investigating leaks to the roof at UHW. Welsh Government had been notified that CAV would submit a business case for repairs. A project mandate was approved last month, with consultants being appointed to survey the roof. The IMCE asked how well CAV is able to identify problematic areas which relate to 3rd party or contractor operations and wanted to understand how exposed CAV is in terms of continuity of supplier support. DCEF said that Welsh Government were now aware of the extent of the work needed. IMCE also asked whether contractors could be found to undertake the remedial work due to the decline of the estate. The HHS didn't think there would be an issue with a company undertaking work on the declining estate of UHW but there may be an issue with the supply of the parts to fix certain areas due to the age of the estate and may no longer be available. • H&S Update The HHS thanked the Estates team for cleaning & clearing the tunnels at UHW. **The Committee resolved to:** a) The Health and Safety Update was noted.	
	Items for Approval / Ratification	
P&C 14/05/014	**Fire Safety Personal Evacuation Plan (PEEP) Policy** The HHS noted this was to support the work. **The Committee resolved to:** a) The Fire Safety Personal Evacuation Plan (PEEP) Policy was approved.	
P&C 14/05/015	**No Smoking and Smoke Free Environment Policy** The EDPC explained the original policy was completed in 2011 and was now being updated. The CPH highlighted the following: • Smoking was at 13% across the local population but remained higher in areas of deprivation • This was a scheduled review with no significant changes • Smoking is not permitted on any UHB premises • QIA & HIA was impacted with minor changes to the policy documents • Vaping is permitted outdoors only **The Committee resolved to:** a) The updated version of the No Smoking and Smoke Free Environment Policy was approved.	
	Items for Information & Noting	
P&C 14/05/016	**Industrial Actions – Lessons Learnt – Verbal Update** **The Committee resolved to:** a) The Industrial Actions – Lessons Learnt were not discussed.	
P&C 14/05/017	**Estates Overview Slides**	

Saunders,Nathan 10/01/2024 00:47:55

	The Committee resolved to: a) The Estates Overview Slides were noted.	
P&C 14/05/018	**Digital Communications & Analytics** The DoC highlighted the following points on the Digital Communications and Analytics paper: • There was an increase & interest in working for CAV UHB as evidenced by visits to our jobs pages. • CAV were capitalising on this and utilising how to direct people to the right webpages. **Action – The Digital Communications & Analytics to be added to the forward plan** **The Committee resolved to:** a) The Industrial Actions – Lessons Learnt were noted.	
P&C 14/05/019	**People & Culture Committee – Annual Report 2023-24** **The Committee resolved to:** a) The People & Culture Committee Annual Report for 2023-24 was noted.	
	Any Other Business	
P&C 14/05/020	No items.	
	Private Agenda Items	
P&C 14/05/021	*i) Minutes from the previous meeting – 12.03.2024* *ii) Employee Relations Risks* *iii) Notices from the Welsh Language Commissioner*	
	Review & Final Closure	
P&C 14/05/022	Items to be deferred to Board/Committees	
	Date & time of the next meeting: Tuesday July 9th 2024 at 9am via MS Teams	

Saunders,Nathan
21/07/2024 00:47:55

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

Minutes of the Quality, Safety & Experience Committee

Held on 26th March 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		
Melanie Bostock	MB	MCA Consent Lead Manager
Emma Cooke	EC	Deputy Director of Therapies & Health Science
Mat Davies	MD	Consultant – Nephrology & Transplant
Thomas Holmes	TH	Clinical Board Director – Clinical Diagnostics & Therapeutics
Bethan Ingram	BI	Interim Lead Nurse – Teenage Cancer Trust Unit & Haematology Directorate
Meriel Jenney	MJ	Executive Medical Director
Andy Jones	AJ	Director of Nursing / Midwifery – Children & Women's Clinical Board
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Aled Roberts	AR	Clinical Board Director - Medicine
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Richard Skone	RS	Deputy Executive Medical Director
Michael Stephens	MS	Clinical Board Director – Clinical Diagnostics & Therapeutics
Catherine Twamley	CT	Interim Director of Nursing – Specialist Services Clinical Board
Tracey Vine	TV	Qualified Nurse - Patient Safety & Quality Team
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Jessica Castle	JC	Director of Operations – Specialist Services
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science

QSE 24/03/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**ACTION**
QSE 24/03/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 24/03/003	**Declarations of Interest**	

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	No declarations of interest were raised.	
QSE 24/03/004	**Minutes of the Committee meeting held on 13.02.2024** To view the minute: https://youtu.be/MTfd1JeHBGU?t=102&feature=shared The minutes of the Committee meeting held on 13.02.2024 were received, subject to minor wording amendments. Following on from the Surgical Clinical Board – Assurance Report in the previous meeting, the END noted that a piece of work had been undertaken to improve their Risk Registers. **The Committee resolved that:** a) The minutes of the meeting held on 13.02.2024 were approved as a true and accurate record of the meeting.	
QSE 24/03/005	**Action Log following the Meeting held on 13.02.2024** To view the minute: https://youtu.be/MTfd1JeHBGU?t=206&feature=shared The Action Log following the Meeting held on 13.02.2024 was received. QSE 23/12/007 – Royal College of Psychiatrists (RCP) Review – the EMD informed the Committee that they still had not received a response from the RCP. QSE 24/02/012 – Policies – The DCG shared the procedure with the Committee Members (https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/uhb-242-written-control-documents-development-and-approval-procedurepdf/) which set out where policies needed to be seen before they appeared at QSE, and noted that this procedure was under review. **The Committee resolved that:** a) The Action Log from the meeting held on 13.02.2024 was noted.	
QSE 24/03/006	**Committee Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QSE 24/03/007	**Specialist Services Clinical Board – Assurance Report** To view the minute: https://youtu.be/MTfd1JeHBGU?t=410&feature=shared The Patient Story from the Teenage Cancer Trust (TCT) was presented to the Committee 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 EMD acknowledged the need for further improvement in adult patient care, and suggested that the Teenage Cancer Trust (TCT) offered valuable insights for the enhancement of adult cancer services. The CEO asked how to keep the Emergency Unit (EU) effectively informed around the hospital's activities and improve the management of neutropenia and sepsis at the front end of the patient care pathway. The ILM-TCTUHD responded that there was ongoing work to refine these pathways, and that they had implemented a direct admission policy for young patients with haematology or paediatric diagnoses, which allowed for the administration of first-line antibiotics as they arrived directly onto the ward.	

Saunders,Nerian
21/07/2024 00:47:23

The END suggested revisiting the joint guidelines which had been developed with Velindre for oncology patients in the EU (which included a hotline and protocols for immediate sepsis treatment).

To view the minute: https://youtu.be/MTfd1JeHBGU?t=1513&feature=shared

The IDN-SSCB presented the Assurance Report which provided the Committee with 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 IM-TU commended the initiative to increase the number of registered nurses within neurosciences, and asked whether the individuals highlighted in the report had been existing healthcare support workers or had been recruited from elsewhere.

The IDN-SSCB responded that the majority of the Band 4 Assistant Practitioners in the Spinal Rehabilitation Setting were overseas nurses who were on the path to become Band 5s in the University Hospital of Llandough (UHL). She added that the model had been successful, and was being considered for implementation in other areas.

Regarding the Major Trauma Centre (MTC), the CVC asked how the patient numbers compared to the initial expectations, and for more detail around what had impacted the significant decline in adherence to the network repatriation policy.

The CBD-CDT (TH) and END responded that:

- The MTC was opened during the pandemic, which had made the initial modelling for patient numbers unpredictable. There were some challenges with certain pathways (e.g. chest trauma and traumatic brain injuries), but performance was considered good under the circumstances.
- The MTC relied heavily on flow and the repatriation of patients to satellite trauma units.
- There was some variance of success between Health Boards, and Cardiff and Vale UHB (CAVUHB) faced difficulty discharging patients back to secondary care.
- The initial vision for patient repatriation after a certain number of days was not realised due to capacity and flow issues in neighbouring organisations
- There was a reluctance to transfer patients back to secondary care in ambulances when there was no guarantee of immediate care upon arrival – this practice had not been exercised across the organisation, despite being a part of the plan
- The issue of repatriation was not unique to major trauma as it affected other services like cardiology and orthopaedics

The END stated that the Nationally Reportable Incidents (NRIs) were all managed and overseen via the Clinical Board Executive Reviews. In addition, the aspirational date for implementation of the Call for Concern initiative had been set for 1st July 2024.

The EMD commended the Specialist Services Clinical Board's model for how mortality should be benchmarked and reported disease-specifically, and noted that cardiac services were an area of concern.

The CEO asked whether the figures were indicative of a gradual increase in the number of incidents.

The IDN-SSCB responded that the increase in the number of NRIs aligned with the employment of a Quality & Safety Facilitator to monitor the data.

Regarding mortality, the CEO asked for more assurance on the variation in the observed mortality rates.

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	CBD-CDT (TH) responded that the absolute mortality rate in the Critical Care Unit was higher compared to other units, due to the cohort of patients within Critical Care. However, the standardised mortality measure which accounted for the severity of patient conditions upon admission, was within safe margins. He suggested that the observed discrepancy was not a reflection of care quality, but rather access and capacity constraints. **The Committee resolved that:** 1) The progress made by the Clinical Board to date was noted; and 2) The content of the report and the assurance given by the Specialist Clinical Board was noted.	
QSE 24/03/008	**Quality Indicators Report** To view the minute: https://youtu.be/MTfd1JeHBGU?t=3447&feature=shared The ADWPS presented the Quality Indicators Report and slides which provided assurance in relation to a number of quality, safety, and patient experience priorities. Action: 1. For a paper around Never Events to be brought to a future QSE Committee. The CEO asked if their mortality data was benchmarked against themselves. The EMD confirmed that their current mortality data was a performance measure against their own standards, and that efforts were ongoing to extract similar data for wider benchmarking. **The QSE Committee resolved that:** a) The assurance provided by the report was noted.	
QSE 24/03/009	**Consent to Examination and Treatment** To view the minute: https://youtu.be/MTfd1JeHBGU?t=5022&feature=shared The MCACLM presented the Consent to Examination and Treatment report and SBAR which provided a summary of the ongoing work around the action plan for consent training. The EMD explained 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. The CEO asked whether there was a digital consent platform implemented to record consent within the organisation. The MCACLM responded that they used paper consent forms, but that the WRP were looking for a digital way to manage consent records. The END highlighted the following: - There were financial and reputational risks involved for the organisation. - If the Health Board failed to improve its stance on training staff for consent, it could result in increased premiums and reduced financial coverage for substantial costs - Consent training was important, as the lack of evidence for staff training could lead to the WRP withdrawing financial support. Action:	

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	1. For the EMD, END, and the MCA Consent Lead Manager to discuss how to support the programme of mandating consent training across the organisation. **The QSE Committee resolved that:** 1) The assurance provided by the report was noted.	
QSE 24/03/010	**Patient Safety Solutions – Valproate** To view the minute: https://youtu.be/MTfd1JeHBGU?t=5767&feature=shared The CBD-M introduced the report and summarised 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. - The plan developed by the group was included in the report, and 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. **The QSE Committee resolved that:** 1) The assurance provided by the actions undertaken to date and the ongoing programme of work was noted.	
QSE 24/03/011	**Looked After Children – Assessment Backlogs** To view the minute: https://youtu.be/MTfd1JeHBGU?t=5948&feature=shared The DON-CW summarised the report which provided the Committee with an updated position regarding assessments for Looked After Children (LAC). The END acknowledged the increase in the number of LAC within Cardiff and noted that whilst there had been improvements made in the assessments for children aged 1-5 years and those aged 5+, the END asked about their plans to ensure that the crucial assessments within the first 28 days was not overlooked. The DON-CW responded 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 CVC asked about the LAC who were CAVUHB's responsibility but were placed in a different Health Board, and whether they had any assurance around the timeliness that those children were being assessed. The DON-CW responded that there was not immediate data available regarding other Health Board's performance in assessments, but that there was a commitment to gather this information and share with colleagues. <u>Action:</u> 1. For an update on Looked After Children – Assessment Backlogs to be brought back to the Committee in 6 months. The END added the following:	

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	- There would be oversight on the improvement trajectory of timely assessments for LAC within the monthly Executive reviews - Discussions were ongoing around concerns related to patients with mental health and learning disabilities whose care was commissioned outside of the organisation, as their care was CAVUHB's responsibility. **The QSE Committee resolved that:** 1) The contents of the paper and the actions taken to mitigate the risks associated with child health assessments were noted.	
QSE 24/03/012	**MBRRACE-UK Neonatal Report 2021 and National Neonatal Audit Programme** To view the minutes: https://youtu.be/MTfd1JeHBGU?t=6938&feature=shared The EMD took the report as read and provided the following summary: - 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. Action: 1. For an update to be brought back to the Committee in 3 months. **The QSE Committee resolved that:** 1) The results of both the MBRRACE and NAP audits and the improvement work underway to address the requisite improvements were noted, and they were asked to: a. Support ongoing work around medical and nursing workforce recruitment strategies b. Support existing executive oversight of the infection action plan c. Support any recommendations and actions that arise from the RTTC team collaboration d. Support national cot reconfiguration programme in increasing capacity, with appropriate funding of additional resources that will be required in collaboration with WHSSC	
	Items for Approval / Ratification	
QSE 24/03/013	**Policies** To view the minutes: https://youtu.be/MTfd1JeHBGU?t=7317&feature=shared The following policies were approved by the Committee: - Optimising Outcomes Policy & Procedure (UHB 224) **The QSE Committee resolved that:** 1) The policies were noted and approved.	
	Items for Noting & Information	
QSE 24/03/014	**Minutes from Clinical Board QSE Sub-Committees and the Safeguarding Steering Group (SSG)**	

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	To view the minutes: https://youtu.be/MTfd1JeHBGU?t=7346&feature=shared The Minutes from the Clinical Board QSE Sub-Committees and Safeguarding Steering Group (SSG) were noted. **The QSE Committee resolved that:** 1) The minutes from the Clinical Board QSE Sub-Committees and the Safeguarding Steering Group were noted.	
QSE 24/03/015	**Annual Report for Quality, Safety and Experience Committee 2023-24** To view the minutes: https://youtu.be/MTfd1JeHBGU?t=7360&feature=shared The Annual Report for Quality, Safety and Experience Committee 2023-24 was noted. **The QSE Committee resolved that:** 1) The Annual Report was noted.	
	Items to bring to the attention of the Board / Committee:	
QSE 24/03/016	To view the minutes (internal members): Public QSE 26.03.2024.mp4 The END noted 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.	
	Agenda for Private QSE Meeting	
QSE 24/03/017	*i) Minutes and Action Logs from the Private QSE Committee on 13.02.2024* *ii) Any Urgent / Emerging Themes – Verbal Update* *iii) Chair's Report RADAN Application* *iv) Ophthalmology WET AMD Update*	
	Any Other Business	
QSE 24/03/018	To view the minutes: https://youtu.be/MTfd1JeHBGU?t=7426&feature=shared The CC noted that it was the EMD's final QSE Committee meeting before retirement, and thanked her for her dedicated commitment and support.	
	Date & Time of Next Meeting:	
QSE 24/03/019	Tuesday 21st May 2024 at 2pm via MS Teams	

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MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 26 MARCH 2024 MEETING HELD VIA MICROSOFT TEAMS

Present:

Lani Tucker	Glamorgan Voluntary Services (Chair)
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector Older Persons

In Attendance:

Marie Davies	Deputy Director of Strategy & Planning, UHB
Vicky Le Grys	Programme Director, Shaping Our Future Clinical Services, UHB
Calum Shaw	Environmental Sustainability Improvement Manager, UHB
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB
Claire Whiles	Assistant Director, Organisational Development, Workforce and Culture, UHB

Apologies:

Sam Austin	Llamau
Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police

SRG 24/10 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 24/11 APOLOGIES FOR ABSENCE

Although not members of the SRG, apologies had been received from Abigail Harris, Angela Hughes, Jessica Mannings and Matt Phillips.

SRG 24/12 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 24/13 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING

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HELD ON 5 FEBRUARY 2024

The minutes were received and approved as an accurate record.

SRG 24/14 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 including Glamorgan Voluntary Services and Cardiff Third Sector Council 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? Vicky Le Grys explained 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 including other public sector bodies, Health Boards and neighbouring Health Boards to consider how health services might need to adapt to reflect these changes.

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- 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? Vicky Le Grys explained 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.

Marie Davies explained 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 and avoiding duplication. Sarah Tipping agreed that engagement 'fatigue' was a real concern. 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 Grys would return to the SRG later in the year as part of the ongoing CSP engagement process.

SRG 24/15 DECARBONISATION PLAN

The SRG received a presentation from Calum Shaw on the Health Board's draft Decarbonisation Action Plan a copy of which had been sent to SRG members for information.

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.

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The 2024/25 Action Plan seeks to build on our successes but will also focus on the following new areas:

- Prevention – what carbon can be saved through a diabetes avoidance programme?
- Recognise the carbon contribution of our operational and financial priorities
- Adaptation – how does Cardiff & Vale need to adapt to account for hotter summers, milder and wet winters etc.

NHS Wales has set a target of reducing carbon emissions by 16% by 2025 and 34% by 2030. However, the Health Board's Shaping Our Future Wellbeing Strategy includes an ambition to reduce the emissions it controls by 40% by 2027.

The SRG raised the following questions.

- Will the Health Board look at carbon reductions through avoidance programmes for conditions other than diabetes? Marie Davies explained 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.

Action: Sarah Tipping/Gareth Lloyd

- 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? Calum Shaw re-iterated that this was only on the emissions that the Health Board could control and it had already

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achieved a reduction of circa 7%. Marie Davies accepted that the target was extremely ambitious but the Board had deliberately set a difficult target in order to maintain the pressure and focus on decarbonisation.

SRG 24/16 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. Claire Whiles concurred and acknowledged that there were issues with the accuracy of some of the Health Board's demographic data. The SRG was assured that changes to policies and procedures would be introduced only following a comprehensive equality health impact assessment.

SRG 24/17 NEXT MEETING OF SRG

9.30am-12pm Monday 10 June 2024, Nant Fawr 1, Woodland House.

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 11th April 2024 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Co-Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Peter Hewin	BAOT/UNISON
Lianne Morse	Deputy Director of People and Culture
Bill Salter	UNISON
Steve Gauci	UNISON
Claire Beynon	Executive Director of Public Health
Jonathan Pritchard	Assistant Director of People Resourcing
Paul Bostock	Chief Operating Officer
Matt Phillips	Director of Corporate Governance
Janice Aspinall	UNISON
Jonathan Strachan-Taylor	GMB
Mathew Thomas	UNISON
Julia Davies	UNISON
Lorna McCourt	UNISON
Rhian Wright	RCN
Emma Cooke	Deputy Director of Therapies and Health Sciences
Karina MacKay	BDA
Katherine Davies	RCN
Ceri Dolan	RCN
John Gwilliam	GMB

Apologies

Suzanne Rankin	Chief Executive
Marie Davies	Interim Executive Director of Strategic Planning
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Sarah Hill	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Rachel Pressley	Head of People Assurance and Experience
Catherine Phillips	Executive Director of Finance
Fiona Salter	RCN
Mike Jones	Independent Member – Trade Union

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)

LPF 24/013 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everyone to the meeting and apologies for absence were noted.

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LPF 24/014 DECLARATIONS OF INTEREST

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

LPF 24/015 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting dated 8th February 2024 were agreed to be an accurate record of the meeting with the following exception:

Mathew Thomas (MT) referred to page 5 of the minutes and the agreement that the IMTP from Capital Estates and Facilities would be shared but he explained that this has not been received.

Action: Paul Bostock

LPF 24/016 ACTION LOG

The action log was noted and the following updates were provided:

- **LPF 24/006:** Respond to the query regarding compensation claims - DW confirmed this as an ongoing action.
- **LPF 24/008**: Engagement with the IMTP - DW explained that a template has been created for each of the Clinical Boards on touch points ahead of the development of the IMTP to enable discussion and provide insight of the plans moving forward. Lead TU reps to update Director of Ops when it will be implemented.
- **LPF 24/010:** Increase in Disciplinaries and R&R cases - Lianne Morse advised that the number of disciplinary cases will be kept under review and will be brought back to WPG for further discussion.

LPF 24/017 CHIEF EXECUTIVES UPDATE

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

- PB gave thanks to 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 to improve the 7 day working so that systems and processes are in place over the weekends. PB explained we want to go into next Winter in a stronger position.
- The reconfiguration with cardiothoracic will be moving back in August from UHL to UHW and plans are in place to make good use of the space at UHL to include the treatment of more short stay patients. The intention is to have a briefing session in the next few weeks regarding plans post cardiothoracic.
- Safe at home – Phase 1 – the plan this year is to move resources out of secondary care and into the community. PB emphasised that this is not a hospital at home service but is designed to prevent attendance to EU. About 79 patients were accepted and have gone through the service and work is taking place to ensure they are the right patients. The team are working on patient selection and the referral process and pathways and it is hoped that by October, the service will have expanded and there will be a bigger caseload.
- Integrated performance report – going forward the IPR will also reflect the services outside of secondary care that see the vast majority of patients. For example, 12,000 patients attend EU every month, but 15,000 patients are looked after by community nurses. Approximately 400,000 patients have primary care visits and 800,000 items of pharmacy are dispensed in primary care. The report will also reflect all the mental health activities and will provide a more balanced view of what the organisation provides.

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- Financial position – PB thanked everyone for their efforts and support in achieving the deficit control figure for 23/24. PB explained that this year the target is approx. £47m. The focus is on efficiency, productivity and service redesign. It's not about cuts or slashing services. Examples of where some of the inefficiencies are, were provided to include drug wastage, outpatient DNA rates, energy consumption along with length of patient stays and also the costs spent on postage. PB reiterated the importance of working together.

Mathew Thomas (MT) referenced the 79 patients that utilised the Safe at Home service and asked if any feedback was received. PB explained that the information received will be evaluated to get the investment for phase 2 of the launch. PB agreed on the importance of patient, family and carer feedback and explained it has been very positive. However, PB added that although these patients received a great service, it wasn't designed for them and expressed the importance on the cohort of patients. PB explained that he would communicate with the team the importance of capturing the views of those involved with the scheme.

Peter Hewin (PH) commented on the various phases of projects and suggested the usefulness of having names for these different phases. He also mentioned the importance of good engagement with all staff and a plea to keep this going to help ensure the scheme works.

PB acknowledged the point regarding naming of the phases and explained the Safe at Home scheme was not labelled a pilot as the scheme is our intent and we want to run it on reasonable scale in order to determine its benefits. PB commented that the other phasing is in relation to site configuration. PB agreed with the importance of engaging with all staff and welcomed the reminders from the TUs and to keep challenging.

Rachel Gidman (RG) gave reference to an event she attended on Reducing Waste and Improving Quality and suggested there could be more for the organisation to explore culturally. RG agreed to share the presentation once received. DW welcomed this and explained that it aligns well with the new Social Partnership and Procurement act.

LPF 24/018 STAFF SURVEY

Rachel Gidman (RG) gave a presentation on the Staff Survey in the absence of Claire Whiles. Key points included:

- The results from the NHS Wales Staff Survey 2023 were presented. The CAVUHB response rate in 2023 was 21.4% and in 2020 it was 22%. The survey will take place annually and a 50% response rate is the ambition moving forward. RG explained we will put in some action with our staff to show that we are listening and responding.
- The Staff Engagement score was presented and compared. For CAVUHB, the overarching engagement score decreased from 74% in 2020 to 73% in 2023. The engagement score is calculated from the results of 7 engagement questions.
- The Friends & Family question is deemed as a significant temperature check of how people feel about their organisation and could be directly compared to the 2020 data. There has been a significant decline from 75.1% agreeing in 2020 to only 58% agreeing in 2023. The results are high level and the want is to drill down to Clinical Boards and Directorates whilst keeping confidentiality.
- Harassment and Bullying from Line Managers / Team leaders increased from 2020 to 2023, from 9.7% to 17.94% and harassment and bullying from colleagues increased from 18.8% in

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2020 to 22.11% in 2023. RG reiterated the importance of delving into this detail to find out if it is in one particular area or across the organisation and to do this in partnership and engage our staff to make a difference.

- Areas where CAVUHB scored negatively and positively when compared to NHS Wales were presented. This would include morale, work /life balance along with a compassionate culture and team working.
- The results reflecting Diversity & Inclusion were presented. RG commented that we have a diverse community and have more internationally educated nurses, medics and other professions who have chosen to come to Wales and how we need to look after them but also need to drill down further into the results to understand how we can provide support.
- RG outlined the next steps which includes the breakdown of data at Clinical Board level, lessons learned from HEIW and how the Health Board can influence questions within the survey. RG added there will be a communication and engagement plan and 20 people from a range of disciplines have been in contact who would like to be involved in actioning the improvements.

In response to the presentation, MT commented that the results are not a true reflection as there are over 10,000 staff who haven't taken part in the survey but noted the importance of what we do with the information. MT referenced previous surveys and stated that there was nothing for staff to take away that showed that staff had been listened to and explained that if staff talk positively about the survey it will help improve engagement in future surveys. MT also referenced the digital difficulties and those who have learning issues may not be able to take part in the survey.

MT expressed the importance of being open and honest around any negativity so staff feel the reassurance that the organisation is trying to tackle the issues and offered his commitment to get staff involved. RG thanked MT and explained that everybody should own the survey and that it should be a continuous cycle of feedback and learning with our staff. Part of the next steps should be how we get people to engage and own the survey themselves.

PH commented around the bullying and harassment issue. The Respect and Resolution policy was brought in as a progression and a way forward for both grievance and dignity at work on the back of a previous staff survey. Respect and Resolution is now in place and the figures are going in the wrong direction which is a concern and we have to be seen to act. However, the R&R policy has been reviewed and approved by the All Wales Partnership Forum last month and it does point us in the direction we need to go in terms of acknowledging the reason for an organisational problem. PH explained that the Diverse Cymru Audit indicates there is systemic institutional racism in NHS Wales, and if we are honest about this then we are in a position to deal with it and to and to take it forward to bring those figures down in the future. The revised policy needs to be embedded and to make sure the cultural shift that needs to go alongside it actually happens.

RG referred to the Workforce Race Equality Standards (WRES) and how it would potentially not be a good read and also agreed that the policies should not be seen in isolation. PB agreed that although the RES may not be a good read, it is important to be honest and work together to tackle the issues. PB added that although it will take time to work through we are committed to working together.

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Rhian Wright (RW) referred to the increase in bullying and harassment in the last 3 years and commented that in her experience it tends to be that the only way forward is mediation, and often people are too damaged to engage. RW added that she tends to see those who have been bullied end up moving on either within the organisation or somewhere else. Action taken usually involves

group values based values and behaviours. RW queried where we see this as an individual's problem rather than taking the approach of visiting a department. RW feels that more work is required in this area moving forward.

PB commented that there may be more disciplinaries over the next year as we can not tolerate some levels of behaviour. PB agreed that doing values based teamwork and behaviours wont work if there are issues with individuals. PB acknowledged the importance of giving people the opportunity to improve where there is a development or training need but conduct issues will be addressed.

DW agreed with this stance adding that if we are giving people the opportunity to recognise, gain insight and improve, we can all be tolerant, but after this point, we must become less tolerant.

LPF 24/018 NON PAY ELEMENT

Lianne Morse (LM) and Peter Hewin (PH) presented information on the progress made in relation to the non pay element of the collective pay deal. The main elements included:

Career progression – Committed to scope out progression Band 5 to Band 6 roles, applicable to Nursing but can apply to other professionals. For job evaluation, all new roles are reviewed & it has been agreed a process will be put in place so that all job descriptions are reviewed as part of the appraisal process on an annual basis.

Flexible working- Is key to the retention plan. The All Wales policy has been published but this now needs to be embedded into our culture and to be seen as positive. Concerns raised by TUs around flexible working and Retire and Return have been actioned.

Working Hours -The scoping of a reduction to the 36 hour week with no financial loss has been taken forward nationally with HEIW leading.

Reduction in use of agency – A lot has been achieved and this needs to be sustained & to reduce the Medical and Dental Agency and bank use by filling the funded vacancies. The incentivisation of bank needs to be reviewed nationally as every Health Board is different.

Retention strategy - The new retention and OD lead is currently working with nurse leaders to prioritise retention for registered nurses, midwives and healthcare support workers and will then be moving to other professional groups.

Retire and Return- All Wales policy has been published & applications have now been received for partial retirements. We are waiting on the All Wales flexible Pensions policy, expected by the end of the month.

Continuous Professional Development (CPD) – There is a national scoping exercise under way looking at how we protect and guarantee this time.

Health & Wellbeing - Funding secured for permanent counselling roles, Schwartz Rounds were launched & Occupational health are reframing their reports to look at how we can keep people in work and how to make those reasonable adjustments.

PH presented information on the Welsh Health circular which has been received from Judith Padgett as the Director General of NHS Wales to all the Chief Executives of Health Boards and health organisations in Wales. The circular gives clarity for the delivery in partnership of certain non-pay elements with timescales.

Saunders,Nathan
21/07/2025 00:47:55

PH provided an explanation on each of the 3 parts and requested discussion about how they are delivered.

Part 1 - Items from the pay agreement that require immediate assurance to include unsocial hours, flexible working, pension flexibilities, overtime, drinking water and CPD assurance for nursing staff. LPF have to agree on the content of an assurance report which needs to be submitted by the end of May including any remedial measures.

Part 2 - Items that require short term assurance. A baseline report is required by the end of May in partnership as an LPF. An action plan is needed by the end of July, a progress report by the end of September and a final outcomes report by January 2025. Action points here include equalities, Radiography on-call / standby and Occupational Health minimum service levels.

Part 3 - Requires an action plan by the end of July, a progress report within September and a final outcome report by January 2025 and relates to retention and career progression, staff health and wellbeing and CPD for all staff.

PH requested feedback on how close we are to being able to give assurance on Part 1 and how to take this forward. It was suggested that a working group will be required to provide the assurance by the end of May.

RG explained her team will be engaged with the Trade Unions to pull the information together and noted the requirement to socialise the impact of the circular to all staff within the UHB.

DW expressed a concern that the deadlines are quite tight and explained that the stock take has given a base line of where we are with some of the areas discussed. DW explained that issues with overtime has been coming to staff side for some time and there are concerns around TOIL, staff are being told there isn't a procedure being applied locally so there are lots of issues to unpick. DW noted the importance of workforce planning and queried how all of this will be delivered.

RG explained it is about getting a balance using the example of flexible working as we need to cover a service and noted the importance of being consistent for all staff and getting the messaging right. DW agreed with the suggestion of a working group in order to agree where the levels are and what would be a reasonable offer. LM also agreed with the need for a task & finish group with a focus on the delivery against some of the actions. LM explained that we may not be able to deliver on them all but we will have scoped them out and looked at the affordability and feasibility of some of the items within the deal. LM agreed to lead this work and arrange the task and finish group. DW thanked LM and offered support.

Action: LM

PH added that the circular is very clear that this work is the responsibility of the Local Partnership Forum as a group and there should be time allocated to the agenda at the next LPF meeting to sign off the assurance report for the end of May.

MT explained that he feels that the joint training undertaken on Managing Attendance and Respect and Resolution has had a positive impact empowering staff to know how to be treated fairly and it helps support cultural change. MT raised the point that more joint training on the policies would be beneficial.

Saunders,Natalie
21/07/2024 08:12:55

DW agreed that those who attended the training appear to be delivering and achieving the desired impact and commented that further momentum is required and see the numbers going in the right direction.

LPF 24/019 INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report was received by the LPF and taken as read, with the following additional information provided:

Population Health:

The team have been looking at the way vaccination programmes have been delivered in the past, both to staff and to the population and a paper will be brought to SLB for discussion. CB added that the thought is to go back to a model we had pre COVID which makes it more accessible for staff to have their vaccines whilst they are in their working hours.

DW requested if feedback could be received from the presentation at SLB and CB agreed.

DW informed the group of an issue raised at Staff side around smoking. Staff are complaining that they don't feel confident to approach people who are smoking and added that smoking wardens are not available. DW explained that Rob Warren is coming to one of the staff side meetings where the issue will be discussed. CB explained that we are having conversations with SRS, the combined Council shared regulatory services, and some of the public health budget has been set aside in order to have a presence on site. CB added that this would not be a full time person and that the preference is to put money into helping people to stop smoking.

DW explained that the reps felt there should be much stronger signage in terms of the damage cigarettes cause and CB responded that this is possible. CB also explained that there is a button that people on reception can press that puts a message out, stating it is a non smoking area, at some of the key areas where people smoke. At the moment the messages are first in Welsh and then in English but these will be swapped around following feedback.

Action: Claire Beynon

RG commented on the importance of acting as role models and if we walk past these areas, to reinforce what we acknowledge as the right behaviour.

PEOPLE

LM informed the group that turnover continues to reduce as we now have a number of staff groups below 10%. Nursing and midwifery is 9.5%. It was recognised that efforts have been made by the teams in the Clinical Boards focusing on retention. LM explained that medical turnover can be high but this can be attributed to the Junior Doctors rotating and being on a fixed term basis. The Consultants turnover is 5%. There will be a focus on some hotspot areas to include healthcare support workers and ODPs and additional support is being offered here.

We achieved 80% in VBAs in March, an increase from 68% in January and can be attributed to the focus that the Executive team have placed on the importance of appraisals. Two Clinical Boards exceed the 85% target – Children & Women and Genomics and all the other areas are nearly to 80% and we have confidence the target will be met in its entirety.

Saunders, Matthew
21/07/2024 08:47:55

LM referred to the Staff in post element of the Performance Report and emphasised that whilst our staff have grown by about 540 whole time equivalents in the last 12 months, they have grown in the

right areas and into funded vacancies.

Operational Performance

PB explained that concern remains with mental health services and the general overwhelming amount of demand. PB added that Children and Women, Primary care, the Mental Health Clinical Board and interested stakeholders will come together to discuss at the summit in June. These groups are being brought together as a lot of the demand is generated from Primary Care from the GPs and the idea is to work through the processes so there isn't duplication.

PH agreed that the service is being overwhelmed and explained that there is a much heightened awareness of mental health in society but also a heightened expectation as well which creates the demand and a drain on staff in the front line. Although money would be welcomed it is possibly not the solution. The solution could be around the things seen in other parts of the service such as redesign.

PB referenced the mental health support service 111 press 2 and explained there will be another step change in terms of comms and people will be encouraged to use the service in order to take the pressure off community teams. DW commented that if the mental health 111 press 2 service is going to be part of the solution then a little bit more work is required to stabilise the workforce as they have a really high turnover.

DW requested clarification from PB on a query raised through staff side around the comms that's been seen outside of the Health Board for the Patient Transport services. PB queried if this is in relation to when additional support is commissioned and requested DW to send the comms to him.

Finance

DW queried if the additional scrutiny implemented for job vacancies will continue. PB explained it will continue but with some small changes. PB and RG will now sit on the panel and invites will be sent to those making a request to come and talk through what it is they are asking for. PB added the intention is not to make the process difficult, but to put in a challenge around reshaping.

LPF 24/020 LOCAL PARTNERSHIP ANNUAL REPORT

LPF noted the Local Partnership Annual Report and agreed that this is an accurate reflection of the work undertaken by the forum.

LPF 24/021 WORKFORCE PARTNERSHIP ANNUAL REPORT

LPF noted the Workforce Partnership Annual Report and agreed that this is an accurate reflection of the work undertaken by the forum.

LPF 24/022 LOCAL PARTNERSHIP FORUM WORKPLAN 2024/2025

LPF noted the workplan for the next 12 months.

LPF 24/023 STAFF BENEFITS

LPF noted the Staff Benefits Group Report. DW informed the group that Janice Aspinall and Mathew Thomas are staff side reps in this group.

Saunders,Jonathan
21/07/2024 00:47:52

LPF 24/024 REVIEW OF MEETING

DW expressed thanks for the commitment of the Executives attending this group. DW requested if Jason Roberts is able to attend the LPF or to send a deputy. PB noted the request and explained that there has been some sickness in Jason's office but is sure there will be representation at the next LPF meeting.

LPF 24/025 ANY OTHER BUSINESS

RG informed the group that, as mentioned in the minutes of the Staff Benefits group, RG suggested hosting a dedicated Staff Benefits session in an Ask Suzanne session where by information can be provided on discounts available for CAVUHB colleagues.

LPF 24/026 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 13th June 2024 at 10am with a staff representatives pre-meeting at 8.45am.

Saunders,Nathan
21/07/2024 00:47:55