Public Board Meeting

Thu 26 September 2024, 09:30 - 14:15

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 Meetings held on 11.07.2024 (special) & 25.07.2024

Charles Janczewski

- 4. Special Board Minutes 11.07.2024.pdf (4 pages)
- 4a Public Board 25.07.24.pdf (14 pages)

09:40 - 09:40
0 min

5. Actions – following meeting held on: 25.07.2024

Charles Janczewski

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

09:40 - 13:30
230 min

6. Items for Review and Assurance (09:40 – 13:30)

6.1. Patient Story - Don't Worry - Professor Nicola Bowes (15 MINUTES)

Jason Roberts

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

Charles Janczewski

- 6.2 Chairs Report Sept Board.pdf (8 pages)

6.3. Chief Executive Report (15 MINUTES)

Suzanne Rankin

- 6.3 CEO Board Report 26.09.24.pdf (5 pages)

6.4. Board Assurance Framework (10 MINUTES)

Matt Phillips

6.4 BAF Cover Report Board.pdf (3 pages)
6.4a Board Assurance Framework.pdf (29 pages)

6.5. Chairs' reports from Committees of the Board: (5 MINUTES)

Matt Phillips

1. *Digital & Health Intelligence 13.08.2024*
2. *Finance & Performance 21.08.2024*
3. *Mental Health Legislation & Mental Capacity Act 06.08.2024*
4. *People & Culture 09.07.2024*
5. *Quality, Safety & Experience 16.07.2024*

6.5.1 - DHIC Chairs Report 13.08.24.pdf (3 pages)
6.5.2 - F&P Chairs Report 21.08.2024.pdf (3 pages)
6.5.3 - MH Chairs Report from 06.08.2024.pdf (4 pages)
6.5.4 - P&C Chairs Report 09.07.2024.pdf (3 pages)
6.5 - QSE Chairs Report 16.07.2024.pdf (3 pages)

6.6. Staff Survey Update (30 MINUTES)

Rachel Gidman

6.6 Staff Survey Paper Board September 2024.pdf (9 pages)

6.7. BREAK – (10 MINUTES)

Charles Janczewski

6.8. Integrated Performance Report: (60 MINUTES)

Executives

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

6.8 IPR cover paper - Board September 24.pdf (12 pages)
6.8a Integrated Performance Report - Sept 24.pdf (36 pages)

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

Marie Davies

6.9 Strategic Planning, Commissioning and Partnerships Update.pdf (7 pages)
6.9a Annex A - SE Wales Regional Portfolio - Board update.pdf (5 pages)
6.9b Annex B Engagement Update - Planning Report.pdf (1 pages)
6.9c Annex C - Llais update Planning Report.pdf (3 pages)
6.9d Llais Cardiff and Vale June to August 31 Report.pdf (3 pages)
6.9e Official Sensitive - CVUHB - Escalation Framework March 2024 - PDF.pdf (9 pages)

6.10. BREAK FOR LUNCH - (30 MINUTES)

Charles Janczewski

6.11. Rapid Diagnosis Clinic – Patient Data (25 MINUTES)

Paul Bostock

6.11 Public Board Rapid Diagnostic Clinic.pdf (10 pages)

13:30 - 14:10 **7. Items for Approval / Ratification (13:30 - 14:10)**

40 min

7.1. CAR-T Business Case (5 MINUTES)

Paul Bostock

- 7.1 CAR-T Board Cover Paper.pdf (4 pages)
- 7.1a CAR-T Business Case - Board.pdf (41 pages)

7.2. NHS Long Term Agreements (LTAs) and Financial Approach for 2024/25 (10 MINUTES)

Catherine Phillips

- 7.2 Long Term Agreements 2024-25.pdf (5 pages)

7.3. Joint Commissioning Committee Hosting Agreement and Memorandum of Agreement (5 MINUTES)

Suzanne Rankin

Supporting Documents can be found in the supporting papers folder.

- 7.3 JCC Governance Framework.pdf (10 pages)

7.4. ELLIPSE Trial (10 MINUTES)

Richard Skone

The agreement can be located in the supporting documents folder for Board Members to view

- 7.4 ELLIPSE - R&D CTU agreement.pdf (3 pages)

7.5. Parc Hafod Disposal (10 MINUTES)

Catherine Phillips

- 7.5 Parc Hafod Disposal.pdf (2 pages)

14:10 - 14:10
0 min

8. Items for Noting and Information

8.1. Final 3 yearly Nurse Staffing Report

Jason Roberts

- 8.1 Final Three Yearly Nurse Staffing Act Report.pdf (2 pages)
- 8.1a WG 3 yearly report CV updated September Board.pdf (22 pages)

8.2. Corporate Risk Register

Matt Phillips

- 8.2 CRR Board Report - Sept 2024.pdf (3 pages)
- 8.2a CRR Table - Sept 2024.pdf (5 pages)
- 8.2b CRR CEF Table - Sept 2024.pdf (8 pages)

8.3. Annual Plan 2024-2025: Accountability Conditions

Suzanne Rankin

- 8.3 Annual Plan 2024-2025 Accountability Conditions.pdf (4 pages)

8.4. Reports from Advisory Groups and Joint Committees:

Matt Phillips

1. *Local Partnership Forum*
2. *Joint Commissioning Committee (JCC)*

8.4.1 LPF briefing (Aug24) for Sept 2024.pdf (3 pages)
8.4.2 JCC Briefing (Public) 16 July 2024.pdf (8 pages)

8.5. Committee, Advisory Group and Joint Committee Minutes:

Matt Phillips

All of the Committee, Advisory Group & Joint Committee Minutes can be located in the supporting documents folder of AdminControl & the Cardiff and Vale UHB website

1. *Audit & Assurance 02.07.24 & 11.07.2024 (Special)*
2. *Digital & Health Intelligence 25.05.2024*
3. *Finance & Performance 19.06.2024 & 17.07.2024*
4. *Quality, Safety & Experience 21.05.2024*
5. *People & Culture 09.07.2024*
6. *Local Partnership Forum 13.06.2024*

14:10 - 14:10
0 min

9. Agenda for Private Board Meeting:

Charles Janczewski

Approval of Private Board minutes

Ophthalmology Deep Dive

South Wales Fire Legal Briefing

Judicial Review Update

Approval of Private Committee minutes

14:10 - 14:10
0 min

10. Any Other Business

Charles Janczewski

10.1. Review of the Meeting

Charles Janczewski

10.2. Date and time of next meeting:

Charles Janczewski

Thursday 28 November 2024 – Woodland House – *Coed Y Bwl*

14:10 - 14:15
5 min

11. BREAK– (10 MINUTES - Moving into Private Board)

Cardiff and Vale University Health Board

Special Board Meeting

Thursday 11 July 2024 11:30

Via MS Teams

Chair:		
Charles Janczewski	CJ	Chair of the Cardiff and Vale UHB
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Marie Davies	MD	Interim Executive Director of Strategic Planning
Rhodri Davies	RD	Financial Audit Lead
David Edwards	DE	Independent Member - ICT and Committee Vice Chair
Rachel Gidman	RG	Executive Director of People & Culture
Akmal Hanuk	AH	Independent Member – Community
Mark Jones	MJ	Audit Manager - Audit Wales
Mike Jones	MJ	Independent Member - Trade Union
Helen Lawrence	HL	Assistant Director of Finance
Susan Lloyd-Selby	SL	Independent Member – Local Authority
Robert Mahoney	RM	Operational Deputy Director of Finance
Clive Morgan	CM	Assistant Director of Therapies
Sara Moseley	SM	Independent Member – Third Sector
Ceri Phillips	CP	UHB 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 Intelligence
Francesca Thomas	FT	Head of Corporate Governance
Rhian Thomas	RT	Independent Member – Capital and Estates
Lani Tucker	LT	Chair – Stakeholder Reference Group
John Union	JU	Independent Member for Finance
Ian Virgil	IV	Head of Internal Audit
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Emma Cooke	EC	Executive Director of Therapies & Health Sciences
Urvisha Perez	UP	Audit Wales
Catherine Phillips	CP	Executive Director of Finance
Helen Williams	HW	Llais Representative

1.	Welcome & Introductions	Charles Janczewski
2.	Apologies for Absence	Charles Janczewski

3.	Declarations of Interest	Charles Janczewski
11:40 4.	**Items for Approval / Ratification (11:40 – 12:25)**	
4.1 10 mins	**The Head of Internal Audit Opinion & Annual Report for 2023-24** The Head of Internal Audit Opinion & Annual Report for 2023-24 was received. The Head of Internal Audit (HIA) advised the Board that he would take the report as read and noted that the Audit & Assurance Committee had received the report at its meeting held on 02.07.2024. He added that the report was also informed by work undertaken by other services such as the Welsh Health Specialised Services Committee (WHSSC). It was confirmed that 35 individual audits were completed by the Internal Audit Team which fed into the opinion. The Chair of the Health Board (UHB Chair) invited the Chair of the Audit & Assurance Committee to confirm that the Committee had received the report at its meeting held on 02.07.2024. The Independent Member – Capital and Estates (IMCE), Chair of the Audit & Assurance Committee confirmed that the Committee had received, reviewed and scrutinised the report and were happy to recommend its endorsement to the Board. **The Board resolved that:** a) The Head of Internal Audit Opinion and Annual Report for 2023/24 was approved and endorsed.	Ian Virgil
4.2 25 mins	**Introduction to Annual Report and Accounts 2023-24:** The Operational Deputy Director of Finance (ODDF) introduced Helen Lawrence, the Assistant Director of Finance (ADF) who briefed the Board on the accounts overview and the amendments made since the Audit & Assurance Committee meeting held 20 May 2024. The ODDF thanked the ADF and their team for the comprehensive work undertaken around the annual accounts. The Audit Manager - Audit Wales (AMAW) briefed the Committee on the findings from Audit Wales on the annual report and accounts and noted that the Committee required the briefing before it could make the recommendation to the Board for approval. The ISA 260 was reviewed and information provided to the Board.	Rob Mahoney Helen Lawrence Audit Wales

	The AMAW thanked the Finance and Corporate Governance teams and all those involved for their help in completing the work. **The Board resolved that:** a) The reported financial performance contained within the Annual Report and Accounts and that the UHB had: • not met its statutory financial duties in respect of revenue expenditure and; • met its statutory financial duties in respect of capital expenditure was noted. b) The response to the audit enquiries of those charged with governance and management was agreed and endorsed c) The Audit Wales ISA 260 Report for 2023/24 which included the letter of representation was agreed and endorsed.	
4.3 10 mins	**The CVUHB Annual Report 2023-2024 including the Annual Accountability Report, Performance report and the Financial Statements** The Director of Corporate Governance reminded the Board that the CVUHB Annual Report had been received by the Audit & Assurance Committee a number of times for review. He added that the Audit & Assurance Committee had endorsed the CVUHB Annual at a special meeting held that same day in the morning. The Head of Corporate Governance (HCG) reminded the Board that a draft version of the annual report was received by the Audit & Assurance Committee at its workshop held on 20 May 2024. It was noted that since that period, a window of amendments had been undertaken with Audit Wales and those had been worked through with the Audit Wales Team, the Finance Team and the Corporate Governance Team. The HCG advised the Board that the annual accounts had now been merged into the annual report document and could viewed. The DCG advised the Board that the recommendation had been changed to include the Deputy Director of Finance in the absence of the Executive Director of Finance and had been approved by Audit Wales and Welsh Government. **The Board resolved that:** a) The CAVUHB Annual Report & Accounts for 2023-2024 for onward submission to Welsh Government was approved.	Matt Phillips

	b) Authorisation was given to the Chair, Chief Executive and Deputy Director of Finance to sign (electronic signatures would be applied) the relevant sections of the Annual Report & Accounts c) It was noted that the formal presentation of the Annual Report would be at the Annual General Meeting on the 11 September 2024 as published on CAVUHB website.	
12:25 5.	**Any Other Business (12:25)**	Charles Janczewski
6.	**Close**	
	The UHB Chair thanked everybody involved with the Annual Report for their support and dedicated work.	
6.1	Date & Time of next Board Meeting: *25 July 2024 – 09:30* *Woodland House – Room: Coed Y Bwl*	Charles Janczewski

Minutes of the Public Board Meeting
Held On 25 July 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
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
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
Sara Moseley	SM	Independent Member – Third Sector
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
Richard Skone	RS	Interim Executive Medical Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Lani Tucker	LT	Chair of the Stakeholder Reference Group
John Union	JU	Independent Member – Finance
Helen Williams	HW	Deputy Regional Director - Llais
Observers:		
David Fluck	DF	Medical Director, Ashford & St.Peters
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Ceri Phillips	CP	University Health Board Vice Chair

Item	Agenda Item	Action
UHW 24/07/001	**Welcome & Introductions** The Chair welcomed everybody to the meeting in English and Welsh.	
UHW 24/07/002	**Apologies for Absence** Apologies for absences were noted.	
UHW 24/07/003	**Declarations of Interest** No declarations of interest were raised.	
UHW 24/07/004	**Minutes of the Meetings held** The Board received the minutes from the Board meetings held on 30 May 2024. The Chief Executive Officer (CEO) reminded the Board that a number of people had joined the previous meeting late and requested that it be documented. **The Board resolved that:**	

	a) The minutes from the Board meetings held on 30 May 2024 were approved as a true and accurate record of the meeting pending the update noted.	
UHW 24/07/005	**Action Log** The Action Log was received. **The Board resolved that:** a) The Action Log was reviewed and noted.	
UHW 24/07/006	**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: • Welcoming new appointments – Emma Cooke as Executive Director of Therapies & Health Science, with effect from 1 June 2024 and Dr David Fluck as the new Executive Medical Director following a robust interview process, with effect from October 2024. • The Board Development Session held on 27 June which provided Board members with the opportunity to consider and discuss a series of significant issues and developments which included: - The Long-Term Financial Model – a review of the direction of travel financially for the organisation over the next 10 years. - 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 an update on research on the key responsibilities of the Board. • Shaping Change Team – the Chairs report showcased the work that the Shaping Change Team had undertaken to support members of health and care staff across the Health Board to make things better for patients and colleagues. • 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 Chair's Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved.	
UHW 24/07/007	**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 to help deliver the Health Boards strategy which included:	

- Strategic objective – Putting People First – the CEO advised the Board that the Putting People First strategic objective was at the heart of the Health Boards strategic intent, aiming to ensure that the Health Board was a great place to train, work and live and would listen to and empower people to live healthy lives.

- Staff Survey – it was noted that the CEO had led the first 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. It was noted that they would meet again in September.

- Welsh Language - it was noted that to promote the use of the welsh language across the Health Board, an Ask Suzanne session was recently held in Welsh, with support from the Welsh Language Officer. Those who attended were reminded of how especially important it was in a healthcare setting to ensure that if a patient whose first language was Welsh is able to communicate effectively to those providing care and treatment for them.

  The CEO advised the Board that 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.

  She added that lessons had been learnt which would be deployed as the Health Board builds on the capacity and capability for the Welsh language across the organisation.

- Building Leadership and Capability – the CEO advised the Board that she had picked out 3 pieces of work that linked to Shaping Change and included:
  - Partnership with Academia
  - CLIMB
  - The Spread & Scale Academy.

    She added the examples in the report were shared to provide assurance to Board that work and programmes were in place to build leadership and management capability across the Health Board and also across Wales.

The CEO advised the Board of the key risks to draw their attention to which included:

- The operational and fiscal environment continued to bring challenge to the delivery of the Annual and Financial Plan for 2024/25.

- Industrial Action – it was noted that the British Medical Association (BMA) in Wales announced on the 28 June 2024 that Consultants, Junior Doctors and Specialist Doctors had accepted an improved pay offer from the Welsh Government (WG), putting an end to their industrial action.

The Independent Member – Finance (IMF) asked what could be done in relation to Staff filling out the Staff Survey as they were constantly busy working.

The CEO responded that the issue of completing the Staff Survey due to time constraints had not been received during the feedback but noted that there were a number of ways in which the survey could be accessed.

She added that she would take the point back to the workshop being held in September.

The Independent Member – Third Sector (IMTS) advised the Board that good discussions on the Staff Survey had been undertaken at the People & Culture Committee which had broad ranging themes and noted that the Committee would continue to discuss the Staff Survey.

The Board Resolved that:

a) The Strategic Overview and Key Executive Activity to provide assurance described in this report were noted

UHW 24/07/008	**Board Assurance Framework (BAD)** The Board received the BAF. The Director of Corporate Governance (DCG) reminded the Board that the changes to the BAF were reflected in the tracked changes received. He added that there were 2 key points to highlight to the Board which included: • A change in net scores for both cancer and planned care which had increased on the basis of likelihood and noted that the Board would receive a more detailed outlook on planned care later on in the meeting. **The Board Resolved that:** a) The 15 risks to the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.	
UHW 24/07/009	**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: • Finance & Performance – the IMF advised the Board that the reports outlined the month 2 and the month 3 financial position for the Health Board. • Charitable Funds – the IMF advised the Board that the report was comprehensive and outlined issues around the various funds and the actions being taken. • Quality, Safety & Experience (QSE) – the Independent Member – Capital & Estates (IMCE), vice Chair of the QSE Committee advised the Board that the Committee had met again since the report was drafted and noted that an assurance report from CD&T and a deep dive on "never events" had been received. • Digital Health & Intelligence – the Independent Member – Local Authority (IMLA) asked that given the recent disruption to digital services, what steps were being taken to reassure the public on the dependency of those digital services. The Director of Digital & Health Information (DDHI) responded that there was a detailed cyber plan in place and that more detail would be provided at the next Committee meeting. The Interim Executive Director of Strategic Planning (IDESP) added that cyber security along with power outages was one of the Health Boards biggest continuity risks. She added that a report would be received in September which would focus on that and noted that Executive contingency had been established at WG to ensure regular reporting into Board. • Audit & Assurance – The IMCE acknowledged all of the work from various teams around the Annual Report and thanked them. The IMLA noted that she was concerned at the level of financial loss reported within the Committee and added that there was no sense as to whether the situation was improving. The Executive Director of Finance (EDF) responded that a report would be received by the Committee around areas such as clinical negligence claims and stock via the losses report received at each meeting. **The Board resolved that:** a) The Committee Chairs' Reports were noted.	

UHW 24/07/010	**Infected Blood Inquiry Strategic Brief** The Board received the Infected Blood Inquiry Strategic Brief. The Interim Executive Medical Director (IEMD) reminded the Board that the Infected Blood Inquiry was set up in 2017 and that the report had been published in May 2024. It was noted that the report was of particular relevant to Cardiff and the Vale because the haemophilia centre was based in Cardiff and provided care to a significant number of patients who received infected blood and blood products. It was noted that in addition, Professor Arthur Bloom, a former employee and lead clinician in the Haemophilia centre during the 1970s until his death in 1992, was subject to criticism from the Inquiry. The IEMD advised the Board that there was a longstanding and positive relationship between the inherited bleeding disorder patient group and the Heamophilia Centre in Cardiff and historically they had 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. He added that in direct response to the inquiry, the Health Board had set up a helpline, specifically for the patients affected. It was noted that the number of calls received was smaller than anticipated with 61 calling the dedicated line and 42 calling a wider line following communications being sent out from the Health Board. The Board was advised that learning from the inquiry showed that there would be a national response to the inquiry from WG, a systems response from the Health Board and feedback would be provided to the Inquiry every 6 months based on specific questions that they asked. The IEMD concluded that the Health Board were taking the publication of the Inquiry as an opportunity to pause, think and reflect because the Health Board needed to reflect that it was currently driving forward with cutting edge technologies and so there was a need to ensure that a large scale event like the infected blood did not happen again. The IMCE asked what questions the Inquiry wanted answers to in those 6-month updates. The IEMD responded that there were 12 specific questions provided around procedural processes, consent, involvement of patients in trials and others which he would look to report back. The CEO noted that it would be helpful to provide the Board with a summary of the learnings and recommendations to a future Board. She added that a high-level update would be provided to the Board and that it would probably be done via the QSE Committee and would build on the work already being done. **The Board resolved that:** a) The actions undertaken by the Health Board to support the Infected Blood Inquiry and to support the patients and their families affected were noted.	
UHW 24/07/011	**Strategic Planning, Commissioning and Partnership Update** The Board received the Strategic Planning, Commissioning and Partnership Update. The IEDSP advised the Board that she would take the report as read and reminded them that the report provided an update on key areas of strategic planning, commissioning, and partnership work programme which included: • The continuing development of a strategic portfolio framework which would 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.	

	• Integrated Medium Term/ Annual Planning – it was noted that delivery of the Annual Plan would be monitored and scrutinised using the Health Boards integrated performance report as agreed at the Board meeting held in May 2024. The IEDSP added that it would be 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. She added that a number of meetings were underway with leads in workforce, estates, finance, operations as well as clinical leads/medical directors to ensure there was good engagement and leadership from the outset and noted that there were plans to hold a joint board briefing session on 1st October 2024. The UHB Chair asked that as many people attend that briefing on 1st October 2024 and asked for a briefing to take place prior to that session. The IMTS noted that the Regional Partnership Working had been brought to her attention recently and noted that more joint working with Local Authorities and Third Sector was required. The IEDSP responded that there were huge opportunities on partnership working in a number of areas and cited Safe at Home as a good example where benefit was being observed. The CEO added that within the report there was a layering of regional partnership arrangements and perhaps a lighter touch would be easier to understand. The IEDSP agreed and noted that part of the reason the information had involved was due to the large amount of scrutiny from WG which was difficult to avoid. She added that across every aspect of the strategic planning portfolio presented, the ambition to have that strategic approach and drive, the day to day operational pressures were such that very often the Health Board were leaning into that space to a greater degree. The UHB Chair noted that a Board Development session could be used to provide a deeper understanding of that partnership working. **The Board resolved that:** a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted.	
UHW 24/07/012	**Compassionate Leadership Pledge** The Compassionate Leadership Pledge was received. The Executive Director of People & Culture advised the Board that the pledge had been to many different forums and would take the paper as read noting that signing the pledge was an important step towards creating a culture of compassion and inclusivity within the Health Board. She added that the Health Board had supported the development of compassionate leadership through ensuring that all leadership and management development opportunities were underpinned by the compassionate leadership principles and noted that by signing the Compassionate Leadership Pledge, the Health Board further affirmed its commitment to improving its culture, as evident in the Shaping Our Future Wellbeing Strategy, People and Culture Plan, and Strategic Equality Plan. The EDF advised the Board that she supported the pledge but asked how it would feel to a person “on the ground” who would have filled out the staff survey. The CEO added that the Board needed to be upfront with staff and noted that their view was really important and that communications would need to be right.	

	The Chair of the Stakeholder Reference Group (CSRG) noted that it was a wonderful pledge and asked what actions would result from signing. The Chief Operating Officer (COO) added that an understanding of what steps the Health Board would undertake to become compassionate leaders needed to be understood. The Executive Director of Public Health (EDPH) agreed and noted that testing of how it would work in practice would need to be undertaken and offered the use of her Public Health team to do that. The IMCE asked if there was scope to embed the pledge into the appraisal process. The EDPC responded that the Values Based Appraisals (VBAs) were being reworked due to the updated strategy but noted that embedding it in would be a good idea. The UHB Chair amended the recommendation from the paper to note that the Board would not sign the pledge until there was confidence that the Health Board could call itself a compassionate leader. **The Board resolved that:** a) The signing of the Pledge at Board Level was approved pending further updates outside of the meeting, and encouragement of signing of the pledge at all levels including the engagement and support to encourage individuals, teams and departments to sign was approved	
UHW 24/07/013	**Patient Story** The Patient Story was received. The story outlined the difficulties observed by an Unpaid Carer in accessing health care and their particular challenges such as: • Being a service user of the NHS themselves and having to leave the people they were caring for in waiting rooms or at home. • Arrangement of suitable transport to and from hospital appointments which tend to be costly • Having to cancel planned surgery due to not being able to obtain appropriate care for their loved ones. The END advised the Board that 6 wards in the Health Board had signed up to ask “Are you an Unpaid Carer” and noted that the Team had purposely targeted wards at St.Davids Hospital and University Hospital Llandough (UHL) first. He added that from a community point of view, the Patient Experience Team were working with GP practices to get them to sign up as well. The EDPC asked if anybody had challenged the term “Unpaid Carer”. The END responded that they had and that the term Unpaid Carer was used across Wales and was outlined by WG. The CSRG asked if there was a person within the Patient Experience Team that an Unpaid Carer could access if required. The END responded that there was and work would be done to promote that. The Deputy Regional Director - Llais (DRDL) noted that instead of asking someone if they were an Unpaid Carer, they could say “Are you caring for somebody?” She added that signposting was often an issue for people using hospitals which was more difficult when having to care for somebody whilst visiting.	

	The END responded that the Patient Experience Team work closely with all of the volunteers who signpost people as they enter the buildings, and noted that a process was being looked at to see if any more volunteers could be brought in to support. The Independent Member – Community (IMC) noted that the issue around Unpaid Carers was huge and asked how it could be made part of the Health Boards strategy. The END responded that Patient Experience formed part of the strategy. The UHB Chair added that Patient Experience cut across all 4 of the strategic objectives and noted that reinforcement around partnership working and improvement would be required around Unpaid Carers and the struggles that they faced when attending a health care setting. **The Board resolved that:** a) The Patient Story was noted.	
UHW 24/07/014	**Integrated Performance Report** The Integrated Performance Report was received. **<u>Public Health</u>** The Executive Director of Public Health advised the Board that the Covid-19 vaccine spring booster vaccination programme was performing very well and that progress was pleasing to see. It was noted that the current vaccine coverage was 61.13% which was the second highest uptake of all Health Boards and above the Welsh average of 58.48%. In relation to Childhood vaccinations, it was noted that there had been a measles outbreak in Wales and that a marketing campaign to increase uptake had started and The EDPH advised the Board that Public Health had worked alongside Cardiff City Football Club around the Human Papillomavirus (HPV) vaccination because the percentage of children receiving HPV vaccination by the age of 15 was below the target of 90%. It was noted that in relation to Health Weight, reception year children aged 4/5 increased to 77.5% (2022/23) which was the same as the English average for the same period (77.5%). The EDPH advised the Board that the 77.5% was above the Welsh average of 74.3% and 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. It was noted that in relation to tobacco, the team were delivering the 'Help Me Quit' smoking cessation service across Cardiff and the Vale of Glamorgan with most clinics at capacity. The EDPH added that work was underway to explore options to increase the number of clinics being offered by the team and noted that group sessions were being utilised where appropriate to make efficiencies. **<u>Operational Performance</u>** The COO advised the Board that it was challenging to hold onto the improvements that had been made. He noted that he would take the report as read but would highlight key areas which included: • Urgent & Emergency Care – it was noted that recent performance had been affected by unseasonal operational pressures through May and June which had impacted both ambulance handover times and the length of time patients some patients were waiting in the Emergency Unit before admission, transfer or discharge.	

- Cancer – it was noted that the Health Boards compliance with the 62-day Single Cancer Pathway standard improved in December to 70.2%, the highest performance since the development of the Single Cancer Pathway.

  The COO advised the Board that pathology delays experienced in March 2024 meant that the Q2 compliance was forecast to be lower as patients treated in those months were potentially impacted by delays in this part of their pathway.

- Planned Care – the COO advised the Board that more detail would be provided during the private meeting of the Board on planned care but noted that there were 4 patients who had waited over 4 years for treatment and assured the Board that they would be all be treated by September 2024.

- Diagnostics – the COO reminded the Board that the waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy.

  He added that a deep dive had been received at the Board Development in June 2024 where improvement trajectories were finalised and presented.

  It was noted that Endoscopy capacity had been focused on Cancer, Urgent and long waiting surveillance patients and that the service had an improvement plan, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait.

- Mental Health – the COO advised the Board that demand for adult and children's Mental Health services remained significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioural needs.

  He added that in June 2024, a Mental Health summit was undertaken with an attendance of over 50 people from various areas. It was noted that the team had presented a potential new model of care for the community setting and a discussion was held around the ADHD increase in demand.

  The COO advised the Board that the new models would be shared with the Senior Leadership Board in the future and noted that there would be more summits and workshops to refine it.

- PCIC – the COO advised the Board that there was a lot of work ongoing in the Primary Care sector noting that the Safe at Home programme was starting to develop with 23 patients being looked at.

  He added that there were some concerns around GP strikes and noted that if it happened in England, it would most likely happen in Wales too.

  It was noted that staff morale within Primacy Care was quite low and that work was ongoing to address that.

The IMTS noted that Primary Care appeared to be going in the wrong direction and asked the COO what level of assurance the Board could take.

The COO responded that it was difficult to provide full assurance but noted that as the work was ongoing to address issues, the Board would receive regular updates.

The DRDL noted that continuous communication with those on the waiting lists was very important to show that they had not been forgotten about and reminded them that they were being looked at as individuals.

The UHB Chair advised the COO that he had the full support of the Board behind him to provide the improvements noted within the report.

People & Culture

The EDPC advised the Board that she would take the report as read as it provided updates on each of the areas required.

She added that Project Search had not been included within the report that month, but noted that it involved over 100 people including Parents, Local Authority Colleagues and would be provided at future updates.

The IMF noted that the report identified a zero tolerance on agency and overtime work across all staff groups with approval by exception only and asked if it had worked.

The EDPC responded that there had been large scale scrutiny on agency and overtime work and noted that when a reduction in agency is made, an increase in bank working is observed due to poor rostering and other elements.

She added that lots of different avenues were being looked at to also reduce bank working.

The COO added that the Medical Team had managed to reduce agency doctors from 45 down to 15 which was excellent and also noted that bank working was cheaper than agency.

The EDF added that there was much more equity, regulation and understanding of the rate cards for Doctors and as to why the Health Board were using those staff and noted that the permanent workforce had increased.

Quality, Safety & Experience

The END advised the Board that he would take the report as read and would highlight key areas for noting which included:

- Concerns - Despite challenges such as increased demand and staffing constraints, the Team had maintained an 80% performance rate in responding to complaints and concerns within 30 working days.

  The END added that whilst the performance rate was high, there had been a noticeable rise in concerns regarding waiting times and procedural delays in diagnostic and outpatient services.

- Patient Feedback, Civica – it was noted that the Civica system surveyed up to 1000 patients daily via text message with 600 chosen randomly from general hospital activity. It was noted that over the past 12 months, 170,000 texts were sent with a response rate of 17% which was disappointing to observe.

  The END noted that the 17% response rate would be monitored and work would be undertaken to try and increase the responses.

- Compliments – the END advised the Board that it would be good to highlight that the Health Board had received 54 compliments during the reporting period.

- Patient Safety – it was noted that the Health Board had reported 103 open Nationally Reportable Incidents (NRIs) with 46 overdue.

  The END noted that the Medicine Clinical Board and Mental Health Clinical Board had the highest number of NRIs and noted that a reduction was being observed when reporting but that it still not at an acceptable level.

- Infection Control – it was noted that there had been increases in cases of C. difficile and P. aeruginosa which was concerning to observe.

  The END advised the Board that the Infection Control Team had reintroduced executive oversight of infection control outbreaks and rising trends to address that issue and noted that there had been increased communication for patients and staff of the increased infection rates in communities and hospital settings.

- Mortality – The Interim Executive Medical Director (IEMD) advised the Board that there had not been much change around mortality data from when it was last presented but noted that a further update would be received in September 2024.

	The COO advised the Board that in relation to Infection Control, Clinical Boards were being asked about it at Executive Reviews and there was a forensic approach to it as well as looking at Quality Excellence and what it meant for each Clinical Board. The IMC noted that in the past month, he had received some inquiry's around mortality data and asking for them to reach out to the Coroner. He added that he would speak to the IEMD around that outside of the meeting. The DRDL noted that Llais were seeing an increase in complaints around health and wanted to highlight that to the Board. **Finance** The EDF advised the Board that as of month 2, the Health Board had overspent by £8.821m which comprised of a £1.557m operational overspend, a savings gap of £4.61m and the planned deficit of £2.650m. She added that the Health Board were also experiencing some resource constraints and that they had been increasing and noted that a detailed paper would be received in private Board. **The Board resolved that:** a) The contents of the report were noted.	
UHW 24/07/015	**Business Cases** The Board received 5 Business Cases: • **Stroke Business Case –** The COO advised the Board that the case had been through all of the relevant Governance process and noted that a series of clinical summits had been undertaken to get the case to its current point. The UHB Chair invited the IMF as Chair of the Finance & Performance Committee to confirm that the Committee had reviewed the case and recommended it to the Board for approval. The IMF confirmed. **The Board resolved that:** a) The Stroke Business Case was approved. • **CAV Health Inclusion Business Case –** The COO advised the Board that the case had also been through all of the relevant Governance process and noted that the case had been 12 to 15 months in the making and was phase 1 of a non-return plan on improving outcomes of access to services. The UHB Chair invited the IMF as Chair of the Finance & Performance Committee to confirm that the Committee had reviewed the case and recommended it to the Board for approval. The IMF confirmed. **The Board resolved that:** b) The business case for the expansion of the Cardiff and Vale Health Inclusion Case was approved • **TRAMS- Radiopharmaceutical Business Justification Case** – The COO advised the Board that they would recall that the Health Board had ceased production of Radiopharmacy products due to a compliance issue and noted that during the period the Health Board had been sourcing limited supply from Swansea and Bristol. He added that the case was phase one of TRAMS going to WG. The UHB Chair invited the IMF as Chair of the Finance & Performance Committee to confirm that the Committee had reviewed the case and recommended it to the Board for approval.	

The IMF confirmed.

The Board resolved that:

c) 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 was noted.

d) The fair shares financial risk share principle that underpinned the funding model was noted

e) The recommendation by the Finance and Performance Committee to approve support for the BJC was noted

- **Business Justification Case for Digital Cellular Pathology Programme Phase 3 – National Scale Up –** The COO advised the Board that the case had been 8 years in the making and noted that the Clinical Board Director, CD&T had presented to the Finance & Performance Committee around the detail.

The UHB Chair invited the IMF as Chair of the Finance & Performance Committee to confirm that the Committee had reviewed the case and recommended it to the Board for approval.

The IMF confirmed.

The CSRG noted that the case referenced the use of Artificial Intelligence (AI) and asked for assurance that it would be monitored closely.

The DDHI responded that making sure the Health Board had the right specifications was key in the success of AI and noted it would be looked at regularly.

The Board resolved that:

f) Support for the NHS Wales Shared Services partnership BJC was approved
g) The Business Justification Case for Digital Cellular Pathology Programme Phase 3 - National Scale Up was approved.

- **Pentyrch Branch Surgery - Submission of Business Justification Case –** The EDF advised the Board that the purpose of the report was to request that the Board approve the submission of the Pentyrch Branch Surgery Business Justification Case to submit to WG to seek £5.344m of All Wales Capital Investment.

  She added that the development of a replacement Pentyrch Branch Surgery had been a priority for a significant period of time and was 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 aimed to provide high quality primary care in fit-for-purpose accommodation.

The UHB Chair invited the IMF as Chair of the Finance & Performance Committee to confirm that the Committee had reviewed the case and recommended it to the Board for approval.

The IMF confirmed

The Board resolved that:

h) The submission of the Pentyrch Branch Surgery Development – Business Justification Case to Welsh Government for capital funding support was approved.

i) 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 was approved.

j) The appointment of the Health Board's Project Manager and Cost Advisor would be undertaken at a later date and that there was a fee allowance in the overall Business Case was noted.

UHW 24/07/016	**Capital Plan 2024/25** The Board received the Capital Plan 2024/25. The EDF advised the Board that the purpose of the report was to request that the Board approve the capital plan for the 2024/25 financial year and noted that the capital programme set out in the paper had 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 the Finance & Performance Committee on 17th July 2024. She added that the Capital Planning Team expected to be in a position next year to build the Capital Plan into the overall planning document. Key points of the paper included: • Estates and Facilities Advisory Board (EFAB) was generated by WG to invest in Health Board infrastructure. • Discretionary Capital Prioritisation Process – it was noted that as part of the Health Boards annual planning process, Clinical and Service Boards submitted schemes for funding support against the available unallocated budget. The unallocated budget was determined after the annual commitments and 'roll over' schemes were taken into consideration. It was noted that given the limited availability of both 'All Wales' Capital and Discretionary Capital the Health Board undertook a prioritisation exercise using agreed criteria and that the cardiothoracic move came out as the top priority. • Draft Capital Programme 2024/25 - it was noted that CEF had agreed the draft programme as shown in the report which was currently forecasting an over commitment of £0.375m against current available allocation. The EDF advised the Board that 2 actions were agreed to reduce the anticipated over commitment which included: - Approaching WG for additional support for the Mortuary Refurbishment - Undertake the design and tendering of the Cardiology scheme to establish the actual cost as the budget was based on limited information The EDF added that the Board should be aware however that there was no contingency remaining and that it carried a significant risk given the position in the year. The IEDSP advised the Board that a Capital Plan was a fixed point and that if a priority came through the system, flex would be required around it. She added that the Health Board had internal processes to continually review the demand on the system. The END noted that a plan the entire infrastructure would be required. The EDF agreed and noted that a plan was required to rectify all of the Health Boards infrastructure risks and noted that it required a systematic approach to resolve those issues. The CEO concluded that there was a fine balance between a safe environment and a therapeutic environment and noted that the Executives spend more time as a team responding to and engaging on infrastructure topics more than anything else. **The Board resolved that:** a) The content of the paper and in particular the prioritisation process undertaken was noted. b) The draft capital plan 2024/25, subject to support from Finance and Performance Committee, recognising the reported over commitment and risk associated with the unavailability of contingency was noted.	

	c) 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 was noted.	
UHW 24/07/017	**Corporate Risk Register** The Board received the Corporate Risk Register **The Board resolved that:** a) The Corporate Risk Register and the work in that area which continued to progress was noted.	
UHW 24/07/018	**Reports from Advisory Groups and Joint Committees:** Reports from Advisory Groups and Joint Committees were received **The Board resolved that:** a) The Reports from Advisory Groups and Joint Committees were noted	
UHW 24/07/019	**Committee / Governance Group Minutes** The Committee / Governance Group Minutes were received. **The Board resolved that:** a) The Committee / Governance Group Minutes were noted.	
UHW 24/07/020	**Any Other Business** The Director of Communications, Arts, Health Charity and Engagement reminded the Board that the BBC documentary 'Saving Lives in Cardiff' would be starting on 20th August 2024.	
	Date & time of next Meeting: Thursday 26 September 2024 – Woodland House, Coed Y Bwl.	

ACTION LOG

Public Board Meeting

26 September 2024

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS / COMMENT
Actions					
UHW 24/07/010	Infected Blood Inquiry	Board to receive a summary of learnings and recommendations at a future Board meeting (6 months)	30.01.2025	Executive Medical Director / Executive Nurse Director / Executive Director of Public Health	**COMPLETED** On Forward Plan for January's Board Meeting.
UHW 24/07/011	Strategic Planning Update	Board Development session to include further understanding on Partnership working undertaken by the Health Board	31.10.2025	Interim Executive Director of Strategic Planning	**COMPLETED** On Forward Plan for Octobers Board Development Session via standing item.
Actions referred TO Committees of the Board/Board Development					
UHW 24/07/010	Infected Blood Inquiry	QSE Committee to receive high-level update on work being undertaken	07.01.2025	Executive Medical Director / Executive Nurse Director / Executive Director of Public Health	**COMPLETED** On Forward Plan for January's QSE Meeting.

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2
Meeting:	**Public Board**	Public	X		Meeting Date:	**26 September 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 that John Union has been re-appointed to continue to serve as the Independent Member for Finance for a further year until 30 September 2025. I am delighted that John will continue to work with the Board and share his expertise to support the organisation.

B. The Board wish to congratulate Abbi Harris, Executive Director of Strategic Planning who is currently on secondment to the Joint Commissioning Committee on her new role as Chief Executive of Swansea Bay University Health Board. We wish Abi every success in her new role and are grateful for the contributions she made during her time with the health board.

2.2 Board Development Session – 29 August 2024

The Board Development Session held on 29 August provided Board members with the opportunity to consider and discuss a series of significant issues and developments including:

- Strategic Portfolio Framework Update– a progress update was received on the portfolio establishment and discussions regarding board assurance on development on delivery going forward
- IMTP 2025-2028 – a test of our plan principles was undertaken along with receiving an update on the plan development process for 2025/2026-2027-2028
- Finance Update – review of the current financial position including review of performance against requirements
- Integrated Performance Report (IPR) –Full review of performance
- Public Health Plan – discussions were had to understand why prevention is important and the case for investment in prevention to improve outcomes.

- Safeguarding Training – Board received a comprehensive training session which included understanding the legal and police requirements to be aware of and how the health board is leading the way in preventing and tackling domestic abuse.

2.3 Diary Highlights since the last Board Meeting

In the News- BBC Saving Lives in Cardiff

I am delighted that the health board has participated in the new television documentary with the BBC *Saving Lives in Cardiff* and that the series is now being shared with the public following the completion of filming last year. The documentary really does shine a light on the outstanding multi-professional teams that are working across the health board and the world-leading surgeries and interventions that are carried out every day by our teams. The public are also exposed to the difficult decisions clinicians make every day as they choose who to treat next and explore patients' emotional journeys as they undergo life-changing operations.

On behalf of the Board I would like to extend my thanks to all of those involved with this filming opportunity whilst continuing to deliver high quality service on behalf of the Health Board, for our patients and population. This is a great opportunity to showcase the remarkable daily work of our hard-working teams across the organisation.

Cardiff & Vale Regional Partnership Board Update

I am delighted to be appointed as the Chair for the Regional Partnership Board and share with you all the great work that continues with the aim to improve the health and well-being of the population and, improve how health and care services are delivered by making sure people get the right support, at the right time, in the right place.

The Cardiff and Vale Regional Partnership Board (RPB), is a statutory partnership of local health and care partners (Cardiff Council, Vale of Glamorgan Council, CVUHB, Welsh Ambulance Service Trust, third and independent sectors and unpaid carers). The Board will be Chaired by me for the next two years bringing opportunities for the Health Board to align its ambitions more strongly.

What does the RPB do?

The RPB is *us*. It amplifies and adds value to the priorities of each of its partner organisations by developing things we can only do together.

Together the RPB plan, deliver and support our partners to improve services. They schedule work into organisationally agnostic life stages: *Starting Well, Living Well and Ageing Well*, focusing on what matters to the citizens of Cardiff and Vale.

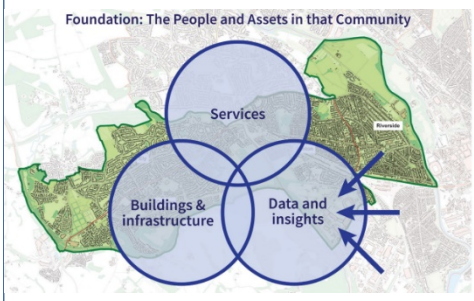
1. Planning together

The RPB recognise that services and infrastructure can't be planned in isolation of each other: they are prototyping **place planning** in the SW Cluster, bringing together detailed analysis of the place and its assets, current services and buildings. This will enable the RPB to create **cluster-led place plans** based on a much clearer insight into the strengths and assets of that community and the service gaps.

10 year Strategic Capital Plan
- Joint capital pipeline

5 year Joint Area Plan
- Annual delivery plans
- Annual retrospective reports
- Assurance reports on finance and delivery

5 year strategic analyses
- Market Stability Report
- Population Needs Analysis



At a national level, the RPB continue to influence a more joined up policy landscape which enables a more coherent approach to local delivery. This is particularly important in the space of our *@home* place-based integrated community care system programme which brings together the common ambitions of *Further Faster*, the *Six Goals for Urgent and Emergency Care* and the *Strategic Programme for Primary Care*.

2. Delivering Together

The RPB's objective is to improve the well-being of the population by improving the delivery of health and care services. The purpose of its funding (chiefly the Regional Integration Fund at c.£19m) is to develop new models of care. It operates in the context of the pressures, priorities and strategies of each of the partners, and aims to add value where improvements can only be made by working together.

The latest annual report provides a summary of a vast range of activities, driven by people from across their partnership who are passionate about improving outcomes through better services. Here are some of the headlines:

Startiung well

- Community connector posts to work with families who have children on the Neuro-development service waiting list, providing early solutions
- Launch of Goleudy service to support CYP with complex emotional wellbeing needs, preventing further crisis
- Developing a *First 1000 days* programme to bring together multiple activities across the partnership that enable babies and children and their families to have the best start in life

Living well

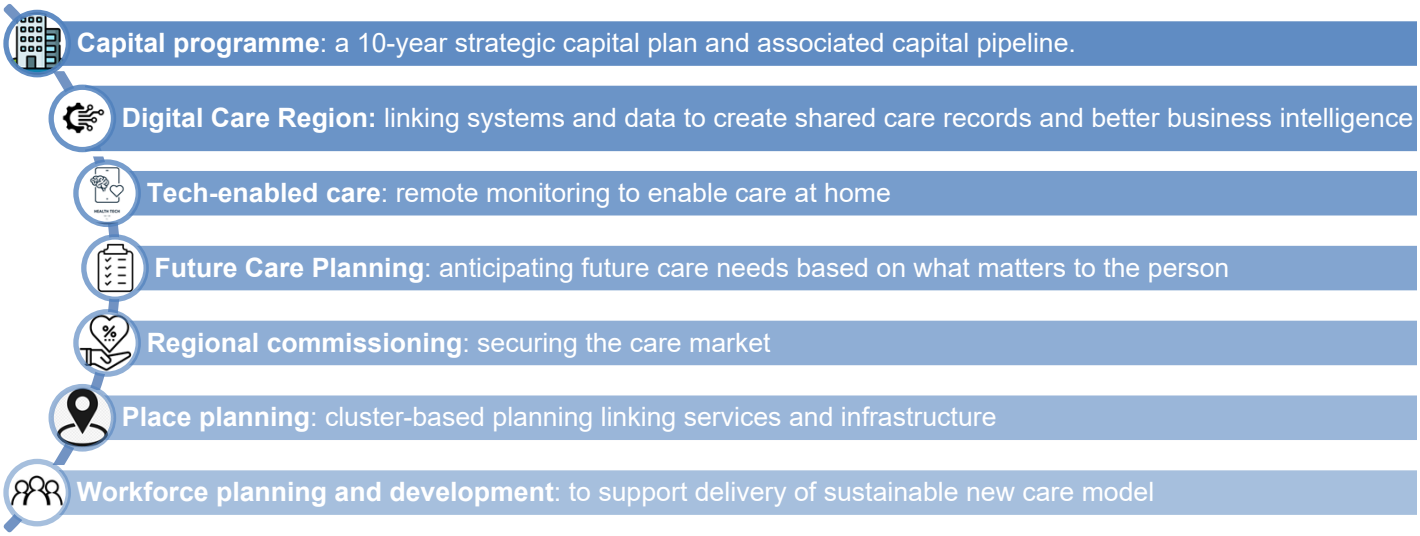
- Launch of Unpaid carers' charter and delivery
- Suporting carers to have short breaks
- Supporting the creation of a revised regional VAWDASV strategy
- Development and strengthening of social prescribing to divert people to more appropriate support resources
- Establishment of RPB learning diability programme to improve access to services and better outcomes
- Development of Integrated Autism Services and neurodiversity services
- Smart houses for people with Learning Difficulties

Ageing well

- Launch of Safe@home - avoiding crisis admissions to hospital
- Best performing region in getting people home from hospital
- Expanding cluster MDT working
- Dementia champions network and *Opening Doors* engagement events
- Launch of a charter to support workforce recruitment and retention within the care sector
- Moving towards an integrated community care system
- Supporting 'John's Campaign' implementation across wards

3. Strategic Enablers

Delivery of new ways of working can only be achieved by developing the significant enablers which require a whole system approach:



4. Maturing as a Partnership

Working as a partnership has never been more essential and it remains highly challenging as partners balance that that with unrelenting organisational pressures. The RPB is currently exploring the opportunities that increased maturity as a partnership can bring.

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 **22** documents since as listed below;

Seal No.	Description of documents	Background Information
1079	Unilateral Undertaking between Cardiff Council and CAV UHB	Supply chain partner for the development of Parkview wellbeing hub
1080	Unilateral Undertaking between Cardiff Council and CAV UHB	Supply chain partner for the development of Parkview wellbeing hub
1081	2nd Gen Building Refurb & Upgrade Framework.	ENCON Construction LTD
1082	2nd Gen Building Refurb & Upgrade Framework.	ISG Construction LTD
1083	2nd Gen Building Refurb & Upgrade Framework.	Knox & Wells LTD
1084	2nd Gen Building Refurb & Upgrade Framework.	Tilbury Douglas Construction LTD
1085	2nd Gen Building Refurb & Upgrade Framework.	Kier Construction LTD
1086	2nd Gen Building Refurb & Upgrade Framework.	Kier Construction LTD
1087	Interventional neuro-radiology replacement project	Procurement of 2 IR suits, contract of works with Siemens Healthcare, conversion of existing X-ray rooms.
1088	Alcohol Treatment Centre, lease of centre at Bridge Street	Between 1) Great Western Estates LTD 2) Cardiff and Vale UHB
1089	Transfer of Whitchurch Hospital to Velindre NHS Trust Pack of Engrossments	Transfer (TP1) of Main Site
1090	Transfer of Whitchurch Hospital to Velindre NHS Trust Pack of Engrossments	Transfer (TP1) of Site 3
1091	Transfer of Whitchurch Hospital to Velindre NHS Trust Pack of Engrossments	Transfer (TP1) of Site 4
1092	Transfer of Whitchurch Hospital to Velindre NHS Trust Pack of Engrossments	Deed of Overage
1093	Transfer of Whitchurch Hospital to Velindre NHS Trust Pack of Engrossments	Deed of Variation
1094	Transfer of Whitchurch Hospital to Velindre NHS Trust Pack of Engrossments	Lease of Locality Building
1095	Agreements between Cardiff and Vale UHB, WH Smith Hospitals LTD. Units at the Concourse at UHW	Agreement for Lease, Retail units 1A, 1B, 2 & 3

1096	Agreements between Cardiff and Vale UHB, WH Smith Hospitals LTD. Units at the Concourse at UHW	Lease of Units 1B, 2 & 3
1097	Agreements between Cardiff and Vale UHB, WH Smith Hospitals LTD. Units at the Concourse at UHW	Lease of Unit 1A
1098	Agreements between Cardiff and Vale UHB, WH Smith Hospitals LTD. Units at the Concourse at UHW	Licence for alterations relating to unit 1A
1099	Agreements between Cardiff and Vale UHB, WH Smith Hospitals LTD. Units at the Concourse at UHW	Licence for Alterations relating to 1C-3
1101	Deed of Surrender to confirm exit of Ivor House	Part of new lease agreement for new premises on Wesley lane.

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

Date Signed	Type of Document	Background Information
01.07.24	Alcohol Treatment Centre Lease of Alcohol Treatment Centre, Wesley Lane / Charles Street / Bridge Street	Nil value (1) Great Western Estates Ltd & (2) Cardiff and Vale University Local Health Board
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value CONTRACT OF SALE
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value TRANSFER (TP1) OF MAIN SITE
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value TRANSFER (TP1) OF SITE 3
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value TRANSFER (TP1) OF SITE 4
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value DEED OF OVERAGE
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value DEED OF VARIATION
01.07.24	Whitchurch Hospital	Nil value

	Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	RENT AUTHORITY LETTERS (x5) FAO Marc Palmer FAO Patrick Godfrey FAO Whitchurch Hospital Bowls Club FAO Trustees of Whitchurch Heath Cricket Club FAO National Grid Electricity Distribution
01.07.24	Whitchurch Hospital Transfer of Whitchurch Hospital to Velindre NHS Trust - Pack of Engrossments	Nil value LEASE OF LOCALITY BUILDING
15.07.24	DC24012 - TB1 Electrical Rising Main Upgrade	Upgrade the electrical rising main in Tower Block 1 at the UHW. £364,117
15.07.24	Agreements between CAV and WH Smith Hospitals Ltd (5 documents sealed) Agreement for lease of Retail Units 1A, 1B, 2 & 3	Nil value Lease of Units 1B, 2 & 3 Lease of Unit 1A Licence of Alterations Unit 1A Licence of Alterations Units 1C - 3
25.07.24	HoT Lease Renewal for Unit 1 & 2 Bridge Road Treforest	5 Years from 16th Oct 2024 £267,500 per annum + VAT
06.08.24	Emergency Hafan Y Coed Cedar Ward Works	Water damage £53,761.84 exc. VAT
07.08.24	Llandough Fire Alarm Panel Upgrade	Replacing the existing fire alarm panels at Llandough Hospital to reduce false alarms and improve fire detection £154,765.00 exc. VAT
16.08.24	DC24041 UHL East 8 Ward Kitchen Refurbishment	£36,897.33 exc. VAT
23.08.24	Surrender of Alcohol Treatment Centre	Nil

The following **2 Chairs Actions** have been taken on behalf of the Health Board; The Board is requested to ratify these decisions in accordance with Standing Orders;

Date Received	Chairs Actions Details	Background Information	Date Approved
06.08.24	JCC EMRTS Judicial Review	Approve a response to a legal Claim	08.08.24
01.08.24	Health Charity Review – External Consultant Proposal	Transforming fundraising performance: a proposal for Cardiff & Vale Health Charity	07.08.24

Recommendation:

The Board 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	

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3	
Meeting:	Public Board		Public	x	Meeting Date:	26 September 2024	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Chief Executive						
Report Author (Title):	Head of Corproate Governance						

Main Report

1. 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.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 Strategic Objective – Providing Outstanding Quality

This month I am going to focus on the strategic objective Providing Outstanding Quality and share with Board some of the work currently underway to help us achieve this objective and the long-term vision.

Our strategy is quality driven with a clear vision of how the University Health Board (UHB) intends to provide outstanding services which are equitable, timely and safe to ensure that patients are treated with kindness and supported to achieve the outcomes that matter to them. This goes hand in hand with ensuring that collaborative working practices are embedded by working with partners including social care, third sector and wider Regional Partnership Board colleagues as referred to within the Chairs Board report.

Making the case for change is a" hearts and minds" activity and work is being led through the Shaping our Quality, Value and Sustainability strategic portfolio to create the conditions for success and support programmes such as Shaping our Future Quality Excellence Programme (SOFQE) to get into the detail. Ideally, we pair a strategically led approach with a social movement for change in the organisation. The ambition is to establish an effective Quality Management System (QMS) which incorporates the key capabilities alongside the capacity to deliver. We aim to embed a quality management infrastructure that supports quality planning, quality control and assurance and continuous quality improvement and a learning culture. We already have some really good examples of the components of an effective QMS including clinical audit and quality assurance, but we have more work to do in the other areas.

We have agreed an organisation mission, a north star objective which will focus efforts and assist prioritisation and alignment across all the strategic objectives. The mission is to "eradicate avoidable harm" in all its forms, including harm to patients, harm to colleagues, harm to the environment and to resources and value.

Building Quality Management Systems

In order to be successful in embedding a successful Quality Management System it is helpful to use a model to guide a systematic approach. A model suggested by the Institute for Health Improvement, a globally respected healthcare improvement think tank organisation, is an approach that sets out three steps:

1. **Build will** – creating the will or desire to change the current state to one that is better.
2. **Build ideas and plans** – developing ideas and plans that will contribute to making processes and outcomes better.
3. **Build capacity and capability** – embedding the skills and knowledge at scale across the organisation to execute and optimised the will, ideas and plans.

The UHB will need to establish the system, processes and architecture of a Quality Management System. This will be built on processes already embedded which includes making good use of the Regulatory environment to drive improvement such as adhering to the Duty of Quality and learning from Healthcare Inspectorate Wales (HIW) inspections. Recently we have demonstrated that responding to external prompts in a decisive and focused way can be an important vehicle for quality improvement. For example, our Emergency Unit Team were publicly commended by HIW for significant improvements and good practice following a previous inspection.

An important part of building quality systems is reviewing structures, flows, roles and responsibilities of how we provide our services. There are real opportunities for the UHB to consider innovation, embrace new technologies and advance therapies to generate improved quality systems for our patients.

Building Will - Engaging and Influencing Culture

Fundamentally, this is the biggest and most important aim for the UHB in order to create the motivation and desire to continually improve – the "hearts and minds". This will enable a learning culture that advances the UHB towards psychological safety, constancy of purpose, equity and innovation. This includes listening to colleagues and ensuring colleagues have a clear understanding of how their daily work impacts on strategic goals and in turn quality implications.

Effective communication and engagement with colleagues right across the organisation will be essential if we are to build the will to be better. To that end the UHB is now utilising VivaEngage to reach out and connect colleagues so that they can share ideas, stories and methodologies as well as celebrate and share success. VivaEngage is available via the Microsoft 365 Platform and is therefore a cost effective, contemporary means to have a "big conversation".

Another means of building will, is to promote and enable set piece events and discussions where the case for change can be made, discussed and open to adaptation and change following feedback from colleagues. At the time of writing, we are approaching Patient Safety Week, and I am delighted to see that a tremendous amount of work is underway across the UHB to promote, discuss and inspire action to improve the safety of all and pursue our mission to eradicate avoidable harm. There are a number of activities in the two weeks leading up to Patient Safety Week including the Allied Health Professionals and Nurses forum which took place on the 4th September where five innovative projects were presented all with a focus on improving diagnosis. Additionally, a further three projects will feature at the Grand Round in mid-September. There are other engagement events scheduled including a

face-to-face marketplace event where colleagues across the UHB are hosting stalls to showcase innovation in relation to diagnosis. Together these events enable engagement with a broad range of multi-professional colleagues and are a great start but only the beginning in the sharing of our story and ambition towards excellence.

Hearing, listening and learning from feedback from both patients and colleagues is an important motivation for building will and desire for improvement. The Board will be aware of a range of mechanisms in place to receive feedback including the story presented to each Board meeting. The work that now needs to take place is to ensure all colleagues have the opportunity to receive their own feedback, whether as an individual member of a team and/or as a member of a patients' multi-professional team. Powerful stories are well evidenced as a means and motivation for change and improvement, but those stories have to be specific to an organisation or team and shared widely and transparently.

Using data and evidence that is specific to the UHB is proven as an important driver for improvement. Board members will recall the quality update from the Annual General Meeting which set out the great work which has been underway in the last year to improve the scrutiny of data generated via National Clinical Audits. A great example of this approach in the Hip Fracture Pathway improvement work which has led to a significant improvement in the timeliness of care alongside the important quality indicators such as access to pain relief.

Building Ideas and Plans

The building of ideas and plans for improvement needs to be both bottom up and top down. The building of will at scale right across the organisation should ensure that at least one thousand improvement flowers bloom! In order to ensure those projects are aligned and mutually reinforcing strategic direction will be set via the Shaping our Wellbeing Strategy, the organisational mission to eradicate avoidable harm and the work of the Shaping our Quality, Value and Sustainability strategic portfolio and Shaping our Future Quality Excellence Programme (SOFQE). The work undertaken by the highly specialist physiotherapists in the Artificial Limb and Appliance Centre who have advanced their offer to patients through the adoption of technology in the form of the microprocessor knee service. This has seen significant improvements in the balance and independent mobility of amputees improving patient experience and quality of life.

Building Capacity and Capability Building Capability

There is a need to build the skills and knowledge at scale across the organisation in order to develop a deep and consistent expertise in all the aspects of quality planning, improvement and control alongside the skills to design, implement and evaluate improvement projects. Some of this work will inevitably be at an organisational level; systems and processes, policies and structures, but much of it should be aimed at teams and individuals where the will can build alongside the plans for delivery. Some of this can be taught, either in house or through external agencies and training and education providers but much of this can be achieved in "learning by doing", through empowerment to act, the confidence to lead and the willingness to fail and try again. As can be seen, this is as much a cultural activity as a hands-on education and training activity and the leadership and the strategy have to enable and encourage all aspects of capability building.

Building capacity is essential, capability is dependent upon it, no use having the skills if you don't have the time, the tools or the support to undertake improvement activity. This can be a conundrum but in many cases the improvement brings efficiency and effectiveness so whilst the investment in time and

tools will need to be made and the benefits well-articulated, the investment in capacity building would be expected to bring tangible benefits. Setting out the approach to this will be the work of the Shaping our Future Quality Excellence Programme but we are not starting from scratch. We have lots of colleagues across the organisation with accredited quality improvement skills and we need to support and encourage them to take the lead in implementing this work.

As Board has previously been advised good quality reliable data and insight is an essential capability and we have been working on improving our capability in that regard. Work has been on-going to improve data capture, interpretation and coding. This is evident in the quality of Board reporting and the coding data reporting.

This report seeks to provide Board colleagues with assurance that meaningful work is underway to fulfill the ambitions of the Providing Outstanding Quality strategic objective. This arena is huge and will evolve but in sticking to the simple methodology of build will, ideas and plans, capacity and capability it is hoped that clarity and focus will be brought to an otherwise extremely complex area of work.

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

1. As Board colleagues will be aware we are now heading into the autumn and winter and the seasonal pressures associated with increasing circulation of winter respiratory viruses. In addition, other communicable diseases have the potential to add to the pressures for example RSV, measles and potentially Mpox. The UHB has continued to experience very significant operational pressures throughout the summer and whilst many colleagues have taken the opportunity to take a well-earned break the pace of work across the UHB remains a concern when it comes to the health and wellbeing of colleagues and organisational resilience. I'd like to remind everyone that if you are eligible for the winter virus vaccination programme of indeed any other virus of infectious disease please do take up that opportunity. It really is the best form of defence and contributes to the organisations resilience as we head into this challenging period.
2. Delivery of the 24/25 Annual Plan continues to be a challenge within the context described above but Board can be assured that the Executive Team remain focused and committed to full delivery of the plan at this point.

I continue to be proud and humbled everyday by the tremendous commitment, professionalism and expertise exhibited by CAV colleagues during these challenging times. I thank you all and anticipate our collective efforts, robust plans and high-quality management and leadership will support and enable a sustained and resilient response as we progress into the winter period.

The Board are requested to:

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

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

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x

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

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

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

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

Saunders,Nathan
20/09/2024 16:10:11

Report Title:	Board Assurance Framework				Agenda Item no.	6.4	
Meeting:	Public Board		Public	x	Meeting Date:	26 September 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 6 risk themes that are applicable to every one of the 4 strategic objectives.

The 2 delivery focused risk themes are:

1. Quality
2. Health Equity

And there are 4 key enabling risk themes:

3. People
4. Digital
5. Infrastructure
6. Sustainability

While each risk theme is relevant to every strategic objective, they are connected both with a strategic portfolio and a Committee of the Board to provide an appropriate thread from the strategy through delivery and into performance, and a means of assurance and scrutiny through Committees and into Board.

This is set out on the second page of the BAF.

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

This is the first presentation of a new iteration of the BAF that has followed engagement with Executives, a discussion in Board Development and subsequent follow up with Independent Members.

It is not a finished article and should never be pristine. The document should be a dynamic means of ensuring discussion, assurance and scrutiny takes place within the context of the strategic intent of the Board at Board, Committees and as a tool for the strategic portfolio leads. Future submissions will be track changed to demonstrate evolution over time.

Some of the risk themes will be familiar from the previous iteration of the BAF – Health Equity, People and Digital – and they have been updated to link more specifically to the strategic objectives.

The Quality risk theme is a major change as it brings together what was described in 7 discrete risks in the previous iteration of the BAF. Rather than focus on individual medical areas such as cancer and stroke, which are adequately reported in the integrated performance report which is an obvious

complementary document to this, the quality risk is structured in accordance with the domains of quality that the Health Board operates within.

Infrastructure is a new articulation of factors that were captured in a different way in the previous iteration and seeks to cohere and elevate these issues to a strategic level.

Sustainability coheres the key financial and capital considerations set out in the previous BAF and introduce the environmental factors relating to the HB's declared climate emergency and decarbonisation intent. These latter elements require more work in future iterations of the BAF to properly embed them.

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.
- The burgeoning strategic portfolio work being led by Executives.

In order to align the new structure of the BAF and ensure that thread of strategy through it and into the Committees, the TORs of the Committees will be reviewed and brought to Board at the next meeting.

Recommendation:

The Board are requested to:

- **Review and note** the risk themes regarding 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~~
See Quality risk theme
Financial: Yes/~~No~~
See sustainability risk theme
Workforce: Yes/~~No~~
See People risk theme
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Delivery of the strategy is the major responsibility of the Board
Socio Economic: Yes/~~No~~
See Health Equity risk theme
Equality and Health: Yes/~~No~~
As above
Decarbonisation: Yes/~~No~~
See sustainability risk theme
Approval/Scrutiny Route:
Executive Directors

Board Assurance Framework

Updated 26 Sep 24

Shaping Our Future Wellbeing

Strategic Framework

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

Strategic Framework						
Strategy	**Putting People First**	**Providing Outstanding Quality**			**Delivering in the Right Places**	**Acting for the Future**
Strategic Portfolio	Shaping Our Future People & Culture	Shaping Our Future Population Health & Place Based Partnerships	Shaping Our Future Quality, Value & Sustainability	Shaping Our Future Clinical Services	Shaping Our Future Infrastructure	Shaping Our Future Generations
Strategic Risk Theme	People	Quality			Digital	Sustainability
		Health Equity			Infrastructure	
Committees	People and Culture Committee	Quality Committee			Digital and Infrastructure Committee	Finance and Performance Committee
		Mental Health Committee				
	Audit & Assurance					

Shaping Our Future Wellbeing

Strategic Objectives

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

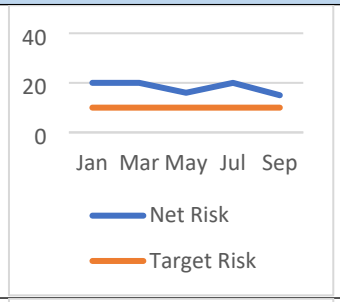
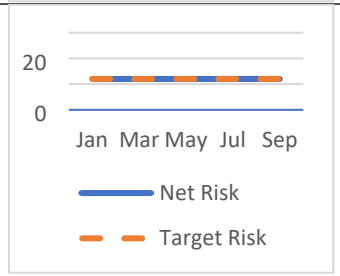
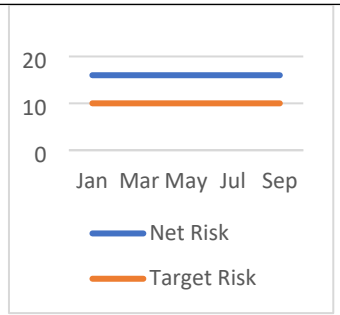
Strategic Objectives			
Putting People First	**Providing Outstanding Quality**	**Delivering in the Right Places**	**Acting for the Future**
We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.	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.	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.	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.
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.	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.	To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services. 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.	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 Wellbeing

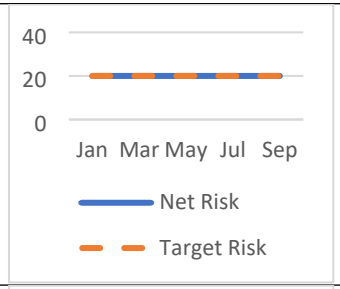
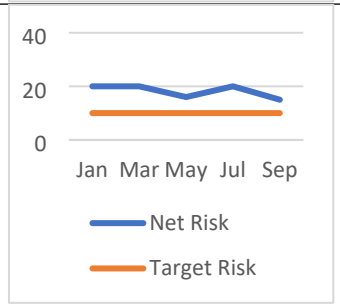
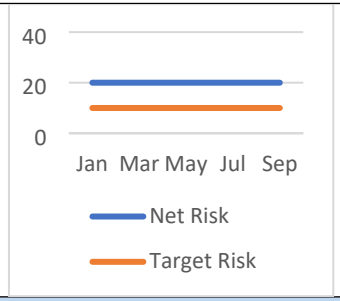
Risk Overview

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

What will prevent Cardiff and Vale University Health Board from delivering its strategy?
If any of the below risk themes cannot be controlled, then the strategic objectives are unlikely to be met.

Strategic Risk	Risk Appetite / Target Risk	Gross Risk *(no controls)*	Net Risk *(after controls)*	Trend	Context	Executive Lead(s)
Quality	Cautious / **10**	**25**	**15**		Our ultimate priority - to continuously, reliably, and sustainably meeting the needs of the population that we serve. Our organisation will focus on delivering assurance on the six domains of quality with the ultimate aim of providing outstanding care to our patients. We will strive to deliver Safe; Timely; Effective; Efficient; Equitable and Person-Centred Care.	Exec Dir Nursing Exec Medical Dir Exec Dir Therapies and Health Science Chief Operating Officer
Health Equity	Open / **12**	**16**	**12**		One of our two statutory responsibilities as a Health Board is to improve the health and well-being of our local population. The overall aim of our strategy is: 'Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced.' The goal is to improve health outcomes by reducing inequity in indicators of healthy behaviours and increasing the use of preventative services and access to clinical services.	Exec Dir Public Health
People	Open / **10**	**20**	**16**		The most important asset of any organisation. Through the delivery of the People and Culture Plan, our strategy will be delivered with a key focus on these core People risks: Attract, Recruit, Retain | Culture | Wellbeing	Exec Dir People

Risk Overview

Digital	Cautious 20	25	20		Data is integral to our strategy. It empowers informed decision making about what we need to do, why, when and how we perform. Delivering our digital and data transformation road map will introduce actionable insights and capabilities that enable clinicians and patients in any setting delivery of safe, high-quality care, improving productivity, efficiency and communication through person centric digital solutions. The security, management and accessibility of data is essential.	Dir Digital
Infrastructure	Open 10	25	20		The Health Board has the largest hospital in Wales, a footprint across dozens of locations and integrated service locations with key partners. We must shape our future infrastructure to ensure facilities are fit for the delivery of modern healthcare, intelligent integration takes place with partners and the service is delivered in the right locations for our population.	Exec Dir Finance
Sustainability	Cautious 10	20	15		Sustainable, efficient services are a legal requirement, improve quality and ensure a sustainability of service for now and future generations. By articulating the strategy through the integrated mid-term plan and the proper alignment of resources and consideration of the environment the Health Board will meet its statutory duty and ensure value in delivery.	Exec Dir Finance

Risk Appetite

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

Strategic Risks – Quality

Strategic Risk	Strategic Portfolio	Exec Leads	Committee	Date Added
Quality	Shaping our Population Health and Place Based Partnerships	Exec Dir Nursing | Exec Medical Dir | Chief Operating Officer Exec Dir Therapies and Health Science	Quality	30 Sep 24

Risk

Delivering outstanding quality and eliminating avoidable harm is the ultimate priority of the Health Board. The Health Board must assure itself that it has sufficient capacity, capability, governance and leadership to deliver measurable success across each of the six domains of quality.

Cause	Impact
Safe – avoiding harm to service users and staff Risk to delivering safe care is increased due to demand pressures, workforce shortages, aging physical estate, lack of digital technology. **Timely – providing care within an appropriate timescale to avoid harmful delays** Ability to deliver timely care is significantly impacted by the backlog of referrals following the covid-19 pandemic and the mismatch between demand and recurrent capacity within many clinical services **Effective - providing services based on scientific evidence and refrain from providing treatments and services that benefit patients** Ability to deliver effective care is impacted by workforce pressures, outdated systems and process, particularly related to digital technology and aging physical environments **Efficient - avoiding waste that does not add value to the patient or the desired outcome** Risk to delivering efficient care is caused by outdated systems and process, particularly related to digital technology and aging physical environments. **Person Centred - providing care that is respectful and responsive to patient's values and needs** In order to deliver reduce the risk of not delivering person centred care the organisation must seek understanding of our population, empower patients, seek options to receive feedback and develop a responsive culture **Equitable - Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life** We embed equality and human rights in our health care system. We design services that meet the needs of our local population. Saunders.Nathan 20/09/2024 16:10:11	**Safe** The UHB continues to see a number of same cause patient safety incidents where the harm to patients is potentially avoidable. These incidents include health care associated infections, failure to ensure continuity in clinical pathways and Never Events. The health, safety and welfare of our staff is not universally maintained. **Timely** Long waiting times for planned care and diagnostics means care is delivered at inappropriate timescales with a potential consequence of progression of disease, worsening wellbeing and associated psychosocial impact on patients and families. Care is ultimately costlier to provide. **Effective** Benchmarked data associated with national clinical audits demonstrates that we do universally benchmark in the top 30% of organisations nationally for performance and outcomes. The pressure on estates, workforce capacity and wellbeing will impact on our ability to provide care in line with evidence base. **Efficient** The Health Board is not meeting some of its productivity and efficiency ambitions, including in relation to outpatients and length of stay. Care may be being delivered which does not provide value to the patient, wider population and health economy. Care can be duplicative and wasteful. Care is often delivered with a disproportionate focus on intervention vs prevention. **Person Centred** The Health Board is striving to deliver care that meets the patients right to empathy, compassion, privacy, dignity and respect. In some areas patient experience is below our ambition, for example in the Emergency Department which is below the 85% target in all but one measure. The Health is seeking to ensure patients and families views are sought and play a role in improving services. **Equitable –** Our health outcomes between different population groups (e.g. most deprived and least deprived and different ethnic groups indicate that we have more work to do on this aspect of quality. We have developed an 'Equity, Equality and Patient Safety Framework for the Health Board' this describes a framework for change, provides examples of best practice from across the world, and finally outlines the key actions each Clinical Board has committed to. For example, our data collection of protected characteristics is poor, and each Clinical Board will need to make improvements in this area. Using a co-production approach supports equity.

Shaping Our Future Wellbeing

Strategic Risks – Quality

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

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
Safe – Corporate Quality and Safety team have oversight of all UHB patient safety incidence, the Duty of Candour supports systematic scrutiny of all incidents reported as having caused moderate harm and above. Quality and safety Committee and the groups that report into the committee provide oversight of emerging trends. The clinical safety group brings together the clinical boards and clinical advisory groups to support the development of strategy and policy to deliver quality aligned to current risk. **Timely**- Planned Care programme and Operational Performance meetings delivering on plans to reduce waiting times. Patients prioritised in line with Health Board criteria – Urgent and Emergency Care; Cancer and Time-Critical; planned (in referral order). Recovery plans being developed for diagnostic long waits such as endoscopy and non-obstetric ultrasound. **Effective –** The Clinical Effectiveness Committee provides oversight of national clinical audit outcomes and improvements and implementation of NICE and HW guidance. Clinical Boards are bringing an overview of their local arrangements to providing continuous focus of national audit data and use it to transform clinical pathways as has been done in stroke and hip fracture. **Efficient –** operational programmes in planned care and urgent and emergency care focused on delivering best practice. Benchmarking and use of GIRFT central to programme. Productivity and Efficiency ambitions in place and monitored. **Person Centred –** Value Based Healthcare programme supporting projects and programmes focused on delivering value to patients. **Equitable –** We monitor performance against the actions outlined in the Equity, Experience and Patient Safety Framework and Action Plan. This goes to Quality Committee every six months. Our Cardiff and Vale Health Inclusion Service (CAVHIS) supports the most vulnerable people experiencing 'cliff edge' health inequalities, but there is more to do to support this population and reach out to the next level of people experiencing health inequalities. Investment has been agreed to support this expansion. Implementation of this Business Case will need to be reviewed periodically. Progress against the implementation of our co-production approach will also be important for improvements to equity.	• Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • Equity, Equality, Experience and Patient Safety Framework and Action Plan at Quality Committee • Assurance of CAVHIS Business Case Implementation in 2024/25

Strategic Risks – Quality

Gaps in Controls	Gaps in Assurances
Lack of funding available for deliver planned care performance standards recurrently Both the clinical safety group and the clinical effectiveness groups are relatively new forums, and the Clinical Board quality and Safety governance needs to mature further to deliver a quality management system. Many local improvements aligned to patient safety incidents are within the gift of the clinical boards t facilitate, however there are complex health board wide or national improvements for example delivery of scan for safety, implementation of a medical device register, whole system approach to observation and escalation that are dependent on resource Poor data collection on protected characteristics across the organisation.	• Approach to Quality Statements • Quality Outcome Framework • Resource for widespread health board wide improvements • Data improvements that will improve data monitoring of protected characteristics at the local level e.g. National Data Repository, a Population Health Management System for Wales and use of the NHS App in Wales

Risk Post-Controls and Mitigation			
Impact: 5	Likelihood: 3	Net Risk: 15	

Strategic Risks – Quality

Actions			
What	**Lead**	**By**	**Update**
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	31/03/25	• Business case approved for stroke model, funding to be released from Q4 2024/25
Develop 6 goals workstream four objectives to transform continuity of care, hospital flow and length of stay	PB	31/12/24	• Work underway through Six Goals, focus on reducing length of stay. • Progress impacted by increase in majors' attendances.
Develop plan to winter to ensure primary and secondary care systems are equipped for increased pressures	PB	31/10/24	• Winter plan and associated costs in development – to be taken via corporate governance in October
Develop and deliver improvement plan for cancer and long waiting patients, including a plan to reduce diagnostic waiting times.	PB	31/03/25	• Planned care programme and associated performance meetings in place. Recovery of planned care position will be a multi-year objective
Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production	PB	31/03/25	• SOC in development and due to WG in March 2025 • Interim plan for releasing capacity on 3rd floor in progress through discretionary capital programme – relies on moving cardiology
Development of a Quality Outcomes Framework- To support a data informed approach to quality	JR/ RS	31.01.25	• Meetings underway with corporate teams to agree quality indicators •
Launch of Quality Excellence Programme Board	JR	31.10.24	• First meeting of the programme board scheduled for September 24
Development of the Quality prospectus to populate the quality academy – Up skill staff across the clinical boards in patient safety review technique, \Improvement planning and clinical governance	JR	31.03.25	• PSLR training developed • Improvement plan training in development • Human factor prospectus planned • Accredited audit training in place
Monitoring of the Equity, Equality, Experience and Patient Safety Action Plan and progress against actions by Clinical Boards	CB	Every six months	• Paper for Quality Committee on progress against the action plan.
Implementation of the co-production framework in Cardiff and Vale	TBC		

Strategic Risks – Health Inequity

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Health Inequity	Shaping our Population Health and Place Based Partnerships	Executive Director of Public Health	Quality	29 July 2021

Risk

There is a risk that lack of investment in prevention, primary care and community services coupled with a deterioration in the wider determinants of health will adversely impact our statutory duty to improve the health and well-being of our local population and our strategic ambition to reverse the historic trend in widening inequality in life expectancy for men and women living in Cardiff and Vale.

Cause	Impact
• People in the most deprived areas die earlier on average and live more of their lives in poor health; this is well recognised and deeply entrenched, but it is preventable. • People living in poverty are getting sicker and accessing services later. For the most deprived groups, EU attendances are nearly twice as high and emergency admissions more than double that the least deprived. • In 2021 the *undiagnosed* diabetes rate was double for those in the bottom Indexed of Multiple Deprivation (IMD) quintile compared to the top. This presents a challenge for the NHS in finding those with an unmet need for healthcare. • Greater illness and poorer access to care (the inverse care law) contribute to worse health outcomes. This impacts directly on the gap in life expectancy between the most and least deprived groups. • Our organisation has set the strategic intention to shift spending from reactive care in hospitals to more prevention and proactive care in the community setting – but secondary care has attracted a greater share of NHS spending, meaning that prevention, primary care and community services have received a smaller share. This must be addressed for the sustainability of the the organisation. Locally we call this left shift, a 'shift upsream' towards prevention. • Spending on prevention, and in primary and community settings had a superior return on investment when compared with acute hospital services. • There is strong evidence that areas that invest more in prevention and community care see 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates together with lower average activity for elective admissions and EU attendances.	• We can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill health. This in turn reduces the burden on the Health Board and social care while enabling our population to be more productive in our working lives, so strengthening the local economy. This is the desired outcome for individuals, families, the public purse. • 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 • 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 (PowerPoint Presentation (nhs.wales) • There is a moral and financial sustainability imperative to address health inequalities in our Health Board.

Strategic Risks – Health Inequity

- Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home are the strategic priorities of the organisation as described in the strategy, because they are derived from the changing needs of the population.
- 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:
- 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.
- The UHB also has a role as a care provider, employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents and to advocate for improvements to the wider determinants of health with other statutory partners.
- Lack of capacity to deliver evidence-based interventions at scale to tackle health behaviours e.g. smoking, diet, physical activity, alcohol, that drive the huge disparities in health outcomes we see across Cardiff and Vale.
- Lack of capacity to undertake more substantial work on the wider determinants of health with partners.
- Lack of investment in prevention, primary and community services, e.g. health visitors (UK staff shortages) and public health consultants (Faculty recommends 15 for a population of 500,000).
-

Uncontrolled Risk			
Impact: 4	Likelihood: 4	Gross Risk: 16	Target Risk: 12

Shaping Our Future Wellbeing

Strategic Risks – Health Inequity

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Controls	Assurances
1. Statutory duty • The Health Board has two statutory duties: to break even and to improve the health and well-being of the local population. Reducing health inequalities supports both requirements. • 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. • **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. Our Strategy and Plans** • The refreshed UHB Strategy 'Shaping our Future Well-being' shines 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. • The establishment of a Strategic Diabetes Programme Board is a key element to reducing health inequalities and has an aim to identify those with undiagnosed diabetes in areas of deprivation across Cardiff and Vale. 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): - preventing obesity (focus 0-5 years) - reducing smoking rates (dependent on a new business case) - increasing levels of vaccination (using an outreach model to reduce inequity in uptake).	Board papers Committee papers to Quality Committee e.g. updates on Equity, Equality, Experience and Patient Safety Framework. Committee papers to People and Culture Committee e.g. updates on Welsh Language Standard. Risk Registers Integrated Performance Report Papers to SLB

Strategic Risks – Health Inequity

Gaps in Controls	Gaps in Assurances
Long term Population Health Plan	Monitoring data (e.g. on protected characteristics) Population Health Management System to reduce inequalities by identifying those at risk

Risk Post-Controls and Mitigation			
Impact: 4	Likelihood: 3	Net Risk: 12	

Actions			
What	**Lead**	**By**	**Update**
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.
Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health Saunders.Nathan 20/09/2024 16:10:11	Claire Beynon	March 2025	• We will continue to work with PSB and RPB partnerships on three areas where we can make a significant impact on reducing health inequalities: smoking, vaccination and obesity. The Amplifying Prevention Board, held jointly with Local Authority partners, provides governance oversight of this collective action. • 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. • 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 was approved by Board in May 2024. Progress on the actions is reported to Quality Committee on a 6-monthly basis.

Strategic Risks – Health Inequity

Improve the routine data collection in relation to equality and inequity across the UHB.	Claire Beynon	March 2025	There are improvements that need to be made in the routine collection of protected characteristics in order to support the introduction of new indicators. This will need to be addressed by each Clinical Board.

Strategic Risks – People

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
People	Shaping our People and Culture	Rachel Gidman	People and Culture	30 Sep 24

Risk

If we do not have the right people, the right culture and a healthy, effective workforce then we will not be able to provide the services to the population that we are required to and on which people depend.

Cause	Impact
1. Attract Recruit Retain • 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 over the last couple of years has not helped the national reputation of the NHS as an employer. • People now think differently about work and what is important to them.	• 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.
2. Culture • 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.	• 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

Strategic Risks – People

3. Wellbeing • 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	• 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

Uncontrolled Risk			
Impact: 5	Likelihood: 4	Gross Risk: 20	Target Risk: 10

Shaping Our Future Wellbeing

Strategic Risks – People

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

Controls	Assurances
• 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 and introduction of MPG (Medical Performance group) • 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. • Widening Access Framework • New Starter Surveys and Exit Questionnaires/interviews • Nursing Staff in Post Forecasting to identify potential risks in advance Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme Staff survey	• 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). • Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report (3); • Engagement of staff side through the Local partnership Forum (LPF) (1) Matrix of measurement now in place which will be presented in the form of a highlight report to Committee (1) • 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)
Gaps in Controls	**Gaps in Assurances**
Agreed Retention Plan for all staff. Retention & OD Lead for the UHB • Workforce supply affected by National Shortages. No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles) • No organisational cultural dashboard • Staff shortages / industrial action leading to movement of staff and high demand for cover	Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement • 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

• 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	

Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 4	Net Risk: 16

Actions			
What	**Lead**	**By**	**Update**
Agreed Retention Framework to support retention for all staff groups, aligned to HEIW Principles and HEIW Nurse Retention Plan. Attract, Recruit and Retain is one of the key three themes of the People and Culture Action Plan which is monitored on a monthly basis to ensure good progress.	Claire Whiles	October 2024	• The All Wales self-assessment was due on the 31 March 24. The organisational completed and submitted. • A UHB Retention Framework is in development to support retention across the UHB. This will be available beginning of Q3 2024. • Retention and OD Lead part of HEIW Community of Practice to ensure learning across Wales brought into UHB.
To develop management and leadership development where compassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	March 2025	• Management programmes continue to be delivered and evaluated using the Kirkpatrick model (introduced Q1 2024) • Compassionate Leadership masterclasses developed via 'train the trainer' session with Professor Michael West. Delivered regularly. Ongoing review and evaluation in place. • General Manager leadership and management programme in development, delivery to start September 2024 focus on Surgery and Medicine CB. • A leadership development pathway is in development and will be aligned with UHB objectives and organisational need. • We plan to identify leadership and management principles in 2024/25 - partially dependant on recruitment to Leadership and Management post. • All programmes underpinned by compassionate and inclusive leadership principles.

			• Compassionate Leadership Pledge to be signed 2024/25 and roll-out plan in development to support adoption at a local level. • Thorough TNA will be required to support effective leadership and management development. Looking at Management Passport for all managers to ensure underpinning knowledge.
Equality, Diversity and Inclusion	Claire Whiles	March 2025	• Monitor the delivery of the Strategic Equality Objectives and Plan through annual reporting. • Equality Policy to be reviewed and updated.
Welsh Language Standards being implemented.	Claire Whiles	March 2025	• Continue to improve capture of Welsh language skills data. • Resolve the three Standard Enforcement Investigations currently open with the Welsh Language Commissioner. • Deliver more Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.
Inclusion - Nine protected Characteristics	Claire Whiles	March 2025	• Development of UHB's LGBTQ+ Action Plan, • Working with Welsh Government to develop actions following the Health Board's Workforce Race Equality Standards Report. UHB's Anti-racist Action Plan to be reviewed once WRES actions agreed.
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.	Claire Whiles	March 2025	• The commissioning process is under review and will be strengthened to support a 'digital front door' into People and Culture. This will ensure effective allocation, response and evaluation. • P&C MDT established and reviewing organisational requirements in interim. • Priority cultural work currently identified and allocated by Chief Operating Officer, EDofP&C and appropriate Executive Directors.
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	March 2025	• Developments required to P&C Dashboard to ensure include all relevant measures, e.g. OH and EWS KPIs. Working with HEIW to improve dashboard reporting. • NHS Wales Staff Survey, results cascaded to CBs. • Investigating implementation of OPAS database into EWS to support effective reporting and user experience.
1. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources Improve website navigation and resources	Claire Whiles	January 2025	• Draft H&WB Framework to be discussed with stakeholders, to come back for formal adoption by UHB. • To establish wellbeing area within Viva Engage
2. Training and education of management	Claire Whiles	2024/25	• Colleague and Manager wellbeing included in all management and leadership programmes, induction.

Strategic Risks – People

- 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			• Will be included within leadership and management principles development and leadership programme development as above.
Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	2024/25	• EWS will continue to offer evidence based interventions and review and refresh offer, e.g. Spring • Evaluation to be improved through implementation of H&WB Framework • Improvement required across UHB to ensure consistency of offer, e.g. Trauma response / psychologist intervention / evidence based practice.

Strategic Risks – Digital

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Digital - Legacy Lock	Shaping our Future Digital Services	Director Digital and Health Intelligence (D&HI)	Digital and Health Intelligence (DHIC)	4 October 2022

Risk

CAVUHB has legacy and deficit in human resources, skills and capability, infrastructure, applications and informatics. The digital estate has grown but the supporting resource has not. Without resourcing our Digital and Data transformation plans and Roadmap we risk the achievement of our SOFW objectives

Cause	Impact
CAVUHB IT and digital services are known to be historically underfunded resulting in a legacy and deficit in infrastructure, applications and informatics capability that has built up over at least a decade (e.g. our core applications for UEC, inpatients and outpatients were developed in-house c20 years ago). There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation We have some capability in human resources but insufficient capacity or funding to execute the digital and data transformation plans and road map. Existing resources are fully consumed with tactical short-term on the day-to-day urgency of UHB operational needs Recruitment of suitably skilled D&HI staff is a national challenge as well as affecting CAV. This often requires the use of interim agency support in key areas, especially whilst we continue with legacy solutions as we are tied to old technologies. This of itself diminishes further our existing capacity as resources need to be familiarised with the technical environment and then supervised. Historically CAV has looked to provide much of its core IT and digital services inhouse. This is not always necessarily the optimum route however 'legacy lock' and the resource to support forward plans keeps us where we are. Meanwhile with new initiatives the technical estate grows and the gap between what we have and what we can support/refresh widens.	Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy. Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data) The impact of not managing this risk is that the improvements in safety, quality, outcomes, productivity and financial efficiency that staff and patients expect from D&HI cannot be fully realised, therefore putting at risk the deliverability of the SOFW Strategy.

Strategic Risks – Digital

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 20

Controls	Assurances
• Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 - these will be refreshed by April 2025 • Roadmap to support the strategy shared with DHIC covering 2024/27 - these will be refreshed by April 2025 as part of the Digital Foundations PBC work • Digital components described in IMTP – focussed on in year national and clinical board priorities • £466K is being invested by CAVUHB in the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases. This work will complete in 12 months. • The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS[1] Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The capabilities the PBC and business justification cases will describe are harmonious with and would segue into any nationally agreed and funded EHR solutions through interoperability and concordance with the "All Wales" Infrastructure review. o Work is expected to begin Oct/Nov 2024. o This follows positive discussions with WG IIB and NHS CDIO,	• All Controls are shared and discussed with the DHI Committee which meets quarterly. • The Digital Foundations case was scrutinised and approved by the Investment Group and Strategic Leadership Board. • The Director D&HI shared the intentions of the Digital Foundations investment case and updated WG's chief digital officer, whilst the DoF has discussed with IIB Lead. Both are supportive of approach and our intentions • Recruitment and procurement is underway for the resource to produce the PBC and BJCs • 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.

Gaps in Controls	Gaps in Assurances
Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure and there is no headroom for innovation	Unable to currently provide assurance that the finance will be provided

Risk Post-Controls and Mitigation		
Impact: 5	Likelihood: 4	Net Risk: 20

Strategic Risks – Digital

Actions			
What	**Lead**	**By**	**Update**
Internal investment case to support the Digital Foundations case approved	Director of DHI	Sept 25	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget.
Additional resources brought in on a temporary basis (12 months) to support the Digital Foundations programme	Director of DHI	Oct 24	Enterprise Architect and additional programme manager roles on-boarded
Presentation of Digital Foundations case to DHIC, SLB and wider organisation	Director of DHI	Nov 24	Wider communications plan to share with the organisation how the digital foundations challenges will be met; work with clinical and operational leads to ensure alignment with current and future service delivery plans.

Strategic Risks – Infrastructure

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Infrastructure	Shaping our Future Infrastructure	Exec Dir Finance	Digital and Infrastructure	12 November 2018

Risk

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 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	Impact
• 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.	• 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.

Uncontrolled Risk

Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 20

Shaping Our Future Wellbeing

Strategic Risks – Infrastructure

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

Controls	Assurances
• 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. • 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 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)

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.	
Gaps in Controls	**Gaps in Assurances**
• The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the estate and digital infrastructure and medical equipment replacement services which requires the need to prioritise investment and resource allocation based on assessed level of risk and alignment with strategy and IMTP priorities. • In year requirements further impact and require the annual capital programme to be re-prioritised regularly. • Traceability of Medical Equipment • The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the 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.	• 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.

Risk Post-Controls and Mitigation		
Impact: 5	Likelihood: 4	Net Risk: 20

Actions			
What	**Lead**	**By**	**Update**
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 this work was presented to People and Culture Committee and Board in Mar24.

Strategic Risks – Infrastructure

The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Catherine Phillips.	Ongoing	This continues with discretionary capital. Prioritised plan is signed off by CMG and SLB and Board.
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	Ongoing	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.

Strategic Risks – Sustainability

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Sustainability	Shaping our Future Generations	Exec Dir Finance	Finance and Performance	1 April 2022

Risk

If the organisation cannot produce a balanced 3-year plan or a balanced IMTP in any year it will breach its statutory financial duty and will be limited in the ability to deliver on the strategy and so the services to the population that the organisation serves.
If the organisation cannot protect the environment and take the steps required of it regarding waste, carbon footprint and other deliverables, it will not be an efficient service and will jeopardise the health of future generations.

Cause	Impact
The UHB has to manage its operational budget. In the absence of a 3 year approved IMTP the UHB works to One Year Operational Plans from year to year. These still require significant savings achievements within each financial year irrespective of a deficit year end projection.	Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss. Inefficient or reduced service delivery

Uncontrolled Risk

Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 20

Controls	Assurances
Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government in March 2024 explaining inability to deliver financial balance over the three-year period 2024-2027. Themed Savings programme managed through fortnightly Sustainability Board chaired by CEO aligned to the National Value and Sustainability Board	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.

Strategic Risks – Sustainability

Gaps in Controls	Gaps in Assurances

Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 5	Net Risk: 20

Actions

What	Lead	By	Update
The organisation has so far identified £32.382m of (Green & Amber) savings against a £47.2m annual target by the end of August 2024. Of this £18m constitutes recurrent savings reductions in spend.	Catherine Phillips	31/12/24	Further schemes are being progressed to improve the expenditure run rate entering 2024/25.
A 25/26 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.

Report Title:	Digital Health & Intelligence Committee – Chair's Report				Agenda Item no.	6.5.1	
Meeting:	Public Board		Public	x	Meeting Date:	26.09.2024	
			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 13th August 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.

Digital Roadmap and Work Programme Update: The Digital Roadmap and work programme update was presented to the committee with the following highlighted:

- A 12-month electronic triage pilot was live in A&E and it showed that 50% of A&E attendances were via e-triage
- Welsh nurse care record was being implemented at pace

The committee were presented on the funding digital foundations and highlighted the following:

- £446k revenue was requested for the production of a programme business case to seek all Wales major capital funding alongside a business justification case
- The work would deliver over the next 5 years and would lay the ground for any national solutions and would help CAV move towards being paper free.

Joint IMT & IG Corporate Risk Register: The Joint IMT & IG Corporate Risk Register was presented to the committee and highlighted the following points –

- Local team not being resourced
- Cyber security remained at red
- CAV video appointments will cease in March 2025 but alternatives were being reviewed
- PARIS contract extension was extended to 2029/30
- LIMS service was closed and to be removed from risk register

Corporate Digital Risk Register

IG Data Compliance: The committee were presented on the IG Data Compliance and highlighted the following:

- FOI compliance displayed an increase
- 51 incidents per month
- Request for medical records continued to rise with 328 request per month
- Compliance continued to fall from 37% to 32%
- NHS Wales experienced an Operational issue with NIAS monitoring and DHCW we investigating with the supplier
- Mandatory training figures remained at 76% for the HB

Ivanti Management System: The Committee were given an update on the following –

- Current year showed an average of 2.6 days for incidents & 3.9 for requests which was an improvement on 2023
- Automation reduced wait times and was used for new nadex requests

- 3144 incidents opened and 2923 closed with an average duration 1.58 days
- The chat function was introduced in November 2023 and questioned if it should be promoted more to use the call function via chat

Minutes: Digital Directors Peer Group - The Committee noted the Minutes from the Digital Directors Peer Group from June & July 2024. A presentation took place in June regarding the potential for AI, with work taking place in NHS England and WG. There are a number of national programmes referenced and highlighted that are expected to take the Radiology system in Feb 2026 and the Lab systems to lims in May 2024. The digital cell pathology case was approved by board but not all HB's had approved. BCU lead on the EPR work and the business case previously referenced would support this work.

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:

Report Title:	Finance & Performance Committee – Chair's Report					Agenda Item no.	6.5.2
Meeting:	Public Board		Public	x		Meeting Date:	26.09.2024
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the People and Culture Committee meeting held on the 21st August 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.

Financial Report - Month 4 Position & Savings Plan Progress (including Savings Tracker): The Financial Report was presented and the following key points were highlighted:

- The UHB reported an overspend of £14.163m at Month 4.
- The UHB's Financial Plan had been accepted by Welsh Government (WG) as an annual forecast represented a failure of the UHB's statutory requirement to deliver a balanced financial plan over a three-year rolling period.
- Table 2 summarised their Financial Position for the period ended 31st July 2024 - there had been a slight slowing of the increase in the deficit in Month 4. This change reflected some confirmed financial uncertainties which were favourable, and included additional actions taken by Clinical Boards which had impacted the year-to-date position.
- Graph 1 showed the total variance compared to a straight-line projection of the Planned Deficit (£!5.9m) and highlighted the necessity of alignment with the planned deficit.
- Graph 2 showed the Monthly Operational & Savings Deficit, which highlighted that the deficit had reduced compared to previous months – however this could be due to technical adjustment reasons.
- Long Term Agreements (LTAs) – the anticipated 3.67% uplift for all cross-border arrangements with other Welsh NHS organisations turned out to be more complex than expected. The UHB had to compromise on the nature of some arrangements but felt they had mitigated the risks as best as possible. As a result, they were able to sign off on most of the LTAs and avoided going into arbitration with WG. They had concluded their LTAs for this financial year.

The Financial Risk Register was presented and the following highlighted:

- The risk around the UHB's submitted Financial Plan's planned deficit and failure to meet their statutory targets remained broadly the same.
- The capital breakeven duty had been successfully managed through a tightly controlled programme to meet the capital resource limit, but it was not without risk
- The key risks were the failure to adequately manage budget pressures in line with the £15.9m, and the delivery of the cost improvement programme: -
    - They had introduced enhanced meetings and activities with Clinical Boards to find additional actions above the existing Cost Reduction Programme (CRP) schemes and to RAG rate some additional deliveries.
    - A Quality Impact Assessment (QIA) process had been implemented to ensure there was a limited impact on patient safety and the delivery of services.
    - A deep dive was due to be presented to Board the following week which outlined the anticipated scenarios.
- Graph 3 illustrated the progress made on the main CRP scheme, and table 6 summarised the savings schemes, which illustrated that they were closing on £33m for green and amber schemes, and that they needed to find £14-15m more to close the red unidentified gap.

- Any deficit / failure to meet targets had an impact on the following year, particularly the level of recurrent savings made within the £47.2m savings target - at month 4, the UHB identified £18m of recurrent schemes. They hoped for an increase in the number of recurrent schemes delivered by the end of the year.
- The cash flow forecast was closely linked to the anticipated year-end position. It was important to manage the financial position and stay within the cash flow limits to meet statutory obligations and cash liabilities. Graph 5 highlighted the revenue capital drawing limits and how they had spent their cash to date.
- Public sector payment compliance remained strong at 97.8% for the year.
- The UHB had a £41.4m Capital Resource Limit (CRL) allocated by WG, which they planned to fully utilise by year end.
- Table 7 summarised the £29m unconfirmed anticipated allocations, which had been shared with WG through their monthly monitoring returns. Since March 2024, they had received some confirmation of allocations from WG.
- Table 8 summarised the Key Performance Indicators which fed into the Board reports.

Operational Performance Update: The following was highlighted regarding the Operational Performance Update:

- Urgent and Emergency Care – the UHB struggled to maintain gains made the previous year. The EU saw a 12% increase in major patients compared to the previous month, which equated to 550 extra patients monthly.
- Hospital Flow and Discharge – the UHB had closed 55 beds compared to the previous year, including the Winter Ward and Glan Ely in St Davids. Despite this, the benefits were negated by the increased patient numbers. They were planning for winter and Q3, but there was a lack of additional funds this year. There had been a widespread increase in demand in EU across Wales and England, which required further analysis.
- Cancer – they consistently achieved around 60-64%, although their target was 75%. Since December 2023, they had not fallen below 60%. Despite issues with pathology backlogs and challenges in urology and lower GI pathways, they maintained steady performance.
- Planned Care – they faced significant capacity and backlog challenges. As of June 2024, 3300 patients had been waiting over two years, the number of patients waiting over four years had reduced to 1 patient (with a treatment date set), and around 100 patients had been waiting over three years, mainly in spines, neurology and ophthalmology. They aimed to treat these patients by November but faced funding shortages. Despite meeting the set trajectories, achieving 0 patients waiting over two years remained difficult.
- Diagnostics – there was a total waiting list of around 26,500 patients, with nearly half awaiting non-obstetric ultrasounds. Currently 16,000 patients were waiting over 8 weeks, meeting less than 40% of the 8-week standard. There were plans for MRI and non-obstetric ultrasound improvements, but endoscopy remained a significant challenge. Plans for cancer, urgent and surveillance patients were in place, but routine patients required substantial investment. They were working on a regional solution and a workforce plan, but it would not be a quick fix.
- Mental Health – adult standards were being met, but children's services were behind. They hoped that by September 2024, waiting times and the number of people on the paediatric waiting list would decrease. They expected to meet the 70-80% standard for starting treatment within 28 days, despite current appearances.
- Primary and Community Care – England had reduced the amount of daily GP appointments to 25 per day, whilst this was currently in consultation in Wales. If similar actions occurred in Wales, it could disrupt services and push more work to secondary care. Morale amongst primary care staff was low.

Business Cases:

<u>Provision of Chimeric Antigen Receptor T Cell (CAR-T) Therapy Service – Phase 2</u>

The following summary was provided to the committee:

- This was a WG funded service, accessed via the NHS Wales Joint Commissioning Committee (JCC), which was currently in Phase 2 and reviewing the Phase 1 assumptions around providing this specialist service provided to 80% of the Welsh population.
- The focus was on right-sizing the department for future therapies and inputs.
- There was no financial risk as it was fully funded by WG. The only concern was infrastructure, with a South Wales Blood and Marrow Transplant (SWBMT) business case submitted to WG
- They sought approval to take this forward to the JCC and then to WG.

Monthly Monitoring Return – Month 3

The 2024-25 Month 3 Monthly Financial Monitoring Return report was provided to the Committee for noting and information.

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:

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chair's Report					Agenda Item no.	6.5.3
Meeting:	Public Board		Public	x		Meeting Date:	26.09.2024
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	Information		
Lead Executive:	Director of Corporate Governance						
Report Author:	Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Mental Health Legislation and Mental Capacity Act Committee meeting held on the 6th August 2024

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

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

Mental Health Act Monitoring Exception Report: - The Committee were presented with the Mental Health Act (MHA) Monitoring Exception Report to the Committee which provided a summary of the one fundamentally defective application and the two fundamentally defective reports reported during this quarter.

The Committee discussed the issue around wet ink signatures, in which Welsh Government had given responsibility to individual health boards to seek their own legal advice on the use of electronic signatures. The Committee were informed that the law required documents to be signed, but that it did not specify the type of signature. The challenge was to overcome administrative inertia and to reach an agreement across health boards, independent of WG action. It was suggested that there was not a legal solution to this, and that a policy or procedural approach might be the best way forward.

It was suggested that the Committee Chair meet with the Director of Corporate Governance and the Mental Health Act Manager to discuss the issue around wet ink signatures, and to agree on an approach for the use of electronic signatures.

Mental Capacity Act Monitoring Report and DoLS Monitoring: - The Committee were presented with the report which provided a general update on current issues related to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MLA and DoLS indicators included, but were not limited to:

- Mental Capacity IMCA Referral type;
- Mental Capacity Act Training;
- Assessing Decision Making Capacity MSc Module;
- MCA Team Advice and Support;
- DoLS Signatories; and
- Quarterly overview from April to June 2024.

The Committee were informed that the plan was to make the MCA training more accessible to staff by combining the mandatory training and the practical application training. They hoped to provide improved figures in the following quarter. In addition, Clinical Boards would be asked to bring their medical compliance training performance to the monthly Executive Reviews for executive oversight.

It was noted that individuals who had trained in the Assessing Decision Making Capacity MSc module would act as 'champions' within their clinical areas as a point of contact for advice.

The Committee were informed that there was ongoing work with his team and the Court of Protection lawyers to review the process around decision-making. It was suggested that more work was needed around this in the mental health space.

Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report: - The Committee was presented with the Monitoring report which provided further information on the UHB Mental Health Measure performance. The performance measures included, but were not limited to:

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

Regarding care and treatment planning for Children and Young People (CYP), the Committee were informed that little progress had been made over the past 12 months, and the challenge of the Care and Treatment Planning (CTP) legal framework being inaccessible to CYP was highlighted.

The Committee noted that self-referral and professional referral would form part of the service offer, and that self-referral was advertised through their single point of access, their website, TV screens within the centre, and clinicians raising this with CYP directly. It had also been observed that parents often engaged in the parent programmes, which suggested that targeting parents could be effective.

The Committee were informed that:

- The Primary Mental Health Support Service (PMHSS) faced a higher level of demand that anticipated.
- The PMHSS team professionals were required by legislation to come from specific professional groups, which presented a challenge due to a diminishing pool of candidates and anticipated future recruitment difficulties.
- Modelling suggested the need for up to four professionals to restore compliance, with three being a likely sufficient number if recruited by December. Adverts for the required positions were currently out.

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

Policies: - The Committee approved the following policies:

i) Restraint in the Care Management of Patients Aged 16 Years and Over with Impaired Mental Capacity – Policy and Procedure (UHB 044)

Any Other Business: -

<u>SBAR – Psychiatrist Managing Inpatient Care Without Approved Clinician (AC) Status:</u> - The Committee were informed of the following:

- The situation involved a local psychiatrist, acting as a consultant who was not AC approved, incorrectly identifying themselves as the responsible clinician during a tribunal, which led to an adjournment.
- The individual attended three tribunals between February and July 2024, misnaming themselves in two reports.
- The individual had since left for a neighbouring Health Board, acknowledged their mistake, and now sought AC approval.
- The tribunal that raised the issue had received a written response and was reportedly satisfied with the explanation provided.
- Information had been provided to Clinical Directors to inform future employees on the misuse of the term, however the UHB hoped not to employ doctors without AC approval in the future.

Nearest Relative Discharge Requests: - The Committee were informed that between 2020-23, they received 17 nearest relative discharge requests, whereas so far in 2024 they had received 13. Nowhere else in Wales had this demand, only CAVUHB. It was suggested that this be monitored through the MHA Monitoring Exception Report.

Fees for Cancelled Hearings: - The Committe were informed of the following:

- Currently a half fee was charged to the UHB if a hearing was cancelled on the same day.
- Several other Health Boards charged a full fee if the hearing was cancelled within 24 hours.
- The Power of Discharge Group requested that the policy be extended to charge a half fee for cancellations made within 24 hours.

The Committee was supportive of a decision being made at the operational level.

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:

Report Title:	People & Culture Committee – Chair's Report				Agenda Item no.	6.5.4
Meeting:	Public Board		Public	x	Meeting Date:	26.09.2024
			Private			
Status *(please tick one only):*	Assurance	x	Approval	x	Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the People and Culture Committee meeting held on the 09th August 2024.

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

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

Staff Story – Staff Survey: The Committee received a Staff Story which focused on the staff survey.

Staff Survey Update: The committee were presented with results from the 2023 staff survey results, with the following points highlighted:

- The staff engagement score was made up of 7 sections with the following responses highlighted:
  - Willing to go the extra mile reduced from 89% to 80%
  - Proud to tell people they work for CAV declined from 74% to 65%
  - Happy with friends or family receiving care from CAV fell from 75% to 58%
  - Harassment & bullying from line managers increased to 17.94%
- Morale, work life balance, burnout and learning & development had declined
- Positive areas included: compassionate culture, team working, autonomy and control and other i.e. encouraging or reporting errors, immediate manager values work and feel secure raising concerns.
- A working group took place on 01.07.24, which generated conversations and help CAV produce actions and prioritise & plan for a further session which the Chief Executive will lead in September
- Comms and engagement planned for all staff members to invite them to be a part of the working group, with the next survey due in October 2024

It was suggested for the survey findings be referred to the CAV UHB Board.

Speaking Up Safely: The committee received an explanation that an inquiry took place in 2023 and WG introduced the speaking up safely in Wales. He highlighted the following points:

- The Board direction at the time was for the IMTU to be the non-exec lead in this area, alongside the DCG
- Our 'Freedom to Speak Up' measures were sufficient to comply with Government requirements but not to meet our ambition.
- Actions taken by CAV include put a working group together, re-visiting recommendations from the Francis review in England and speaking to other HB's in Wales.
- The conclusions showed we need a simple and clear system, means of providing assurance, a decent network of people, and time & resource.
- The rates of return in the Staff survey showed a level of distrust that has been hard to overcome the hurdle.

- BCU have used 'Working in Confidence', a 3rd party, cloud-based system, which enables anonymous feedback with staff able to use work or personal email addresses without having to provide personal details.
- This system has now been procured and the Digital & IG Teams were thanked for their help

Board Assurance Framework Report – workforce, attract, recruit & retain - The Committee were presented with the Board Assurance Framework Report, which focused primarily on workforce.

Key Workforce Performance Indicators: - the Committee were presented the paper, which provided a summary of the UHB's position against the People & Culture KPIs.

Clinical Board Spotlight – People & Culture Team: The People & Culture Team were the first corporate team to present under the clinical board spotlight. The following points were highlighted:

- VBAs were above the HB target of 85% but had a small reduction recently
- Turnover was higher than anticipated. There were a few teams driving the number of leavers, but the turnover was below the nationally recommended 10%
- Statutory and mandatory training was monitored
- Sickness levels were 6.3%, driven by LTS
- People & Culture annual recognition awards were well attended
- Team development days were well received
- An apprenticeship role was introduced within the people team and the individuals were promoted quickly within the team
- The team are open to flexible working and retire and return
- The teams are being digitally upskilled
- Agency and overtime use had ceased
- First in Wales AHOP Occupational specialist

Director of Public Health Update: The committee were presented with the Director of Public Health Update with the following priorities highlighted first:

- Reducing smoking levels
- Reducing obesity in 0-5 years

The following points were highlighted regarding vaccinations:

- Vaccines protect our community including the most vulnerable (young children, cancer patients, frailer & elderly and immunocompromised)
- Since the measles vaccine was introduced in 1968 it has helped avoid 20million infections and 4500 lives were saved
- Vaccines are given at different ages and stages
- We are trying to increase the uptake of MMR in schools as there are areas in Cardiff with an uptake of less than 50%
- Also increase staff vaccine uptake for the next winter season
- In terms of vaccine hesitancy – main factors were having a large family, being born outside of UK, living in a deprived area and recorded language other than English or Welsh

Strategic Workforce Plan for Primary Care Presentation: The committee were presented with the Strategic Workforce Plan and it was agreed for a focus to be given on a future agenda for this item.

Digital Communications & Analytics: The committee agreed that a focus should be given on the Digital Communications & Analytics at a future meeting. The following points were highlighted:

- The Jobs webpages and success of linked in helped recruitment levels
- Internal staff comms increased in engagement and follow up
- Ask Suzanne session helped staff spotlight and people on their everyday job
- Digitally excluded is an area that needed to be looked in to

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
20/09/2024 16:10:11

Report Title:	Quality, Safety & Experience Committee – Chair's Report			Agenda Item no.	
Meeting:	Board	Public	x	Meeting Date:	
		Private			
Status *(please tick one only)*:	Assurance	x	Approval	x	Information	
Lead Executive:	Director of Corporate Governance				
Report Author:	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 16th July 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.

Clinical Diagnostics and Therapeutics (CD&T) Clinical Board – Assurance Report: - the Committee were presented with a Patient Story which showed the journey of a patient through the laboratory. They hoped to use this to educate staff on patient pathways, and to raise public awareness and interest in pathology.

The Committee were presented with the Assurance Report which provided the Committee with a summary of the arrangements, progress, and outcomes within the CD&T Clinical Board. It outlined the achievements and innovations leading to improved quality and care for patients, and it described some key challenges, risks, and the mitigations in place to continue into 2024/25.

The Committee were informed that the action plan to overcome the radiology backlog involved multiple strategies due to the variety of modalities and challenges. Efforts would include increasing activity through existing facilities with consultants and sonographers, and utilising independent service providers for additional capacity. In addition, there was a South-East Wales programme which looked to improve regional diagnostic access.

It was noted that the CD&T Clinical Board had a dedicated Green Group with members who also participated in the Health Board's Sustainability Group to provide feedback and insights.

Quality Indicators Report: - the Committee were presented with the Quality Indicators Report and slides which provided assurance in relation to several quality, safety, and patient experience priorities. It was suggested that equity be incorporated into the Quality Indicators Report in the future.

The Committee were informed that the Clinical Safety Group were in the early stages of implementing a thematic analysis of Health Inspectorate Wales (HIW) reports.

Never Events Deep Dive: - the Committee were presented with an overview of the Nationally Reportable Incidents (NRI) framework, the definition of Never Event categories, a thematic analysis of the NRIs reported in Cardiff and Vale UHB between 1st April 2023 and 31st May 2024, and the work undertaken to reduce further risk.

Update on the Hepatitis B/C Recovery Plan: - The Committee were informed that the Hepatitis B/C Recovery Plan formed part of their proactive approach to preventing disease, and the following was highlighted:

- The goal set by the World Health Organisation (WHO), WG, and the local authorities was to eliminate Hepatitis B & C by 2030
- Significant effort was required to achieve this, which included adequate resources, capacity, and delivery mechanisms
- The C-PHM chaired a multi-agency forum which met bi-monthly to ensure the action plan was on track

- The prevention and treatment of Hepatitis B & C were highly cost-effective and offered significant savings in lives and NHS costs

Joint Inspection of Child Protection Arrangements (JICPA) Update: - The Committee were presented with the JICPA report which provided an overview of the multi-agency inspection which took place during January 2024, the findings of the review, the immediate improvement plan assigned by HIW, and the actions taken to provide assurance.

Patient Safety Notice 066 (Safer Identification of Unknown Patients): - The Committee were presented with the report which summarised the Patient Safety Notice 066 requirement for the Health Board to develop a plan for a system for safer identification of unknown patients, and outlined the update to the Emergency Unit (EU) Clinical Workstation to allow for the generation of these safer temporary identifiers when an unknown patient is admitted to the EU.

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.

Research and Development Update: - The Committee were presented with the report and slides which provided the Committee with an overview of research activity ongoing within the Health Board.

The Committee were informed of the close dialogue between the finance team and the research team and emphasised the importance of research in improving patient care and outcomes.

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:

Report Title:	NHS Wales Staff Survey – Update and Next Steps				Agenda Item no.	6.6	
Meeting:	Public Board				Meeting Date:	26.09.2024	
Status *(please tick one only):*	Assurance	X	Approval		Information		x
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Head of OD & Culture						

Main Report
Background and current situation:

1. Background

In March 2024, all Trusts and Health Boards in Wales received their high-level, organisational results from the NHS Wales Staff Survey. The survey was open during October / November 2023 and all colleagues were encouraged to complete digitally, however, paper copies were also made available to the Staff Survey leads for distribution. CAVUHB received 4000 paper copies of the survey which were distributed across the UHB.

Following receipt of the organisational results within the UHB, regular progress updates have been provided to key stakeholders including Board, Management Executives, the Senior Leadership Board, Workforce Partnership Group and People and Culture Committee. This has been provided via papers and presentations:

- Senior Leadership Board March 2024
- Board March 2024
- Local Partnership Forum April 2024
- Senior Leadership Board July 2024
- Workforce Partnership Group July 2024
- People and Culture Committee July 2024

1.1 Delay Accessing Results

Following receipt of the initial results, HEIW encountered supplier-driven challenges which led to the inability to provide UHB leads with access to more detailed results. This issue was external survey supplier driven and timelines and outputs were affected. This impacted greatly upon timescales and the ability to share localised results within the UHB, pushing access to local dashboards from April to August.

1.2 UHB Approach

The Executive Leadership Team within CAVUHB, and the Chief Executive Officer in particular, have acknowledged the challenges faced by HEIW, but have continued to drive the communication of the available results since receipt in Spring 2024. This has supported the sharing of organisational results via staff communication channels, sharing of the whole dashboard for CAVUHB and NHS Wales and highlighting key themes, bringing people together to discuss results and generate solutions via a staff survey 'assembly', and ensured Clinical Board level conversations continue to take place at Clinical Board Executive Reviews focusing on the overarching themes.

2. Current Situation

In August 2024, improved dashboard access was provided to Staff Survey Leads across Wales. Directorate level reports have now been extracted and distributed to the Clinical Board triumvirate teams. The key areas of focus of the information shared cover the four key themes which have been identified as organisational priorities:

- Engagement

- Equity and Inclusion (including Discrimination)
- Negative Experiences (including Bullying and Harassment / unwanted behaviour of a sexual nature)
- Burnout/Wellbeing

2.1 Action Required from Clinical Boards

The actions that are required from the Clinical Boards are to examine the information received to:

- Understand and contextualise the results provided
- Communicate and share results
- Develop key actions / priorities in response to their localised results
- Promote and encourage completion of the Staff Survey 2024
- Present progress to the People & Culture Committee when invited to attend.

The Organisational Development and Culture Team, along with the Heads of People & Culture will support Clinical Boards with this important work. Further analysis of the dashboard data is continuing with the aim of providing additional layers of departmental level data. It is important to note that this may be limited due to the suppression rates of <11 which are in place to protect anonymity.

3. Initial High-Level Analysis against the Key Themes

A high-level initial review of the data available has enabled some level of insight at a Clinical Board level which is currently being shared with the Clinical Boards along with the in-depth data for further analysis.

Initial review has indicated the following insights into the four main themes of engagement, equity and inclusion, negative experiences and burnout.

3.1 Engagement
The NHS Wales Staff Survey measure engagement against 7 survey questions, and responses to these questions provide an overall engagement score, the engagement score for the UHB for 2023 fell from 74% to 73%.

The UHB also looks at engagement via a different lens of participation in the survey, with the UHB response rate for 2023 being 21.4%, which is lower than previous years.

The data behind the seven engagement questions is currently being analysed to assess if we can provide both Clinical Board and Directorate scores. In the absence of this data, and for the purpose of this report, the following questions has been reviewed and responses noted:

- **I am proud to tell people I work for my organisation**

The responses by each Clinical Board are shown below, demonstrating different experiences across the UHB:

- AWMGS 80.4%
- CEF 48.8%
- CD&T 62.4%
- Corporate Executives 74.7%
- Medicine 58.5%
- Specialist 56.8%
- Surgery 50.5%
- Children and Women 65.7%
- Mental Health 64.3%
- PCIC 62.8%

Important work is required around both staff experience and retention of staff to improve employee engagement. The further work being undertaken around the seven engagement questions will provide more detail around this question and enable more robust analysis. However, it is recognised that the responses, as a whole, are both disappointing and concerning.

3.2 Equity and Inclusion (Discrimination)

- **Personally experienced discrimination at work from patients/service users, their relatives or other members of the public**

Looking across the Clinical Boards, the majority of areas responded a 'No' response of over 80%, although there were experiences reported in all areas of the UHB. However, the data recently released shows directorate teams experiencing a 'no' response of lower than 80% in the following areas. Please note that the detail and scores for the areas are being provided to Clinical Boards:

- Medicine CB x 1 directorate
- Surgery CB x 3 directorates
- Mental Health CB x 1 directorate
- Specialist CB x 1 directorate

- **Personally experienced discrimination at work from a manager / line manager**

Looking across the Clinical Boards, again the majority of areas responded a 'No' response of over 80%. However, the data recently released shows directorate teams experiencing a 'no' response of lower than 80% in the following areas:

- CEF x 1 directorate
- CD&T x 1 directorate
- Surgery CB x 4 directorates
- Specialist CB x 2 directorates
- PCIC x 2 directorates

- **Personally experienced discrimination at work from other colleagues**

Looking across the Clinical Boards, the majority of areas responded a 'No' response of over 80%. However, the data recently released shows directorate teams experiencing a 'no' response of lower than 80% in the following areas:

- CEF x 3 directorate
- CD&T x 1 directorate
- Surgery x 1 directorate

Discrimination – to note
Although the points above indicate areas where there is a reported higher level of concern (i.e. a 'no' response of under 80%), it is important to reinforce that any report of discrimination must be responded to and addressed. When reports and data is shared with Clinical Boards, emphasis is put on all responses indicating discrimination, higher response areas serve to highlight 'hot-spots'.

Analysis of the narrative data is also helping to understand the discrimination that people are reporting as their experience. Unfortunately, however, this cannot be correlated to particular areas.

3.3 Negative Experiences (Bullying and Harassment)

- **Personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public**

Although this is reported in the results in all areas of the UHB, there is more prevalence of responses highlighting experiences of this in the following areas:

- CEF x 1 directorate
- CD&T x 4 directorates
- Medicine x 4 directorates
- Specialist x 5 directorates
- Surgery x 8 directorates
- Children and Women's x 4 directorates
- Mental Health x 3 directorates
- PCIC x 6 directorates

- **Personally experienced harassment or bullying at work from managers/team leaders**

Although this is reported in the results in all areas of the UHB, there is more prevalence of responses highlighting experiences of this in the following areas:

- CEF x 3 directorate
- CD&T x 5 directorates
- Medicine x 2 directorates
- Specialist x 6 directorates
- Surgery x 7 directorates
- Children and Women's x 2 directorates
- PCIC x 3 directorates

- **Personally experienced harassment or bullying at work from other colleagues**

Although this is reported in the results in all areas of the UHB , there is more prevalence of responses highlighting experiences of this in the following areas:

- CEF x 4 directorates
- CD&T x 5 directorates
- Medicine x 4 directorates
- Specialist x 5 directorates
- Surgery x 3 directorates
- Children and Women's x 3 directorates
- Mental Health x 1 directorates
- PCIC x 4 directorates

Bullying and Harassment – to note
Although the points above indicate areas where there is a reported higher level of concern (i.e. a 'never' response of under 80%), it is important to reinforce that any report of bullying and harassment must be responded to and addressed. When reports and data is shared with Clinical Boards, emphasis is put on all responses indicating bullying and harassment, higher response areas serve to highlight 'hot-spots'.

Analysis of the narrative data is also helping to understand the experiences that people are reporting under this question. Unfortunately, however, this cannot be correlated to particular areas.

3.4 Negative Experiences (Unwanted behaviour of a sexual nature)

- **Been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user**

Incidents of this has been reported via the results within every clinical board. The following areas show a higher prevalence (i.e. 'never' reporting as under 80%):

- CD&T x 1 directorate
- Medicine x 2 directorates
- Surgery x 3 directorates
- Mental Health x 2 directorates

- **Been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from staff/colleagues**

Incidents of this has been reported via the results within every clinical board. As the 'never experienced' percentage remains high at over 80% in each Clinical Board. The following areas show a higher prevalence (i.e. 'never' reporting as under 90%):

- CEF x 1 directorate
- Medicine x 1 directorate
- Specialist x 2 directorates
- Surgery x 3 directorates

Unwanted behaviour of a sexual nature – to note
Although the points above indicate areas where there is a reported higher level of concern (i.e. a 'never' response of under 90%), it is important to reinforce that any report of unwanted behaviour of a sexual nature must be responded to and addressed. When reports and data is shared with Clinical Boards, emphasis is put on all responses indicating this experience, higher response areas serve to highlight 'hot-spots'.

3.5 Burnout
The Staff Survey results show that staff have responded to feeling burnt out because of work in every area. The following shows areas of higher prevalence (over 30%) of responses to 'always' and 'often':

- AWMGS
- CEF x 3 directorates
- CD&T x 6 directorates
- Corporate Executives
- Medicine x 4 directorates
- Specialist x 6 directorates
- Surgery x 8 directorates
- Children and Women x 4 directorates
- Mental Health x 2 directorates
- PCIC x 5 directorates

This indicates an issue with staff feeling 'burnt out' across the UHB. This was predicted nationally following the pandemic but needs to be addressed appropriately and proactively. When reports and data is shared with Clinical Boards, emphasis is put on all responses indicating this experience, with higher response areas serve to highlight 'hot-spots'.

4. Next steps – Communications and Engagement
Communication to colleagues is key to provide assurance that the UHB is reviewing, listening to and taking action to respond to responses and feedback. Throughout September and October 2024, there will be a communication and engagement plan that will focus on the 'You said; Together we did' messaging to demonstrate progress being made and actions being taken.

A second Staff Survey Assembly is scheduled for 1st October 2024. There are currently 55 staff from across the organisation who have self-nominated to attend this session which is being offered as a blended session, incorporating face-to-face and online attendance. This will be widely communicated and also utilised to champion participation in the 2024 survey planned for October 2024.

4.1 Analysis of narrative data

The OD team are currently reviewing the 3000+ lines of narrative responses to key questions including those on discrimination, bullying and harassment, wellbeing and retention to draw out areas of concerns and key themes. This will help inform ongoing work, e.g. development and implementation of the Anti-Racist Action Plan; Delivery of the SEP; work on Avoidable Employee Harm; retention framework development and a range of other areas within the People and Culture Plan.

Unfortunately, the narrative responses provided are not linked to any area or characteristic and can therefore can only be reviewed from a UHB-wide perspective.

4.2 People & Culture Committee Action

Assurance was sought at People and Culture Committee to ensure the concerns highlighted are being addressed, specifically focusing on the increase in reported harassment and bullying, negative experiences, burnout and engagement. This will be a particular focus for Clinical Boards and additional data is currently being drawn down from the dashboards to provide a breakdown of harassment and bullying and inappropriate behaviour, which includes experiencing this from:

- Patient/ service users, their relatives or other members of the public
- Managers/ Team Leaders
- Other colleagues

Detail of this data is available at Directorate level and will be provided to the Clinical Board triumvirates for review to inform priority areas for action.

4.3 Cultural / OD Priorities

The cultural improvement work, which is currently being undertaken in several priority areas, sets out to create safe, inclusive cultures where people feel safe and supported to speak up. Collaboration with Senior Leaders from these areas to explore themes arising from the findings are helping to inform local cultural improvement plans.

4.4 Speaking Up Safely

To promote continued feedback, the UHB has focused on improving the means to raise concerns. There are many avenues that staff can use to raise concerns and these have recently been promoted as part of the staff survey finding's communications. These include the NHS Wales Procedure for Staff to Raise Concerns, All Wales Respect & Resolution Policy, Freedom to Speak up safely and via Trade Unions partners. In Quarter three 2024, the UHB will also be launching the Work in Confidence platform, this will enable concerns to be raised and responded to via email while protecting the individual's anonymity.

4.5 Next Steps – NHS Wales Staff Survey 2024

The 2024 Staff Survey will be launched during October 2024. The timeline, provided by HEIW, can be found in Appendix 1. The 'Dashboard Development Group' set up by HEIW is also due an imminent launch in September 2024. This will provide an opportunity for HEIW and NHS Wales to work collaboratively in assessing the level and detail of analysis that is required to support organisations.

CAVUHB has consistently fed back the limitations and frustrations that have been experienced with the 2023 data access, and are working proactively with HEIW as a key stakeholder on the Staff Survey All Wales Implementation Group.

HEIW has confirmed that the question set for the Staff Survey will remain consistent for the next three years and there are currently discussions taking place regarding the provision of a small amount of paper-based surveys for 2024.

There will be a UHB focus on communications around the anonymity of the survey, this aims to provide staff with reassurance and confidence to participate in the 2024 staff survey.

A selection of questions from within the Survey will be utilised to inform organisational responses within the Workplace Race Equality Standards.

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

It was always important that we were open and transparent in the sharing of any findings from the NHS Wales Staff Survey, and we started this process in early March 2024 upon receipt of the initial results. The challenges that have been faced this year with engagement and analysis have been out of the control and influence of the UHB, however, it has been important that we continued to communicate this to our colleagues and act upon the information that we do have access to.

A revisit to all stakeholder groups will refresh knowledge and awareness of the themes, provide structures for engagement and communication, and start to form the basis upon which to engage colleagues in participation in the coming months in collaboration with our Trade Union Partners.

The survey results we do have, which have helped us identify key themes, are also being used to inform UHB retention work, cultural work and workforce sustainability conversations. It is now integral to communicate and engage with colleagues on this so that they are aware that this is happening and a plan is being drawn together, over and above what has been detailed, and will be brought back to Board for assurance. The recent sharing of dashboard data will help Clinical Boards in this process.

The Colleague Staff Survey Assembly is another important step in taking this forward, and through engaging with and listening to our colleagues, we can move forward together and engage colleagues completing the survey in October 2024.

This paper is to highlight the journey we have been on over the past six months, outline the challenges and barriers that have been faced, identify actions required by Clinical Boards while also providing assurance that the results are being communicated and utilised to inform and support, actions and priorities.

Recommendation:

The Board are requested to:

Note the actions to date, understand the request and expectations at a Clinical Board level, and endorse and support the work around communication and engagement of the Staff Survey within the UHB.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		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		Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
Lack of engagement may result in low participation and incomplete feedback.
Safety: Yes/~~No~~
The survey offers opportunities to gain insight into safe practice/s and reporting of incidents.
Financial: Yes/~~No~~
Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.
Workforce: Yes/~~No~~
Staff may not feel encouraged to complete if they do not expect action to be taken.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/~~No~~
The survey will assist in completion of the WRES and anti-racist action plan in 2024, and also assists in understanding colleague experience.
Decarbonisation: ~~Yes~~/No

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

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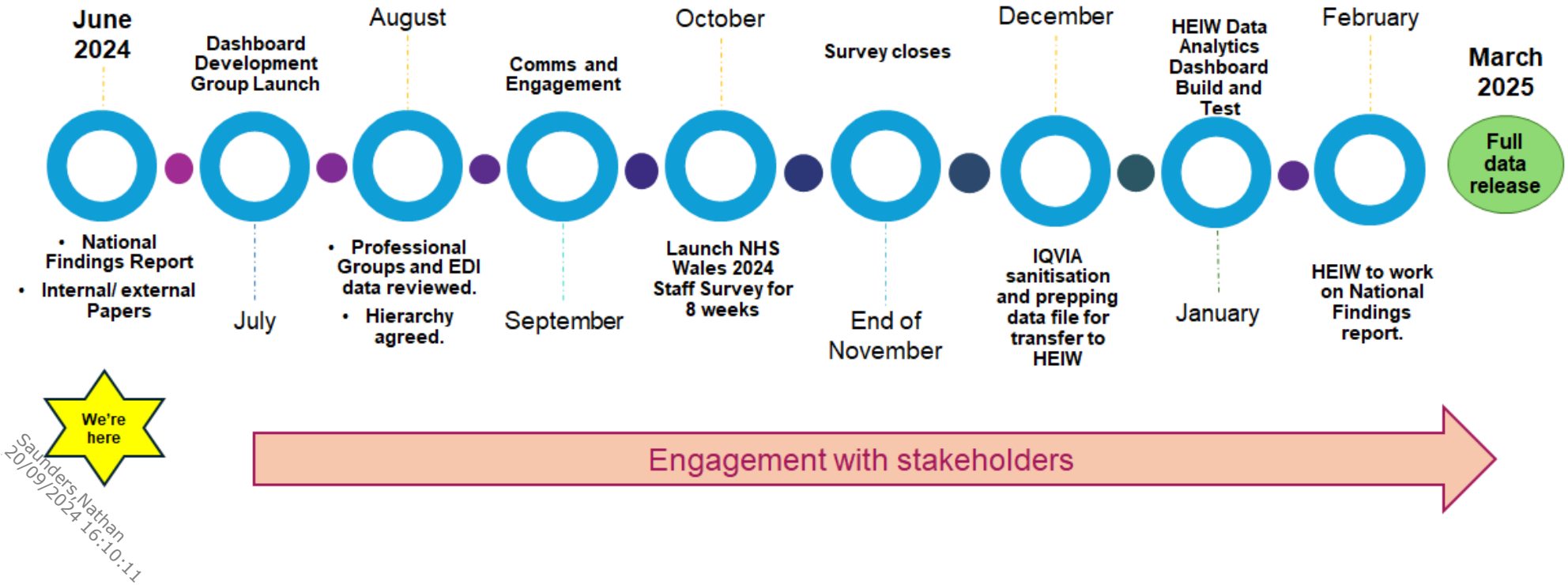
Appendix 1

Next Steps – 2024 Survey Plans

GIG Cymru Arolwg Staff
Mae eich llais yn bwysig

NHS Wales Staff Survey
Your voice matters

NHS Wales 2024 Staff Survey Timeline



Report Title:	C&V Integrated Performance Report				Agenda Item no.	6.8	
Meeting:	Public Board		Public	X	Meeting Date:	26/09/2024	
			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 **Covid-19 vaccine spring booster campaign** has ended, and it has delivered 33,684 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 vaccine uptake has therefore been 61.8% which is the third highest uptake of all Health Boards and above the Welsh average of 59.3%. Final preparations are underway for the autumn winter campaign to start and for the winter viruses staff vaccination programme as well which is due to commence in September 2024.
- An equity analysis has been conducted by PHW on the Spring booster campaign. Results included uptake among white individuals is 65.5% overall with uptake in the black individuals of 22.9% and Asian individuals of 31.3%.

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%. The Childhood Immunisation Plan agreed in 2022/23 is being implemented to increase uptake which includes **communication and awareness raising,** actions to **improve access**, **education and information sessions**, training of **champions** with a focus on our minority ethnic communities and the **Amplifying Prevention** partnership with the local authorities.
- As part of a partnership with Cardiff Council we have employed a **Health Improvement Officer** to focus on the health inequalities experienced by ethnic minorities, this will initially focus on vaccination.
- An agreement with Cardiff Council will see the Health Board widen its utilisation of **community hubs** across the city, and especially in areas of lower uptake, to provide education and administration of vaccines.
- **MMR**, a comprehensive catch-up programme has been developed and deployed in all schools with lower than 90% uptake for 2 doses of MMR. A total of 430 first doses and 486

second doses of MMR have been delivered as part of the campaign for a total of over 900 doses administered. The campaign has not achieved its goals across Wales and will continue in Cardiff and the Vale during the summer targeting children in settings other than schools, like parks and other family-friendly sites. This catch-up programme will likely continue when school restarts in September.

- A **communication campaign** has been started with an advertisement and PR company which will focus on MMR across the summer and from September on the "back to school" period, highlighting the impact on education of a potential outbreak of Measles for unvaccinated children.
- **Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15:** This is below the target of 90%. While the official data report by COVER is still outstanding, the school nursing team has reported a significant percentage increase in uptake this year, from 67% to 76% according to internal data.

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. The Framework will be finalised in the Autumn, actions are already underway from a variety of partners.

Weight management services

- The Dietetics team are developing a business case to outline how they will meet the new Ministerial target of 1,584 new patients in L2 and 176 new patients in Level 3 by Q4 of 2024/25.

Tobacco

- Percentage of adult smokers who make a quit attempt via smoking cessation services - **a Business Case is being prepared** which makes a convincing argument for increasing investment in smoking cessation services. More capacity is needed to provide direct support to clients, promotion of the service and undertake data analysis. This will improve the likelihood of meeting performance targets.
- We know that smoking rates are not uniform across society and are highest in certain population groups. We are commissioning a **communications campaign** to focus on raising the profile of smoking cessation and 'Help Me Quit' services across the general population, and will specifically target those in **deprived areas, those with mental health difficulties, some ethnic minority groups and those who identify as LGBTQ+**. We are working with PHW to explore potential for offering specific smoking cessation support to those experiencing **homelessness**.
- We are **working in partnership with the Maternity Services** to ensure staff are well resourced with carbon monoxide monitors, to comply with NICE recommendations that routine carbon monoxide testing at the first ante natal appointment and at the 36-week appointment are carried out. This will 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.
- In line with the rest of Wales, **we wish to change the current system in which pregnant smokers choose to 'opt in' to receive smoking cessation services**, to a system where they will automatically be referred to these services, unless explicitly stating that they do not want this. This will ensure all pregnant smokers are referred to smoking cessation support following their initial booking assessment unless they specifically choose not to. We are

therefore **proposing moving from an 'opt in' model to an 'opt out'.** 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. The pregnant smoker can then 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. An imminent **recruitment process** will ensure a band 5 smoking cessation adviser dedicated to those who are pregnant, will work closely with the Maternity Services.

- We continue to work to implement the UHB's **No Smoking and Smoke Free Environment Policy**. Actions include reviewing signage at UHL and UHW, increasing the number of locations with a loud speaker messaging system and regular communications about the ban on smoking on hospital sites via UHB channels. We are in dialogue with colleagues in Shared Regulatory Services to explore options for enforcement patrols.

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 periods of unseasonal operational pressures through May, June, July and August 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 and start of July with three 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 rose and in May and June. Despite fewer 1-hour holds reported in July and August, the volume 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.

Initial analysis suggests that there is a 12% increase in patients presenting to EU as 'majors' compared with the same period last year. This equates to an increase of more than 550 extra patients attending EU a month in the category most likely to need extended stay or admission. We continue to review our EU and inpatient data, with deep dives at the COO led Operational Delivery Group following periods of exceptional escalation.

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.

The pressure on our urgent and emergency care service has been well described, these pressures are exceptional for the time of year and the Health Board is undertaking a range of actions and improvements to address the increases in demand. As we look towards Winter 24/25 we are predicting the pressure will heighten and this will present a substantial risk to the organisation. The Health Board has begun operational planning for winter, including engagement with our partners. Through this planning is it likely we will need to consider options to meet the increased demands on our services and to keep patients safe. Any proposals will be taken through the Health Board governance process in October. This will include Senior Leadership Board on 3rd October. Finance and Performance Committee on 23rd October and Board on 30th October.

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. We have seen lower compliance though Q1 against the door-to-ward KPI and our own internal operational standards. Time to specialist beds for hip fracture and stroke patients remain operational an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways. Following reduced compliance in Q1, July saw an improvement in of 7.5% from June's performance.

Using the annualised NHFD data, the UHB are at or above the UK national average for 6 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 and improvements through Q1 saw July's compliance return to in excess of the national average. In May KPI3 (NICE compliant surgery) has also reduced to just below the national average and has remained just below since. Performance in this area has fluctuated and our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data. The team are also reviewing theatre documentation to ensure that our true level of compliance is recorded and thus reflected in the national data.

July saw a small 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 42.2% and remains significantly above the All Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our historic performance, but compliance has been lower in Q1 than during last year. We continue to work across Clinical Boards to progress the Stroke Service Improvement Plan, with particular focus on the from end of the stroke pathway before and through the Emergency Unit.

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. Operational pressures through June and July as referenced in the UEC section have led to delays to in EU and a reduction in compliance across the measures at the front end of the pathway. In June our thrombolysis rate fell to 16.1% but despite a very high number of admissions on the stroke pathway (125) in July with 89 confirmed strokes (approximately 30 more than an average month), July's performance improved to 18.4%.

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 this Committee and was approved at Board. From October 2024 the SSNAP dataset and measure will be changing – a summary of these changes and implications for the Health Board's compliance will be brought to the next committee meeting.

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 our operational plan. The number of delayed pathways of care reduced between March and May and in July following a small increase in June. August saw a small increase from July.

We have seen length of stay improvements which have allowed us to close c55 beds compared to Q4. However, the unexpected increased demand from EU means we are not feeling the benefit of the

reduced length of stay and we are now refreshing our capacity plans for Q3 and the winter period. The process for ratifying this within the organization is detail above.

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 (POCD) 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 and Q2. We have seen a recent increase in long length of stay patients, but the volumes remain below those at the beginning of April. Our nationally submitted data on emergency admissions with a 21-day length of stay shows also a reduction from March to July.

Cancer

Our compliance with the 62-day Single Cancer Pathway standard improved in December 2023 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 May performance reduced as forecast, as patients treated in May were potentially impacted by delays in this part of their pathway although our performance remained above 60%. We have continued to experience challenges in pathology though Q2 which has continued to impact overall SCP compliance. In June we reported 64.6% compliance with the SCP with improvements noted in Gynecology and Haematology, with a total of 5 tumour groups achieving the 75% SCP standard. Compliance fell only slightly in July with 63.1% of patients treated within 62 days, with 5 tumour groups achieving the 75% SCP standard.

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	Jun-24	Jul-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%	64.6%	63.1%
Compliance following quaterly refresh	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%	66.3%	62.4%	70.2%	63.5%	60.2%	62.3%				

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 July there were 3,687 patients waiting 2 years for treatment, which represents 2.4% of patients on a waiting list. This is an increase from June but remains a considerable improvement from last year, however, 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 (one patient at the end of July), in addition to continuing to reduce the number of patients waiting over 3-years, c100 which are concentrated in spines, urology and ophthalmology. It is our intention to have no patients waiting over 3 years by the end of December 2024. Provisional data for August has seen the number of 3-year waits reduced to <100 patients for the first time since March 2022.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9000. Our work to eliminate 3-year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway.

We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. June saw an increase 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 Q2. 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.

As discussed at the Board Development session in July, the UHB has submitted revised trajectories for 52-week outpatient and 104-week treatment waits, in addition to 8-week Diagnostics waits. These reflect updated demand and capacity work and reflect the impact of ongoing operational pressure and our operational and financial decisions. The refreshed planned care approach and next steps were discussed as part of the session. We continue to work with colleagues in the NHS Executive and Welsh Government to develop plans to reduce the number of patients waiting over 104 weeks for treatment.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments over the last year. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. From April 2024 we 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 48,848 patients who are past their target date for a follow-up appointment, of these 2 were over 2 years past their target date as shown below:

Overdue Follow-up Outpatients								
Clinical Board	Months past target date	07/02/2024	28/07/2024	04/08/2024	11/08/2024	19/08/2024	26/08/2024	02/09/2024
Total	Total overdue	61658	50812	50781	50523	49503	48800	48848
	Over 18 months	2948	67	61	62	56	60	70
	Over 24 months	1271	5	5	6	4	3	2
Surgery	Over 18 months	1523	49	44	44	43	47	61
	Over 24 months	643	1	1	2	1	0	1
Children & Women	Over 18 months	500	1	1	1	0	2	0
	Over 24 months	173	0	0	1	0	1	0
Specialist	Over 18 months	464	9	6	8	6	5	5
	Over 24 months	196	1	1	1	0	0	1
Medicine	Over 18 months	455	2	4	3	2	1	0
	Over 24 months	257	1	1	0	1	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 remains 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.

Our Planned Care Programme is revising its approach Outpatient Transformation, this includes the appointment of a Clinical Lead for Outpatients and alignment with the national Clinical Implementation Networks (CINs)to drive best practice. 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. As part of the £2.8m community diagnostic hub investment to improve imaging waiting times we will continue to use mobile solutions. Since December, we have seen sustained improvements for MRI and CT and remain on track ot deliver against the agreed trajectories. The number of patients waiting 8 weeks for a non-obstetric Ultrasound continues to grow, however a proposal to increased capacity through additional internal capacity was approved at the Senior Leadership Board in July and improvements are expected from mid-August.

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 Q1, albeit at a slower rate than through the rest of the year. To clear the backlog of patients and create enough core capacity is going to require significant investment and support from Welsh Government. A proposal has been drafted that will be discussed with the Executive team to agree how to proceed.

At the end of July, 16,324 patients had waited 8 weeks or longer for their treatment, equating to 61.3% of patients on a diagnostic waiting list.

Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	24	15	23	34.8%	65.2%
	Echo Cardiogram	4	0	0	0	6	1	676	100.0%	0.0%
	Dobutamine Stress Echocardiogram	22	10	25	21	16	6	59	64.4%	35.6%
	Stress Test	1	3	1	0	6	1	46	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	4	0	39	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	6	0	129	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	29	6	76	60.5%	39.5%
	Trans Oesophageal Echocardiogram	5	2	0	0	5	2	13	100.0%	0.0%
	Cardiac CT	151	134	107	36	24	4	140	74.3%	25.7%
	Cardiac MRI	203	198	214	209	67	13	317	34.1%	65.9%
	Diagnostic Electrophysiology (EP Study)	2	2	2	0	3	3	1	100.0%	0.0%
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	150	8	282	47.9%	52.1%
	Colonoscopy	1536	1565	1626	1712	103	27	2254	24.0%	76.0%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	102	42	1373	13.0%	87.0%
	Gastroscopy	2499	2603	2692	2761	107	40	3238	14.7%	85.3%
	Bronchoscopy	19	25	14	14	111	11	27	48.1%	51.9%
Imaging	Fluoroscopy	37	30	45	30	71	3	127	76.4%	23.6%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	6	3	57	100.0%	0.0%
	Electromyography	0	1	0	0	6	2	55	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	86	5	164	64.6%	35.4%
	Vascular Technology	0	0	0	0	6	1	103	100.0%	0.0%
Radiology	MRI	1116	1045	892	974	78	5	3077	68.3%	31.7%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	56	18	13386	32.5%	67.5%
	CT	21	26	20	14	64	1	226	93.8%	6.2%
	Nuclear Medicine	38	53	62	72	35	5	720	90.0%	10.0%
Total		14835	15245	15938	16324			26608	38.7%	61.3%

The above table shows the scale of the impact that long waits for endoscopy and non-obstetric US are having on performance, while a number of modalities report zero or small numbers of patients waiting over the 8-week standard. Actions for improvements in the challenged modalities were discussed in the recent Board Development session.

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. The May position improved to 19.1% but has reduced again in June and July, in line with our forecast. 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 days 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.

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 into June (94%). 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 a reduction in calls, appointments and items issued via prescription from the previous month.

GMS activity		June 2024	Year to date 24/25
	Calls to GP surgeries	369,077	1,557,139
	GP appointments offered	242,037	990,453
	Items issued via presciption	727,004	3,024,784

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 July 2024, with total utilisation across all 6 sites at 91%, with c3515 appointments booked in month.

Our community teams and integrated services continue to support patients out of hospital, including 17,725 District Nursing visits in July – c6000 more than our reported attendances to EU in the same period. These services continue to provide vital support to patients in the community allowing them to remain at home and reducing the demand for secondary cares services.

Community and Integrated Service teams	July 2024
District Nursing visits to patients	17,725
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	42
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	115
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	504
Patients supported by Community Nursing to remain at home	3,596
Wound healing service referrals	78
Continence service referrals	225

People and Culture

Key Performance Indicators highlights (July data):

- Turnover has fallen month on month over the last 12 months, from 12.81% at Aug-23 to 10.97% at Jul-24.
- The trend of 12-month cumulative sickness is downwards, to 6.26% at Jul-24.
- Staff in Post - Since February 2024 the workforce has reduced by 152.26 WTE, this has been achieved by enhanced levels of scrutiny.
- The significant improvement with VBA compliance achieved between Dec-23 and Apr-24 (from 68.00% to 82.09% compliance) has deteriorated slightly in Jul-24 to 79.61%. The importance of having a meaningful VBA is still a priority of the UHB and discussed at the monthly Clinical Board review meetings.

Spend on **agency** has fallen to 0.82% of the total pay bill. Through the Workforce Sustainability Programme savings have been identified in the region of £7.4 million for 24/25 through the reduction

of agency. The majority of the savings identified are from our Nursing and Medical workforce where the expenditure on agency is the highest.

Nursing establishments have been filled to 97%. 210 newly registered nurses have been recruited from student streamlining, and 54 Internationally Educated Nurse have been recruited via a Memorandum of Understanding with Kerela State Government.

Rostering efficiency meetings were held with all the Clinical Boards and wards in June 24. As a result, rostering and annual leave principles have been developed and are in use.

Inclusive recruitment - six interns from last years Project Search Programme have been enrolled onto a Welsh Government Jobs Growth + programme, allowing them further work experience and to acquire extra skills until the age of 20, which hopefully will lead to permanent employment with the UHB.

The **Apprenticeship Academy** has moved into three different sectors, this includes the recruitment of our first childcare apprentice, engaging with new training provider to deliver hospitality apprenticeships for our retail catering staff to include new recruits and a project plan has begun for how we introduce entry level clinical apprenticeships in Podiatry. In addition, a Task and Finish Group has been set up to recruit apprentices into HCSW roles following a successful pilot in Mental Health.

The **Internal Development Programme** is to be re-launched on 12 September 2024.   This enables nursing staff to move between posts without going through the full recruitment process.   As part of the re-launch, the programme has been expanded and now applies to HCSWs as well as Band 5 RNs.

Staff Survey - Directorate level results have been shared with the Clinical Board triumvirates for action.

Equity and Inclusion - The Executive Team met with Professor Anton Emmanuel on the 3rd September 2024 to discuss the CAVUHB WRES report and discuss organisational actions

E-rostering implementation:

- 7000 users have now migrated to using the new E-Rostering app Loop, ahead of the deadline of December 2024.   This is a very favourable position compared to the rest of Wales who are all still in the very early stages of implementation
- Data Gathering and the building of rosters for Estates and Facilities has been completed with training /implementation due to commence in September 2024.   Discussions are also taking place with Radiology with a view to commencing work on implementation in their areas.

Quality Safety and Experience

Our primary goal is to build a strong foundation for Quality, Safety, and Experience (QSE), with a particular emphasis on improving safety protocols and striving for excellence. The QSE Committee regularly reviews comprehensive reports that highlight key performance indicators and provide recommendations for improvement.

Despite challenges such as rising demand and staffing shortages, we have maintained 78% success rate in addressing complaints and concerns within 30 working days, with many issues resolved within 2 working days whenever possible. However, we have seen a notable increase in concerns related to waiting times and issues with communication. The numbers of monthly enquiries is increasing.

Since April 1, 2023, we have enacted the Duty of Candour 198 times. In terms of infection control, the rise in C. difficile and P. aeruginosa cases is alarming. To tackle this, we have reinstated

executive oversight for infection outbreaks and trends. Additionally, there has been increased communication with patients and staff regarding the higher infection rates in both community and hospital settings.
We are increasing each month the Civica activity in August we sent 15, 517 SMS feedback requests, we have realtime, retrospective and mixed methods of receiving feedback in multiple languages to engage with our diverse population and the linguistic/literacy needs of the people in our hospitals and communities.
With regards to NRI's the number open more than 90 days is 69 of which 36% have legitimate reasons to be open over 90 days as they were given a 120 day time frame from the outset. These include mental health reviews all of which are reviewed over 120 working days and MBRACE reportable NRIS that are reported over 120 days to allow time for pathology results to be reported.

Finance

2024/25 Financial Performance

At month 5, the UHB is reporting an overspend of £17.176m. This is comprised of £4.230m operational overspend, a savings gap of £6.321m and the planned deficit of £6.625m (5 twelfths of the planned forecast year end deficit of £15.900m).

The UHB expects to recover the month 5 operational and savings overspend to deliver the £15.900m planned deficit.

Recommendation:
The Board 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:

Cardiff and Vale
Integrated Performance Report

2024/25

September 2024

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

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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.

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**	**171** July-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**	**98.2%** **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**	**32.7%** (Apr-24 to Jul-24)	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**	**904** Aug-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**	**418** Aug-24	Hyperlink to section

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**	**8%** Jul-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%** Jul-24	Hyperlink to section

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**		**14,610** Jul-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**		**3,687** Jul-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	**63.1%** Jul-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**		**16,324** Jul-25	Hyperlink to section

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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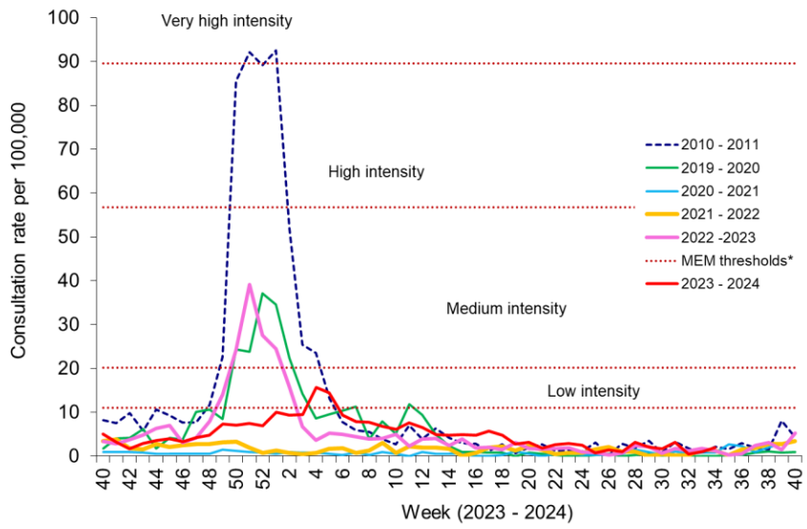
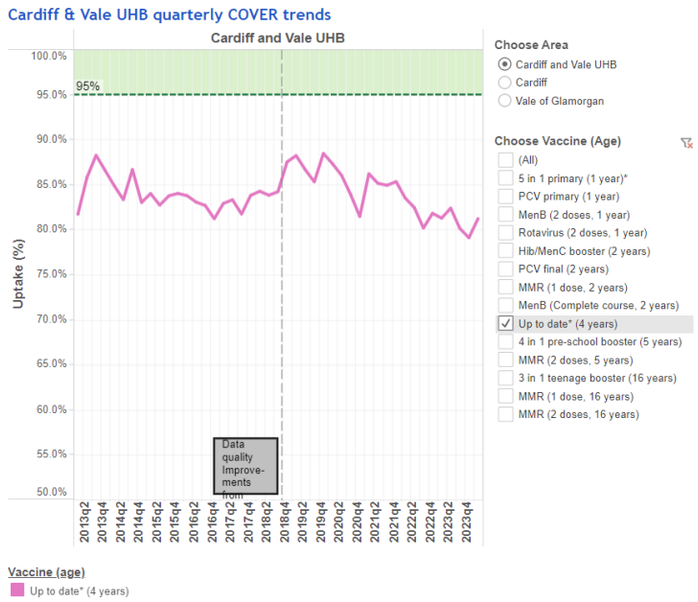
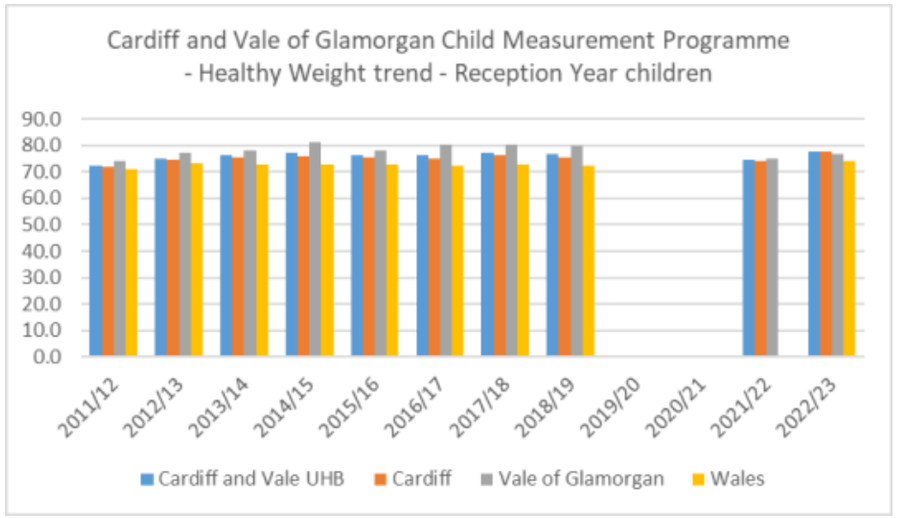
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care 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

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** has concluded, and it has delivered 33,684 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 vaccine uptake has therefore been 61.3% which is the third highest uptake of all Health Boards and above the Welsh average of 59.3%. **Surveillance** • Influenza activity remains low, between seasonal activity • Hospital admissions in C&V for Covid-19 have declined since peaking in the third week of July • PCR incidence has decreased in C&V since late June; test positivity across Wales has started to increase again since the third week of August • KP.3 is the most prevalent variant in Wales, a sub-variant of both Omicron and JN.1 • There is currently **1** Covid-19 outbreak and **zero** incidents in hospital; and **zero** influenza incidents or outbreaks. • Since the start of April 2024, there have been **10** influenza incidents or outbreaks, with **7** bed days lost. In the same period there have been **81** Covid-19 incidents or outbreaks, with **369** bed days lost, at an estimated opportunity cost of **£184,500** since 1 April 2024 • 17% of C&V UHB staff sickness during July 2024 was due to influenza/COVID-19/respiratory conditions • RSV activity in under 5s remains below the seasonal threshold	Week 34	Below target	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

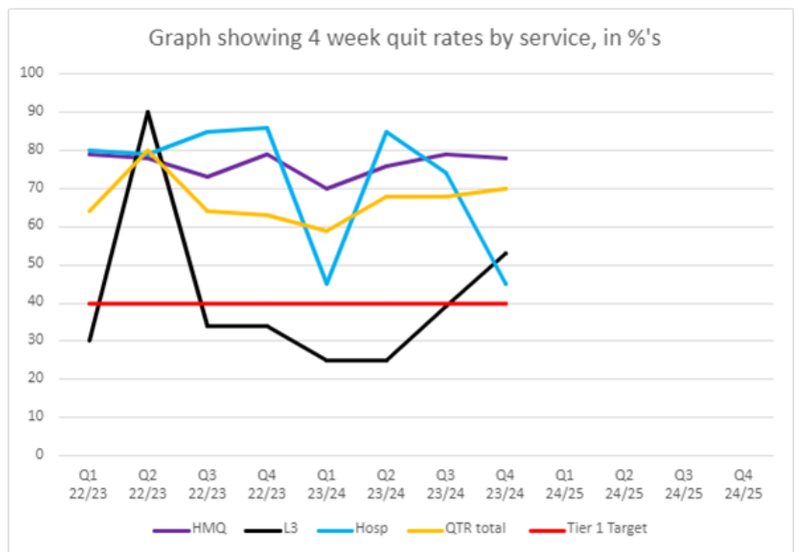
For areas of underperformance please see cover paper for details on actions being taken

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%. • The WHC target of 90% uptake of MMR in schools by the end of July 2024 was not reached due to lower than expected uptake.	Q4 2023/24 Jan 2024-Mar 2024	Below target	 Source quarterly COVER data
Health Protection	**Health Protection System** • The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024). An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach. • A measles action plan has been developed for implementation within the UHB and with partner organisations • The UHB is undertaking a range of preparedness actions in response to the World Health Organisation's declaration of a public health emergency of international concern in relation to the upsurge of mpox cases in the Democratic Republic of Congo and surrounding countries; actions include a review of pathways across primary and secondary care. UHB teams will also participate in a national tabletop exercise on 5th September 2024, working with regional partners such as Public Health Wales and Shared Regulatory Services, to test our response.	Q2 2024/25	On target	*n/a*

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; the English average for 2022/23 was also 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** • We are developing a business case to meet the target of 1,584 new patients in L2 and 176 new patients in Level 3 by Q4 of 2024/25..	Q4 2023/24	**Healthy weight:** On target **Weight management services:** Below target	

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

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

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 target	**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 target	**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	2024/25	100%	92% Below target Average for 23/24: 90%	**Q1**	**Q2**	**Q3**	**Q4**
					92%			
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	16% Below target Average for 23/24: 46%	**Q1**	**Q2**	**Q3**	**Q4**
					16%			

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 target	**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)* ***(still awaiting end of campaign data for the 2024 HPV campaign)***	April 24	90%	74.4% Below target	**Q1**	**Q2**	**Q3**	**Q4**
					74.4%			
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 target	**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%	61.8% Below target	**25/04/24**	**04/06/24**	**27/06/24**	**4/07/24**
					20.8%	51.7%	61.1%	61.8%

Weight Management Services

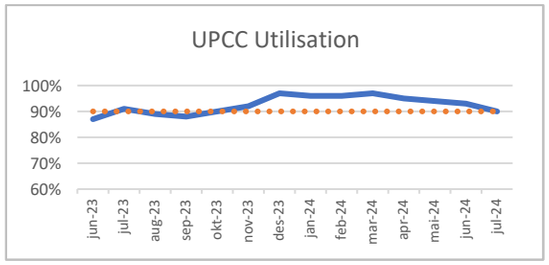
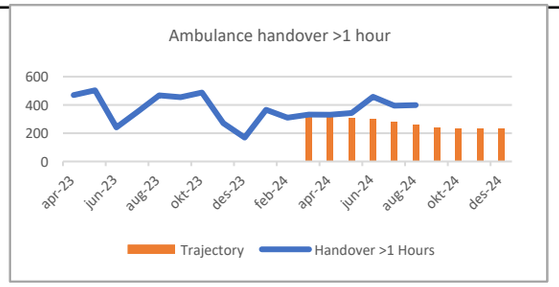
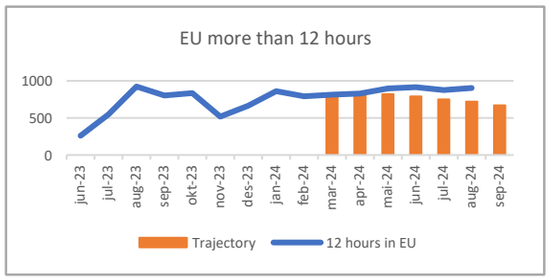
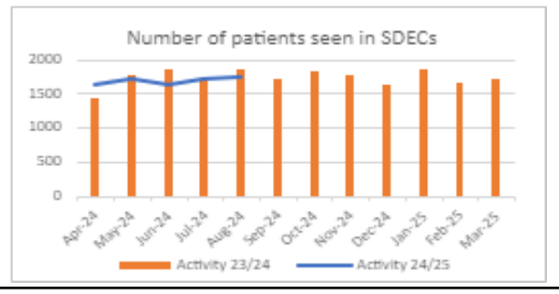
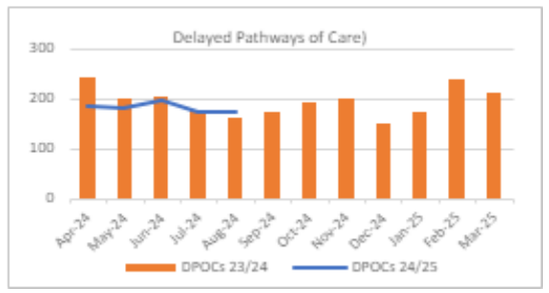
Chair's objectives – ***to note measures updated for 24/25***

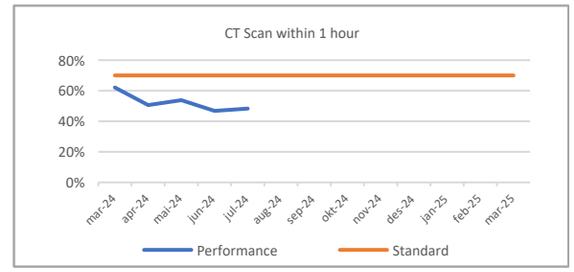
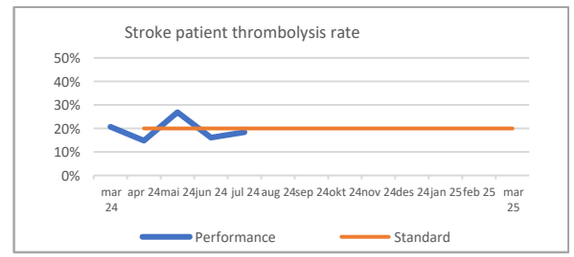
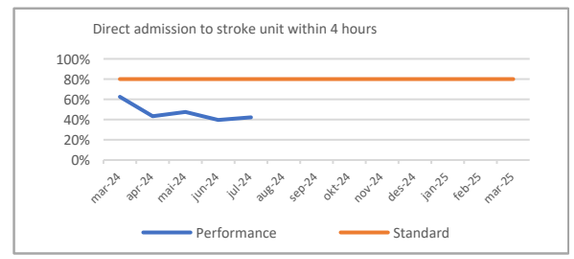
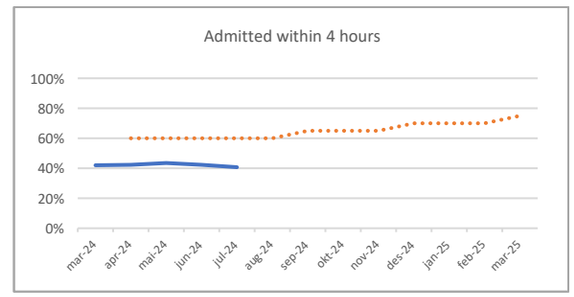
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Increase L2 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=1,584)	n/a	**Q1**			
					1440			
n/a	Increase L3 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=176)	n/a	**Q2**			
					160			

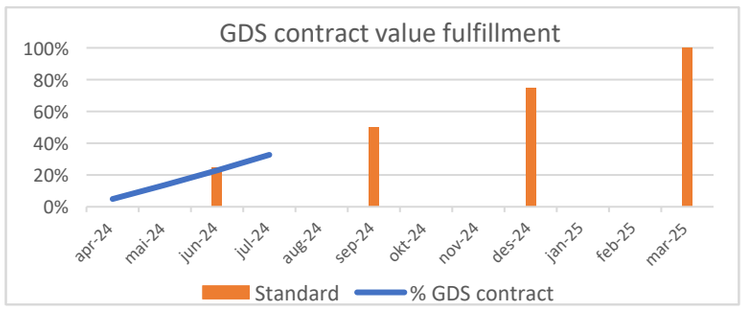
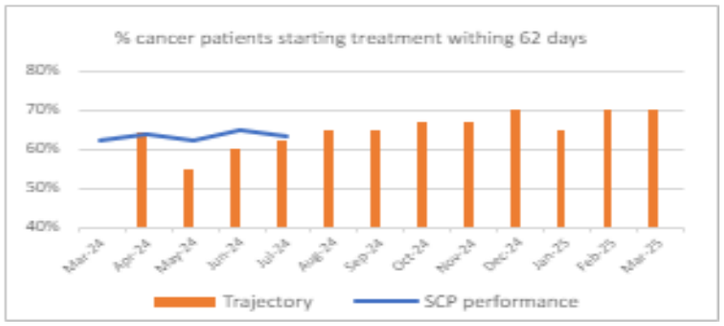
Screening

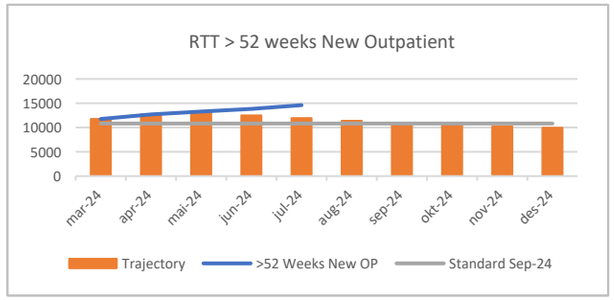
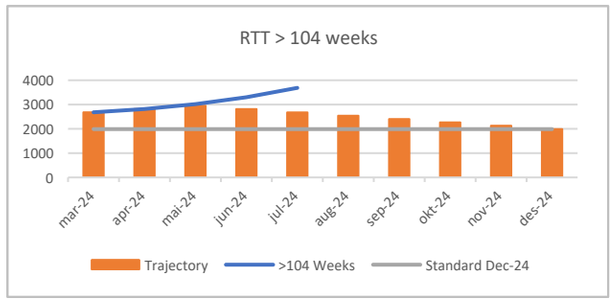
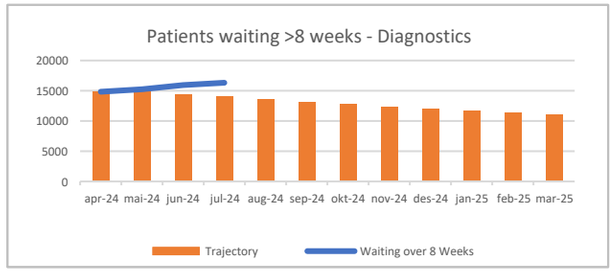
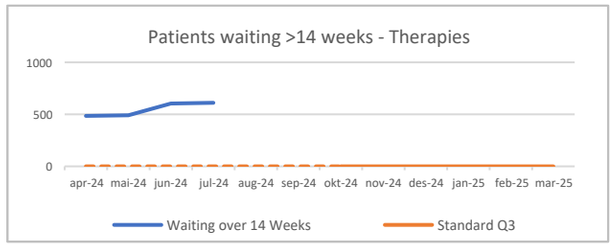
NHS Wales Performance Framework measures

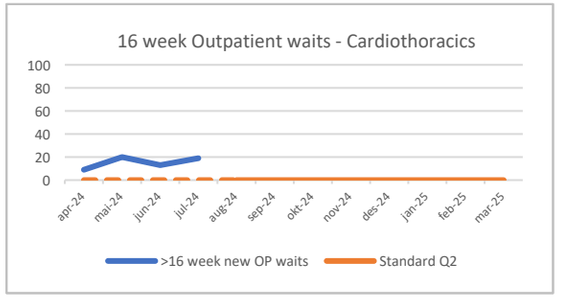
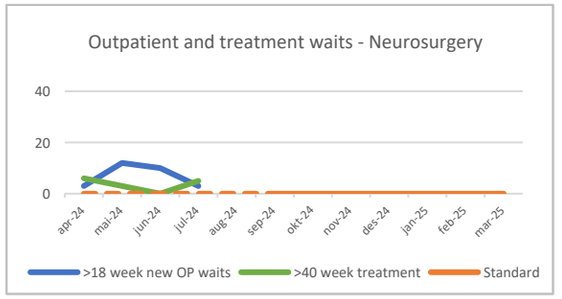
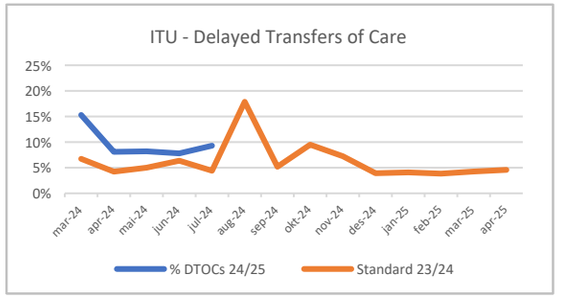
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Jun-24	90%	**23.5%** Below standard	Mar-24: 44.70%; Apr-24: 2.10%; May-24: 51.40%; Jun-24: 23.50%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-24	90%	**93.4%** Above standard	Jan-24: 94.10%; Feb-24: 97.70%; Mar-24: 95.40%; Jun-24: 93.40%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jul-24	95%	**97.2%** Above standard	Apr-24: 95.70%; May-24: 96.10%; Jun-24: 97.40%; Jul-24: 97.20%

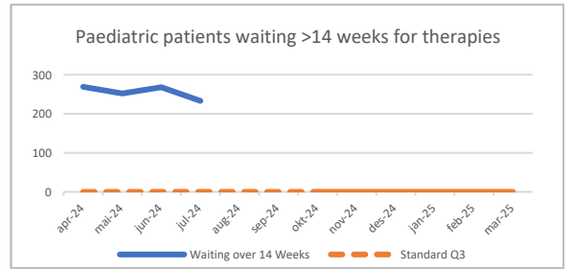
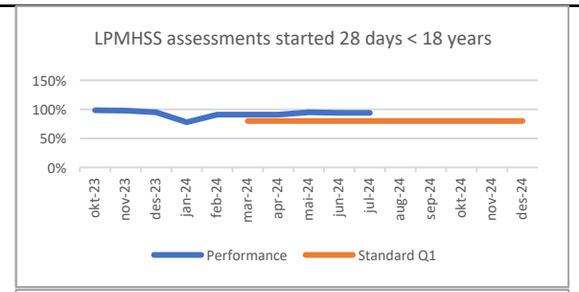
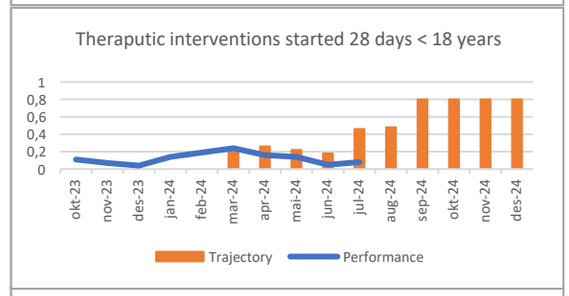
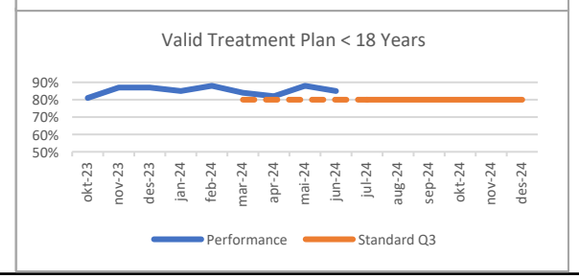
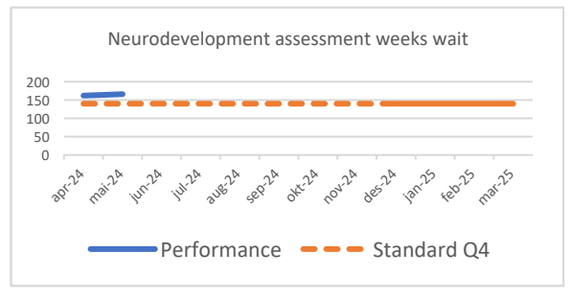
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In July utilisation was 91% and remains above our commitment **Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4** Q1 - 200 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	Jul-24 Jun-24	91% utilisation Above standard 200 accepted referrals Q1 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 August we reported 13 2-hour ambulance delays, above our ambition of 0 In August we reported 418 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In August we reported lost minutes per arrival had decreased to 23 **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 August we reported a small increase in patients waiting 12-hours in EU compared to July. This equates to 91.7% of attendances waiting less than 12-hours and below our ambition for Q2 **SDEC units – Increase attendances compared to the same period 23/24** In August we reported an increase in activity compared to July, however this is slightly below our August 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	Aug-24 Aug-24	13 2-hour delays Above standard 418 1-hour delays Above standard 23 minutes lost/arrival Above standard 91.7% patients <12h Below standard 1736 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 August 58.0% of patients in acute beds had a LOS of >7 days, 32.6% >21 days – increased from July's snapshot but above out ambition **Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24** In August 2024 the number of POCDs was 174 – this slightly above the number of delays reported in August 2024 and our improvement actions are described in the cover paper	Jul-24 Aug-24	58.0% >7d Above standard 32.6% >21d Above standard 174 Above standard	

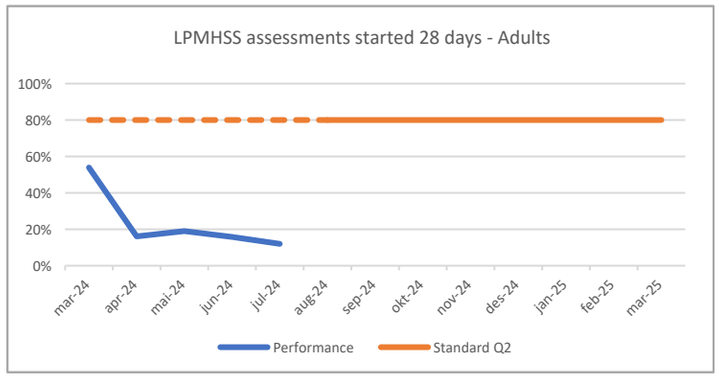
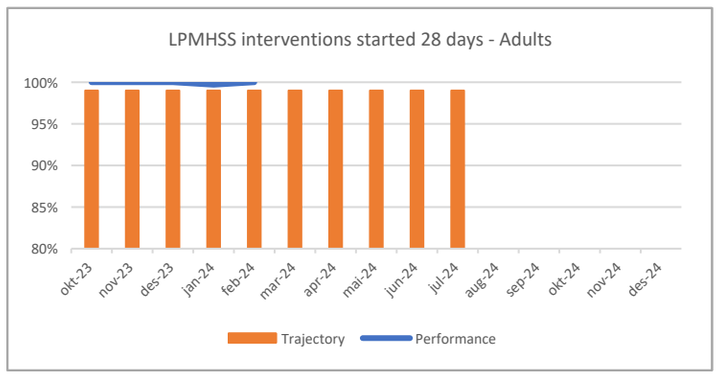
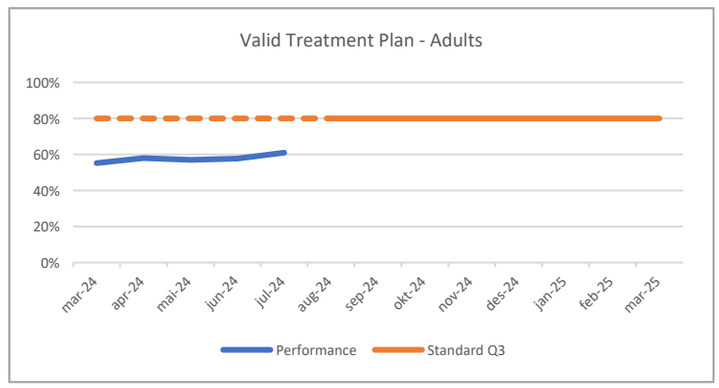
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In July 48.3% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition. **Thrombolysis – 20% thrombolysis rate** In July 18.4% of stroke patients were thrombolysed, an increase from June but below our ambition **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In July 42.2% 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 has been approved and 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.	Jul-24	48.3% CT Below standard 18.4% Thrombolysis Below standard 42.2% 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 July 40.6% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.	Jul-24	40.6% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In July 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 July 32.7% of the contract value had been delivered. **Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter** In July 100% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Apr-24 Jul-24	98.2% Below standard 32.7% Below standard (Apr-24 - Jul-24) 100% 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 July 63.1% of patients received their first definitive treatment within 62 days. This was above our trajectory and we aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.	Jul-24	63.1% Below standard	

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 July there were 14,610 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In August there were 3,687 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	Jul-24	14,610 patients Above standard 3,687 patients Above standard	 
Diagnostics and Therapies Saunders,Nathan 20/09/2024 16:10:11	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In July 16,324 patients were waiting over 8 weeks for a specified diagnostic, an increase from June 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 July 611 patients were waiting over 14 weeks for therapies, a small increase from June and above our commitment for Q3. Breaches are concentrated in OT and Physiotherapy and team are working to bring the specific services back into balance.	Jul-24	16,324 patients Diagnostics Above standard 611 patients Therapies Above standard (Q3)	 

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 July there were 19 patients waiting over 16 weeks for a new outpatient appointment and 13 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 July there were 3 patients waiting over 18 weeks for a new outpatient appointment and 5 patients waiting over 40 weeks for surgery	Jul-24	19 Patients Above standard (Q2) 13 patients Outpatients Above standard (Q3) 5 patients Treatment Above standard (Q4)	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** July saw an increase in ITU DTOCs compared to previous months and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.	Jul-24	9.3% Above standard	

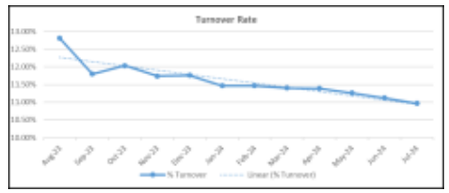
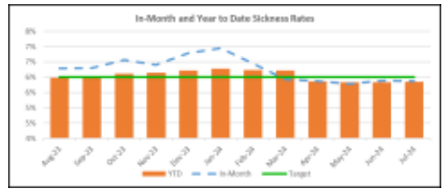
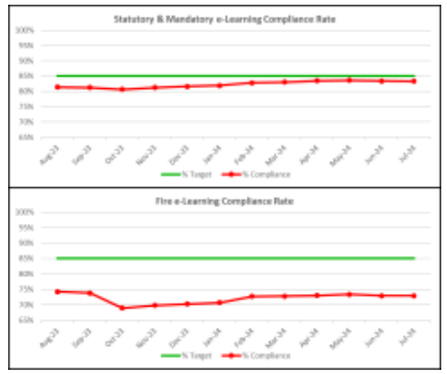
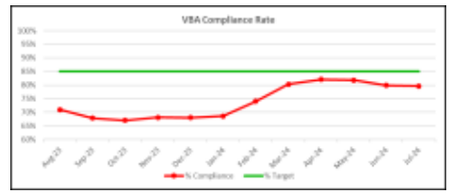
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In July there were 0 patients waiting over 52 weeks for a new outpatient appointment **Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3** In July there were 233 paediatric patients waiting over 14 weeks for Therapies (101 in Dietetics , 131 in Occupational Therapy and 1 in Speech and Language)	Jul-24	0 Meeting standard 233 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 July 94% 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 July 8% of interventions were started within 28 days, this is below the standard for Q3 but in line with the forecasts for the early part of this year **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In July 97% of patients had a valid Care and Treatment Plan, above our ambition	Jul-24	94% Part 1a Above standard 8% Part 1b Below standard 97% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In July the longest wait for a neurodevelopment assessment was 182 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24	Jul-24	182 Above standard (Q4)	

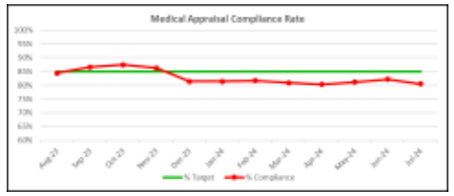
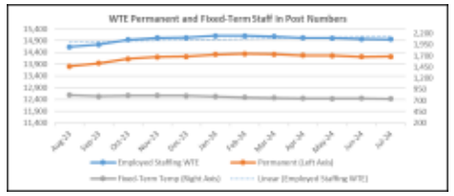
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In July 11.8% 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.	Jul-24	11.8% 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 July 99.7% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Jul-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 July 61% 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	Jul-24	61% Part 2 Below standard (Q3)	

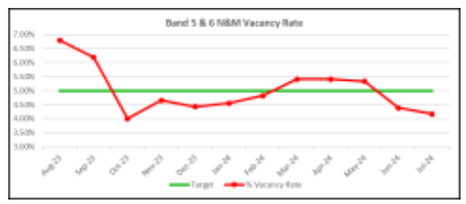
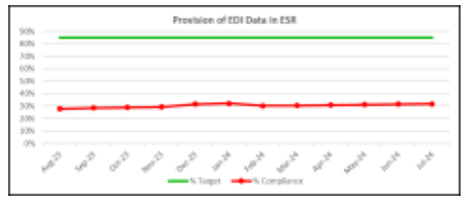
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	**98.2%** Below standard	19/20: 93.4% · 20/21: 95.0% · 21/22: 96.5% · 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jun-24	Improvement compared to the same month in the previous year	**47.3%** Above standard	Mar-24: 46.90% · Apr-24: 47.50% · May-24: 47.60% · Jun-24: 47.30%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Jul 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**32.7%** Above standard	Apr-24: 4.9% · May-24: 13.7% · Jun-24: 22.9% · Jul-24: 32.7%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	May-24	Increase compared to the same month in the previous year	**1,795** Above standard	Feb-24: 1724 · Mar-24: 1649 · Apr-24: 1628 · May-24: 1795
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	Jul-24	80%	**94%** Above standard	Apr-24: 91% · May-24: 95% · Jun-24: 94% · Jul-24: 94%
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	Jul-24	80%	**8%** Below standard	Apr-24: 16% · May-24: 14% · Jun-24: 5% · Jul-24: 8%
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	Jul-24	80%	**11.8%** Below standard	Apr-24: 16.1% · May-24: 19.0% · Jun-24: 16.0% · Jul-24: 11.8%
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	Jul-24	80%	**100%** Above standard	Apr-24: 100.0% · May-24: 100.0% · Jun-24: 100.0% · Jul-24: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Aug-24	65%	**55%** Below standard	May-24: 52% · Jun-24: 48% · Jul-24: 56% · Aug-24: 55%
20.	Median emergency response time to amber calls	Jul-24	12 month reduction trend	**01:23:17** Above standard	Apr-24: 01:07:22 · May-24: 01:19:27 · Jun-24: 01:18:06 · Jul-24: 01:23:17

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	Jun-24	15 minutes or less	**19** Above standard	Mar-24: 20; Apr-24: 20; May-24: 23; Jun-24: 19
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jun-24	60 minutes or less	**65** Above standard	Mar-24: 63; Apr-24: 64; May-24: 62; Jun-24: 65
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	Aug-24	Improvement compared to the same month in the previous year, towards the national target of 95%	**59.9%** Below standard	May-24: 63.7%; Jun-24: 62.8%; Jul-24: 61.9%; Aug-24: 59.9%
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	Aug-24	Reduction compared to the same month in the previous year, towards the national target of zero	**904** Above standard	May-24: 898; Jun-24: 915; Jul-24: 876; Aug-24: 904
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jun-24	12 month improvement trend towards a national target of 80% by 31 March 2026	**64.6%** Below standard	Mar-24: 62.3%; Apr-24: 63.7%; May-24: 62.1%; Jun-24: 64.6%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jul-24	0	**16,324** Above standard	Apr-24: 14835; May-24: 15245; Jun-24: 15938; Jul-24: 16324
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jul-24	100%	**84.29%** Below standard	Apr-24: 81.45%; May-24: 83.88%; Jun-24: 82.12%; Jul-24: 84.29%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jul-24	0	**611** Above standard	Apr-24: 485; May-24: 491; Jun-24: 604; Jul-24: 611
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jul-24	0	**64** Above standard	Apr-24: 13; May-24: 50; Jun-24: 63; Jul-24: 64

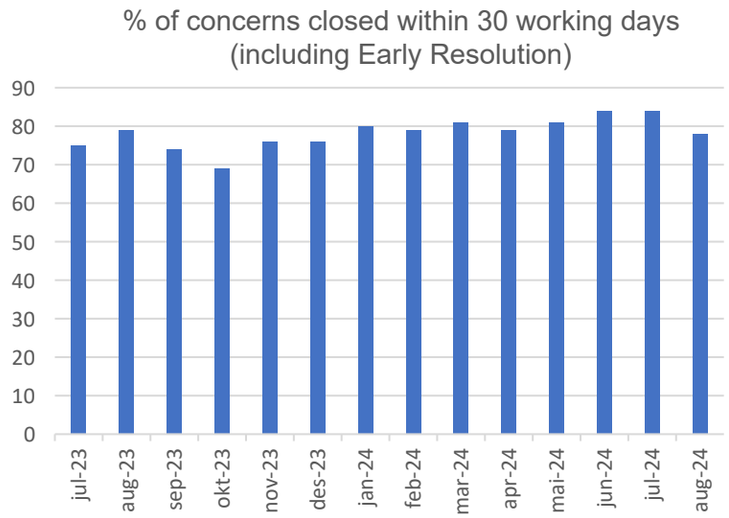
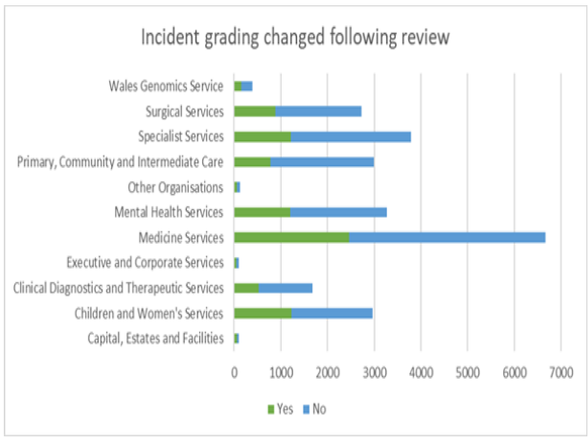
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jul-24	0	**14,610** Above standard	Apr-24: 12695; May-24: 13285; Jun-23: 13831; Jul-23: 14610
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jul-24	Reduction compared to the same month in the previous year	**22,763** Below standard	Apr-24: 26338; May-24: 27686; Jun-24: 24915; Jul-24: 22763
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jul-24	0	**3,687** Above standard	Apr-24: 2816; May-24: 3018; Jun-23: 3301; Jul-23: 3687
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jul-24	Month on month reduction towards the national target of zero by 30 June 2025	**35,473** Above standard	Apr-24: 32436; May-24: 33241; Jun-23: 34148; Jul-23: 35473
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jul-24	80%	**17%** Below standard	Apr-24: 20%; May-24: 17%; Jun-24: 16%; Jul-24: 17%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-24	80%	**65%** Below standard	Mar-24: 56%; Apr-24: 62%; May-24: 65%; Jun-24: 65%

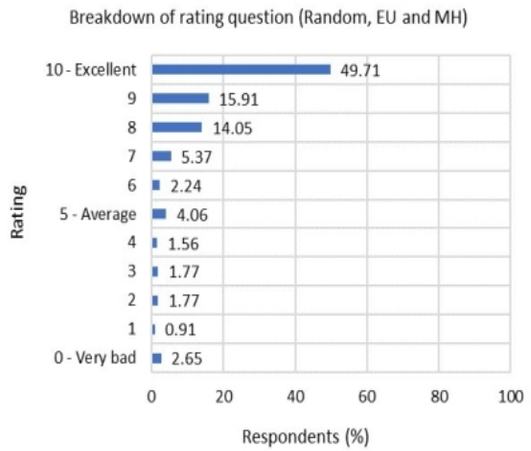
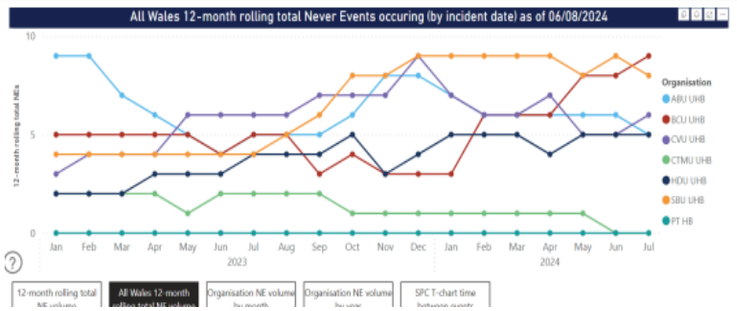
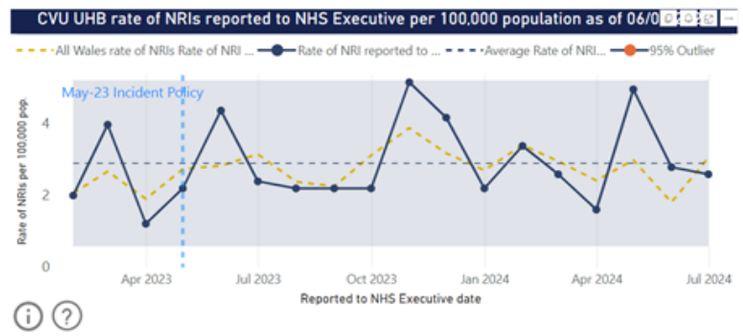
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Aug-23; the rates have fallen from 12.81% at Aug-23 to 10.97% in Jul-24 UHB wide. This is a net 1.84% decrease, which represents 263 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation – Promotion'.	July 2024	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Jul-24 was 5.88%. The 12-month cumulative rate has settled over the past 6 months, and is 6.26% at Jul-24 (by comparison with Jul-23, which was 6.53%).	July 2024	
Statutory and Mandatory Training	The overall compliance rates fell marginally for Jul-24 to 83.34%, 1.66% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics and Children & Women's are above the 85% target, and Corporate Executives are above 80% compliance. The compliance with Fire training was 72.99% for Jul-24 . All Wales Genomics Service have reached 86.29%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.	July 2024	
Values Based Appraisal	VBA compliance has fallen again during Jul-24 to 79.61%, the 3rd successive monthly fall in the compliance rate. Capital, Estates & Facilities are the only Clinical Board that continues to exceed the 85% target. Children & Women's, Surgical Services, All-Wales Genomics Service and PCIC are above 80%.	July 2024	
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 just below 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.	July 2024	

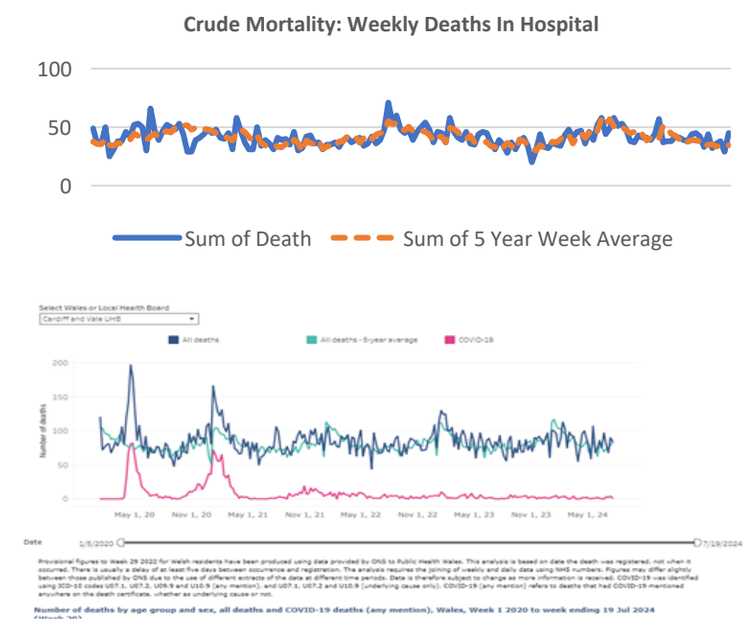
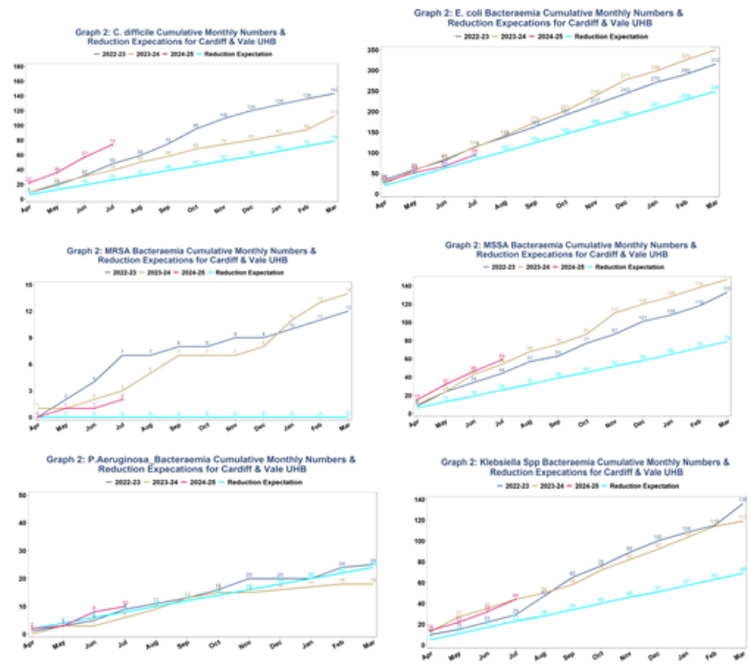
Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.31% have an agreed job plan that has been signed off within the past 12 months. A further 25.96% have an agreed job plan that was last reviewed and signed off before Aug-23.	July 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for Jul-24, to 80.45%, and remains below the 85% target.	July 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 326 WTE, to 14,961.84 WTE at Jul-24. It is worth noting that the numbers have actually fallen slightly in the past 5 months, from a high of 15,114.10 WTE in Feb-24. 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.	July 2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Aug-23 the percentage was 10.12% of the total spend on pay, but in Jul-24 had fallen to 8.04%. It must however be borne in mind that the total pay bill is increasing.	July 2024	
Staff Winter Vaccination Programme	The 2023-24 winter vaccination programme closed at the end of Mar-24. The programme for 2024-25 will commence in Sept-24.		
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency continues to fall. At Aug-23 the percentage was 2.42% of the total spend on pay, but in Jul-24 had fallen to 0.82%. It must however be borne in mind that the total pay bill is increasing.	July 2024	

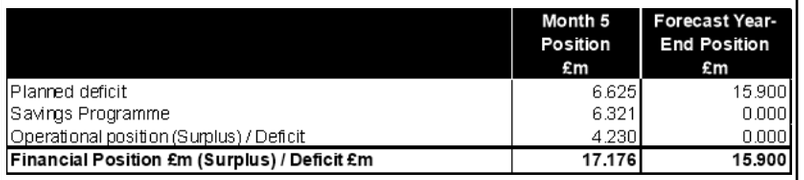
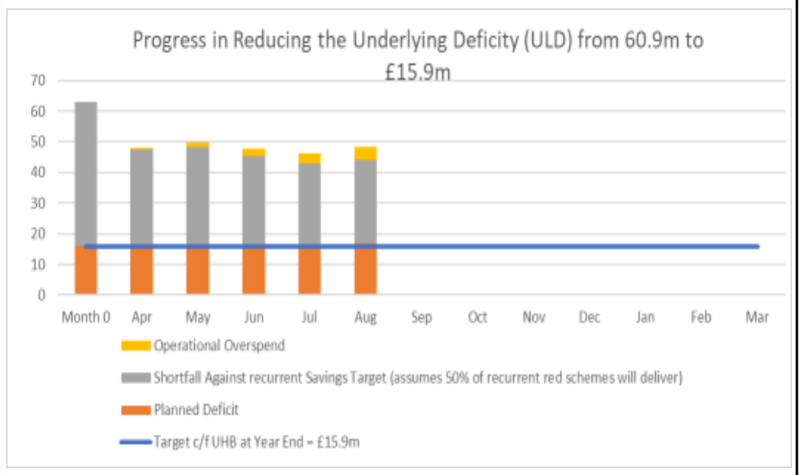
Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 59 days. The figure for Cardiff & Vale uHB for Jul-24 was 78 days, but over the past 12 months the trend is downwards.	July 2024	
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 6.8 days. The figure for Cardiff & Vale uHB for Jul-24 was 5.6 days.	July 2024	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received an direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. During the intervening 9 months the return rate has risen, to 29.50% at Jun-24.	June 2024	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Jul-24 the rate was 4.17%, by comparison with a nominal 5% target. It is worth bearing in mind that there is a project running to validate the funded establishment WTE, so some future changes might be driven by improvements in accuracy of recording the funded establishment WTE rather than any changes in staff recruitment and/or retention.	July 2024	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Jul-24 31.75% have recorded all of their EDI data. Country of Birth has the poorest compliance rate; if this is excluded from calculations the compliance increases to 72.29%	July 2024	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). Approximately 60% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Jul-24 4.99% of staff have recorded their Welsh Skills between level 2 and level 5.	July 2024	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Jul-24	12 month reduction trend (6%)	**5.88%** Below standard	Apr-24: 5.87%; May-24: 5.78%; Jun-24: 5.88%; Jul-24: 5.88%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jul-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	**10.97%** Above standard	Apr-24: 11.39%; May-24: 11.26%; Jun-24: 11.12%; Jul-24: 10.97%
38.	Agency spend as a percentage of the total pay bill	Jul-24	12 month reduction trend	**0.82%** Below standard	Apr-24: 0.91%; May-24: 0.93%; Jun-24: 0.68%; Jul-24: 0.82%
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)	Jul-24	85%	**79.66%** Below standard	Apr-24: 81.98%; May-24: 81.80%; Jun-24: 80.03%; Jul-24: 79.66%

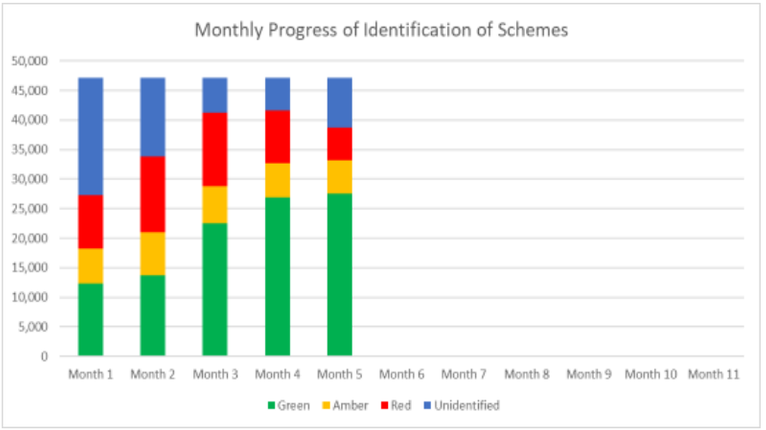
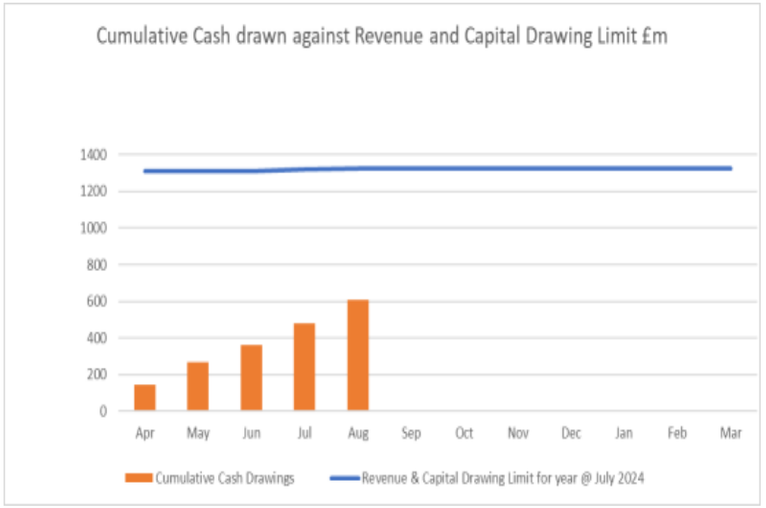
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30 day performance	**Welsh Government target for responding to concerns is 75% within 30 working days** **During July and August 24, the Health Board :** • Received 731 Concerns • Closed 683 concerns • 78% closed within 30 working days (including Early Resolution) • 38 % closed under Early Resolution (within 2 days including day of receipt) • Received 226 Enquiries • Received 84 Compliments • We currently have 291 active concerns **Top 3 themes and trends** • Concerns around appointments (waiting times/cancellations) • Communication • Clinical Treatment and Assessment	July/Aug 2024	78% Exceeding the 75% standard	
Duty of Candour	• Since April 1st, 2023, 37, 730 incidents have been reported by staff across the Health Board • Approximately 33% incidents regraded with clinical input and feedback to the reporter • We continue to support DOC awareness sessions across Primary and Secondary care • Since April 1st, 2023, we have triggered the DOC on 198 occasions • We have internally audited the process and compliance	Sep 2024	n/a	

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 August, we sent 15,517 texts and had 2419 completions (16% response). • Of those respondents who were discharged during July/August and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 85% 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.	July/ August 2024		
Patient Safety	Cardiff and Vale reported seven NRIs in July 2024, which is a rate of 2.57 per 100 000 population in line with the national rate of 3.03 The management of Never Events remain a priority with six incidents reported in the past twelve months. 59.95% of NRI reviews remain open over 90 days which reflects the number of cases under review in Mental Health Clinical Board, where there is a 120 days time frame for review and closure. 2377 patient safety incidents were reported in July 2024 of these 1780 were reported as having caused no or low harm. Of those that were reported as having caused moderate harm or above 293 were subsequently downgraded to no or low harm once reviewed. However 240 incidents have not yet had a management review. The timely oversight and management of patient safety incidents is a priority and the clinical boards will be supported in reducing their numbers of incidents that remain open over 90 days over the next three months.	July 2024		 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Inpatient Mortality Crude Mortality remains in line with the five year average. Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking All Cause Mortality Excess deaths in line with the five year average for the past two months. Excess mortality rates have been observed across the UK including Wales since late 2022.	May 2020-19 July 2024		
Infection Control	**Covid -19 continues to casue disruption with outbreaks on a number of wards across the UHB** **C. Difficile** 74 cases reported to date compared with 39 in the previous year. The majority of caess are in Medicine Clinical Board **Klebsiella Spp Bacteraemia** The UHB has reported 44 cases to date this year the same as was reported at this point in 2023/24 **E. Coli Bacteraemia** CAV continues to reduce the number of E.coli bacteraemia. Cumulative cases are below the same period last year with 95 cases to date and 114 at the same point last year. Majority of cases diagnosed in the community **MRSA Bacteraemia** Two MRSA case was reported during to date this year, compared with 3 at this point in 2022/23 **MSSA Bacteraemia** The UHB has reported 59 cases to date, 5 more than during the same period in 2023 and 2022 with the majority diagnosed in the community **P. Aeruginosa Bacteraemia** 10 cases reported to date in 2023/24 compared to 9 at the same point in the previous year, with all cases diagnosed in Medicine clinical board or the community	Apr- July 24		

	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 5, the UHB is reporting an overspend of £17.176m. This is comprised of £4.230m operational overspend, a savings gap of £6.321m and the planned deficit of £6.625m (5 twelfths of the planned forecast year end deficit of £15.900m). The UHB expects to recover the month 5 operational & savings overspend to deliver the £15.900m planned deficit.	August 24	
	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 5, the UHB had identified £17.956m of recurrent green and amber savings In addition, it is assumed that 50% of the £4.007m red schemes are recurrent. A £4.230m operational overspend was reported at month 5 and this will also need to be managed to a balanced position at year end to meet the target ULD. In summary, a further £27.241m 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.	August.24	
	Management of operational budget pressures	The UHB reported a £4.230m operational overspend at month 5, which is a deterioration of £0.860m from the £3.370m reported at month 4.	August 24	

	Month 5 Position £m	Forecast Year-End Position £m
Planned deficit	6.625	15.900
Savings Programme	6.321	0.000
Operational position (Surplus) / Deficit	4.230	0.000
Financial Position £m (Surplus) / Deficit £m	**17.176**	**15.900**

	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £47.2m savings target	£33.232m Green and Amber schemes identified at month 5 of which £17.956m were recurrent.	August 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.	August 24	

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	May-23	12 month improvement trend	**65.1%** Below standard	Feb-24: 56.90%; Mar-24: 36.70%; Apr-24: 60.90%; May-24: 65.10%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Jun-24	90%	**25.4%** Below standard	Mar-24: 0.70%; Apr-24: 0.00%; May-24: 38.60%; Jun-24: 25.40%
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	Jul-24	12 month reduction trend	**171** Above standard	Apr-24: 183; May-24: 179; Jun-24: 194; Jul-24: 171
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-24	90%	**97.2%** Above standard	Apr-24: 81.7%; May-24: 87.8%; Jun-24: 85.3%; Jul-24: 97.2%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-24	90%	**61.2%** Below standard	Apr-24: 58.5%; May-24: 59.1%; Jun-24: 60.3%; Jul-24: 61.2%
46.	Number of service user feedback experience responses completed and recorded on CIVICA	July/August 24	Month on month improvement	↑ **6343**	In July we sent 14,800 SMS and in August 15,517

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Jul-24	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**43** **11** 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)	Jul-24	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**56.22 cases per 100,000 population** **36.69 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	Jul-24	25 cases per 100,000 population	**43.79 cases per 100,000 population** Above standard	Not 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)	Jul-24	Reduction compared to the same month in the previous year	**26.2%** On standard	Apr-24: 30.00%; May-24: 40.00%; Jun-24: 27.50%; Jul-24: 26.20%
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jun-24	12 month improvement trend towards national target of 95%	**61.5%** Below standard	Mar-24: 58.40%; Apr-24: 62.20%; May-24: 64.90%; Jun-24: 61.50%
52	Number of ambulance patient handovers over one hour	Aug-24	0	**399** Over standard	May-24: 343; Jun-24: 458; Jul-24: 395; Aug-24: 399
53.	Percentage of ambulance patient handovers within 15 minutes	Aug-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**10.98%** Below standard	May-24: 16.25%; Jun-24: 13.90%; Jul-24: 13.60%; Aug-24: 10.98%
54.	Number of National Reportable incidents that remain open 90 days or more	August-24	12 month reduction trend	↓ **69**	36% of these NRI's are not overdue as assessment timeframe was 90 or 120 days.

Report Title:	**Strategic Planning, Commissioning and Partnership Update**			Agenda Item no.	6.9
Meeting:	Public Board	Public	X	Meeting Date:	26.09.2024
		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
- Engagement for service change

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)/ Annual 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 strategy, long term strategic plans and our IMTP/annual plan, showing clear integration with our regional and partnership plans.

1. Shaping Our Future Wellbeing – 2035:

The 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 - to deliver the milestones and outcomes we have described in our refreshed strategy. This was further tested through August Board development and is being developed by executive leads during Q3 to bring back to Board once finalised.

2. Integrated Medium Term/ Annual Planning

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

On 26th July, our CEO received a letter from the NHS Wales CEO which set out the following accountability conditions:

- Deliver the plan within the £15.9m deficit declared and continue to explore opportunities to improve on this position
- Further de-risk your plan to ensure that the £47.2 m declared savings are delivered in-year
- Continue to adopt the Value and Sustainability Board programmes, maximise opportunities for efficiency and productivity and;
- Progress regional solutions for endoscopy and other clinical challenges as appropriate

On 9thAugust, our Chair of the Board received a letter from the NHS Wales Chief Executive which set out the following points:

- The former Cabinet Secretary for Health, Social Care and Welsh Language has noted that CAVUHB has been unable to submit an integrated medium-term plan (IMTP) for 2024-27 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as inserted by NHS Finance (Wales) Act 2014) and in accordance with the NHS Planning Framework.
- Therefore, the organisation has failed to meet its statutory duty to submit an IMTP and to have an IMTP approved by the Welsh Ministers and that because of this, CAVUHB submitted an Annual Plan for 2024-25 in accordance with the requirements of the NHS Planning Framework.
- Following an initial assessment of the Annual Plan, Welsh Government officials requested additional information by 31 May to further strengthen our response to the priorities the former Cabinet Secretary had set, which was provided. The former Cabinet Secretary was encouraged by the health board's commitment to regional working.
- The Board will be subject to the accountability conditions set out in the CEOs letter to the health board's Chief Executive on 26th July.
- The Annual plan will have ongoing monitoring through a range of mechanisms, including:
    - The Cabinet Secretary for Health and Social Care's bilateral discussions with the Chair

- Chief Executive bilateral discussions and
- Integrated Quality, Planning and Delivery meetings
- The national Performance Board
- Additional discussions regarding expectation to significantly reduce the financial deficits in CAVUHB and across the system that will continue to be scrutinised

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 Finance and Performance Committee will be appraised of progress in delivering the accountability conditions and the actions required to de-escalate our status as per the Escalation Framework.

Progress of plan delivery will be assessed through the monthly Integrated Performance Report. This report will be sent to Welsh Government Planning Team alongside an updated Minimum Data Set on a quarterly basis.

Plan development 25-26: The process for updating and refreshing the plan for 2025-28 has commenced and will be based upon strategy alignment balanced with “bottom-up" response to emerging operational priorities.

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 in August, engagement events with our staff and stakeholders during the Autumn and Winter 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

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 *(Shaping our Future Clinical Services Portfolio)*

Work progresses to deliver the pan region executive level commitment to produce a single regional clinical service strategy

A number of task and finish groups are now underway across workforce, estates, finance, operations, digital, population health as well as clinical leads/medical directors to ensure the organisation is developing good engagement and leadership

from the outset and can identify current baselines and any projections that can feed into a regional position / case for change.

Alongside this work has also progressed in exploring what revised regional planning arrangements and associated governance may look like in order to underpin and enable even more effective regional working.

Board will be aware that a joint board briefing session will take place on the 1st October to explore both the above areas of work. All Board members can expect a briefing pack in advance of the meeting so they are fully sighted on the focus of the session and have the opportunity to consider areas they would like to explore further.

A board summary on the status of the programmes currently within the regional portfolio is attached at **Annex A.**

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

- **Hepato-Pancreato-Biliary (HPB) Surgery** – The stakeholder consultation on the Clinical Guidelines, Patient Pathway and Network Service Specification concluded on the 9th August. The outcome of the consultation will be reviewed by the Project Team and Shared Service Model Working Group, and the outcome will be presented to the HPB Project Board on the 24th September

- **Oesophago-Gastric Cancer Surgery** – A joint workshop has been arranged on the 9th October, with clinical and operational representation from across South Wales to consider a revised holistic pathway. The aim of this workshop is to review proposed pathway and service model and agree any final. The outcome will be presented to the November meeting of the RSSPPP

- **Specialised Infectious Diseases Services – Following discussion with PHW, a revised** draft service specification was considered and approved in principle at the August meeting of the Chief Executive Management Team. A multidisciplinary inter organisational workshop will be organised for the Autumn, to support the development of a clinically informed implementation plan.

- **Cardiac Surgery Review –** A draft project definition was discussed and agreed at the July meeting of the RSSPPP. Further discussions are ongoing with the JCC and NHS Wales Executive on the establishment of the programme.

- **Gynaecological Oncology Surgery –** A copy of the gap analysis template has been issued to both centres for completion, and discussions are ongoing to identify an appropriate centre to benchmark against.

- **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.

- **Tertiary Service Development Group** – Standard Operating Procedures have been developed to establish a uniform process for the identification, assessment and management of specialised services. This includes proposals to establish new specialised services, review existing high risk specialised services, respond to expressions of interest from commissioners to provide a

new specialised service, and to provide notice of possible closure of a specialised service. The SOPs will be submitted for approval to the August meeting of the TSDG. Similar SOPs are being developed for the SBUHB Tertiary Service Oversight Group.

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

The Health Board continues to play an active role in the RPB and over the last quarter there has been a focus on the following areas:

- Development of an integrated approach to place planning, increasing the influence of clusters and bringing together service and infrastructure planning. The approach is being tested in the SW cluster, with the intention of creating place plans for each of the 9 clusters over time.

- In the Starting Well portfolio partners have finalised the action plan for NEST/NYTH for 24/25. NEST/NYTH is the framework to help RPBs create better mental health and support services for babies, children, teens, parents, carers, and their families in Wales

- The teams behind the Six Goals for Urgent and Emergency Care and the @home programme have been working closely to plan our joint approach to the delivery of our ambitions to create an integrated community care system. A business case setting out the out of hospital enhanced community care model is in development, building out from the successful launch of Safe@home.

- Exploration of telehealth solutions to support out of hospital care, starting with CAV24/7, Safe@home and GP housebound patients.

- The Care Action Committee, chaired by the Cabinet Secretary for Health and Social Care has issued its priorities for 24/25. These continue to focus on home from hospital which C&V performs very strongly on; weekend community nursing and palliative care nursing capacity and enhanced community care capacity.

- Welsh Government has also issued two new Codes of Practice:
  a) The National Framework for commissioning care and support – code of practice https://www.gov.wales/national-framework-commissioning-care-and-support-code-practice. This comes into force from 1st September 2024 and will apply to all commissioners of care and support including HEalth Boards and Local Authorities
  b) General social care functions of local authorities: code of practice https://www.gov.wales/general-social-care-functions-local-authorities-code-practice. This comes into force from 1st September 2024 and has implications for LAs and HBs with regard to population needs assessments.

7. **Commissioning Developments**

The APB Commissioning team participated in an all-Wales exercise led by PHW on the potential for clusters of deaths in the local community and prison related to nitazines (synthetic opiods). The event was successful, and we are awaiting the formal feedback. We will look to run a local version of this exercise in Q3, including Area Planning Board members and local providers. Support has been sought from

the local EPRR team to support the exercise and paper will go to the September Area Planning Board.

The NHS Wales Joint Commissioning Committee is currently finalising its Tier 2 structures with job mapping and recruitment underway. Once this is complete the supporting structures will be agreed. The new Committee is required to develop an IMTP rather than the Integrated Commissioning Plan that was produced previously for specialised services. The formation of the new entity and the agreement of its governing structures is still in the transitional phase and this means that plan timescales will be later this year. The process is likely to be different this year, with new processes for prioritisation and evaluation and the commissioning intentions being produced much later in the year. Usually, there is a mature draft available in Q3, to facilitate reflection in the CAVUHB IMPT of the financial requirements from a commissioning perspective and any investment or business cases required from us as a provider.

8. Engagement

The UHB continues to meet with the regional Llais team to ensure that there is appropriate awareness and involvement with engagement planning and activities. Current engagement activities are included at **Annex B.** The Llais regional director's report for Q1 outlining engagement activities and the Llais priorities for 2024-25 for Cardiff and Vale residents is also included at **Annex C** for information**.**

Recommendation:

The Board is requested to:

(a) **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.

Putting People First		Providing Outstanding Quality	
1. **Click the objective above to view more detail.**		2. **Click the objective above to view more detail.**	
Delivering in the Right Places		Acting for the Future	
3. **Click the objective above to view more detail.**		4. **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*

Pre		Long term		Integration		Collaboration		Involvement	

vention									

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*n/a*

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 - *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: Yes/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: Yes/No
Welsh Language: Yes/No

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

August 2024 board update: South East Wales Region

ANNEX A

GIG CYMRU NHS WALES | Rhanbarth De-ddwyrain Cymru South East Wales Region

Programme & purpose	Overview	Need to Know	What's new	RAG
Regional Acute Clinical Services Strategy: • Compelling case for change • Single blueprint and planning framework • Collective strategic intent • Limited to acute secondary care services only	Unable to provide	• **Task and Finish Groups:** Estates, Digital, Public Health, Clinical and Operational groups all now stood up • **Future Planning:** informal engagement/testing of future planning and governance arrangements ongoing. Meetings with all DoFs completed • **Reprioritisation of programmes:** All programmes should be working on this with a discussion planned at September's Oversight Board	• **Service Planning and Delivery:** paper describing how the South East Wales Region can mature its collective approach to planning and delivering services to be presented to the August Oversight Board meeting • **High Level Risk Profile:** one new risk added and two risk/issues increased - new reputational risk added - finance risk score increased - alignment with LHP risk score increased	Unable to provide
Ophthalmology: • Sustainable Services • Regional Centre of Excellence Network Model • Workforce • Clinical Research Facility • Modernised IT • Reduce waste and clinical variation.	• Most workstreams providing reasonable assurance • Steady progress since the last report	• **Funding:** no agreed commitment to ongoing recurrent funding from all parties, with current agreed plans ending on 31/08/24. • **Sustainable cataracts business case:** business case options for AB and CAV sites are still in development. Request to health boards to expedite plans to meet business case timeframes for a November Board sign off	• **Team Appointments for Neville Hall Hospital and Regional Booking team:** recruitment underway and posts being filled, although some posts need to be advertised more than once • **Programme Risk:** - Vanguard risk has become an issue	Reasonable Assurance

August 2024 board update: cont/…

Programme & purpose	Overview	Need to Know	What's new	RAG
Orthopaedics: • High quality equitable care and interventions • Best outcomes and experience for patients • Balanced orthopaedic demand, capacity, productivity and efficiency	No overall RAG rating	• **Workforce planning:** assessment of current workforce model completed, with 'gold standard' workforce model to be agreed (ongoing) • **Perfect Month:** task and finish groups established within each health board (action ongoing) • **Regional Surgical Site Infection (SSI) surveillance:** analyses of latest data delayed due to reorganisation at PHW • **Standardised Health Screen questionnaire:** regional programme leads awaiting update from working group leads • **Llantrisant Health Park (LHP) Orthopaedic Clinical Service Model:** Pending planning assumptions to be shared by LHP Programme Board with AB and CAV, including workforce plan funding arrangements	• **Validated demand and capacity assessments:** health boards have provided refreshed data – action complete • **LHP Orthopaedic Clinical Specification:** finalised and action complete • **Programme Risk:** no new risks or changes in risk scores	No status provided
Cancer: • Design, develop and articulate the desired future state for the cancer system for SE Wales • Adopt best practice • Reduce inequalities • Improve outcomes	Minimal assurance given	• **Finalise workstreams:** PDD circulated in July 2024 for comments by 27/08/24, pending sign-off by Cancer Programme Board • **Resources:** needs clinical leadership and adequate programme support • **Prehabilitation:** regional work is based on C&V model, which is different to other health boards. Priorities to be agreed, as resource is required to take the work forward.	• **Diagnostic discovery:** Colorectal and Lung agreed as the two tumour sites. Analysis of data from all Wales screening programmes and health boards is underway. • **Programme Board:** membership agreed from all organisations, with inaugural meeting on 09/09/24 • **Radiotherapy satellite unit:** action log completed. With Velindre to progress • **Programme Risk:** no new risks or changes in risk scores	Minimal assurance given

August 2024 board update: cont/…

Programme & purpose	Overview	Need to Know	What's new	RAG
Stroke: • Transform stroke outcomes • Deliver evidence-based, innovative and sustainable care • Achieve best-in-class at all stages of our clinical pathways	No overall RAG rating	• **Resources:** CTM consultant capacity compromised at PCH. Contingency planning initiated. Due to the fragility of services, CTM have begun the process of testing options in the event that acute stoke services may need urgent, interim measures to manage service sustainability.	• **Baseline Service Map Assessment:** expected to be completed for C&V and CTM by September 2024 • **Engagement strategy and plan:** mapping out critical timeline for regional planning • **Programme Risk:** two new risks identified - Limited consultant capacity at PCH - Absence of programme clinical lead	No status provided
Diagnostics – Radiology: • Collaborative regional approach • Provide additional regional capacity • Improve access to services in areas of social deprivation	No overall RAG rating	• **Business Case:** Welsh Government confirmed all delivery options including capital and IFRS16 models must be included in the business case. Commercial case drafted on this basis, with consequent delay in approval by health boards. • **ISFT position:** decision pending once C&V's position on enacting lot two, or progressing to ISFT jointly, is confirmed. Discussions ongoing.	• **ISFT specification:** currently being finalised subject to lot two confirmation. PET workshop took place on 05/08/24 with further workshops ongoing. • **Project Risk:** no new risks added; risk score increased on capacity to deliver project and procurement actions	Reasonable assurance

August 2024 board update: cont/…

Programme & purpose	Overview	Need to Know	What's new	RAG
Diagnostics – Endoscopy: • Regional service model • JAG accreditation across all services • Shared PTL • Collaborative training • Common IM&T system • Shared understanding and common approaches and definitions of D&C data	No overall RAG rating	• **Business case:** health boards required to confirm their commitment to commissioning of regional services. Business case to be refined based on commissioner intentions.	• **PHW/ Bowel Screening Wales:** PHW's requirements have been assessed to informed the business case and the health board commissioner commitment. • **Project Risk:** - new risk added for IFRS16 process and appraisal - risk score increased on capacity to deliver project and programme activities	No status provided
Diagnostics – Pathology: • Regional pathology solutions in South East Wales • Create a sustainable patient-focussed service	No overall RAG rating	• **Non-financial options appraisal:** completed with option four – central cut up and central processing - the highest scoring option. Financial options appraisal to follow with revised timelines	• **Project Risk:** no new risks or changes in risk scores.	No status provided

August 2024 board update: cont/…

Programme & purpose	Overview	Need to Know	What's new	RAG
Llantrisant Health Park (LHP): • Cutting-edge diagnostics and treatment centre • Improve care and access to services with CTM and the wider region	No overall RAG rating	• **Strategic overview:** Programme team is preparing a strategic overview document for Welsh Government, which will include an additional funding request in order to complete RIBA 2 and move directly to RIBA 3. • **Governance:** CAV and AB Directors of Planning requested clarification of governance routes and timelines • **Clinical model:** as per Orthopaedics update, the detailed Orthopaedic Clinical Service Model is in development	• **Community Diagnostic Centre:** imaging and endoscopy cases to be presented to Boards in November 2024. • **Demolition tender:** being scoped, with business justification case to be submitted in October • **Programme Risk:** no risk information provided	No status provided

ANNEX B

Engagement Update			
Topic of Engagement	**Area of Engagement**	**Approach**	**Outcome**
Shaping our Future Clinical Services – Paediatric Services	Strategic Planning	A blended online and offline media approach that has included a survey for parents, carers, young people and professionals to complete.	Ongoing Engagement period closes on the 31st August but to date 1133 survey responses have been received. A stakeholder engagement event is taking place on 28th August.
Acute Gastroenterology Services	Clinical – Operations/Specialised Medicine	Communications piece with content being posted on both internal and external channels.	Ongoing
Diabetes Type 2 Services	Public Health	A blended online and offline media approach with a short survey for patients to complete.	Ongoing
Public Services Engagement Group	Strategic Partnerships	Cardiff PSB and VoG PSB both endorsed a joint partnership approach to create a sub-group for engagement. Group to be established in early Autumn.	Ongoing

Llais Cardiff and the Vale Region

Report:	**Regional Directors Report**
Period Covered:	**April, May, June 2024**
Author:	**Helen Williams**
Status:	**For Information**
Date:	**10 July 2024**

Core areas of activity

1. Our staff and volunteers will work with people, community representatives and groups in all parts of Wales to hear local people's views and experiences of health and social care services – so we understand what works well and how services may need to get better.
2. We will share what we hear with the NHS, local authorities, and other decision makers to make sure people's views and experiences improve health and social care services for everyone.
3. When things go wrong, we will support people to make complaints.
4. We will actively promote our work so that people understand what we are here to do and how we can help.

What does this mean for our NHS and social care partners?

1. NHS bodies and local authorities will be under a duty to promote our activities, making sure people are aware of our services.
2. NHS bodies and local authorities must make arrangements to co-operate in the exercise of our functions, including sharing information with us when we ask.

3. NHS and local authorities will help us to hear from people while they are receiving health and social care services.
4. NHS bodies and local authorities will be under a duty to consider and respond to the things we say to them – including about service change proposals.

   We will work closely with, but independently of, the NHS and local authorities to help shape health and social care services for the future.

Our Engagement Activities

Date	Activity
April 10th 2024	Cardiff Library Drop-in session
April 12th 2024	Anna's coffee group, Llanishen community centre (Meas y Coed)
May 08th 2024	Cardiff Library Drop-in session
May 16th 2024	Llantwit Major Forum
May 17th 2024	Mental Health and Wellbeing Show
May 25th 2024	Soup and a Slice Voices ADFOCAD
June 04th 2024	GVS Volunteer week – Penarth Library
June 05th 2024	GVS Volunteer week – Barry Library
June 13th 2024	Cardiff Roadshow, Clayton Hotel
June 15th 2024	Everywoman Festival
June 22nd, 2024,	Pride Cymru
June 23rd, 2024,	Pride Cymru
June 24th 2024	MEC Antenatal Clinic, Asda Cardiff Bay

Themes in what people have told us through our engagement activities

- Positive feedback about the staff at the Critical Care ward at UHW
- Patients waiting a long time for lymphedema service
- No menopause specialist secondary service being delivered from Cardiff & Vale
- Long waiting times on some specialist services such as Gender Services .
- Positive feedback on the breastfeeding at Grangetown
- Lack of NHS dentists
- Waiting a long time for a call back from 111
- Mixed feedback on GP Services where some people can access their surgery better, than others for example: there was positive feedback for Llandaff

Llais Cardiff and Vale Advocacy Team

- We have three advocates for Cardiff and Vale who are dealing with 114 complaints for C&V these are mostly health complaints, there is a small number of social care complaints.

- Enquiries over the last 3 months are in excess of 120, these could be sign posting people, informal complaints, enquiries about Llais.

Llais Cardiff and Vale priorities

As the C&VUHB are aware that Llais C&V priorities are

- Having a baby
- Living with cancer
- Getting care quickly to include social care

This report tracks our progress through June to August 2024 on our annual plan commitments:

1,092

We engaged with 1,092 individuals across various communities within the Cardiff and Vale footprint. Here's a breakdown of the number of people we spoke to at each event

- **600** — Pride
- **200** — Vale show
- **250** — Everywoman
- **15** — EYST
- **27** — Dinas Powys Hub

7

We have networked with over 7 other organisations in the last 3 months

Emerging Themes:

- Access to GP's
- Access to NHS Dentists for both adults and children
- Access to Mental Health Services including Child and Adolescent Mental Health Services (CAMHS)
- Breastfeeding
- Communication

Some Experiences:

- "I was waiting for and given audiology appointments but then found I had cancer. This took priority. But after cancer surgery and recovery, put back to start of audiology list. 2 more years of waiting"
- "Lakeside unit at UHW. 2 people have said the care they receive there is fantastic, and the staff are very caring"
- "There has been great strides in the collaboration between health and social care but a lot of work still needs to be done."
- "We need improved services for breast cancer patients developing lymphedema. At the moment, patients wait a long time to be treated, suffering with painful and swollen arms but treatment isn't specialised for cancer patients and it's not part of the care at breast clinics."

Llais Local: Dinas Powys

Themes from what people told us

- GP access
- Difficulties getting through on GP telephone lines
- Good experience in the drop-in breast-feeding clinics
- Good support in breast feeding

Project:
Having a baby

In June, we started our project on having a baby

90 people took the time to share their experiences. We are still going through the data and will share this with C&VUHB but below are some experiences we have heard:

“Good communication with community midwife “

“Consultant is good but sometimes my consultation feels rushed “

“Was ready to leave hospital but I had to wait 8hrs for a prescription, it was such a long day”

Based on the feedback we have received we will be making representations to C&VUHB and feedback the C&VUHB response to the community.

Advocacy

We received 21 requests in the last 3 months for support through our Advocacy Team, who help to make complaints when things go wrong in health and social care. In total we are helping with 103 cases.

Visiting

5

We have undertaken 5 announced visits and engaged with 75 patients at their point of care across a range of services:

- 21 — Antenatal Clinic - UHW
- 10 — Midwife Led Unit - UHW
- 6 — Antenatal Clinic - UHL
- 18 — Postnatal Ward - UHW
- 20 — Stroke Rehabilitation Unit - UHL

Some common themes were:

- Praise for ward staff in all maternity wards and clinics with regards to their care and support
- Concerns regarding poor communication and lack of continuity of care in community midwifery
- Praise for staff care, food, and facilities in the Stroke Rehabilitation Unit
- Concerns regarding a lack of rehabilitation treatment availability on weekends

We have made seven representations during this time to ensure people’s voices are heard and meaningful improvements can be made.

Social Care Footprint

We are fortifying our social care presence by nurturing and expanding our relationships. Our volunteers have regularly been attending ‘Soup and Slice’ events hosted by Voices ADFOCAD, an organization that promotes and advocates for the rights of unpaid carers. We are using these opportunities to hear the concerns and needs of unpaid carers, ahead of our quarter four project, ‘Getting Care When You Need It.’

So what?

Using what people have told us, our advocacy trends, and our intelligence log, we will plan future short projects between September 2024 and January 2025 on the following:

Voice of Young People:
We will work with young people to understand their experiences of changing from child to adult services in both health and social care, to prevent young people “falling through the net.”

Neurodiverse
We will work with other organisations on neurodiverse.

Carers
We will continue to work with unpaid carers.

Working with those seldom heard
We will host an open door even and work with other organisations to gather views on health and social care for those seldom heard.

With Thanks

Llais Cardiff and Vale would like to thank the staff and patients that have worked with us so far this year to ensure the voices of people in Wales who access health and social care, are heard.

We will continue to work closely with the community, local health boards, and local authorities, to celebrate what is working well, and advocate for any necessary improvements.

Contact Details

LLAIS CARDIFF & VALE REGION,
PROCOPY BUSINESS CENTRE (REAR),
PARC TY GLAS, LLANISHEN
CARDIFF,
CF14 5DU.

TELEPHONE: 02920 750112
EMAIL: CARDIFFANDVALEENQUIRIES@LLAISCYMRU.ORG
WEBSITE: WWW.LLAISCYMRU.ORG
FACEBOOK: @LLAISCARDIFFANDVALE
TWITTER: LLAIS_WALES

Health, Social Care and Early Years Group

Cardiff and Vale University Health Board

Escalation Framework

March 2024

Llywodraeth Cymru
Welsh Government

Contents

Section A: Introduction

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

NHS bodies can be escalated for any or all of the domains highlighted below:

Finance, strategy and planning

In October 2022, planning and finance were escalated to enhanced monitoring as the health board had been unable to produce an approvable balanced three-year plan.

In January 2024, the health board received confirmation that they would remain in enhanced monitoring for finance, strategy and planning.

A1 Welsh Government approach to oversight and escalation

Information on the escalation and intervention approach can be found in the NHS oversight and escalation framework.

To optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. Value in health care is realised when the best possible health care outcomes is achieved for our population with the resources that we have.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Assessment and monitoring

Escalation will result in additional scrutiny being applied to those areas of concern.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- IQPDs in April and September 2024 and the JET meetings in June and October 2024 will serve as formal enhanced monitoring review points. These will sign off delivery of key products and agreed objectives.
- Welsh Government will agree with the health board whether a monthly progress report on the key areas in escalation will be required. For areas such as finance, this will include extant reporting arrangements such as the monthly monitoring return to Welsh Government.

Escalation Touchpoints

- Frequency of the finance and planning touchpoint meetings will be agreed with the NHS Executive - these will examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.

A2 Cardiff and Vale University Health Board - Escalation

The health board is escalated to enhanced monitoring for one domain within the escalation framework.

Expected outcomes

The escalation and related interventions are designed to help support the health board to:

Finance

- Demonstrate financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness,
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes and opportunities.
- Demonstrate and evidence an integrated planning approach and strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- Submit a balanced three-year medium-term plan in line with the current planning framework.

Strategy and Planning

- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB's longer-term ambition.
- Clearly agreed clinical strategy and development of a clinical plan to lead future planning and investment decisions.

Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on developed products.
5. Undertake and share relevant analysis and deep dives of national data.
6. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.
7. Direct the NHS Executive to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
8. Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

Cardiff and Vale University Health Board

1. Appoint an SRO(s) for all areas of escalation.
2. Have Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. To produce an enhanced monitoring plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide monthly progress reports and evidence against the escalation plan to Welsh Government.
5. Give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements.

Section B Enhanced Monitoring

Enhanced monitoring (Level 3) occurs when Welsh Government has identified serious concerns related to the NHS organisation - this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium-term plan.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

The health board is in enhanced monitoring for finance, strategy and planning.

In October 2022, Cardiff and Vale University Health Board was escalated to enhanced monitoring for finance, strategy and planning as the health board was unable to produce an approvable balanced three-year plan in accordance with the direction given by Welsh Ministers and the NHS Planning Framework, which could be considered for approval under section 175(2A) of the NHS (Wales) Act 2006 ("the 2006 Act"). On 22 January 2024, the Minister for Health and Social Services confirmed the escalation status of Cardiff and Vale University Health Board would remain in enhanced monitoring for finance, strategy and planning.

B1 Finance, Strategy and planning

The finance, strategy and planning domain within the oversight and escalation framework gives consideration to the following:

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there a significant underlying deficit and/or significant gap to the financial plan?

Finance Intervention

The finance intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

1. <u>Financial governance and control environment</u>
   - Financial reports include the analysis and narrative explanation required to enable management and board to discharge their duties, for example through feedback or self-assessment approaches.
   - Integrated performance reports clearly identify and monitor metrics against a comprehensive selection of key workforce and activity cost drivers.

- Internal Audit work programme continually encompasses and reports on control environment and financial governance arrangements.

2. Understanding the existing deficit and key drivers
- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The cost drivers and investment decisions responsible for the growth in specific areas are well understood; to include particular focus on workforce costs, secondary care drugs, the new Lakeside wing.
- As a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

3. Development and realisation of opportunities
- Is translating national opportunities identified through the Value and Sustainability Board into local savings schemes.
- Has a clear process for the development and delivery of strategic opportunities to support the Health Boards sustainability.

4. Clear financial plan and strategy
- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.

5. Delivery of Plan
- Delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total as a minimum), including further progress around identification and delivery of recurring opportunities to support a balanced three-year plan.

Strategy and Planning Intervention
The strategy and planning intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

1. Submission and delivery of an approvable plan
- Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
- Make good progress in delivering the ministerial targets, accountability criteria and the enhanced monitoring requirements.

2. Clinical strategy
- Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

De-escalation Criteria

Finance

1. Sustained improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings.
2. The development and approval of a deliverable and balanced three-year medium-term plan.
3. Delivery of financial balance.

Strategy and Planning

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the health board's clinical services plan.
3. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.
4. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.

Section C: Document Rendition

Date Created	Updated	Review date
12 March 2024		
22 March 2024	Sent to CVUHB	
23 April 2024	Amended following Judith comments	
17 May 2024	Amended to reflect format changes to escalation frameworks and also remove the requirements in relation to regional planning.	

Rapid Diagnosis Clinic: Progress Review

Public Board Meeting

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

National RDC Programme Overview

Earlier diagnosis of cancer has been strongly evidenced to result in better outcomes for patients, but a significant cohort are facing diagnostic delays.

Up to 50% of patients diagnosed with cancer present to their GPs with *vague, non-specific symptoms* that do not fit the site specific referral criteria set out in NICE guidance. These patients are often downgraded when referred as urgent suspected cancer referrals to site specific teams and therefore face delays as well as duplicated and sometimes unnecessary investigations prior to diagnosis.

The Rapid Diagnosis Clinic (RDC) programme driven by Wales Cancer Network and Welsh Government had seen development of, and access to RDC's in every health board as of March 2022, except Cardiff and Vale UHB.

Cancer performance figures for Cardiff and Vale have been consistently below the 75% target for almost all cancer sites on the single cancer pathway. The RDC approach therefore provides a much needed accelerated diagnostic pathway for the significant number of patients presenting to primary care with vague but concerning symptoms for malignancy.

The Cardiff and Vale clinic aimed to significantly reduce time from suspicion of cancer to diagnosis, as well as making investigations streamlined and more efficient.

GPs would be supported to ensure the right patients are referred to the right pathway first time.

The RDC would follow the national specification for RDC's in Wales as developed by Welsh Cancer Network and aim to align itself to the vague symptom national optimal pathway. In doing so the RDC team hoped to provide a patient centred service built on the principles of prudent and value based healthcare.

How the RDC support UHB Outcomes

- *Putting People First*

- Staff meet regularly to engage with and discuss RDC outcome data, PREMS, and complex cases. There has been opportunity for all members to engage with professional development and training opportunities and contribute towards service development and improvement.
- Regular patient feedback is being undertaken and the RDC aims to develop in line with patient experience to optimise the service for our population.

- *Providing outstanding quality*

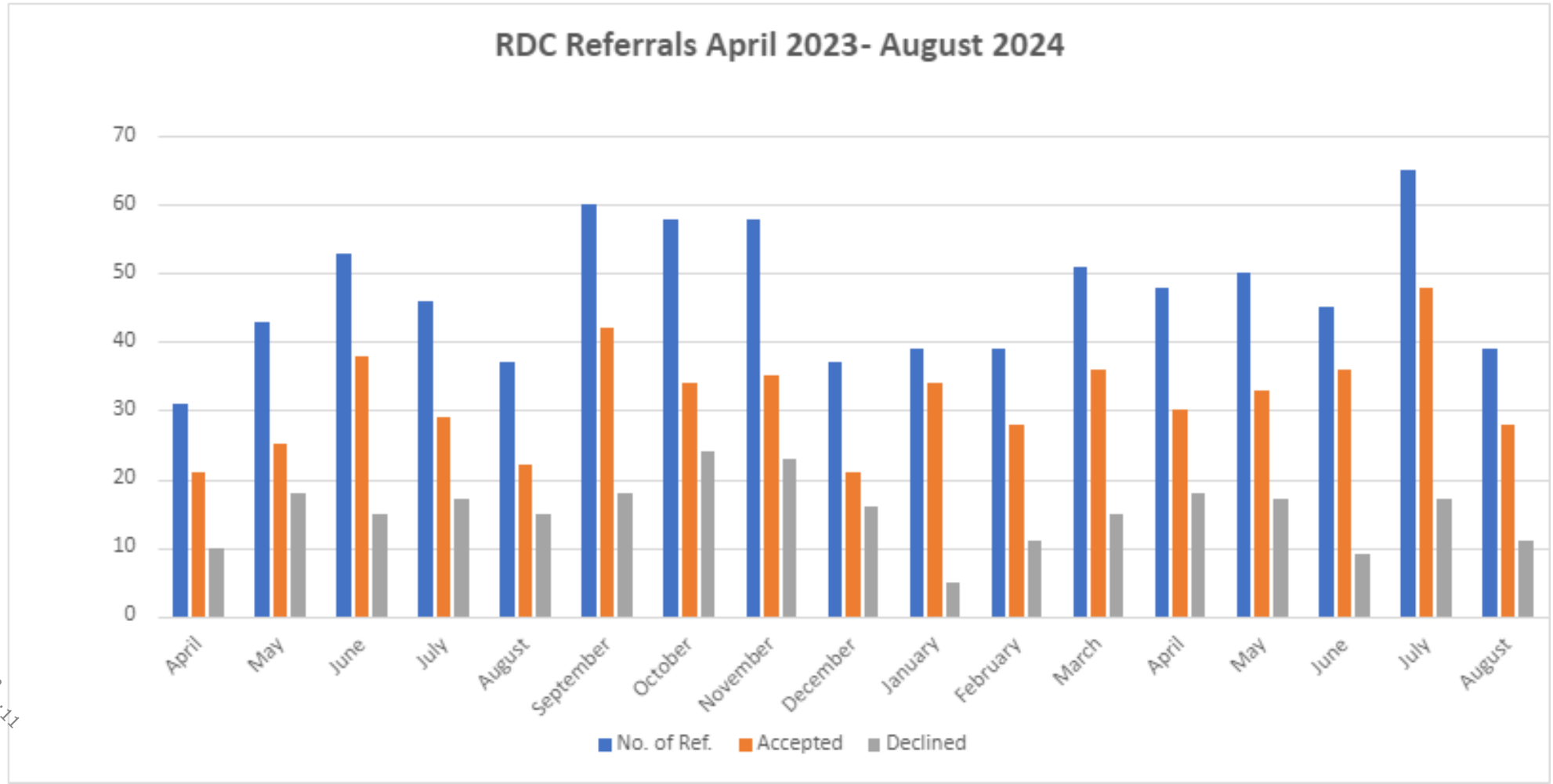
- All GP practises in the Health board have direct access to the RDC. E-referrals are triaged daily, and advice is available via consultant connect and email. Referrals are either accepted or responded to with advice and support as to the right secondary care pathway.
- Lifestyle optimisation and prehabilitation is addressed with all patients at first contact with the RDC team and again during OPD clinic. Crucially all patients receive holistic assessments that address and support cancer **and** non-cancer diagnoses, with appropriate onward management in a single appointment.

- *Delivering in the right places*

- The intent of the RDC is to maximise efficiency in diagnosis and reduce waste by ensuring that complex patients are received and assessed in the right place first time. Economic evaluation of other RDC's found the service to drastically reduce referrals and downgrades for this cohort of complex patients thus improving outcomes, efficiency and patient experience.

- *Acting for the future*

- RDC clinics are a first step in optimising the efficiency of cancer diagnosis pathways. Further opportunities to expand and develop the concept will be considered to further improve efficiency.



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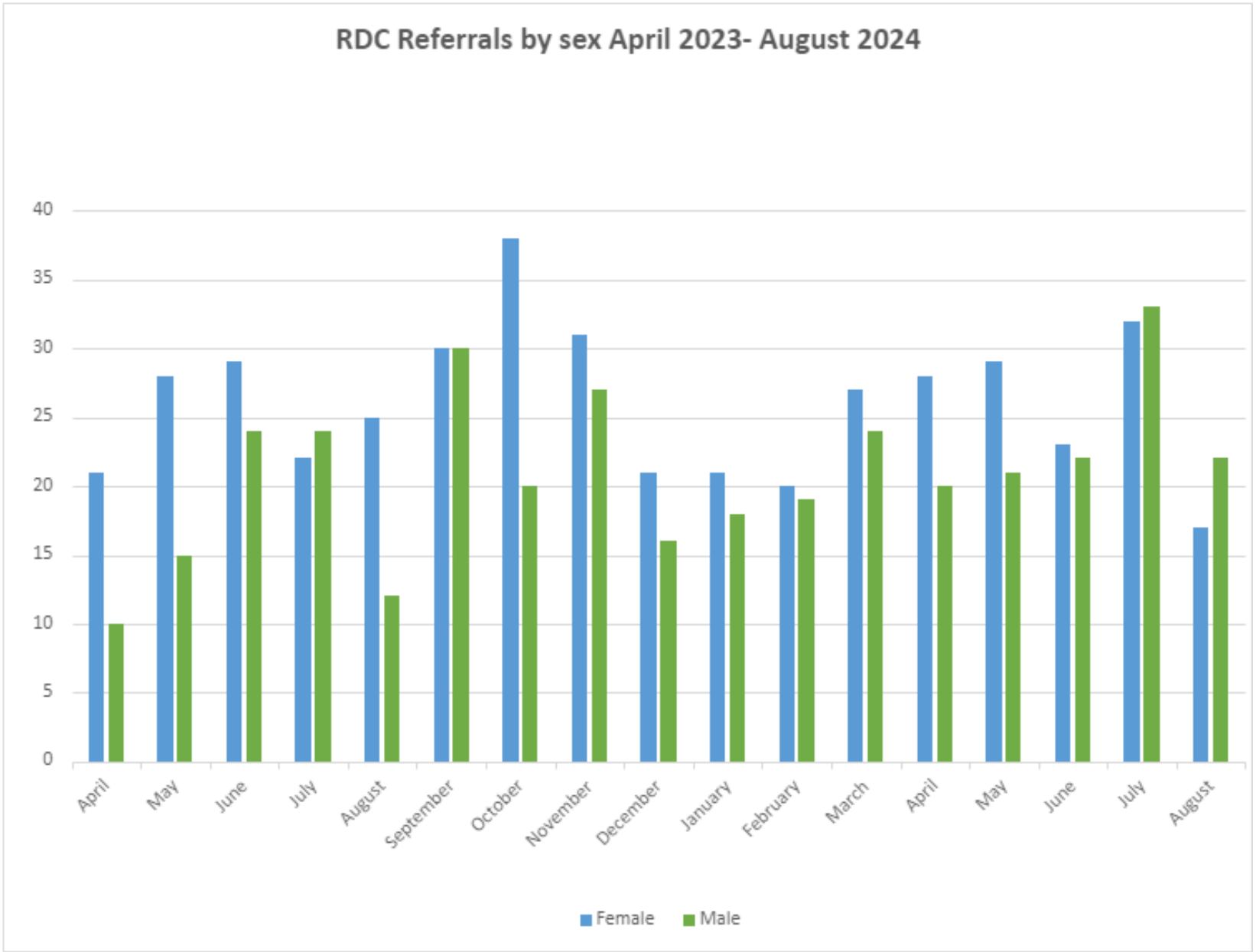

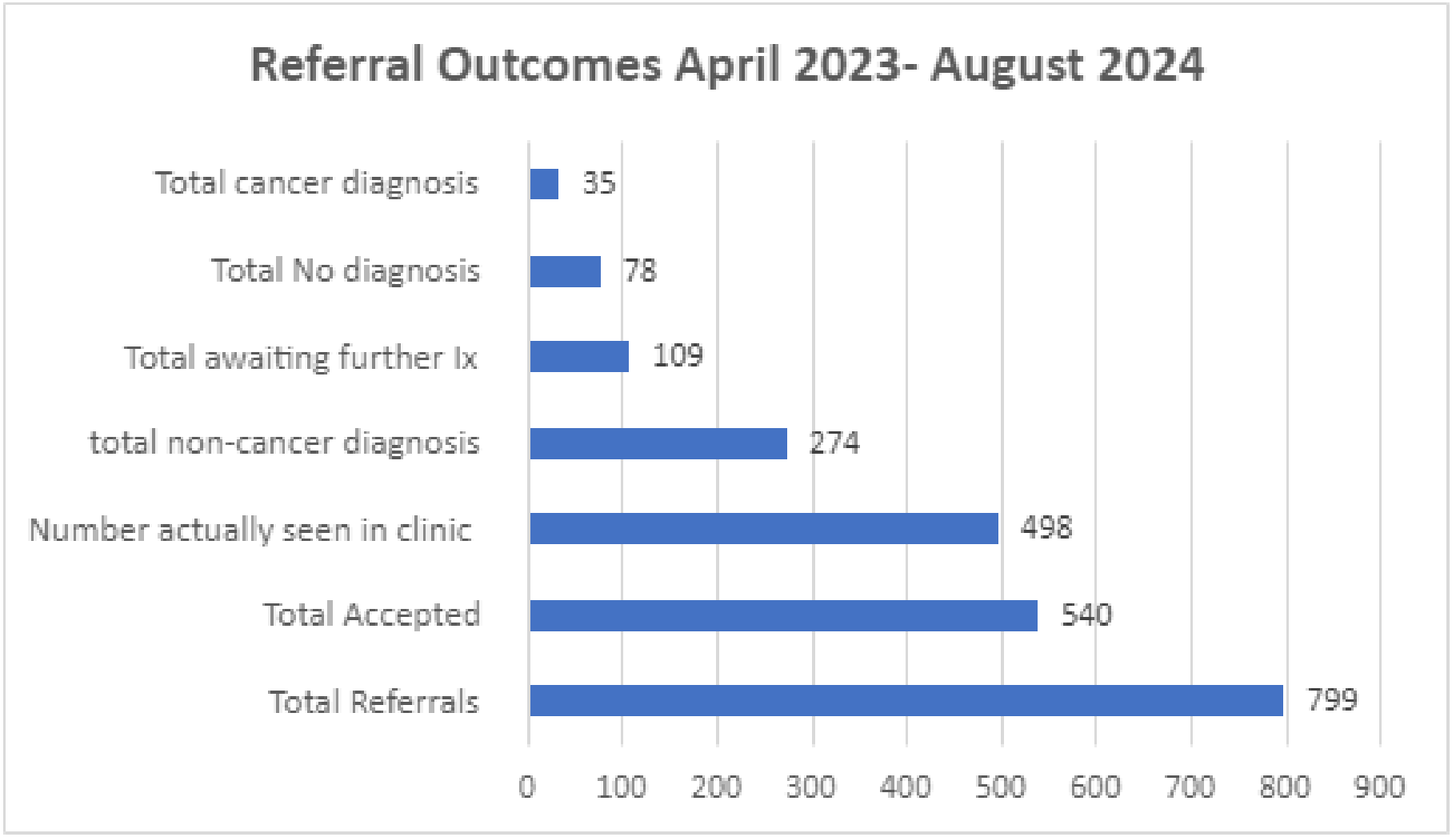

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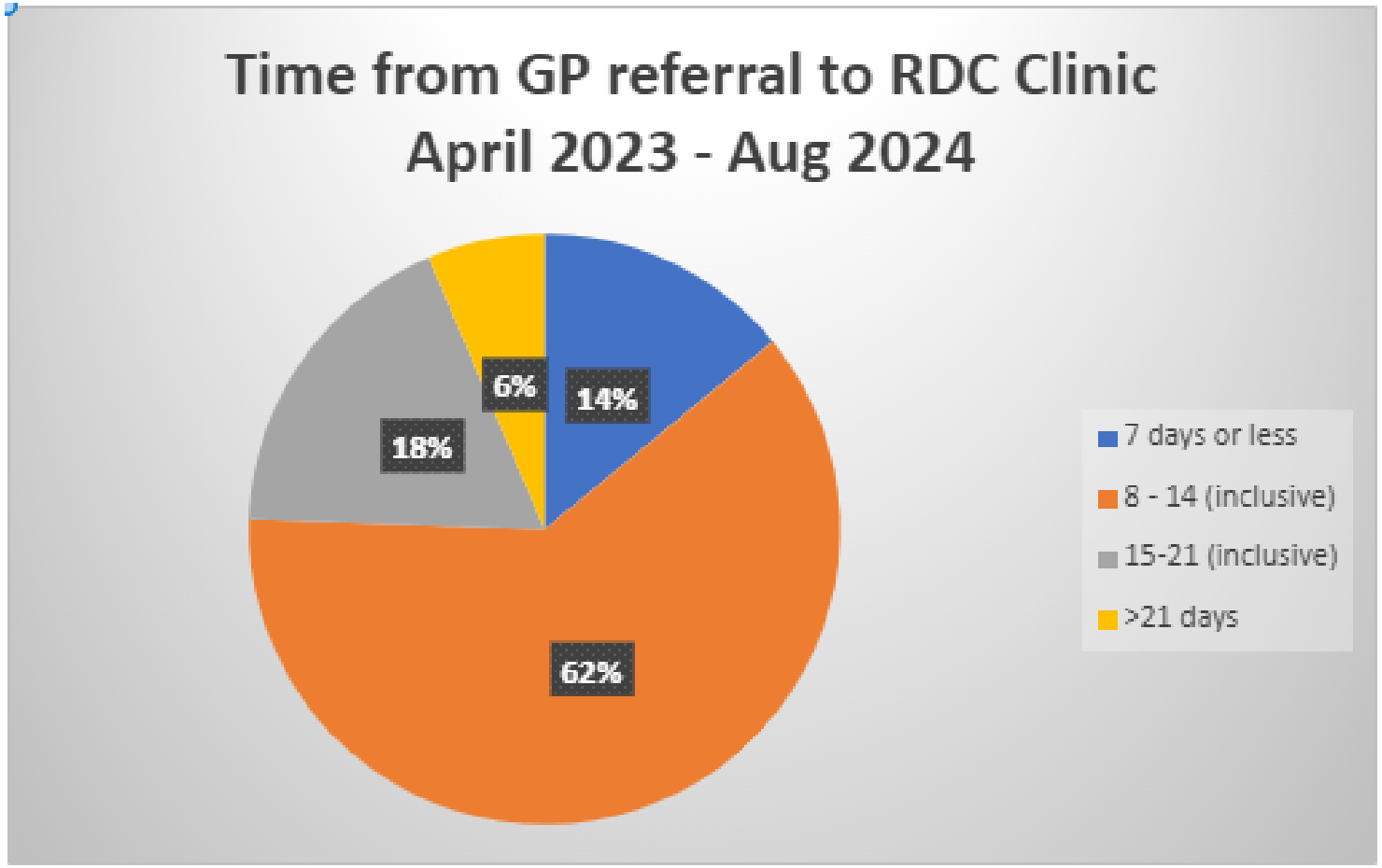
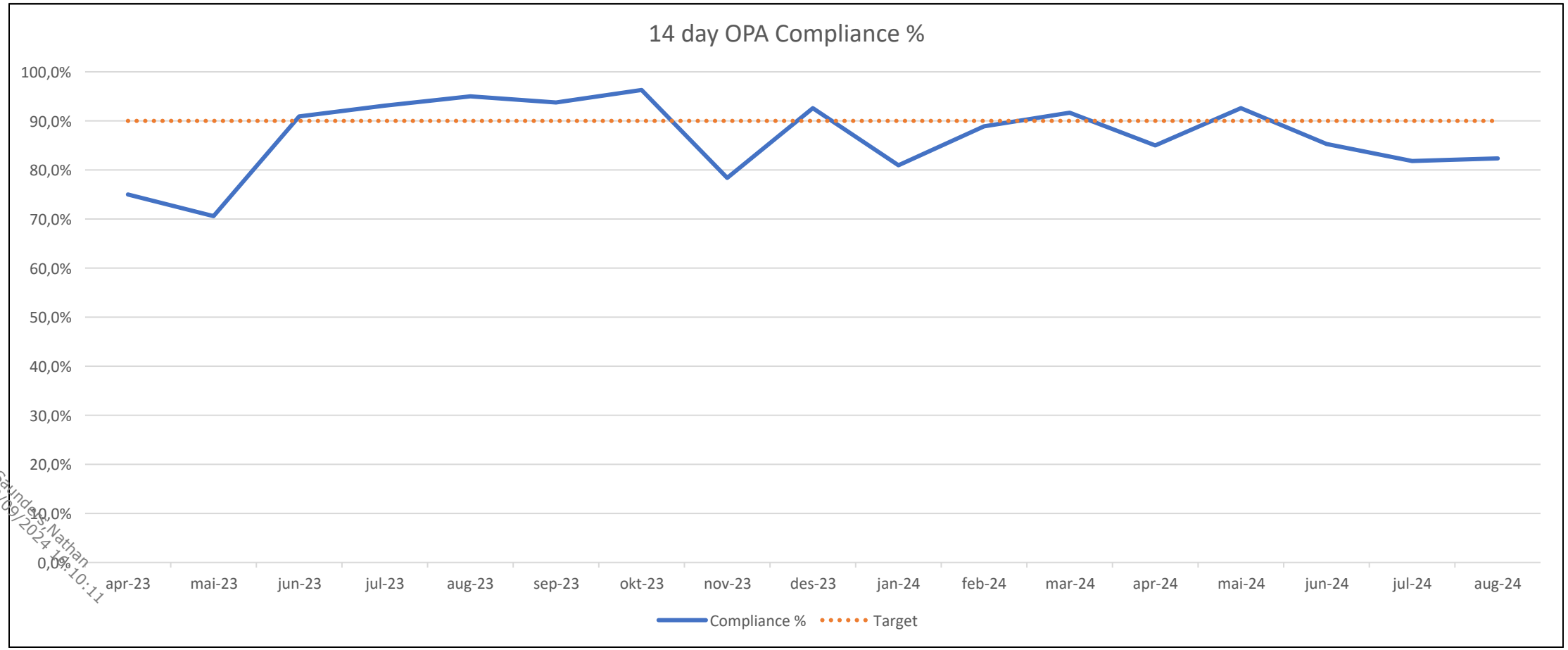
Cancer Sites

CANCER SITE	No.	CANCER SITE	No
Hepatocellular	3	Oesophageal	2
Kaposi sarcoma	1	Endometrial	1
Bladder	3	Lung	5
Renal cell	3	colorectal	1
mesothelioma	1	Metastatic squamous cell	1
sarcoma	1	Non Hodgkin's lymphoma	1
Acute myeloid leukaemia	1	Chronic lymphocytic leukaemia	1
Pancreas	4	cholangiocarcinoma	1
Breast	2	ovarian	1
PTLD Hodgkin's Lymphoma	1	GIST	1




14 day OPA Compliance %
100,0%
90,0%
80,0%
70,0%
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Compliance %
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NEXT STEPS

WHAT ARE THE PLANNED NEXT STEPS FOR THIS SERVICE DEVELOPMENT

Short term goals over the next 12 months:

Primary Care Education:
Increase our interaction with primary care through a series of focussed educational sessions detailing the RDC referral criteria and common pitfalls that lead to either delays in accepting patients or declining the referral. Highlight areas of good practise. Work collaboratively with radiology to deliver these sessions which would further clarify the role of RDC and site-specific pathways and reduce inappropriate requests for CT scans.

Holistic Needs Assessment:
HNA is embedded into the vague symptom national optimal pathway and should be offered to all patients coming through the RDC, whether they receive a diagnosis of cancer or a serious non cancer condition. Now that patient experiences are being captured with the nationally agreed PREMS and health optimisation forms part of the nurse led contacts with patients, HNAs are being integrated into the RDC process for patients with a serious diagnosis.

Long term aspirations:

GP Trainee Education
Develop educational sessions for GP trainees to raise awareness of the RDC from the earliest opportunity and deliver these on a recurring basis to ensure each new cohort understands the purpose and the requirements of the service. These sessions can also be used to help disseminate key updates or changes in practice to GP surgeries.

Interdepartmental links:
Work collaboratively with teams who receive a high number of referrals from the RDC to investigate how referrals may prioritised more effectively and where the patient pathway can become more streamlined and efficient. Priorities for this work would include referrals to gastroenterology for OGD and referrals to respiratory for lung nodule surveillance.

Person Centred Care:
Fully integrate the person centre care aspect of the vague symptom pathway and national specification into the RDC process. Work with all team members to identify and address patient care and welfare needs at each contact through the pathway, with an initial emphasis on prehabilitation for those with a cancer, or serious non-cancer diagnosis to ensure early intervention for optimisation of lifestyle and comorbid conditions prior to commencing treatment.

Pathway efficiency:
Assess opportunities for growth/accommodating potential increased demand. Review the potential for further pathway refinement and areas for potential expansion

Report Title:	**Provision of Chimeric Antigen Receptor T Cell (CAR-T) Therapy Service – Phase 2**			Agenda Item no.	7.1
Meeting:	Public Board	Public	X	Meeting Date:	26.09.24
		Private			
Status *(please tick one only)*:	Assurance		Approval	✓	Information
Lead Executive Title:	Chief Operating Officer				
Report Author (Title):	Director of Operations, Specialist Services				

Main Report

Background and current situation:

Advanced Therapy Medicinal Products (ATMPs) are a new class of medicines offering potentially curative options for patients with chronic conditions, including cancer, where standard therapies have been exhausted. Unlike conventional medicines, these therapies aim to selectively remove, replace, repair or re-engineer a patient's own cells and/or genes to allow restoration of normal function or elimination of disease.

ATMPs are generally of three types:

- Gene ATMPs
- Cellular ATMPs
- Tissue engineered products (TEPs)

ATMPs may also be combined ATMPs, incorporating two or more of the above types.

In May 2018, Welsh Local Health Boards designated WHSSC (now the NWJCC) as the commissioner of all ATMPs for the Welsh population. ATMPs remain a high policy priority for Welsh Government and have been funded directly by Welsh Government from retained central allocation. This business case is aligned to the vision set out in the 'Delivery Plan for Advanced Therapies in Wales 2024-2029'. Therefore, the revenue requirement will be funded via the NWJCC from the WG central allocation and does not have a commissioner revenue impact for the LHBs.

Chimaeric Antigen Receptor T-cells (CAR-Ts) are cell-based gene ATMPs, also referred to as *ex vivo* gene ATMPs. CAR-T therapies were among the first in the pipeline of advanced cell therapies transitioning from 'bench to bedside' for both malignant and non-malignant disease. They are highly innovative personalised treatments offering potentially effective therapy with severe but manageable adverse events which require specialised monitoring and management.

The SWBMT Programme was among the first in the UK to be qualified as a CAR-T centre by Gilead-Kite on 31 December 2018. Immune Effector Cell (IEC) therapy, which includes CAR-Ts, was added to its JACIE accreditation following inspection in February 2019. Qualification by Novartis followed in early 2019.

Cardiff and Vale UHB was formally commissioned by WHSSC to deliver CAR-T therapies via the SWBMT Programme in September 2019. The first patient was referred in October 2019 and underwent CAR-T infusion on 6 December 2019.

At the time of commissioning, NICE had approved CAR-T therapy for adults with large B-cell lymphomas and for teenagers and young adults (TYAs) aged 16-25, with B-cell acute lymphoblastic leukaemia. WHSSC commissioned adults with lymphoma via the SWBMT Programme CAR-T service and TYAs with acute leukaemia via NHS England.

Demand for CAR-T therapy in adults with large B-cell lymphomas was estimated to be 10-15 per annum. The service was therefore sized and shaped to accommodate this demand, using clinical trial data which led to marketing authorisation ("licensing") to determine personnel and service

requirements. The model adopted provided some elasticity to flex up to approximately 20 patient referrals per annum so it was agreed from the outset that should referrals consistently exceed this number, there would be a need to submit a revised business case for right-sizing of the CAR-T service.

Since the original business case, NICE expanded CAR-T approvals, resulting in referrals above the threshold of 20 per annum over the past two financial years. Additionally, experience gained from delivering CAR-T therapies over the past 4½ years has shown that assumptions made from the clinical trial data which informed the original business case, underestimated requirements for parts of the patient pathway making current delivery unsustainable, even without accommodating these newer indications.

Compounding the above is the significant quality management and regulatory burden imposed by JACIE, HTA and MHRA standards as well as other conditions mandated by the manufacturer(s). Finally, no service is truly sustainable with a single-handed consultant, let alone one of this complexity, catering for circa 80% of the Welsh population and with a significant quality management and regulatory burden.

Additional investment to right-size the service would not only improve robustness and achieve sustainability, but would also allow the safe adoption of newer NICE approvals for adults as well as repatriation of TYAs aged 16-25 with B-cell acute lymphoblastic leukaemia from NHS England.

Benefits of repatriation include improved patient and family experience from being treated nearer to home, reduced patient and family cost associated with travel to and accommodation in England, a resultant reduction in the carbon footprint associated with the service, compliance with numerous Welsh Cancer Standards, and significant savings for NHS Wales given the considerable excess costs incurred when Welsh patients are treated by NHS England.

In acknowledgement of the above constraints, on 22 January 2024, WHSSC invited CVUHB (1) to resubmit a business case to address the capacity gap from 15 patients per annum to 25-27 patients per annum; (2) where outsourcing to NHS England is required, to re-cast the business case since expenditure by CVUHB up until the point of admission to a facility in NHS England is not reimbursed from the English CAR-T centre; and (3) to submit *"a revised business case and cost model for CAR-T to inform a renegotiation of the contract to better reflect capacity, costs of delivery and value for commissioners"*.

This business case therefore seeks additional investment into the CAR-T service within the South Wales Blood and Marrow Transplant (SWBMT) Programme to improve robustness, achieve sustainability and accommodate new approvals. Whereas the WHSSC invitation excluded the treatment of patients with B-cell acute lymphoblastic leukaemia, this Phase 2 business case also allows the repatriation of these patients whose CAR-T therapy is currently commissioned from NHS England, thereby further increasing value for NHS Wales.

The case seeks recurrent investment of £1,133,822 from the Welsh Government central allocation for ATMPs.

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

The business case as set out enables:

- Repatriation of work currently being outsourced to NHSE
- Capacity for new indications
- Service sustainability
- Regulatory compliance

If approved internally, funding would be sought from the Welsh Government central allocation for ATMPs so there would be no commissioner impact for LHBs.

The case has been endorsed at Investment Group, Senior Leadership Board and Finance and Performance Committee.

Recommendation:

The Board is requested to:

APPROVE the CAR-T phase 2 for submission to NHS Wales Joint Commissioning Committee.

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

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the relevant box below ***(this section must be completed)***

Prevention		Long term	X	Integration	X	Collaboration	X	Involvement	

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

Cardiff and Vale University Health Board Business Case

For revenue investment proposals greater than £75,000

All business cases must be submitted in line with the timescales outlined in Annex d

Title	Provision of Chimeric Antigen Receptor T Cell (CAR-T) Therapy Service – Phase 2
Clinical /Service Board or Department	Specialist Services Clinical Board Haematology, Immunology & Metabolic Medicine Directorate

Expected funding source (highlight/delete as appropriate)	NWJCC
Where a business case is with regard to external funding sources this template **must** be used unless the source of funding requires their own template to be used.	

Approval and scrutiny route	
Has this case been signed off by the Clinical Board / Corporate Departments senior team?	Jessica Castle, Director of Operations
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	James Leaves, Assistant Director of Finance
Clinical Boards: Has the COOs office signed off this document? **Corporate Departments:** Has the relevant Executive sponsor signed off this document?	Adam Wright, Director of Operational Planning & Performance

Contents

1. Executive Summary

This should provide an informative summary of the case. This section should be a summary of the subject, scope, proposal, resource implications, benefits and risks. It should clearly state the purpose of the business case.

Advanced Therapy Medicinal Products (ATMPs) are a new class of medicines offering potentially curative options for patients with chronic conditions, including cancer, where standard therapies have been exhausted. Unlike conventional medicines, these therapies aim to selectively remove, replace, repair or re-engineer a patient's own cells and/or genes to allow restoration of normal function or elimination of disease.

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In May 2018, Welsh Local Health Boards designated WHSSC (now the NWJCC) as the commissioner of all ATMPs for the Welsh population. ATMPs remain a high policy priority for Welsh Government and have been funded directly by Welsh Government from retained central allocation. This business case is aligned to the vision set out in the 'Delivery Plan for Advanced Therapies in Wales 2024-2029'. Therefore, the revenue requirement will be funded via the NWJCC from the WG central allocation and does not have a commissioner revenue impact for the LHBs.

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Demand for CAR-T therapy in adults with large B-cell lymphomas was estimated to be 10-15 per annum. The service was therefore sized and shaped to accommodate this demand, using clinical trial data which led to marketing authorisation ("licensing") to determine personnel and service requirements. The model adopted provided some elasticity to flex up to approximately 20 patient referrals per annum so it was agreed from the outset that should referrals consistently exceed this number, there would be a need to submit a revised business case for right-sizing of the CAR-T service.

Since the original business case, NICE expanded CAR-T approvals, detailed in Section 2, resulting in referrals above the threshold of 20 per annum over the past two financial years (Table 1). Additionally, experience gained from delivering CAR-T therapies over the past 4½ years has shown that assumptions made from the clinical trial data which informed the original business case, underestimated requirements for parts of the patient pathway making current delivery unsustainable, even without accommodating these newer indications.

Compounding the above is the significant quality management and regulatory burden imposed by JACIE, HTA and MHRA standards as well as other conditions mandated by the manufacturer(s). Finally, no service is truly sustainable with a single-handed consultant, let alone one of this complexity, catering for circa 80% of the Welsh population and with a significant quality management and regulatory burden.

Additional investment to right-size the service would not only improve robustness and achieve sustainability, but would also allow the safe adoption of newer NICE approvals for adults as well as repatriation of TYAs aged 16-25 with B-cell acute lymphoblastic leukaemia from NHS England.

Benefits of repatriation include improved patient and family experience from being treated nearer to home, reduced patient and family cost associated with travel to and accommodation in England, a resultant reduction in the carbon footprint associated with the service, compliance with numerous Welsh Cancer Standards, and significant savings for NHS Wales given the considerable excess costs incurred when Welsh patients are treated by NHS England.

Patients with haematological malignancies requiring CAR-T therapy are typically not in remission, i.e. they have active disease which is progressing. This poses a significant challenge to maintain patient fitness and keep the underlying disease under sufficient control for long enough to allow the patient to proceed to CAR-T infusion. Managing these patients necessitates intense triaging and treatment along the patient pathway. Despite this effort, there is still significant attrition along the treatment pathway with approximately 1 in 3 patients not achieving CAR-T infusion (Figure 6). It should be noted that even for the patients who do not ultimately receive CAR-T, significant time and resource is still expended and the workload associated with delivery of the entire pathway needs to be accounted for in right-sizing the service.

In acknowledgement of the above constraints, on 22 January 2024, WHSSC invited CVUHB (1) to resubmit a business case to address the capacity gap from 15 patients per annum to 25-27 patients per annum; (2) where outsourcing to NHS England is required, to re-cast the business case since expenditure by CVUHB up until the point of admission to a facility in NHS England is not reimbursed from the English CAR-T centre; and (3) to submit *"a revised business case and cost model for CAR-T to inform a renegotiation of the contract to better reflect capacity, costs of delivery and value for commissioners"*.

This business case therefore seeks additional investment into the CAR-T service within the South Wales Blood and Marrow Transplant (SWBMT) Programme to improve robustness, achieve sustainability and accommodate new approvals. Whereas the WHSSC invitation excluded the treatment of patients with B-cell acute lymphoblastic leukaemia, this Phase 2 business case also allows the repatriation of these patients whose CAR-T therapy is currently commissioned from NHS England, thereby further increasing value for NHS Wales.

Annual Revenue Requirement	Current Year (£)	Recurrent (£)
Capital Requirement (£)	£566,911	£1,133,822

2. Introduction and Background

This section should describe the setting and background to the business case and should serve to clarify the subject matter. What is the high-level aim / purpose and timeframe for this business case?

Historically, the foundations of cancer treatment were surgery, chemotherapy, and radiation therapy. Over the past several decades, targeted therapies such as imatinib (Gleevec) in chronic myeloid leukaemia and trastuzumab (Herceptin) in breast cancer, drugs that target cancer cells by homing in on specific molecular changes seen primarily in those cells, paved the way for other targeted therapies, cementing this modality of treatment as a fourth standard of care. More recently, "personalised medicine", whereby the power of a patient's own immune system is harnessed to detect and destroy tumours is emerging as a new standard of care being described by many in the cancer community as the "fifth pillar" of cancer treatment.

Advanced Therapy Medicinal Products (ATMPs) are new and emerging medicines with potential uses in treating forms of blindness, cancer, heart failure, liver disease, neurological conditions and rare paediatric diseases. ATMPs offer curative options for patients with chronic conditions, including cancer, where standard therapies have effectively 'run out'. Unlike conventional medicines these therapies aim to selectively remove, replace, repair and re-engineer a patient's own cells and/or genes to allow restoration of normal function and/or elimination of disease. There are already opportunities identified offering potential treatments for liver disease, arthritis, diabetic ischaemia, inherited conditions such as haemophilia and sickle cell disease and several types of cancers including haematological cancers within both the clinical trial setting and, with respect to haematological malignancies, for licensed commercial products.

Chimaeric Antigen Receptor T-cell (CAR-T) therapy, a cell-based (*ex vivo*) gene ATMP, is one type of ATMP that harnesses the power of the patient's immune system to direct tumour-specific T-cells to kill cancer cells. CAR-Ts have shown huge early promise in the treatment of haematological malignancies, potentially offering a chance of cure to patients who previously would have been facing end of life palliative care.

Key approvals by the National Institute for Health and Care Excellence (NICE) for CAR-T therapies in the haemato-oncology setting including approval dates and mode of access are summarised below. Note that due to uncertainties in the evidence at the time of initial approval, access is at first granted via the Cancer Drugs Fund (CDF) in England to allow for additional real-world evidence to be accrued before a final appraisal determination is made.

<u>Approvals for large B-cell lymphomas in 3L or later:</u>

- Axicabtagene ciloleucel (Yescarta) for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after two or more systemic therapies (TA559), 23 January 2019. *Access via the Cancer Drugs Fund (CDF) in England.*
- Axicabtagene ciloleucel (Yescarta) for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after two or more systemic therapies (TA872), 28 February 2023. *Routine access (commercial in confidence).*
- Tisagenlecleucel (Kymriah) for treating relapsed or refractory diffuse large B-cell lymphoma after two or more systemic therapies (TA567), 13 March 2019. *Access via the CDF in England.*

- Tisagenlecleucel (Kymriah) for treating relapsed or refractory diffuse large B-cell lymphoma after two or more systemic therapies (terminated appraisal) (TA933), 29 November 2023. *No decision since the company did not provide a complete evidence submission. No longer available for this indication via the CDF or routinely.*

Approval for large B-cell lymphomas in 2L:

- Axicabtagene ciloleucel (Yescarta) for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy (TA895), 7 June 2023. *Access via the CDF in England.*

Approval for mantle cell lymphoma:

- Brexucabtagene autoleucel (Tecartus) for treating relapsed or refractory mantle cell lymphoma (TA677), 24 February 2021. *Access via the CDF in England.*

Approvals for B-cell acute lymphoblastic leukaemia:

- Tisagenlecleucel (Kymriah) for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years (TA554), 21 December 2018. *Access via the CDF in England.*
- Tisagenlecleucel (Kymriah) for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged 25 years or younger (TA975), 15 May 2024. *Routine access (commercial in confidence).*
- Brexucabtagene autoleucel (Tecartus) for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over (TA893), 7 June 2023. *Access via the CDF in England.*

The Programme was initially commissioned to deliver CAR-T for adult patients with large B cell lymphomas after two or more systemic therapies, i.e., in third line (3L) or later. There is now sufficient "real-world" evidence from North America, Europe and the UK replicating the efficacy demonstrated in the pivotal trials that led to marketing authorisation ("licensing") with approximately 40% of patients surviving without disease in the long-term.

Additionally, 5-year follow-up data from the ZUMA-1 trial of axicabtagene ciloleucel (Yescarta) for third or later line treatment of relapsed or refractory LBCL showed that patients who remained disease-free as early as 1 year had no later relapses and had 5-year survival of over 90%, consistent with their population counterparts, suggesting that they had been cured (Jacobson et al. ASH 2021. Abstract #1764). To put this remarkable finding into context, data from the CORAL and LY.12 studies showed that patients with LBCL who received autologous haematopoietic stem cell transplantation (HSCT) in the second line, had to remain disease-free for 5 years before their survival approximated to that of their population counterparts (Assouline et al. *Blood Adv* 2020; 4:2011–2017), suggesting that CAR-T is a more potent therapy than autologous HSCT which has been the standard of care for the past three decades.

The delivery of CAR-T therapy is highly complex. Initially patients undergo apheresis to remove their T cells which are then shipped to an accredited facility for purification. The cells are then transduced with the genetically modified product of choice (the CAR) and expanded in culture. This may take place in the same or different facility from that which performed the initial purification step, i.e., the cells may have travelled from the place of care for the patient to a purification facility to a transduction facility before going to a further facility for testing and quality control. Finally, the cells are returned to the place of care for reinfusion into the patient (Figure 1). This entire process

currently often crosses country boundaries within Europe and the USA and takes up to 6 weeks to complete depending on the product and company involved.

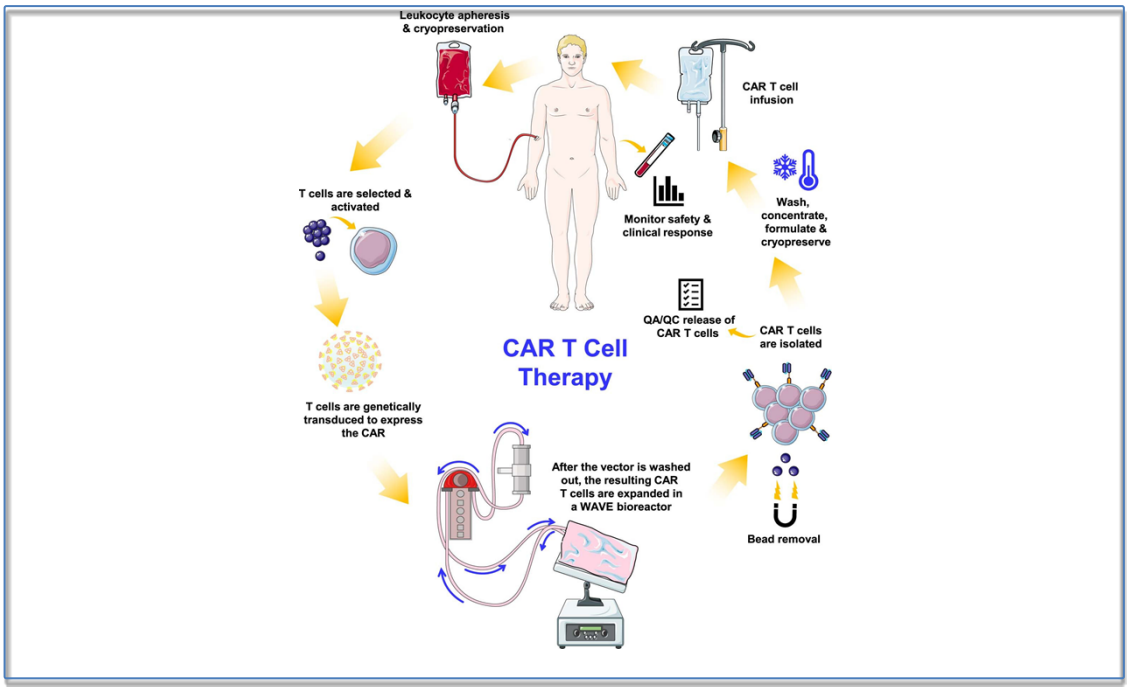


Figure 1: Process of CAR-T manufacture

Due to the newness and complexity of CAR-T therapy, there was always the intention that implementation would be phased to allow the necessary infrastructure to be put in place – both locally and nationally. It was also anticipated that, as indications expanded with new approvals, service provision would need to be revisited to ensure that arrangements remained adequate and fit for purpose.

Infrastructure provided with the Phase 1 investment included:

- A local CAR-T Multi-Disciplinary Team (MDT) for patient selection and submission to the National CAR-T Clinical Panel (NCCP), funded by NHS England, to formally approve treatment by confirming compliance with NICE recommendations
- Administrative support for the tracking of products and MDT support
- Nursing support for the monitoring of potential patients on the pathway from all customer LHBs and to strengthen the ambulatory programme to absorb CAR-T patients within the current footprint
- Identified ambulatory care accommodation to safeguard patients in the period following discharge from inpatient care
- Immediately available and resourced ITU capacity to receive patients as required following CAR-T therapy
- Clinical and administrative time to ensure compliance with HTA, MHRA and JACIE standards, as well as manufacturer-specific requirements
- MDT input to support work-up, monitoring and immediate response to AEs, alongside appropriate support for radiology, pathology, cardiology etc

The key risk associated with establishing this service was the lack of physical space and bed capacity to accommodate this new patient cohort. Increasing the capacity of the ambulatory care unit to accommodate more inpatients helped to mitigate but did not eliminate this risk since only one bed was provided, with transplant allocation reduced from 10 to 9 beds. There was therefore still a lack of surge capacity, considering that patients do not present evenly throughout the year.

The impact of lack of surge capacity is shown in Figure 7 where on occasion up to 6 CAR-T patients were simultaneously in the treatment phase, including 4 as inpatients. Remembering that CAR-T patients are not in remission and cannot be postponed, accommodating all patients in need has had a negative impact on autologous HSCT, with some patients being transferred to NHS England for treatment. To accommodate additional CAR-T patients, the plan is to increase autologous HSCT activity at SBUHB to 50 per annum to allow for further expansion in bed capacity at CVUHB. Although this additional measure will provide further mitigation against insufficient bed capacity, until the realisation of the business case for a new facility, lack of surge capacity might still necessitate occasional transfer of autologous HSCT and/or CAR-T patients to NHS England for treatment, on safety grounds.

The Phase 1 business case was based on an anticipated initial demand of 10-15 patients per annum, which was interpreted by WHSSC (now JCC) as the number of patients infused, and funding was calculated on this basis. However, as shown in Figure 6, of the 72 patients referred between October 2019 and March 2024, 49 were infused representing an attrition rate of 32% along the patient pathway. Even from the point of NCCP approval of 64 patients, there was still an attrition rate of 23% (15 of 64 patients).

This attrition rate is significant since an inordinate amount of time and resource is invested in the early part of the pathway, even prior to approval by the NCCP. Further, it is common for referring haematologists to seek advice prior to referral and this activity is unrecorded since it takes place largely via telephone or email. This additional but necessary activity is not currently recognised or recompensed in the existing business case.
This Phase 2 business case therefore seeks to redress the imbalance between the larger number of patients referred and worked-up on the treatment pathway versus the smaller funded number who complete the pathway through to CAR-T infusion, given that resource is consumed from (and often before) the point of referral.

Secondly, experience gained from delivering CAR-T therapies over the past 4½ years has shown that assumptions made from the clinical trial data which led to marketing authorisation and informed the original business case, underestimated requirements for parts of the patient pathway making current delivery unsustainable. For example, the pivotal ZUMA 1 trial of axicabtagene ciloleucel (Yescarta) for the third or later line treatment of LBCL, reported a median stay, post CAR-T infusion, of 10 inpatient days. By contrast, as shown in Figure 8, for the CVUHB cohort of 49 infused patients, this was higher at 15 days. Moreover, the median post-infusion inpatient stay fluctuated widely from year to year, ranging from 12-23 days, applying unpredictable pressure to the system and frustrating forward planning. This Phase 2 business case therefore also seeks to address inadvertent omissions which characterised Phase 1.

Thirdly, since the initial LBCL Technology Appraisals (TA559, TA567) which led to the commissioning of the service, NICE has made further recommendations for CAR-T, thereby increasing the number of indications for treatment. This has had a predictable impact on personnel and bed requirements and now requires expansion of the CAR-T service to accommodate these additional patients.

Compounding the above is the significant quality management input necessary for maintenance of JACIE, HTA and MHRA standards, in addition to other conditions imposed by the manufacturer(s). This has proven more onerous than anticipated and all falls on the single CAR-T Lead Consultant. As is widely acknowledged, no service is truly sustainable with a single-handed consultant, let alone one of this complexity, catering for c.80% of the Welsh population and with a significant quality management and regulatory burden.

Neither the CAR-T Lead Consultant nor the regional acute lymphoblastic leukaemia Lead Consultant (based at CVUHB) has available time or resource to comply with the WHSSC/JCC specification for delivery of CAR-T therapy for patients with relapsed or refractory B-cell acute lymphoblastic leukaemia in any of the NICE-approved age groups.

This Phase 2 business case therefore seeks additional investment to "right size" the CAR-T service to safely and sustainably deliver current NICE-approved indications for CAR-T therapy in relapsed or refractory LBCL and relapsed or refractory mantle cell lymphoma (MCL) and to use this opportunity of service expansion to repatriate the treatment of patients aged 16 and over with relapsed or refractory B-cell acute lymphoblastic leukaemia from NHS England.

Since the CAR-T service is unsustainable in its present configuration, this additional investment is required within the **current financial year 2024/25**, especially given the typical lag times associated with recruitment and training.

3. Strategic Context – Alignment to UHB strategic direction

Completion of the table below will evidence how this business case is supporting the four strategic objectives of the UHB and subsequent alignment to the UHB's current Integrated Medium-Term plan.

Objectives	How does this proposal support any of these objectives
Putting People First ❖ 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	The Welsh Government 'Quality Statement for Cancer' states that services should deliver equitable, safe, effective, efficient, person-centred, timely care in the treatment of cancer in Wales. The service will ensure care closer to home, as described in the UHB's Shaping our Future Wellbeing Strategy. The model will be sustainable and ensure equity of access across NHS Wales with patients able to access a range of treatment options. There are ongoing NHS England capacity issues therefore a sustainable model in Wales will ensure patients can access this complex treatment in timely manner.
Providing Outstanding Quality ❖ 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 health board's communities ❖ Deliver outstanding quality of care every time - care that is personalised, timely, safe, accessible and effective. Achieve the best outcomes for patients in line with	The existing CAR-T service is JACIE accredited, HTA licensed and qualified by CAR-T manufacturers; this acknowledges the quality management programme and ensures pathways are of a high standard, and that patients can access excellent treatment. External KPI benchmarking by the CAR-T market leader demonstrates greater treatment pathway efficiency of the

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 – people, assets (buildings and equipment) and money	CVUHB service compared with the national median. There is a financial benefit to UHB and NHS Wales, as delivering this treatment is more expensive outside of Wales. The service spans 6 of 7 UHBs in Wales. Aligns with Welsh Government vision to deliver Advanced Therapies in Wales.
Delivering in the Right Places ❖ To achieve digital maturity enabling the Health Board's workforce, partners, patients and public to connect and communicate, supporting shared decision making in the planning and delivery of health care services. ❖ Refresh and deliver the Health Board's programme (Shaping Our Future Wellbeing in the Community) 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 (Shaping Our Future Hospitals). Develop more shared infrastructure with public and private sector partners to get best value for the health board's investment	The service will ensure care closer to home, as described in the UHB's Shaping our Future Wellbeing Strategy. Improved patient and family experience including reduced personal costs. Less patient and family travel, reducing the carbon footprint associated with delivery of CAR-T for Welsh patients. Compliance with cancer standards.
Acting for the Future ❖ 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	The model will be sustainable and ensure equity of access across NHS Wales with patients able to access a range of treatment options, ensuring the service is ready for expansion in Advanced Therapies. Less patient and family travel, reducing the carbon footprint associated with delivery of CAR-T for Welsh patients. The service will ensure care closer to home, as described in the UHB's Shaping our Future Wellbeing Strategy. Aligns with Welsh Government vision to deliver Advanced Therapies in Wales.

4. Summary current service provision and case for change

This section should outline the current service provision – model / pathway, activity, existing workforce (skill mix and WTEs) and cost along with a case for change and how the proposal will help reduce strategic and operational risks.

The CAR-T patient pathway is summarised in Figure 2.

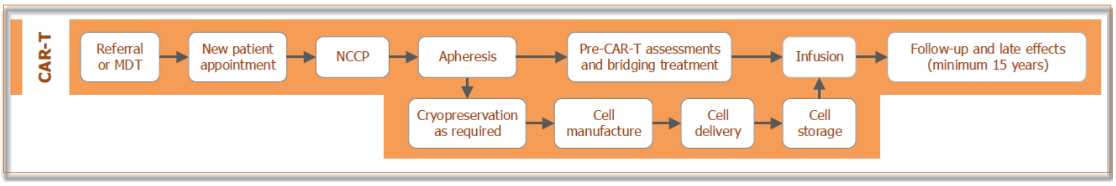


Figure 2: CAR-T patient pathway. NCCP, National CAR-T Clinical Panel

Potential CAR-T patients are identified either through the lymphoma MDT or by direct referral. All direct referrals are reviewed at the lymphoma MDT and potentially eligible patients are seen in the next available CAR-T new patient (NP) clinic. The MDT is held on Wednesdays and the CAR-T NP clinic on Fridays, so the minimum interval between MDT review and NP visit is 2 days.

Once eligibility is confirmed at the new patient appointment, patients are then listed for the next available meeting of the National CAR-T Clinical Panel (NCCP), hosted by NHS England. The NCCP meets on Tuesdays so the interval between the Friday CAR-T NP visit and NCCP review is always 4 days.

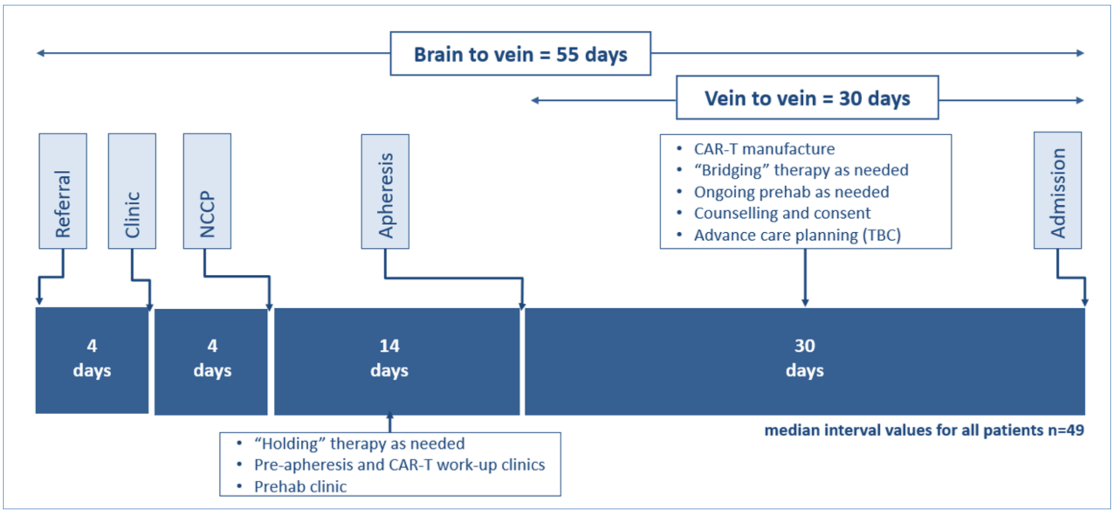


Figure 3. CAR-T pathway with timings for the first 49 patients infused by the SWBT Programme. All intervals are median times. Brain to vein, interval from referral to CAR-T infusion. Vein to vein, interval from apheresis to CAR-T infusion. NCCP, National CAR-T Clinical Panel.

The window between NCCP approval and apheresis is dependent on the patient's clinical condition, burden of disease and rate of disease progression. Consequently, "holding" radio-immuno-chemotherapy might have to be arranged and this is delivered either at CVUHB, Velindre Cancer Centre (radiotherapy) or the referring LHB, depending on the required therapy and capability at the referring LHB. This "holding" treatment must be carefully selected to not compromise the quality of the planned T-cell collection and, at any rate, minimum "wash-out" periods from end-of-treatment to apheresis apply. Additionally, the selected apheresis date must also coincide with the availability of a CAR-T manufacturing slot. Therefore, close oversight is required by the CAR-T team even (or especially) when the "holding" treatment is delivered outside of CVUHB. The current median interval from NCCP approval to apheresis is 14 days (Figure 3).

Between NCCP approval and apheresis several clinic reviews are conducted including a pre-apheresis clinic for operational requirements and regulatory compliance with the relevant JACIE, HTA and manufacturer-specific standards; a work-up clinic to perform the necessary baseline tests and assessments; and a prehabilitation clinic to optimise

physical and mental fitness. During prehab patients get the benefit of physiotherapy, occupational therapy, dietetic, pharmacy and psychology assessment and intervention whilst simultaneously receiving key worker support from the CAR-T clinical nurse specialist. The CAR-T team therefore provides continued oversight during this interval. From apheresis to admission and CAR-T infusion, the "vein-to-vein" time, there might be the need for additional "bridging" radio-immuno-chemotherapy to prevent clinical deterioration whilst awaiting CAR-T manufacture. As with "holding" therapy, choice and timing must take anticipated CAR-T infusion dates into account since minimum wash-out periods also apply. During this window patients attend a consultant-led clinic for formal counselling and consent whilst continuing with relevant prehab interventions.

Given that approx. 60% of patients will fail CAR-T, there is a need for careful and sympathetic advance care planning. Patients have indicated that they prefer not to address these issues in any of the earlier clinics where the focus is on planning for CAR-T, recovery and possible cure. They revealed that they have found discussing curative and end-of-life palliative strategies by the same personnel in the same clinic setting both distracting and disconcerting. As a result of this feedback, a new and separate advance care planning clinic is proposed, led by a CAR-T nurse practitioner (new post) with consultant palliative care support (new investment). This will be offered within the "vein-to-vein" window which is currently a median of 30 days (Figure 3). Funding for this initiative is included in this Phase 2 business case.

For the whole cohort of 49 patients who completed the pathway to CAR-T infusion, the median interval from referral to infusion, the so-called "brain-to-vein" time, was 55 days. This compares favourably with the 74 days taken for the first 4 patients, who were treated before the entire CAR-T team was established. This emphasizes the importance of having the full complement of personnel with the requisite qualifications and training in place for delivering CAR-T with maximum efficiency. This is particularly important since patients need to access treatment before disease progression renders them ineligible to proceed.

CAR-T is delivered in both ambulatory and inpatient settings (Figure 7) with subsequent outpatient follow-up once all acute toxicities have resolved. On d30 the CAR-T Lead Consultant and CNS hold a discharge planning review meeting with the patient to apprise them of the result of the d28 PET-CT scan. The patient is then returned to the care of the referring LHB with a clear management plan in place. For patients who have achieved a complete metabolic response (CMR), further routine outpatient follow-up takes place at d100 and months 6, 9, 12 and annually thereafter. Another planned initiative is for uncomplicated patients who have achieved a CMR to have this discharge review visit undertaken by the CAR-T nurse practitioner (new post) as currently obtains for HSCT recipients.

Despite care returning to the referring LHB from d30, in practice the CAR-T team remains heavily involved in patient management at the request of local consultants and indeed the patients themselves This is because although safe to be returned to the referring LHB at this point, the CAR-T patient's needs are not trivial and include monitoring and management of neutropenia (which can persist to d100), appropriate timing of the weaning of anticonvulsants in patients who had developed prior immune effector cell associated neurotoxicity syndrome (ICANS) and management of persistent hypogammaglobulinaemia which can extend to 18 months post CAR-T, resulting in intermittent but occasionally severe infection, the main cause of death in remission.

Although the current protocol is for patients to contact their local team for advice or if they become unwell, the CAR-T team remains available as a point of support. In practice, especially because of the rapport established with the CAR-T team, patients and their families continue to access the team through previously established lines of

contact and in these circumstances, the CAR-T team often acts as a conduit between the patients and their local LHB. Additionally, the referring consultants themselves also contact the CAR-T team for advice and support.

For patients with residual or recurrent disease post CAR-T, optimal sequencing of subsequent treatment has not been defined. The current algorithm recommended by this centre is summarised in Figure 4. Although outside the remit of the CAR-T service, advice from and oversight by the CAR-T team is often sought with regard to subsequent lines of treatment, especially since cellular therapy might be later indicated. This unmet and unfunded need underscores the requirement for a regional lymphoma MDT.

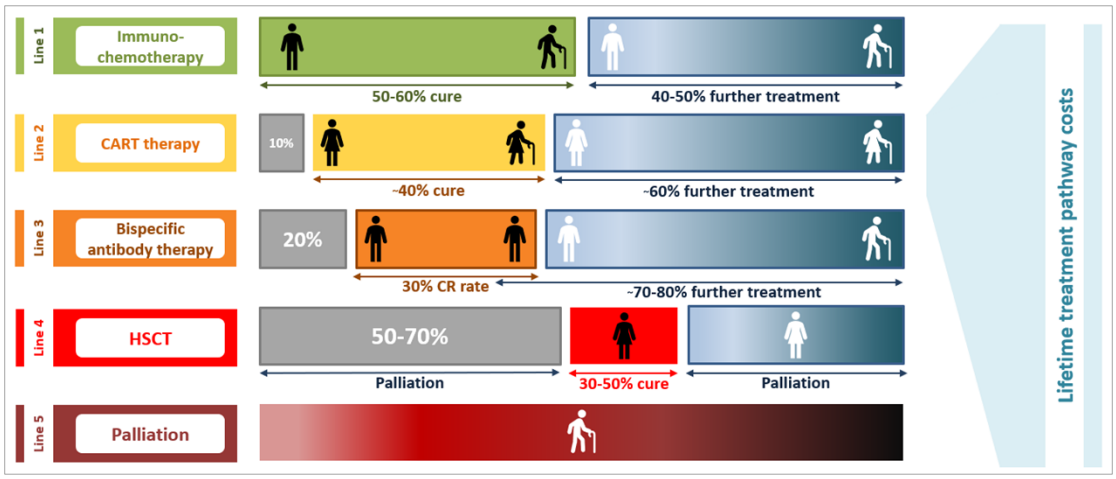


Figure 4: SWBMT Programme algorithm for treatment of patients with LBCL.

Clinical practitioners are understandably delighted at the prospect of having a multitude of therapeutic options at their disposal. However, as the following case histories exemplify, patients get emotionally drained from being constantly on a roller coaster of hope alternating with despair and this can lead them to make decisions that are not in their longer-term interests. Thus, it is essential to have comprehensive psychology and palliative care support throughout the treatment pathway.

Case history 1

A 36-year-old man was diagnosed with DLBCL in 2021. He attained a complete response to first-line immuno-chemotherapy but relapsed 16 months after completion of treatment. He proved refractory to second-line salvage chemotherapy rendering him ineligible for autologous HSCT. He then received bridging therapy prior to autologous CAR-T as third-line treatment in January 2023, two years following his initial presentation. Unfortunately, he failed to respond to CAR-T and received palliative radiotherapy from which he had an unexpectedly good response. He had a matched sibling so was offered an allogeneic HSCT which he declined, despite understanding that delay would inevitably result in further disease progression and uncertain subsequent survival.

As anticipated, he suffered eventual disease progression and, having transferred to another health jurisdiction, received further radiotherapy followed by "off-the-shelf" allogeneic CAR-T infusion. The curative potential of this strategy is unknown in contrast to allogeneic HSCT, where there are several decades of data regarding its curative potential in this setting.

Case history 2

A 66-year-old woman was diagnosed with DLBCL in 2022, on a background of prior follicular lymphoma, diagnosed and treated to a complete response in 2015. Having proved refractory to two lines of therapy for DLBCL, she received bridging therapy followed by autologous CAR-T in January 2023. She failed CAR-T and received palliative radiotherapy achieving an unexpectedly good response which her local team consolidated with a 6-cycle course of immuno-chemotherapy.

Her current remission is not expected to be durable and potential options include NICE-approved bispecific antibody therapy and allogeneic HSCT. On learning this she indicated that it was "easier" to accept that she already had end-of-life treatment, enabling her to psychologically plan for whatever remission duration lay ahead. Finding the prospect of more options with uncertain cure too daunting, she elected to "enjoy the summer" and defer consideration of further treatment.

Patients who remain in continuous remission at 12 months post CAR-T have a projected 5-year survival of over 90% which is indicative of potential cure. However, due to uncertainties regarding longer-term toxicities, the MHRA has mandated minimum follow-up of 15 years. Now that the number of survivors is accruing, a nurse practitioner-led (new post) late effects clinic is planned to comply with this requirement starting from the month 12 consultant-led review. Funding for this service development is included in this Phase 2 business case.

In November 2023, the US Food and Drug Administration (FDA) posted a safety communication regarding T-cell malignancies, including CAR-positive lymphoma, in patients who received treatment with BCMA- or CD19-directed autologous CAR-Ts. The list of implicated products included all current NICE-approved CAR-Ts. These malignancies may occur as early as weeks following infusion and can prove fatal. In January 2024 the FDA updated its boxed warnings concerning CAR-Ts and on 18 April 2024 recommended that recipients of these products should be **monitored life-long** for secondary malignancies. [https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-requires-boxed-warning-t-cell-malignancies-following-treatment-bcma-directed-or-cd19-directed, *accessed 06.2024*]

Should the MHRA follow suit and increase mandated follow-up from 15 years to lifelong, the CAR-T late effects treatment pathway would be updated to reflect this change. Depending on the recommended mode of monitoring and agreed shared-care arrangements, the updated late effects pathway may necessitate a Phase 3 revision of this business case.

5. Case for change - *The evidence*

*For the case to be considered this section **MUST** include*

- ***Demand** – analysis and trends of demand on the service,*
- ***Capacity** – analysis of the workforce, staffing levels, variations and actions being taken to address and, where necessary, improve efficiency.*
- ***Current performance** – summary of the achievement against the targets and efficiency indicators of the service.*
- ***Benchmarking** – proposed service change should be benchmarked against comparable providers / services.*

Referrals

CAR-T for relapsed or refractory large B-cell lymphomas (LBCL) was approved by NICE in January 2019, initially through the Cancer Drugs Fund in England, for patients who had received at least two prior systemic therapies. The service in Wales was formally commissioned by WHSSC (now JCC) in September 2019 with provision via the South Wales Blood and Marrow Transplant (SWBMT) Programme, which was already Pharma-qualified as a CAR-T centre since December 2018.

It was anticipated that demand for the SWBMT Programme catchment area would be circa 10-15 per annum and the CAR-T service was sized accordingly with personnel requirements extrapolated from clinical trial data which led to CAR-T marketing authorisation. It was calculated from the onset that once referrals increased to around 20 per annum the service would need to be resized to cope with the additional workload.

Since the initial LBCL approval in January 2019, NICE approved CAR-T for relapsed or refractory mantle cell lymphoma (MCL) in February 2021 and, in June 2023, expanded the approval for LBCL to include treatment of patients in the second line, after a single prior course of chemo-immunotherapy, provided failure occurred within 12 months of treatment.

What was excluded from the outset, was the treatment of relapsed or refractory B-cell acute lymphoblastic leukaemia for patients aged 16-25 years, which had been NICE-approved in December 2018 and commissioned via NHS England. This indication was expanded in June 2023 to include older adults aged 26 and over.

Referral Indication	Financial Year					
	*2019/20	2020/21	2021/22	2022/23	2023/24	TOTAL
LBCL-3L	06	13	10	18	08	55
LBCL-2L	---	---	---	---	12	12
ǂMCL	---	---	---	03	02	05
TOTAL	06	13	10	21	22	72

*Table 1: CAR-T referrals since inception of the service at CVUHB. LBCL, large B-cell lymphomas. 3L, treatment in third or later line (after two or more prior therapies); 2L, treatment in second line (after a single prior therapy). ǂMCL, mantle cell lymphoma (activity since November 2021). *2019/20 data from October 2019.*

Referrals for CAR-T therapy since inception of the service are summarised in Table 1. As was anticipated, demand increased as a result of both greater familiarity by referring clinicians as well as expanded NICE approvals. The current level of demand at over 20 patients per annum for the past two financial years, is unsustainable for a service initially tailored to cater for 10-15 patients per annum. As was indicated from the onset, crossing the threshold of 20 patients per annum would trigger a revision of the business case to right-size the service, hence this Phase 2 business case.

Demand analysis

There are epidemiological data to suggest that current referrals for LBCL, just over 20 per annum, have not yet reached the expected maximum, as summarised in Figure 5.

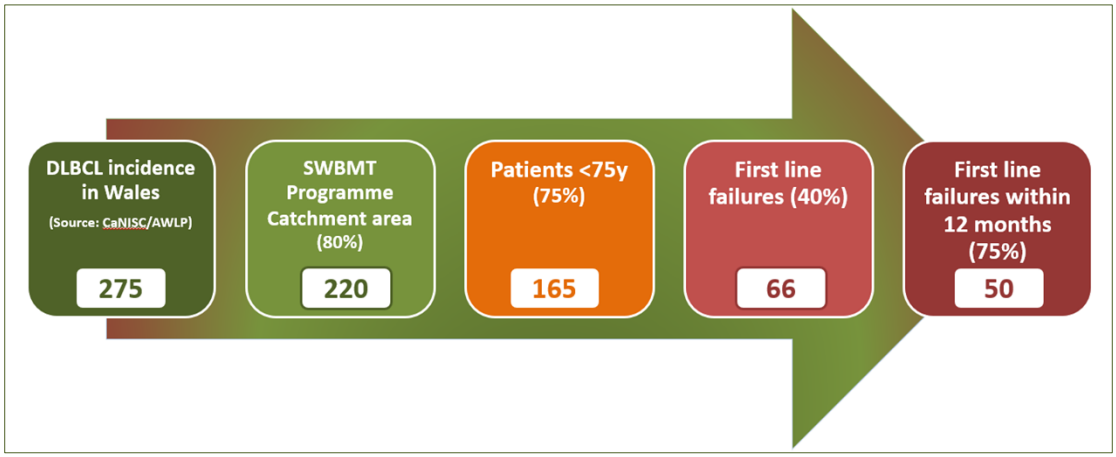


Figure 5: Estimate of patients with LBCL potentially eligible for second line CAR-T Therapy. DLBCL, diffuse large B-cell lymphoma. CaNISC, Cancer Network Information System, Cymru. AWLP, All-Wales Lymphoma Panel.

Data from CaNISC, confirmed by the All-Wales Lymphoma Panel (AWLP) who centrally reviews all new lymphoma diagnoses, reveal that c.275 patients are newly diagnosed with DLBCL per annum. Of this, the SWBMT Programme catchment area accounts for ~80% equating to 220 patients per annum.

UK NCCP data of DLBCL patients who received CAR-T in the third line setting between 2019 and 2021, showed that only 7 of 300 (2.5%) recipients were aged 75 and over (A. Kuhnl, personal communication 2022), despite this age group accounting for 25% of all DLBCL patients. Provisionally excluding this age group would result in 165 (75% of 220) patients.

Sixty per cent of patients with DLBCL will be cured with first line treatment resulting in 40% failures (n=66) of whom 75% (n=50) will fail within 12 months and be potentially eligible for second line CAR-T therapy. This therefore represents the potential ceiling of DLBCL referrals for CAR-T in the second line. However, not all patients would have the requisite fitness so the proportion of the maximum of 50 patients who should be referred is unknown.

To address this uncertainty, the SWBMT Programme is in the early phase of setting up a service evaluation to review the treatment and response of all Welsh patients diagnosed with DLBCL since January 2022 – the population potentially eligible for second line CAR-T since NICE approval in June 2023. This will answer the question of whether patients are being appropriately identified and referred, or if postcode affects provision, the so-called "postcode lottery". At any rate, the data would further inform the need for a regional lymphoma MDT to ensure patients are adequately treated at all stages along the treatment pathway regardless of residence.

Large B-cell lymphoma (LBCL) is an umbrella term encompassing several subtypes of aggressive "high grade" lymphomas not all of which were listed in the original NICE TA; however, many are now routinely approved by the NCCP given that biologically they (and their response to CAR-T) are similar. These include Richter's transformation of chronic lymphocytic leukaemia/small lymphocytic lymphoma, LBCL with secondary central nervous system involvement and post-transplant lymphoproliferative disorder (PTLD). These "additional" LBCLs would account for an extra 0-4 patients per annum.

Although it is unclear what proportion of the ceiling of 50-54 LBCL patients per annum would be candidates for CAR-T, the 22 referrals received in 2023/24 would suggest that all eligible LBCL patients are not yet being referred. By contrast, the referral of

five patients with mantle cell lymphoma since this indication was NICE-approved in February 2021 is consistent with anticipated demand of 0-3 per annum.
Right-sizing the CAR-T service would provide opportunity for repatriation of patients with relapsed or refractory B-cell acute lymphoblastic leukaemia who currently receive CAR-T therapy in NHS England in contravention of numerous cancer standards, at significant additional cost to NHS Wales and with a negative patient and family experience including additional personal cost. There is no current capacity to comply with the WHSSC/JCC specification for delivery of this service, where the need is similar to (if not greater than) that described for the management of patients with lymphoma.

The estimated new demand, in terms of **referrals**, resulting from extended NICE approvals for large B-cell lymphomas, mantle cell lymphoma and B-cell acute lymphoblastic leukaemia is **25-27** per annum, which represents an **80% increase** over the initial 10-15 that were estimated at the commencement of the CAR-T service. This number may further increase as a result of the planned service evaluation but the current estimate represents known demand.

Treatment pathway

The pathway for CART patients is complex, with multiple steps to be navigated from the point of referral to eventual CAR-T infusion. As shown in Figure 6 there is significant attrition along the pathway with 32% (23/72) not progressing to CAR-T infusion from initial referral.

From the point of NCCP approval the attrition rate is lower but still significant at 23% (15/64), which is comparable to the UK average of 25% where, between 2019 and 2021, for the first two years of CAR-T delivery, 300 of the 404 patients approved by the NCCP proceeded to eventual CAR-T infusion.

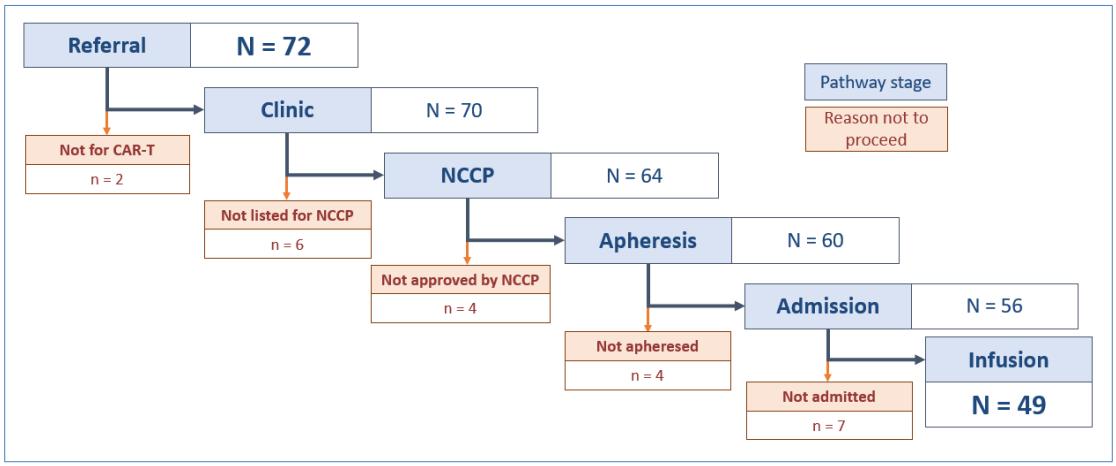


Figure 6. CAR-T pathway details for the first 72 patients referred between October 2019 and March 2024. Reason and timing of attrition shown. NCCP, National CAR-T Clinical Panel.

Treatment delivery and capacity

The CAR-T service was commissioned for delivery via the SWBMT Programme. To accommodate this initiative, one BMT bed was sacrificed, reducing the complement from ten to nine. To offset this loss, ambulatory care provision was strengthened to accommodate more routine haemato-oncology patients as well as parts of both the autologous and allogeneic HSCT pathways. However, even with this arrangement, it was acknowledged that there would remain a lack of surge capacity, occasionally necessitating transfer of autologous HSCT and/or CAR-T patients to NHS England on patient safety grounds.

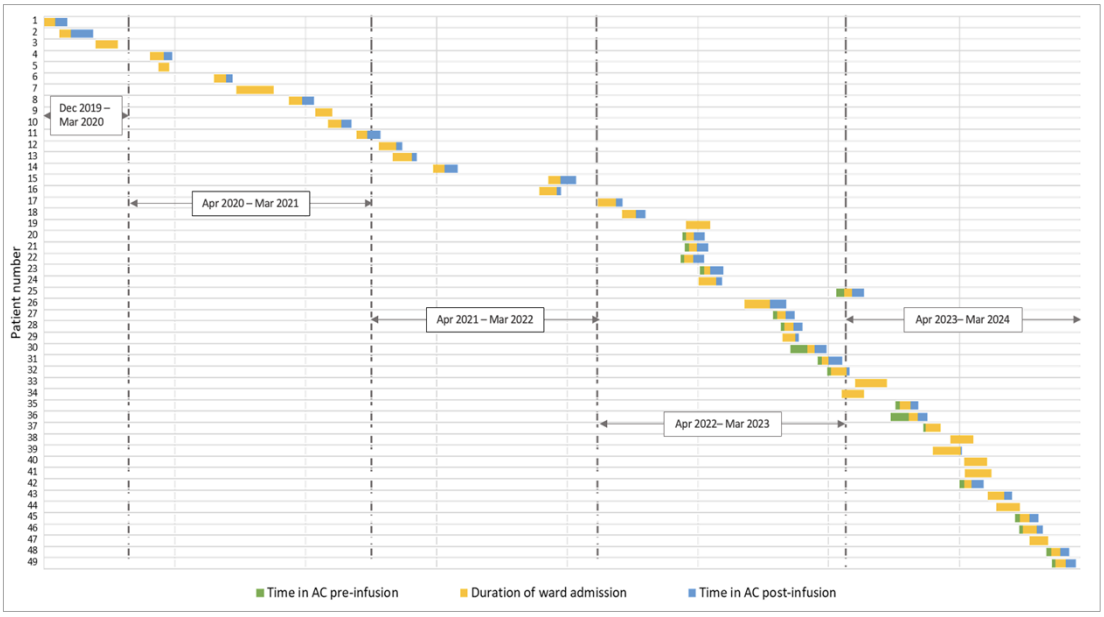


Figure 7. Bed utilisation data for CAR-T patients infused between December 2019 and March 2024 showing time spent as an inpatient (yellow bars) and in ambulatory care (AC) both before (green bars) and after (blue bars) CAR-T infusion. Each composite bar represents a single patient episode.

Figure 7 shows the increasing use of the ambulatory care unit since the start of the CAR-T service, expanding from only the post-infusion period (blue bars) to now include lymphodepletion where chemotherapy is delivered prior to CAR-T infusion (green bars). Despite this increased use of ambulatory care, as also shown in Figure 7, where each bar represents a single patient treatment episode, patients do not present evenly throughout the year. Consequently, there were occasions where up to 6 patients were simultaneously on the CAR-T treatment pathway including up to 4 patients occupying inpatient beds, underscoring the need for surge capacity.

Despite the obvious advantage provided by the ambulatory care unit in relieving pressure on inpatient beds, real-world experience of delivering CAR-T therapy over the past 4½ years has shown that assumptions made from the clinical trial data which informed the original business case, underestimated this requirement. In contrast to the pivotal ZUMA 1 trial of axicabtagene ciloleucel (Yescarta) which reported a median inpatient stay of 10 days post CAR-T infusion before being discharged to ambulatory care, this was higher for the CVUHB cohort of 49 infused patients who spent a median of 15 days (Figure 8). Moreover, this fluctuated widely from year to year, ranging from 12-23 days, applying unpredictable pressure to the system thereby frustrating forward planning. Indeed, only 2 of the 49 (4%) patients, spent 10 or fewer days as an inpatient following CAR-T infusion before being able to be discharged to ambulatory care (Figure 8). Compounding this negative impact on capacity was the consumption of more resource than anticipated.

CAR-T eligible patients are, by definition, not in remission and their treatment therefore cannot be postponed. The lack of surge capacity within the SWBMT Programme necessitates ongoing and intense triaging of patients on both the BMT and CAR-T pathways, consuming significant staff resource. If triaging cannot overcome the impact of demand surge, patients may need to be transferred elsewhere for treatment outside NHS Wales, to prevent deterioration whilst on the waiting list.

Since the commissioning of the CAR-T service, this lack of surge capacity has resulted in transfer of one CAR-T and three autologous HSCT patients to NHS England for treatment on clinical safety grounds. A business case for a new facility at CVUHB to address capacity and quality deficiencies is awaiting approval to progress to the OBC/FBC stage. Until this is realised, a further mitigation is to increase autologous

HSCT activity at SBUHB to 50 patients per annum. Any implications for the SBUHB service will be the subject of a separate business case submission.

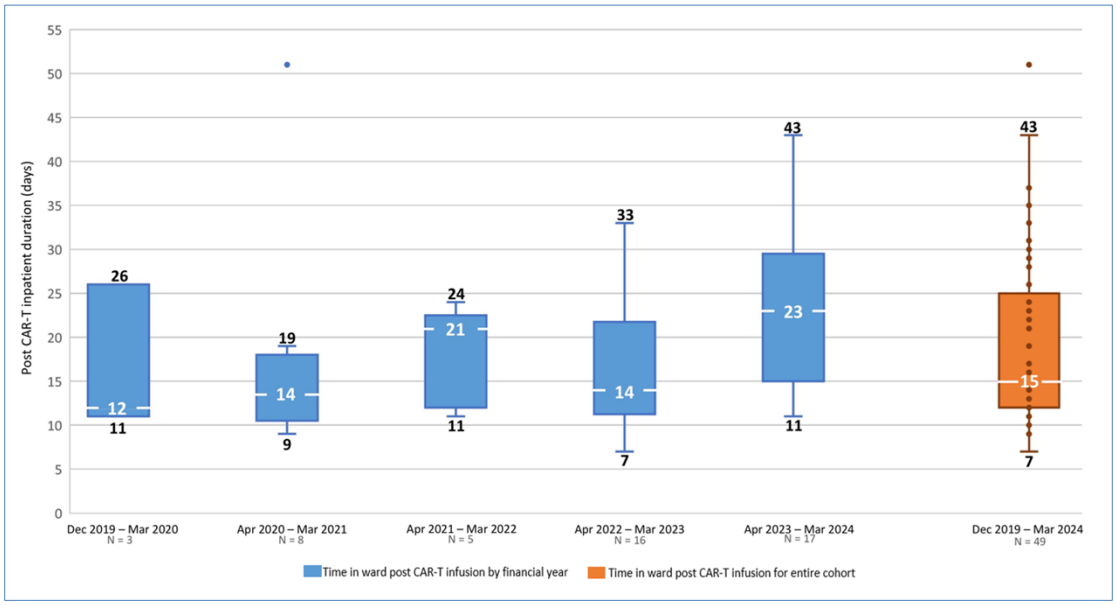


Figure 8. Box and whisker plot of inpatient bed use post CAR-T infusion by financial year (blue bars) and for the entire infused cohort of 49 patients (orange bar). Bars represent interquartile ranges with medians shown in white; whiskers represent upper and lower limits. Individual patients are shown as filled in circles, including a single outlier who spent 52 days.

In addition to right-sizing the service to accommodate demand, there is also the need to redress the imbalance of insufficient staff allocation to some aspects of the treatment pathway. These inadvertent omissions and/or underestimates were the result of differences in real-world experience from the clinical trial data which led to marketing authorisation and subsequent shaping and commissioning of the service. Experience gained from 4½ years of CAR-T delivery has revealed which gaps in provision make the current service unsustainable, even without consideration of increased demand. These additional requirements, with the rationale, are detailed in Section 7.

Performance and benchmarking

Despite the constraints imposed by lack of adequate physical facilities and an over-stretched workforce, assessment of key performance indicators (KPIs) shows that the CAR-T team performs at or above the UK average. However, this accomplishment has been at the expense of staff exhaustion and burnout, making the current service delivery model unsustainable.

Through education of referring teams in the Cancer Network, leading to better patient selection and timelier referral, and by continual finessing of the treatment pathway, the attrition rate has fallen over the 4½ years that the SWBMT Programme CAR-T team has been in operation. In the first 2½ years of operation (October 2019 to March 2022), 55% (16/29) of referred patients completed the pathway through to CAR-T infusion, improving to 77% (33 of 43 patients) for the latter 2 years (April 2022 to March 2024). Thus, the programme managed a larger number of patients with greater efficiency.

Data from Gilead-Kite regarding the use of axicabtagene ciloleucel (Yescarta) for the treatment of LBCL showed that pathway KPIs for the SWBMT Programme CAR-T service compared favourably with national figures as illustrated in Figure 9.

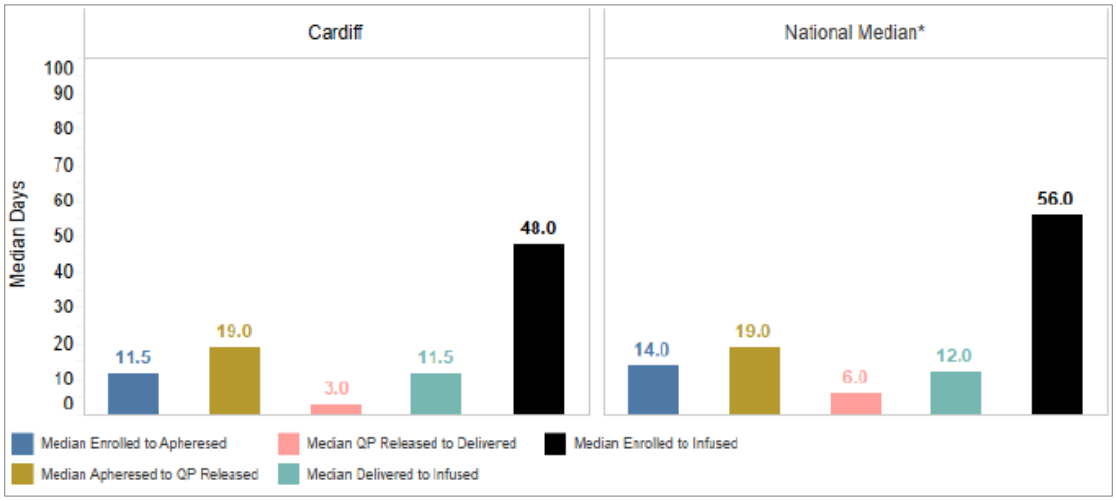


Figure 9. LBCL CAR-T treatment pathway KPIs for the 12-month period to 8 March 2024. Dataset restricted to use of axicabtagene ciloleucel (Yescarta). [Source: Gilead-Kite]

Due to efficiencies gained along the treatment pathway, for the 12-month period to 8 March 2024, patients treated by the SWBMT Programme CAR-T service spent a median of 48 days from registration on "Kite Konnect" to CAR-T infusion, compared to the UK median of 56 days.

Unlike the case for haematopoietic stem cell transplantation (HSCT), the BSBMTCT (British Society for Blood and Marrow Transplantation and Cellular Therapy) does not yet provide centrally benchmarked CAR-T survival data. The Cardiff service is therefore dependent on data published or presented by the NCCP which includes all UK centre data, and therefore that also of Cardiff. Thus, the comparison is with the UK average as opposed to "the rest" of the UK (i.e., excluding Cardiff) as occurs for benchmarked HSCT data provided by the BSBMTCT.

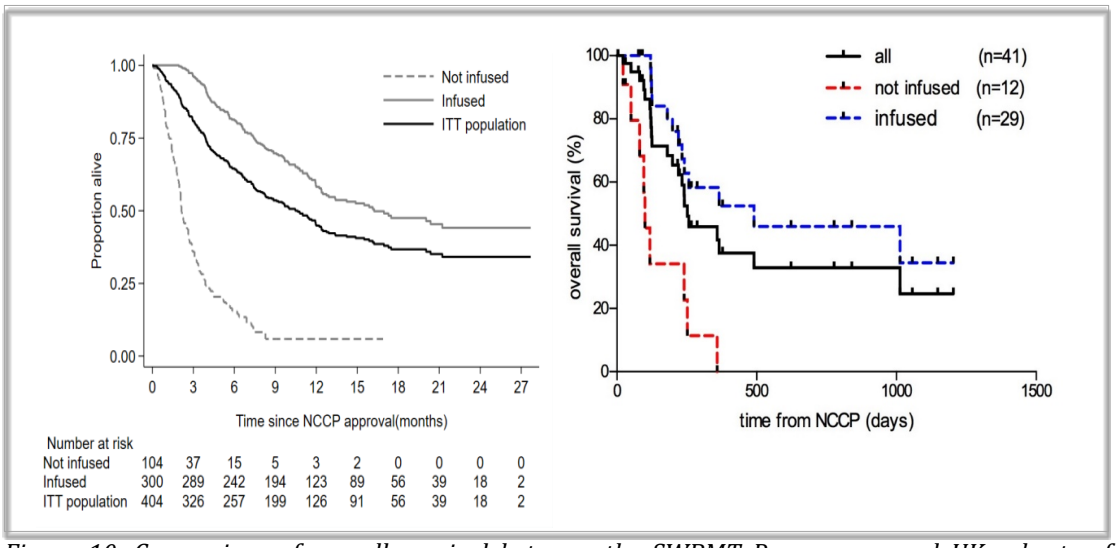


Figure 10. Comparison of overall survival between the SWBMT Programme and UK cohorts of patients approved by the NCCP to receive CAR-T for LBCL in third or later line of therapy. Data cut-off February 2023.

Figure 10 shows overall survival of patients with LBCL who were approved by the NCCP to receive CAR-T in third or later line (data cut-off February 2023) by treatment status (infused versus not). Data are shown for the SWBMT Programme cohort (data internally compiled) and the UK national dataset (compiled by the NCCP).

Results from both cohorts are equivalent and comparable to clinical trial and other "real-world" data, showing a survival plateau of approximately 40%.

Value for Money Benchmarking

The initial phase 1 CAR-T investment which provided the infrastructure for up to 15 infusions has a 24/25 funded baseline of £1,552,883 which includes the staffing infrastructure, non-pay consumables and support services.
At this funding level the inferred cost per case would be £103,522 per completed infusion.

The comparable NHSE tariff paid by the NWJCC to NHS England providers when the Cardiff centre capacity is reached ranges between £108,819 (University Hospital Bristol) and £121,892 (Kings College) this excludes any critical care or accommodation expenses which will be charged to commissioners on top of the tariff.

The NHSE tariff is under review as there is a number of years real data available from operating CAR-T services; recognising the attrition rate for referrals that do not fully complete the infusion process and how time intensive this is for clinical teams, and the premium incurred by lower volume centres whilst building capacity.

In 2023/24 the Cardiff service over performed against the funded baseline and delivered 19 cases, the reimbursement from commissioners for the additional 4 cases only covers the cost of the non-pay consumables, therefore the cost per case for welsh commissioners was £85,051. However, this is not sustainable without the capacity investment outlined in this case.

6. Option Appraisal

This section should provide the details of the options considered. In developing the options, a do-nothing or do-minimum option must be retained. Do nothing may not be feasible but in this event should act as the baseline.

In some cases, where there is clearly only one realistic way forward, this should be explained, giving the reasons. In other cases, a range of options exist. These should be set out and then explored via a value for money appraisal whereby costs, benefits and risks of each option are compared.

The recommended option is then carried forward into section 7

The following case history, currently live within NHS England, amply exemplifies the imperative of designing a safe and sustainable service and puts the option appraisal of this business case in the appropriate context.

The upper limits of patient activity described in each option have been defined by what is clinically safe and sustainable, with due regard for staff welfare, within the funding envelope provided. What has been specifically avoided is the temptation to reset the baseline to what might have been unsustainably and unsafely achieved at the expense of staff wellbeing. Each option therefore represents the **best value** attainable for the associated expenditure.

Case history 3
In the early phase of the COVID-19 pandemic, when it was unclear what impact this would have on transplant beds, access to intensive care, ability to readmit unwell patients, etc, a central HSCT Programme Directors' Group was formed, initially meeting weekly, to discuss capacity and other issues to ensure that patients across the UK had equitable access to transplant beds, evolving treatments and COVID vaccines.

These meetings were funded by NHS England and hosted by the Anthony Nolan, the first unrelated donor stem cell registry worldwide, and the largest such registry in the UK. Supporting the work of the central group were regional hubs who reported into the central Programme Directors' Group. Wales was a member of, and co-chaired, the Wales and SW England hub, having joined at the request of WHSSC.

When the impact of the pandemic subsided, the regional hubs were largely disbanded, but the central Programme Directors' group continued to meet (albeit at a reduced frequency) due to the advantage of the immediacy of effective lines of communication across the entire UK transplant community, additionally benefitting from the ongoing presence NHS England from a commissioning standpoint, with the Anthony Nolan acting as secretariat.

At the Programme Directors' Group meeting on 20 June 2024, it was revealed that the paediatric allogeneic HSCT centre in Bristol had closed for an initial 6 months with effect from April 2024. This was largely due to inadequate staffing, mainly at consultant level, leading to near miss events even though these did not result in patient harm. The Bristol paediatric allogeneic HSCT programme routinely performed c.33 procedures p.a. The existing consultant complement which was deemed inadequate comprised one substantive and one locum post.

As a consequence of the closure, centres (including Wales) that typically refer paediatric patients into Bristol, have been linked to other NHS England centres, but with the clear understanding that this does not guarantee capacity at the new centre at the time that transplantation is required. Instead, these new centres will simply act as "hubs" and attempt to find capacity for referred patients elsewhere within NHS England, as needed.

At the time of writing there is a Welsh paediatric patient who ordinarily would have had an allogeneic HSCT in Bristol but who is an inpatient in Sheffield.

Despite the plan to reassess the situation at 3 and 6 months, the prevailing view was that the programme would remain closed at the end of the initial 6-month period.

Significant drawbacks associated with the closure of the Bristol allogeneic HSCT programme include but are not restricted to:

a. *Increased patient and family travel*
b. *Increased patient and family expenditure associated with travel and accommodation costs*
c. *Poorer patient and family experience*
d. *Earlier repatriation of patients back to referring centres since most other paediatric allogeneic HSCT programmes in NHS England do not have the option of housing patients until d100 post-HSCT as occurred in Bristol*
e. *For the Welsh patient currently in Sheffield, the plan is to repatriate the patient to Wales on discharge, despite the tariff including care to d100 post-HSCT. Thus, NHS Wales would be paying twice for costs incurred between discharge and d100*
f. *Lack of an agreed strategy for readmission between discharge and d100 post-HSCT, putting patients at risk of being readmitted to facilities without the requisite expertise to effectively manage these complications*

The autologous CAR-T service provided at Bristol remains unaffected since this is delivered by the adult HSCT programme.

Although the above case history involves allogeneic HSCT rather than autologous CAR-T provision, the risks and consequences of staffing levels inadequate for the delivery of complex services are identical as already described in this business case and following options.

Important take-home lessons include:

- Patients' lives are put at risk when staffing levels are inadequate
- Staff are unable to work unsustainably over prolonged periods
- Rather than expect staff to work in an unsustainable manner, the decision was taken to close the service on patient safety (and presumably also staff health and welfare) grounds
- The correct response to inadequate staffing is to close the affected service rather than expect staff to "stretch" further and continue to work unsustainably
- Capacity is not guaranteed within NHS England
- The responsibility for resolution rightly rests with the commissioner (NHS England in this specific case) rather than the provider

Option 0: Do nothing

The service is unsustainable in its existing format and cannot simultaneously cope with current demand and compliance with the requisite quality and regulatory burden. Staff have already manifested evidence of exhaustion and burnout, and this cannot be allowed to continue, on employee health and welfare grounds.

If this Phase 2 business case is not supported, the CAR-T service will have to revert to the originally commissioned **10-15 referred** patients, equating to **10 infusions**, based on an attrition rate of 33%. This is because flexing to a ceiling of 20 referrals (up to 13 infusions) as was originally proposed, has proven to be unsustainable due to the inadvertent omissions from the Phase 1 business case. Referring LHBs would be advised that once this threshold is reached, additional patients would need to be referred **directly** to NWJCC.

Experience gained from using the WHSSC Outsourcing Framework (August 2016) showed that using the *Primary provider to provider* outsource option places a significant administrative burden on clinical staff, the expenditure for which was not reimbursed. This is not sustainable or feasible given the constraints already described. The Cancer Network would therefore be advised that the only viable outsource strategy would be the *WHSSC to provider* option, because the CAR-T team would not have capacity to be involved in or assist with patients not receiving treatment within the service.

The following risks/disadvantages are associated with Option 0:

- More patients would be treated in NHS England where benchmarked waiting times from manufacturer registration to CAR-T infusion are longer.
- Capacity in NHS England cannot be guaranteed, and this patient group needs to be treated with minimum delay.
- Patients and their families would have a worse experience including increased personal travel and housing costs.
- There would be non-compliance with the MHRA regulatory requirement for a minimum follow-up of 15 years to collect post-marketing adverse event data since there would be no capacity for the proposed nurse-led late effects clinic.
- The proposed advance care planning clinic will not open.
- Adult and TYA patients with relapsed or refractory B-cell acute lymphoblastic leukaemia will continue to be treated in NHS England.

- This option is associated with more travel and a larger carbon footprint.
- This arrangement is financially disadvantageous to NHS Wales
- There is potential reputational risk for Wales, Welsh Government and CVUHB.

Option 1: Do minimum

With the "do minimum" option, the CAR-T service would be right-sized for the originally commissioned demand of 10-15 referrals per annum and accommodate the originally proposed ceiling of 20 referrals equating to a maximum of 10-13 infusions per annum. This will address the inadvertent omissions from the Phase 1 business case, allow the delivery of a sustainable service, whilst incorporating the needed initiatives based on patient feedback.

Advantages of Option 1:

- Achievement of a sustainable service with reduced risk of staff burnout.
- Patients would benefit from advance care planning.
- An MHRA-compliant late-effects monitoring service would be established.

The following risks/disadvantages would remain with Option 1:

- Capacity would not be increased so outsourcing to NHS England would still be required with the associated risks of uncertain capacity.
- Outsourced patients would wait longer for treatment and potentially experience worse clinical outcomes.
- There would be a worse patient experience for outsourced patients including the associated increased travel and housing costs.
- Patients with relapsed or refractory B-cell acute lymphoblastic leukaemia will continue to be treated in NHS England.
- The carbon footprint associated with this option would remain significant.
- This arrangement will remain financially disadvantageous to NHS Wales.
- The potential for reputational risk will remain.

Option 2: Preferred option

The preferred option, the subject of this Phase 2 business case, is to right-size the CAR-T service for existing and future demand anticipated as a result of the planned service evaluation, and for the repatriation of adult and TYA patients with relapsed or refractory B-cell acute lymphoblastic leukaemia from NHS England.

Investing in Option 2 would increase referral capacity by 80% from 10-15 per annum at the start of the CAR-T service to 25-27 per annum. This equates to 20-22 infusions per annum since, as a result of increased pathway efficiency, 77% of referred patients now complete the pathway through to CAR-T infusion, compared with 67% in the early years of the service. The level of work acuity demanded to maintain pathway efficiency at its current 77% would only be sustainable with this Phase 2 investment.

Right-sizing the service would create genuine elasticity to accommodate further patients identified by the planned service evaluation without recourse to additional staff resource; but would be limited by physical capacity constraints.

Advantages of the preferred option:

- All advantages of Option 1.
- Potential to accommodate additional LBCL patients identified via the planned service evaluation (dependent on number of additional referrals generated).
- Repatriation of adult and TYA patients with relapsed or refractory B-cell acute lymphoblastic leukaemia from NHS England.
- Reduction in waiting times for patients.
- Improved patient and family experience including reduced personal costs.

- Less patient and family travel, reducing the carbon footprint associated with delivery of CAR-T for Welsh patients.
- Compliance with cancer standards.
- Financially advantageous for NHS Wales – recouping of current excess costs of outsourcing would significantly subsidise this option.
- Capacity to use *Primary provider to provider* option whenever the outsource option is required.
- Reduction of reputational risk.
- Potential to repatriate autologous HSCT in patients with multiple sclerosis from NHS England with delivery at SBUHB.

Residual risks with the preferred option:

- Model dependent on SBUHB consistently performing c.50 autologous HSCT procedures per annum (already funded for this level of activity so low risk).
- Until the new build is realised, significant demand surges might still necessitate occasional outsourcing to NHS England.

7. The Preferred Option

The preferred option will achieve right-sizing of the existing service to improve safety, achieve sustainability, increase capacity to accommodate expanding NICE approvals for CAR-T therapy in LBCL and MCL and additionally allow the repatriation of patients with relapsed or refractory B-cell acute lymphoblastic leukaemia from NHS England.

In addition, by increasing throughput at SBUHB to fully-funded capacity, this option would also allow repatriation of autologous HSCT in patients with multiple sclerosis from NHS England to Wales, with these procedures performed at SBUHB.

What the Bristol NHS England experience exemplifies is that failure to address safety and sustainability concerns puts patients at risk and exposes staff to burnout. Note that delay in addressing these deficiencies result in a worse patient experience, increased personal cost to patients and families, additional pressure on other service providers and increased overall cost of delivering the service. In summary, such an approach does not represent financial prudence or value for money.

Quality management

The quality management system (QMS) of the SWBMT Programme is based on three pillars:

1. **Personnel**
   Maintenance of an adequate number of appropriately qualified and trained personnel.

2. **Processes**
   Processes need to be validated and shown to be effective. The Programme has identified "key" processes which the Programme seeks to "control" to ensure that they remain fit for purpose and consistently achieve desired outcomes. These key processes are essentially the **patient pathways** and underpinning **supporting protocols** of the Collection and Processing Facilities. The adult clinical pathways are listed below:

   a. The autologous HSCT patient pathway
   b. The allogeneic HSCT patient pathway
   c. The sibling HSCT donor pathway
   d. The autologous CAR-T patient pathway (the subject of this business case).

3. **Premises**
   This term is generically applied to physical facilities, procurement and supplies. The state of the premises of the adult programme at CVUHB was severely criticised by the JACIE Inspectorate at two prior inspections, being described as *"shabby and behind the curve"* in 2013, deteriorating to *"the worst ever seen"* at the follow-up inspection in 2019. The Inspectorate made it clear that unless significant improvement is made by the time of the next inspection (scheduled for 2025) our JACIE accreditation would be at risk.

   The premises have been on the CVUHB risk register at the highest level of reportable risk since January 2010. Mitigation to date has been insufficient since the premises are incapable of meeting JACIE standards, despite refurbishment. The only remedy is a new build as part of the planned UHW2. As an interim solution, a business case for a new cellular therapy unit has been submitted to Welsh Government and is currently awaiting approval to proceed to the OBC/FBC phase.

In contrast to the state of the **premises**, the quality management **processes** of the SWBMT Programme have been externally validated and found to be excellent. During the CAR-T centre qualification process in 2018, the QMS was described as *"the best in Europe"*, whilst in February 2019 the JACIE Inspectorate described it as *"the best ever seen"*. In 2021, when the HTA was deciding which Tissue Establishments should have virtual or onsite inspections due to COVID restrictions, the SWBMT Programme was described as a *"low risk Tissue Establishment"* and allocated a virtual inspection.

It is therefore imperative that, on patient safety grounds, the quality bar is not lowered, and the requirements identified in this business case implemented in full. This will benefit patients with relapsed or refractory LBCL and mantle cell lymphoma, who receive CAR-T therapy via the SWBMT Programme, as well as patients with relapsed or refractory B-cell acute lymphoblastic leukaemia whom this business case proposes to repatriate from NHS England.

Inpatient capacity

Surge capacity constraints have been partially mitigated by the ambulatory care service and will be further mitigated by increasing autologous HSCT activity at SBUHB to 50 per annum. This will also allow patients with multiple sclerosis to undergo autologous HSCT in SBUHB. This has been on the BSBMTCT indications list since 2013 and approved by Health Technology Wales in 2020. However, these procedures are still not performed in Wales on capacity grounds, with eligible patients treated by NHS England at significant cost and negative patient and family experience. Any financial implications for the SBUHB service would be subject to a separate business case submission.

Until the new build at CVUHB is realised, capacity constraints will not be fully mitigated and there will be a residual, albeit reduced, risk of needing to outsource patients to NHS England during periods of extreme demand surges.

NEW PERSONNEL REQUIREMENTS

Medical staffing requirements

a. Consultant – CAR-T programme

A single-handed consultant-led service is inherently unsafe and unsustainable. Further it is impossible for a single person to oversee the demands of compliance with

JACIE, HTA, MHRA and manufacturer-specific standards for a programme of any size, let alone one with a catchment area of ~80% of the Welsh population.

An additional **1.0 WTE** consultant is needed to oversee the acute lymphoblastic leukaemia pathway including delivery of CAR-T. This person will make it feasible to meet the WHSSC/JCC specification for the delivery of CAR-T for this indication and will share the regulatory demands of the overarching CAR-T service. The provision of cross-cover between the two CAR-T consultants would add robustness and to the service, improve sustainability and reduce existing staff exhaustion and burnout.

b. Consultant – Palliative Care

No provision was made for palliative care in the Phase 1 business case. As previously described, 60% of patients will fail CAR-T so there is a need to establish an advance care planning clinic and support patients through the emotional challenge of repeated treatment offering uncertain cure. Palliative care input would be critical for the success of these initiatives. The requirement is for **0.2 WTE.**

c. CAR-T Fellow – Lymphoma and Leukaemia

There is a need for **1.0 WTE** middle grade cover to assist with the day-to-day management of patients as well as provide out-of-hours cover. This would be analogous to the improvement provided by the BMT Fellow in the HSCT programme.

Nursing requirements

d. CAR-T Nurse Practitioner

This post is required to oversee the entire CAR-T service (lymphoma and repatriated leukaemia patients). The nurse practitioner would lead the advance care planning and late-effects clinics and take responsibility for discharge planning of uncomplicated patients. The postholder would also contribute to staff training, quality and regulatory compliance. The requirement is **1.0 WTE Band 7**.

e. Apheresis Clinical Nurse Specialist – CAR-T Programme

The initial Phase 1 allocation was 0.5 WTE Band 6 apheresis operator to assist with procedures and absorb increased requirement. Experience from the initial 4½ years of running the CAR-T service has shown that the apheresis procedures have stabilised with CAR-T used second line in LBCL replacing autologous HSCT. The greater requirement is a lead for this component of the apheresis service due to the disproportionate regulatory burden and the associated training requirements, with the postholder still contributing to the operational requirement. The new requirement is for **1.0 WTE Band 7** (uplifted from 0.5 WTE Band 6).

f. CAR-T Clinical Nurse Specialist – Leukaemia

This post is required to enable repatriation of patients with B-cell acute lymphoblastic leukaemia from NHS England. This post is analogous to the existing CAR-T CNS Lymphoma post and the postholders would provide cross-cover for each other. The requirement is **1.0 WTE Band 6**.

Allied Health Professionals

g. Physiotherapist

No provision was made for physiotherapy in the Phase 1 business case. Adoption of a prehabilitation programme has resulted in significant improvement in the condition of potential patients enabling greater fitness prior to admission. This is particularly important because these patients are not in remission and typically receive holding and bridging radio-immuno-chemotherapy whilst awaiting apheresis and subsequent CAR-T manufacture.

Due to the known debilitating effects of treatment, adequate physiotherapy input in the pre-CAR-T phase is critical to maximising the number of patients who regain and retain fitness for treatment, thereby reducing attrition on the CAR-T pathway. This input continues during the inpatient and post-discharge phases to shorten the rehabilitation period. The requirement is **1.0 WTE Band 6**.

h. Dietitian
The Phase 1 allocation was 1.0 WTE Band 6. However, due to the complexity of the patient group, the short window to effect improvement and ongoing dietetic needs post treatment, the appropriate banding for this post is Band 7. The requirement is therefore upgraded to **1.0 WTE Band 7** (uplifted from Band 6).

i. Clinical Psychologist
The Phase 1 allocation was 1.0 WTE Band 8a, the same as allocated to the BMT programme. To provide robustness and sustainability, the services merged to provide seamless provision. Despite this initiative, the service struggled to cope with demand, due to the high level of distress in this patient group, making it challenging to cope with NICE recommendations on psychology provision.

Compounding the above was the frequent staff turnover resulting in repeated service disruption. It was later explained that clinical psychologists at Band 8a are in the post-qualification stage of training and often change posts every 12-18 months until securing a higher banded permanent post. This is clearly unsatisfactory for a patient group facing repeated uncertainty regarding survival as previously described.

To address these challenges, the Macmillan psychology service at CVUHB has designed a new model to provide more stability whilst allowing for career progression. It also needs to be appropriately banded given the acute lymphoblastic leukaemia cohort of patients start at age 16. The additional requirement is **0.6 WTE Band 8c and 0.24 WTE Band 5**.

Clinical and Biomedical Scientists

j. Processing Facility
No provision was made for the Stem Cell Processing Unit (SCPU) in Phase 1. This was a significant oversight since the SCPU plays a pivotal operational role in the pre-manufacture stage with a significant JACIE, HTA and manufacturer-specific regulatory burden. On receipt of the CAR-T product, MHRA regulations apply since the ATMP returns as a drug. The regulatory burden is disproportionate to the number of patients being agnostic of clinical activity. The requirement is **1.0 WTE Band 7** Biomedical scientist and **1.0 WTE Band 4** for administrative and quality management support.

k. Neurophysiology
There was provision in Phase 1 for consultant neurology and neurophysiology support of the CAR-T service. However, no provision was made for technician support to perform the EEGs needed at baseline or to assist in the management of ICANS. The requirement is for **0.5 WTE Band 6** EEG technician.

Administrative, clerical and other supporting roles

l. IT support officer
The lack of a validated database was identified as a regulatory risk by both the HTA and JACIE inspectorates. Following a competitive tender process, CVUHB invested in StemSoft, a configurable database specific for cellular therapy programmes. The SWBMT Programme is still in the configuration and validation phases, but this will be an ongoing requirement as regulatory standards are tightened, software updates introduced, and service developments implemented. Prior to investing in StemSoft,

the HTA described the system of depending on Excel spreadsheets as, "user-intensive, user-dependent and obsolete".

In addition to StemSoft, all controlled documents are stored on QPulse, a document control repository that is compliant with regulatory standards.

Due to the wide catchment area of the SWBMT Programme shared-care arrangements are in place to facilitate treatment nearer to home when desirable. To this end all treatment protocols were located on the CVUHB intranet with open access via any NHS Wales computer. CVUHB recently discontinued support for the Oracle system on which the intranet was based, switching to SharePoint. This immediately rendered protocols invisible to customer LHBs, posing a clinical risk. IT support is needed to create new "web pages" to facilitate NHS Wales-wide access thereby reducing the risk associated with this change. There will be an ongoing need for maintenance of SharePoint as documents are updated with changes in service delivery.

For all the above initiatives, ongoing IT support will be essential. The requirement is for **1.0 WTE Band 6** IT Support Officer.

m. CAR-T pathway coordinator – Leukaemia

It has already been demonstrated that the CAR-T pathway is very complex with numerous hurdles to be overcome as the patient traverses the treatment pathway. To facilitate timely referral, access to CAR-T therapy and assistance with data collection and analysis for regulatory compliance, a coordinator would be needed to support the entire B-cell acute lymphoblastic leukaemia pathway, including CAR-T delivery. The requirement is for **1.0 WTE Band 4** CAR-T/ALL pathway coordinator.

n. Secretarial support

This post is required to support the new consultant and other clinical staff to be appointed as a result of this business case. The requirement is for **0.5 WTE Band 4** secretary.

Workforce Requirements

Area of Investment	Band	Phase 2 (wte)	24/25 PYE	FYE	Comment
Consultant CAR-T and acute lymphoblastic leukaemia (ALL)	Cons	1.00	£75,988	£151,975	The consultant would provide cross cover to the existing CART consultant who is single handed but also allow us to bring in ALL CART to Cardiff
Consultant Palliative Care	Cons	0.20	£15,198	£30,395	No Phase 1 allocation. Clear need for advance care planning, MHRA-compliant late-effects clinic and ongoing palliative care provision along treatment pathway
CAR-T Fellow	CF	1.00	£54,516	£109,032	To support lymphoma and ALL pathways including out-of-hours service
CAR-T Nurse Practitioner	7	1.00	£32,061	£64,123	New post. Required to oversee combined lymphoma and leukaemia CAR-T delivery and to support Phase 2 nurse-led initiatives: discharge reviews, advance care planning, late-effects clinic.
Apheresis CNS	6	0.50	£18,460	£36,919	Uplift from 0.5wte Band 6 to 1.0 Band 7 - Initial requirement was to increase apheresis capacity but greater need is to lead the CAR-T component of the apheresis

					service, given the regulatory burden, including training and documentation to maintain regulatory compliance whilst still contributing to operational workforce.
CAR-T and ALL CNS	6	1.00	£27,204	£54,407	New post. To support repatriation of patients with B-cell acute lymphoblastic leukaemia from NHS England and to provide cross-cover to lymphoma CAR-T CNS.
AHP - Physiotherapy	6	1.00	£27,204	£54,407	No Phase 1 allocation. Significant input received in prehab to get patients fit for CAR-T and maintenance in later stages on pathway.
AHP - Dietetics	7	0.00	£4,858	£9,715	Revision of Phase 1 allocation from 1.00wte band 6 to 1.00wte band 7 - The new banding reflects the significant prehabilitation requirement given patients often receive holding and bridging therapy whilst awaiting CAR-T manufacture and admission. Improving and maintaining dietetic health is paramount to achieve and maintain fitness along the pathway
AHP - Psychology	8C	0.60	£26,474	£52,947	New model needed due to the significant turnover with previous allocation - Revised banding allocation across Psychology provision would provide stability and career progression
AHP - Psychology	5	0.24	£5,269	£10,538	As above
Clinical Scientist – Stem Cell Processing Unit	7	1.00	£32,061	£64,123	No allocation in phase 1 - Pivotal operational role at pre-manufacture stage with significant, disproportionate regulatory burden. Post-manufacture storage needs to be MHRA-compliant.
Quality administration support	4	1.00	£17,394	£34,787	Needed for administrative and quality management support for the Stem Cell Processing Unit.
Neurophysiology technician	6	0.50	£13,602	£27,204	No allocation in phase 1. Required to provide EEG service given the increased demand and with 40% of patients experiencing ICANS. No technician time included in phase 1 and demand greater than anticipated
IT Support Officer	6	1.00	£27,204	£54,407	No allocation in phase 1. Need to address regulatory risk identified by the HTA and JACIE. The SWBMT Programme has invested in a database, StemSoft. This will require ongoing configuration, validation and upgrades to continue to meet the needs of the service.
Clinical pathway co-ordinator	4	1.00	£17,394	£34,787	New post. Required to support repatriation and delivery of ALL CAR-T and to facilitate regulatory compliance
Secretarial support	4	0.50	£8,697	£17,394	New post. Essential to cover new consultant appointee and related administrative and regulatory duties

Sub-total pay		**11.54**	**£403,581**	**£807,161**	

Non-pay		**Cost per patient**	**No. pnts p.a.**	**24/25 PYE**	**FYE**	**Comment**
Clinical supplies		£5,638	7	£19,731	£39,463	Baseline amended from 15 to 22 Infusions
Drugs		£1,128	7	£3,946	£7,893	Baseline amended from 15 to 22 Infusions
Pathology laboratories		£22,776	7	£79,715	£159,429	Baseline amended from 15 to 22 Infusions
Radiology		£1,128	7	£3,946	£7,893	Baseline amended from 15 to 22 Infusions
Sub-total non-pay		**£30,668**		**£107,339**	**£214,677**	
TOTAL				**£510,920**	**£1,021,838**	

	£4,900	**£9,800**	
Accommodation for patients			Funding for a fortnight's stay at £100 per night for each patient (should this be necessary).
Overheads	**£51,092**	**£102,184**	
Combined cost	**£566,911**	**£1,133,822**	

The outcome of the option appraisal should be stated here along with:

- *Assessment of the +/- impact of this option on other services*
- *Any dependencies (internal and external) that this option relies upon*

Impact on other services

SWBMT Clinical Programme: Positive impact from right-sizing, improving staff welfare by reducing exhaustion and burnout due to understaffing

SWBMT Collection Facility: Positive impact from right-sizing to facilitate compliance with HTA, JACIE, MHRA and manufacturer-specific standards

SWBMT Processing Facility: Positive impact from right-sizing to deal with operational workload and to facilitate compliance with HTA, JACIE, MHRA and manufacturer-specific standards

Palliative Care: Positive impact from funding to allow introduction of advance care planning and late-effects monitoring which currently do not exist. Secure funding will remove current ad hoc input along the treatment pathway

Neurology: Positive impact since this Phase 2 allocation would allow for repatriation of autologous HSCT for multiple sclerosis from NHS England to Wales and will be delivered at SBUHB

Physiotherapy: No prior funding allocation. Positive impact from funding to address prehab and maintenance needs for this population who need to progress to treatment with minimal delay. Current provision is from the BMT service at the expense of the BMT patient population

Dietetics: Positive impact from right-sizing to cope the increased demands associated with this patient population to ensure appropriate level of care

Psychology: Positive impact from right-sizing to provide a more stable service and reduce staff turnover. Current post has been vacant since August 2023 and unable to recruit due to inadequate model. This has been to the detriment of this patient group as exemplified in the case histories.

Neurophysiology: Positive impact from provision of 0.5 WTE Band 6 technician to perform EEGs as clinically indicated. Previous allocation was for consultant input to read scans and advise on treatment but not for the actual performance of the scans.

No negative impact on other services deployed with the Phase 1 allocation since these were remain right-sized.

Dependencies on other services

Ambulatory Care Unit: This expansion will demand a pro rata increase in ambulatory care activity. There is adequate staffing but there is a risk relating to capacity since the footprint is limited. Demand has not yet exceeded capacity but this would need to be kept under review.

Clinical Transplant Programme, SBUHB: This Phase 2 proposal is dependent on the Clinical Programme at SBUHB performing c.50 procedures per annum to release an additional BMT bed at CVUHB to facilitate the increased number of CAR-T patients. It is also dependent on facilitating the repatriation of autologous HSCT from NHS England to Wales which will be financially advantageous to NHS Wales.

SBUHB is already funded to perform 50 procedures per annum and their physical facilities are superior to those at CVUHB and meet JACIE standards, leading to a better inpatient experience for transferred patients. However, there is not the same level of allied health professional (AHP) input to ensure that patients experience the same level of care. This is already under review and may result in a separate business case submission to right-size for the AHP aspect of service provision at SBUHB.

7.1 Benefits

This section must outline both the quantifiable and non-quantifiable benefits associated with the proposal. The measures by which quantifiable benefits will be tracked should be included.

Quantifiable benefits	***Non-quantifiable benefits***
Key Performance Indicators (KPIs): In compliance with JACIE standards, KPIs are presented annually to stakeholders, including the commissioners. Meetings are recorded and data circulated on request. The KPIs associated with the benefits of the Phase 2 investment are listed below. Where these apply to a specific CAR-T indication this will be indicated. **Pathway benefits:** ▪ Increase in referral capacity from 10-15 per annum to 25-27 per annum. ▪ Sustained increase in pathway efficiency from 67% to 77% of referred patients proceding to CAR-T infusion. ▪ Reduction in CAR-T pathway timelines: “Brain-to-vein” and “vein-to-vein” times will be benchmarked and presented annually. ▪ Increase in CAR-T infusions from 10-13 per annum to 20-22 per annum. ▪ Repatriation of TYA patients aged 16-25 with ALL to Wales. ▪ Repatriation of adult patients aged 26 and over with ALL to Wales. ▪ Repatriation of autologous HSCT in multiple sclerosis to Wales. ▪ Introduction of advance care planning clinic. ▪ Introduction of late-effects clinic. ▪ Maintenance of regulatory compliance. **Patient outcome benefits:** ▪ Increase in survival due to increased CAR-T infusions: 40% for LBCL patients who receive CAR-T compared to <10% for patients who do not (Figure 10). ▪ Potential increase in cure rate due to increased CAR-T therapy: Patients with LBCL in remission 1 year post CAR-T have 5-year survival of >90%, implying cure. This will be presented annually. ▪ Improved patient fitness due to prehab. ▪ Reduced length of stay due to prehab.	▪ Improved patient experience ▪ Less patient travel ▪ Reduced patient and family costs ▪ Improved patient and family wellbeing from psychology and palliative care ▪ Improved staff training and retention ▪ Improved nursing and AHP career progression opportunities ▪ Less staff burnout ▪ Improved staff morale ▪ Reduced carbon footprint ▪ Reduction in reputational risk

7.1.1 Benefits tracker

This section must see the benefits realisation tracker (below) completed for all quantifiable beneifits. Where cases are approved this will form a key part of future review meetings with IG and provide assurance as to how benieifts are being tracked.

Benefit	Metric	Baseline	Target	Timeline / Ambition
Increased capacity for LBCL referrals	Number of new patients seen annually Number of patients outsourced to NHS England	10-15	20-25	Within 6 months of investment
Increased pathway efficiency	Percentage of referred patients who proceed to CAR-T infusion	67%	75-77%	Within 6 months of investment
Reduction in pathway timelines	Brain-to-vein time Vein-to-vein time	Median 55 days Median 30 days	At or below UK median (where available) At or below UK median (where available)	Within 6 months of investment. Expected to be variable and may be different for different CAR-T indications and with patient volume. Where available, benchmarked data to be presented at annual review meetings, otherwise internal year-on-year comparisons would be used.
Repatriation of patients with ALL from NHS England	Number of new patients seen annually	0	0-3	Within 3 months of appointment of CAR-T consultant
Availability of prehab	Number of NCCP-approved patients who get prehab	>90%	>90%	Immediately following investment
Psychology assessment	Number of NCCP-approved patients assessed by psychology team	Initially 100% falling to 0% since August 2023 due to lack of staff retention	100%	Within 6 months of investment and establishment of new model
Advance care planning	Percentage of referred patients who attend advance care planning clinic	0	>80% of patients approved by NCCP	Within 3 months of investment
Late effects monitoring	Number of patients who attend late effects clinic	0	>80% of patients surviving in remission for more than 1 year	Within 3 months of investment
Regulatory compliance	Relevant JACIE, HTA and MHRA standards	Full compliance. Maintenance of JACIE accreditation and HTA licensing	Full compliance. Maintenance of JACIE accreditation and HTA licensing	Immediately following investment. Some aspects of JACIE accreditation are outside the control of the team (e.g. facilities)
Repatriation of autologous HSCT in patients with multiple sclerosis to Wales	Number of patients who receive autologous HSCT for multiple sclerosis	0	0-5	Within 6 months of investment

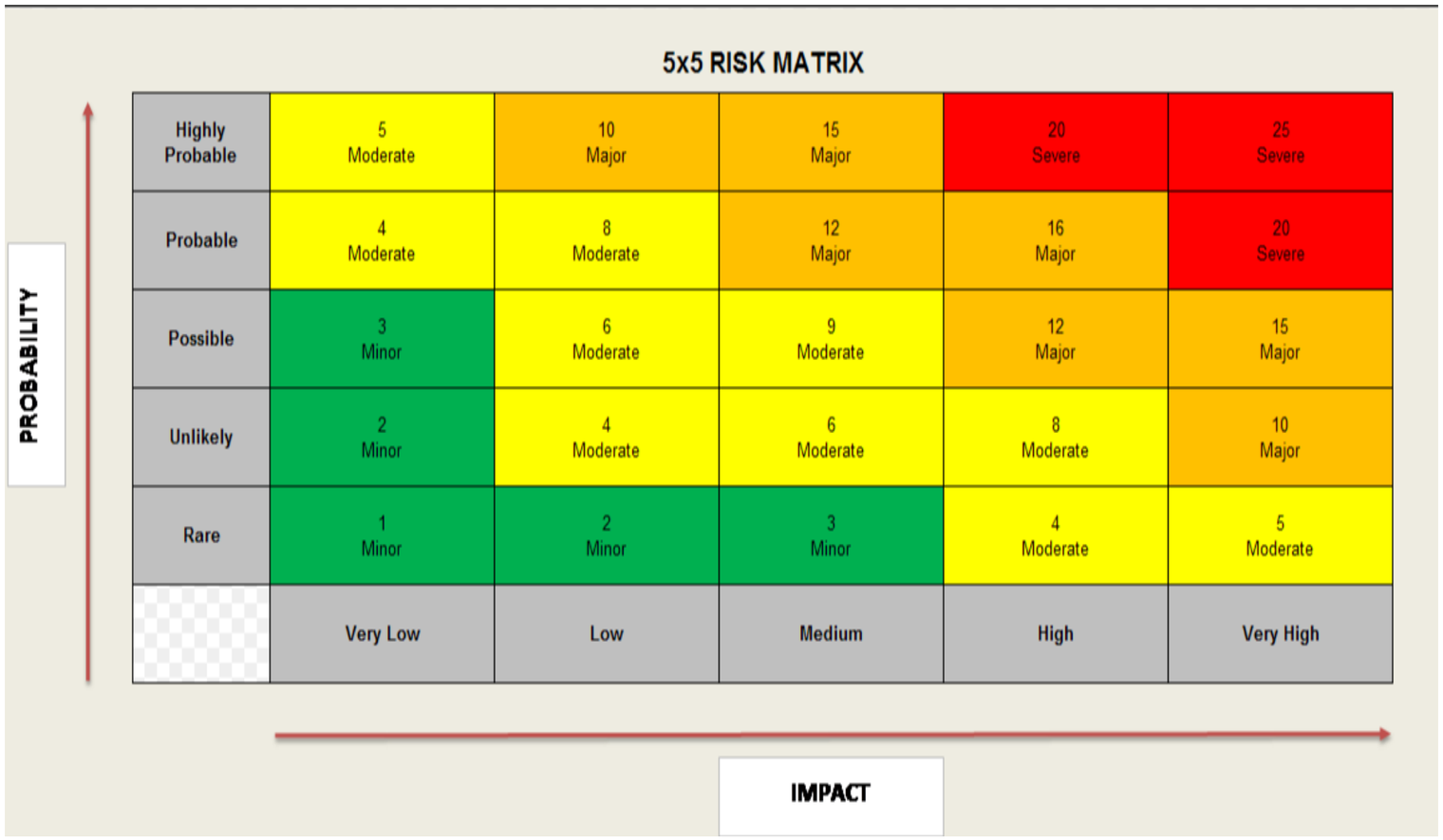
7.2 Risk

This section must outline the key risks associated with successful implementation (should the case be approved) and plans for mitigating their removal. Where cases are approved, this will form a key part of future review meetings with IG and provide assurance that risks are being managed, to maximise chances of success.

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score (PxI)	Mitigating Action	Owner
Impact of increased patient numbers on the overall BMT/CAR-T patient pathway including bed availability	Increased numbers of both LBCL patients and the addition of patients with ALL receiving CART. These patients are complex and managing their pathway needs significant input with decisions sometimes needing to be made rapidly. Risk of the number of complex patients that are needing to be admitted for treatment at the same time and not having the capacity to house them will be ongoing and need significant management. **The long-term management and resolution of this risk will depend on a separate business case (in-progress) for a new and expanded ward to house patients treated with cellular therapies and is not included in this business case.**	4 Probable	3 Medium	12 Major (significant impact on patients who cannot be acomodated in CVUHB)	Implementation of the ambulatory model at all applicable parts of the pathway for eligible patients. Maintenance of minimum pathway duration to minimise requirement for inpatient beds. Optimisation of the autologous HSCT pathway to increase the number of procedures at SBUHB to 50 p.a.. Agreement with King's College Hospital in London with an agreed pathway for CAR-T patients who cannot be accomodated in CVUHB due to extreme demand surges.	Haematology directorate
Impact on BMT/CAR-T clinical workforce	Increased numbers of patients with lymphoma and the addition of patients with leukaemia repatriated from NHS England would increase overall patient acuity with a higher number of patients experiencing adverse events simultaneously. This requires increased staffing resource at all levels with a richer skillmix including consultant, clinical fellow specialist registrar and specialist nurse input in and out-of-hours.	3 Possible	3 Medium	9 Moderate	Addition of consultant as well as a clinical fellow in this business case will reduce dependency on a single-handed consultant. The additional consultant will lead on the leukaemia CAR-T pathway with cross-cover to/from the lymphoma CAR-T consultant increasing the robustness of the overall service. The Nurse Practitioner-led initiatives in discharges, advance care planning and late-effects monitoring (with palliative care consultant support would reduce reliance on the CAR-T consultants, increasing sustainability of the service. The addition of an apheresis lead nurse for CAR-T would increase capacity for increased collections and provide regulatory oversight for apheresis.	Haematology directorate
Impact on BMT/CAR-T non-clinical workforce	Increased numbers of patients with lymphoma and the addition of patients with leukaemia repatriated from NHS England to increase in thwould increase the downstream requirements associated with the service and negatively impact on scientific and administrative staff of the Stem Cell Progessing Unit which is operating at capacity to dleiver the	2 Unlikley	4 High	8 Moderate	Increased staffing both at senior and administrative level allows for improved capacity to handle complex CAR-T pathway for aphersis prodcuts and manufactured CAR-T products. Compliance with JACIE, HTA, MHRA and manufacturer-specific standards are mandatory.	Laboratory medicine and Haematology Directorate

	transplant programme. No provision was made for the increased workload and associated regulatory burden inherent in introducing the CAR-T service.					
Impact on supporting specialties to be able to have the capacity to respond appropriately, e.g. rapidly for post infusion complications	As above, increased numbers of both DLBCL patients and the addition of patients with ALL following the pathway to CAR-T. Increased numbers will need potential neurology input/review, incresed numbers of EEGs, ITU input/review/bed days, palliative care input, physiotherapy input.	3 Possible	3 Medium	9 Moderate	This business case includes resource for several suupporting specialities noting that the pathway and delivery of CAR-T relies on a signifcant mix of specalist input usually within very short time-frames. This increase should allow the CAR-T pathway numbers to be able to be increased safely.	Cardiff and Vale UHB

Key: 5 x 5 matrix



7.3 Total Cost - Resource Implications and Affordability

This table should be the sum of annex a,b and c which provides the detailed break.

	Year 1 £	Year 2 £	Year 3 £
TOTAL RECURRENT (not formula driven - complete)	£566,911	£1,133,822	£1,133,822
TOTAL NON-RECURRENT (not formula driven - complete)			

Assumed start date	01/10/24
Funding Source Revenue:	JCC
Funding Source Capital:	

The below table illustrates the uplift required in phase 2 in relation to the phase 1 infrastructure investment and the overall cost per referral:

	Phase 1	Phase 2	Total
Area of Investment	**WTE**	**WTE**	**WTE**
Consultant - BMT	1.00		1.00
Consultant CAR-T and acute lymphoblastic leukaemia		1.00	1.00
Consultant Palliative Care		0.20	0.20
CAR-T Fellow		1.00	1.00
Consultant – Neurologist / Neurophysiologist	0.20		0.20
Consultant - Radiologist	0.20		0.20
Consultant – Haematologist (lymphoma/leukaemia)	0.20		0.20
Consultant - ITU	0.10		0.10
Consultant - Histopathology	0.10		0.10
Consultant - Immunology	0.10		0.10
Sub Total Medical Staff	**1.90**	**2.20**	**4.10**
Clinical Nurse Specialist	1.50	1.50	3.00
CAR-T Nurse Practitioner		1.00	1.00
Nursing (ward)	4.23		4.23
Practice Educator	1.00		1.00
Sub Total Nursing Staff	**6.73**	**2.50**	**9.23**
Medical secretary	0.50	0.50	1.00
Administration & MDT Co-ordinator	1.00		1.00
Quality Manager	1.00		1.00
Quality administration support		1.00	1.00
Data Manager	1.00		1.00
IT Support Officer		1.00	1.00
Clinical pathway co-ordinator		1.00	1.00
Sub Total Admin & Support Staff	**3.50**	**3.50**	**7.00**
Clinical Scientist		1.00	1.00
Neurophysiology technician		0.50	0.50
Pharmacist	1.00		1.00
Occupational Therapist	1.00		1.00
AHP - Physiotherapy		1.00	1.00
Dietician (uplift to 7)	1.00		1.00
Psychologist	1.00	0.84	1.84
Sub Total Allied Health Professional Staff	**4.00**	**3.34**	**7.34**
Total Staffing Infrastructure Requirement	**16.13**	**11.54**	**27.67**
Revenue Requirement £	1,093,663	807,161	1,900,824
Estimated Referrals	15	12	27
Staffing Cost Utilisation per Referral £	72,911	67,263	70,401

REVENUE	WTE	Band/ Scale	Recurrent/ Non-Rec	Cost Year 1 Part Year	Cost Year 2	Cost Year 3
Direct Pay Costs - Staff Type	**WTE**		**R / NR**	**£**	**£**	**£**
Consultant CART and ALL	1.00	Cons	R	£75,988	£151,975	£151,975
CART Fellow	1.00	Cons	R	£54,516	£109,032	£109,032
Consultant Palliative Care	0.2	Cons	R	£15,198	£30,395	£30,395
CAR-T Nurse Practitioner	1.00	B7	R	£32,061	£64,123	£64,123
Apheresis Nurse (uplift from 0.5 B6)						
CAR-T and ALL CNS	1.00	B6	R	£27,204	£54,407	£54,407
SCPU						
Clinical Scientist	1.00	B7	R	£32,061	£64,123	£64,123
Quality administration support	1.00	B4	R	£17,394	£34,787	£34,787
AHP						
Physiotherapy*	1.00	B6	R	£27,204	£54,407	£54,407
Dietician (Uplift from B6)	0.0	B7	R	£4,858	£9,715	£9,715
Psychology	0.60	8C	R	£26,474	£52,947	£52,947
	0.24	B5	R	£5,269	£10,538	£10,538
Clinical pathway co-ordinator	1.00	B4	R	£17,394	£34,787	£34,787
Neurophysiology Technician	0.50	B6	R	£13,601	£27,204	£27,204
IT Support Officer	1.00	B6	R	£27,204	£54,407	£54,407
Clinical pathway co-ordinator	1.00	B4	R	£17,394	£34,787	£34,787
Secretarial support	0.50	B4	R	£8,697	£17,394	£17,394
TOTAL PAY	**11.54**			**£403,581**	**£807,161**	**£807,161**

REVENUE	WTE	Band/ Scale	Recurrent/ Non-Rec	Cost Year 1 Part Year	Cost Year 2	Cost Year 3
Direct Non-Pay	**WTE**		**R / NR**	**£**	**£**	**£**
Clinical Supplies			R	£19,731	£39,463	£39,463
Drugs			R	£3,946	£7,893	£7,893
Pathology laboratories			R	£79,715	£159,429	£159,429
Radiology			R	£3,946	£7,893	£7,893
Accommodation for patients			R	£4,900	£9,800	£9,800
Overheads			R	£51,092	£102,184	£102,184
Impact on Support Departments						
Pharmacy						
Therapies						
Outpatients/Medical Records						
Radiology						
Medical Physics						
Laboratory Medicine						
Theatres						
Anaesthetics						
Facilities - catering, domestics, waste, linen xx						
Other - specify including overheads (inc finance/HR etc.) xx						
Infrastructure						
Estates Maintenance/Premises						
Utilities						
Rates						
Information Technology/Telecoms						
Revenue Consequence of Capital spend below						
TOTAL PAY				**£163,330**	**£326,661**	**£326,661**

this should be identified and detailed and, if known, whether this is agreed as part of the UHB's Capital Programme.

CAPITAL	Year 1	Year 2	Year 3
	£	£	£
xx			
xx			
xx			
TOTAL	0	0	0

IG meets on the first Wednesday of every month. In order for cases to be considered at a meeting they must be with the secretariat in Strategy and Planning **by close of play two weeks beforehand.**

For 2023 this means:

Business Case Submission Deadline	Circulation of Papers to Investment Group	Date of Investment Group Meeting
18 January 2023	25 January 2023	1 February 2023
15 February 2023	22 February 2023	1 March 2023
4 April 2023	11 April 2023	18 April 2023
26 April 2023	3 May 2023	10 May 2023
24 May 2023	31 May 2023	7 June 2023
21 June 2023	28 June 2023	5 July 2023
19 July 2023	26 July 2023	2 August 2023
23 August 2023	30 August 2023	6 September 2023
20 September 2023	27 September 2023	4 October 2023
18 October 2023	25 October 2023	1 November 2023
22 November 2023	29 November 2023	6 December 2023

There is no flexibility without the express permission of the Director of Finance

For 2024 this means:

Business Case Submission Deadline	Circulation of Papers to Investment Group	Date of Investment Group Meeting
13 December 2023	20 December 2023	03 January 2024
24 January 2024	31 January 2024	07 February 2024
21 February 2024	28 February 2024	06 March 2024
20 March 2024	27 March 2024	03 April 2024
17 April 2024	24 April 2024	01 May 2024
22 May 2024	29 May 2024	05 June 2024
19 June 2024	26 June 2024	03 July 2024
24 July 2024	31 July 2024	07 August 2024
21 August 2024	28 August 2024	04 September 2024
18 September 2024	25 September 2024	02 October 2024
23 October 2024	30 October 2024	06 November 2024
20 November 2024	27 November 2024	04 December 2024

Report Title:	NHS Long Term Agreements (LTAs) and Financial Approach for 2024/25			Agenda Item no.	7.2
Meeting:	Public Board	Public	X	Meeting Date:	26.09.2024
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Finance				

Main Report
Background and current situation:

Context

The Health Board (HB) holds several Long-Term Agreements (LTAs) with other NHS bodies in support of:

- The provision of secondary regional, tertiary and specialised services to commissioning organisations

- The commissioning of secondary regional, tertiary and specialised services for the Cardiff and Vale resident population from other provider organisations

The LTAs are generally agreed through signed documents known as the 'Heads of Agreements' (HoAs) which include sections covering:

General Terms
Financial Baselines and Contracting Framework
Activity Baselines and Performance Framework, linked to WG Measures
Information Requirements and Governance
Quality & Patient Safety Considerations
Escalation and Dispute Framework

The term HCAs (Healthcare Agreements) may also be referenced, particularly in legislation or some Welsh Government (WG) policy. In line with Health Board SFIs, WG consent limits do not apply to inter-NHS Contracts [Procurement and Contracting for Goods and Services, Section 11.6.4]

By their very nature, the LTAs are considered a 'going concern', in that they are assumed to rollover annually. The HoAs between NHS organisations within Wales are normally signed at the end of March relating to the forthcoming financial year. Contracts must be signed by Chief Executive Officers of the respective organisations. Due to the pandemic, WG agreed to extend the deadline to the end of June, and this has continued into 2024/25.

All LTAs have been provisionally agreed with respective HBs and NWJCC for 2024/25, but not yet signed.

This paper is seeking to:

- Provide assurance of the contract agreements
- Note the agreed baselines
- Note changes in the contracting arrangements for 2024/25
- Obtain approval of delegated Board authority, for the LTAs to be agreed and signed by the Chief Executive

Contract Baselines for 2024/25

Table 1 - Draft LTAs as a Provider (Income)

Organisation	Mechanism	Draft Value (£m)
NWJCC	Signed LTA	302.163
Aneurin Bevan	Signed LTA	37.434
Cwm Taf Morgannwg	Signed LTA	32.077
Hywel Dda	Signed LTA	6.514
Swansea Bay	Signed LTA	3.987
Powys	Signed LTA	1.704
NHS England	Signed LTA	3.350
Herefordshire & Worcestershire ICB	Signed LTA	0.230
TOTAL		**387.459**

The UHB's provider LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows into Cardiff and Vale in line with custom and practice of historic referral pathways
- NHS Wales Joint Commissioning Committee (NWJCC) – specialised regional and national services provided for Wales, commissioned by NWJCC in line with its Joint Committee approved Integrated Commissioning Plan (ICP)
- NHS England – tertiary and specialised services supporting some Herefordshire and South West England flows, as well as emergency care

Table 2 - Draft LTAs as a Commissioner (Expenditure)

Organisation	Mechanism	Draft Value (£m)
NWJCC	Risk Share	144.325
EASC	Risk Share	36.627
Velindre (VCC)	Signed LTA	26.748
Cwm Taf Morgannwg	Signed LTA	17.243
- CAMHS	SLA	0.131
Swansea Bay	Signed LTA	2.699
- Sub-contracts	Signed LTA / Non-LTA Bills	2.110
Aneurin Bevan	Signed LTA	1.186
Hywel Dda	Signed LTA	0.375
UH Bristol & Weston NHSFT (UHB Only)	Signed LTA	0.233
TOTAL		**231.677**

The UHB's commissioner LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows out of Cardiff and Vale in line with custom and practice of historic referral pathways, largely the Western Vale population into Princess of Wales Hospital.
- Velindre – regional and specialised cancer services, including high cost cancer drugs
- NWJCC – specialised regional and national services in line with the Integrated Commissioning Plan
- EASC – ambulance, transport and first responder services (includes non-emergency patient transport services (NEPTS) as well).
- England – emergency flows and occasional pathways into Bristol

It should be noted that NWJCC Commissioning arrangements are not subject to a signed LTA document. An all-Wales Health Board collective 'Risk Share' agreement operates, as agreed through the Joint Committee. Separate governance arrangements receive and approve the respective Integrated Commissioning Plan (ICP) / IMTP annually. The current Committee and governance arrangements are under review due to the NWJCC forming on 1st April 2024.

Other Draft LTAs

It should be noted, there are several other Service Level Agreements (SLAs) managed within delegated limits and arrangements across the organisation which are outside the scope of this paper. This includes arrangements for screening, microbiology and laboratory services. In addition, other provider-to-provider arrangements, such as outsourcing, are also managed separately with different governance arrangements.

2024/25 LTA Financial Framework

Prior to 2024/25, the Health Board LTAs were transacted under a temporary financial framework agreed by DoFs. This was implemented to mitigate significant activity changes and the financial impact due to the pandemic. In 2024/25 the revised framework is a return to extant rates prior to the pandemic. The estimated net impact of the removal of the enhanced rates applied under the DoF arrangement is c.£1.5m and this has been provided for within the Health Board financial plan.

To note the NWJCC returned to extant rates in 2023/24, therefore there is no change to the contracting framework in 2024/25. Although, the NWJCC agreed ICP has left the HB with a significant financial gap. This is due to the different funding assumptions relating to the WG allocation uplift. The NWJCC plan was agreed and approved by the Joint Committee (JC). Collaborative work is being undertaken in year to mitigate the provider financial impact of the JC agreement compared to the HB financial plan.

As part of the LTA contract agreements, all LTAs returned to extant rates except for Cwm Taf Morgannwg Health Board (CTM). The agreement with CTM both as commissioner and provider is marginal rates of 70%, for under and over performance. This was negotiated to negate the significant levels of over/under performance.

The contracting arrangements for 2025/26 are subject to a complete review, due to the need to rebase the LTAs following the pandemic. This will ensure that contracts are appropriate and recognise the cost and efficiency required to deliver services. This has been communicated to all stakeholders as part of the formal agreement of the LTA contracts. This will be reviewed and scrutinised by the Finance and Performance Committee before being presented at Board.

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

The Health Board's IMTP provides for both the baseline and core expected financial performance assumptions across the LTAs, as well as the impact of known changes, such as agreed service developments, repatriations and disinvestments.

A number of material baseline adjustments are anticipated during the financial year associated with WG Allocation adjustments. These are expected to be cost neutral and largely associated with NWJCC and EASC commissioning arrangements and directed funding.

The primary risks relate to the return to extant rates, as previously provider underperformance below 95% of pre-pandemic levels has been protected and overperformance above 19/20 levels has been recovered at an enhanced marginal rate of 70%. The impact of the removal of the DoF framework

has been estimated using 2023/24 as an activity base, significant variation against this will have a financial impact. Activity is monitored monthly and will be shared with key stakeholders. The agreement to work collaboratively with the NWJCC aims to mitigate the financial gap between the plans.

LTA performance and risk assessment on this, including recovery, will feature as part of routine reports and discussion through Finance and Performance Committee.

Table 4 - The approach to variation and settlement:

Cost neutral adjustments, including transfers of service, and Allocation changes	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Adjustments within budget, agreed IMTPs / ICPs, or delegated limits	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Year-end performance and variation settlement invoices per LTA terms and the 24/25 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval (no limit)
Exceptional baseline changes outside of budget and IMTP / ICPs	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)
Year-end performance and variation settlement invoices outside of LTA terms and the 24/25 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)

Recommendation:

The Board are requested to:

Note the current Long-Term Agreements and their indicative baseline values for 2024/25

Approve delegated Board authority for the LTAs to agreed and signed by the Chief Executive

Approve delegated Board authority for in-year LTA baseline changes and variation / settlement invoices to be agreed as set out in the Executive Director Opinion (Table 4)

Note that LTA financial performance as both provider and commissioner feature as part of reports into Finance Committee monthly.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
No
Safety: Yes/No
No
Financial: Yes/No
Yes – the Cardiff & Vale UHB LTAs are key contractual and financial arrangements supporting the delivery of healthcare across Wales.
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
Yes
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Finance Committee (Presentation for awareness)	

Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Agenda Item
7.3

Joint Commissioning Committee

Joint Commissioning Committee Governance Framework

Dyddiad y Cyfarfod / Date of Meeting	26/09/2024
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
Noddwr yr Adroddiad / Report Sponsor	Ian Green, Chair of the JCC

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
Sub Committee Structure Chair of the JCC Chief Commissioner JCC SLT Working Group of NHS Wales DoCG / Board Secretaries SLT Development Day JCC Development Day NHS Wales Directors of Corporate Governance (DoCG) peer group NHS Wales Joint Commissioning Committee (JCC)	August 2024 17 September 2024	Noted Feedback has assisted in developing the drafts Endorsed
Hosting Agreement and Memorandum of Agreement Chief Commissioner DoCG / Board Secretary CTMUHB NHS Wales Directors of Corporate Governance (DoCG) peer group	06 September 2024	Noted Feedback has assisted in developing the drafts

NHS Wales Joint Commissioning Committee (JCC)	17 September 2024	Endorsed

Acronyms / Glossary of Terms	
JCC	NHS Wales Joint Commissioning Committee
LHB	Local Health Board
HBs	Heath Boards
SFI's	Standing Financial Instructions
SOs	Standing Orders
MoA	Memorandum of Agreement
DoCG	Directors of Corporate Governance
SoD	Scheme of Delegation
HA	Hosting Agreement
CTMUHB	Cwm Taf Morgannwg University Health Board
ToR	Terms of Reference
ARC	CTMUHB Audit and Risk Committee

1. SITUATION/BACKGROUND

The purpose of this report is to present an update on developing the final elements of the NHS Wales Joint Commissioning Committee's (JCC) *("Joint Committee"*) governance framework and to request that the 7 x Health Board (HB) Board meetings approve the documents at their September 2024 Board meetings.

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.

This report and the accompanying documents were presented to the NHS Wales Directors of Corporate Governance (DoCG) peer group on 6 September 2024 and the documents were discussed and subsequently refined to reflect the advice and discussion, resulting in the final proposal presented to the Joint Committee for endorsement on 17 September 2024. The group supports the documents being presented to the HBs for final approval recognising that the documents will be kept under review with a formal review proposed in April 2025 following a full year of operation of the JCC to be conducted in partnership with HB DoCGs.

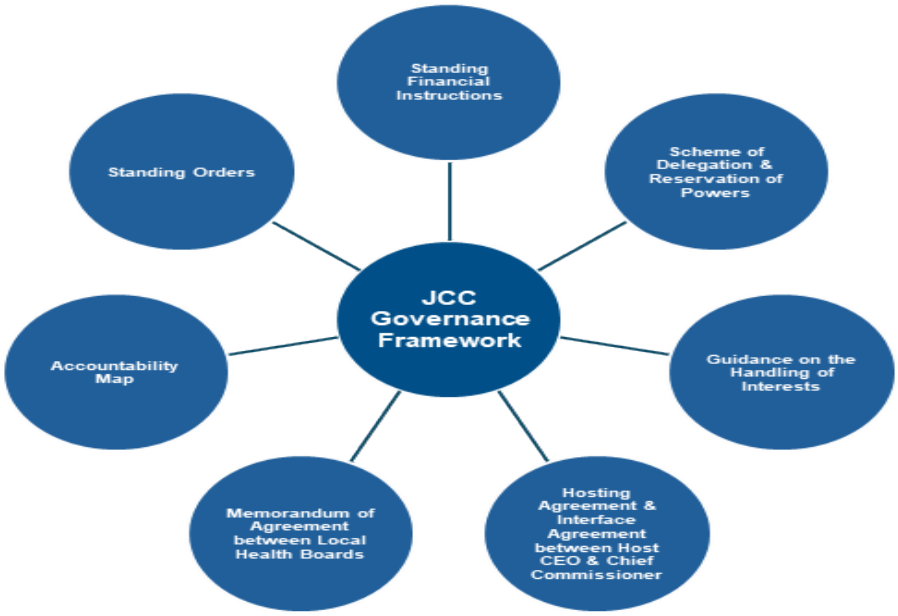
1.1 JCC Governance Framework

The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents

are an integral part of the wider governance framework of HBs and have been developed within that context.

The Governance Framework of the JCC contains the following and an update on each element is provided in **Figure 1** below.

Figure 1 – JCC Governance Framework



1.2 Standing Orders and Standing Financial Instructions

The 7 x HBs approved the JCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024, and the Joint Committee adopted the JCC Standing SO's and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

The Joint Committee were advised that work was ongoing during the transition phase to finalise other elements of the governance framework including the Hosting Agreement (HA), the Memorandum of Agreement (MoA) and the Scheme of Delegation (SoD).

2. MEMORANDUM OF AGREEMENT (MoA)

To ensure the effective operation of the JCC as a Joint Committee, a MoA between all 7 x HBs has been established, which sets out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officers of each constituent HB as individual officer members of the JCC. The MoA is presented at **Appendix 1 (in supporting documents folder)** for approval by the 7 x HBs at the September HB Board meetings.

It is acknowledged that whilst the JCC continues to transition into the new organisation, work will continue to focus on ensuring clarity of role and relationship of the JCC with HBs as commissioners and providers, and with the newly formed NHS Executive.

The draft MoA is presented to the Board for approval noting a formal review will be undertaken in April 2025 in partnership with HB DoCGs.

3. HOSTING AGREEMENT (HA)

A HA between the Host Body Cwm Taf Morgannwg University Health Board (CTMUHB) and the six other HBs has been established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This is supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government (WG).

During engagement on the development of the draft HA, it has been identified that further work is required to ensure clarity on roles and responsibilities of the JCC in relation to:

- The Handling of Concerns; and
- Consultation & Engagement relating to service change

Work has already commenced with the establishment of working groups with HB representation to develop protocols in relation to each of these areas. Engagement with DoCGs and other HB Executive leads will be essential in ensuring the processes are agreed and reflect the statutory responsibilities of the HBs and the role and delegations of the JCC.

Draft protocols will be developed and shared with DoCGs for review and comment prior to submission to the Joint Committee in November 2024. Subject to the detail and proposed approach, the protocols may then require an amendment to the Scheme of Delegation (SoD) which, if necessary, will be brought back to the Joint Committee for endorsement before final approval by HB Boards.

Noting the development of the supporting protocols described above, the HA is presented at **Appendix 2 (in supporting documents folder)** for approval by the 7 x HBs at the September HB Board meetings.

4. PROPOSED JCC SUB-COMMITTEE STRUCTURE

Section 5.5 of the JCC SO's stipulate that the Joint Committee may and, where directed by the HB Boards jointly, or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the

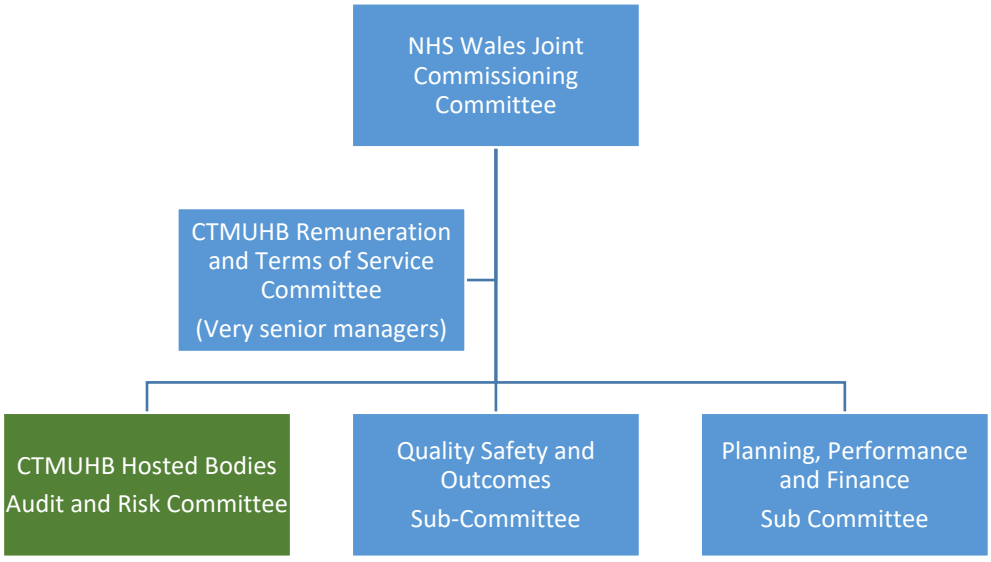
Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees). The Joint Committee shall determine, for agreement by the HBs, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent HBs.

As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance.

To fulfil the provisions of the SOs the sub-committee structure outlined in **Figure 2** below was presented to the Joint Committee at their development session on 22 August 2024, and to the JCC meeting on 17 September 2024 and were supported and endorsed.

Figure 2 – Proposed JCC Sub-Committee Structure



The Terms of Reference (ToR) have been drafted for both the Quality, Safety and Outcomes sub-committee at Appendix 3 (in supporting documents folder), and for the Planning, Performance and Finance sub-committee at Appendix 4 (in supporting documents folder). The draft Terms of Reference for both sub-committees have been shared and discussed with HB DoCGs, with their comments and contributions reflected in the final proposed versions attached. The documents are presented for approval by the 7 x HBs at the September HB Board meetings.

The ToR for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and have been updated to reference the newly established JCC. The revised ToRs will be presented to the CTMUHB board meeting on 26 September 2024 for approval. An update will be taken to the JCC meeting scheduled for 12 November 2024 confirming the new ToR for the ARC for hosted bodies.

It is proposed that the new sub-committee structure comes into force on 1 December 2024, to coincide with the appointment of the new Joint Committee Lay Members. As the sub committees are meetings held in public, the papers will be published on the JCC website.

Joint Committee members will note that the revised statutory sub-committee structure no longer includes the legacy sub-committees of the Welsh Health Specialised Services Committee (WHSSC), specifically the All Wales Individual Patient Funding Request (IPFR) panel, the WHSSC Management Group (MG) and the Welsh Kidney Network (WKN). Consideration of the most appropriate reporting arrangements in the new governance model for the JCC will take account of the proposed establishment of a new JCC Collaborative Commissioning Leadership Group (CCLG) to be chaired by the Chief Commissioner. The Joint Committee is advised, until the proposals for the new CCLG are fully developed, the current transition reporting arrangements for the IPFR panel, Specialised Services Management Group and the WKN continue reporting directly to the Joint Committee. The JCC Director of Transition & Transformation is working with the Interim Chief Commissioner and representation from the Joint Committee to draft ToR for the proposed CCLG which will then be shared with HB CEOs prior to being brought back to the Joint Committee on 12 November 2024.

Objectives / Strategy	
Dolen i Nod(au) Strategol BIP CTM /Link to JCC Strategic Goal(s)	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
	A Healthier Wales

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health

		services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
Cyfreithiol / Legal	In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework terms of reference is reserved to HBs. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

Board Members are asked to **Approve:**

- the terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- the terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee
- the Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC
- the continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG).

Board Members are asked to **Note:**

- the terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB board meeting on 26 September 2024 for approval.

6. NEXT STEPS

6.1 Health Board Approval

This report will be shared with HB DoCGs for inclusion in HB Board meetings for approval in September 2024.

6.2 JCC Scheme of Delegation (SoD) and Reservation of Powers

A SoD from HBs to the Joint Committee and from the Joint Committee to Sub-Committees and the Chief Commissioner was agreed in March 2024 as part of the governance framework for the establishment of the JCC.

Work to develop the SoD to reflect the new Sub-Committees and delegations beyond the Chief Commissioner is ongoing and will be influenced by the development of the operating model for the new JCC.

Any proposed amendments following discussion with the Director of Corporate Governance of CTMUHB as Host Body, will be brought back to the HB DoCGs for engagement and consultation prior to Joint Committee consideration and final HB Board approval.

Work to develop the SoD is ongoing and will be finalised following the approval of the JCC hosting agreement and memorandum of agreement, and following discussion with the DoCG of CTMUHB as Host Body to confirm within its respective SoD and Reservation of Powers any functions delegated to the Chief

Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

6.3 Review

A formal review of the governance framework for the JCC will be undertaken in April 2025 in collaboration with the HB DoCGs following a full year of operation as the new JCC.

Report Title:	**Ellipse Study – Clinical Trials Unit (CTU) agreement sign off**			Agenda Item no.	7.4
Meeting:	Public Board	Public	X	Meeting Date:	26th September 2024
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive Title:	Richard Skone Acting Executive Medical Director				
Report Author (Title):	Sarah Martin Research & Development Manager				

Main Report
Background and current situation:

Cardiff and Vale University Health Board has been awarded a National Institute of Health Research (NIHR) Health Technology Assessment (HTA) grant to conduct the following project;

- The ELLIPSE Study - a randomised controlled trial comparing the clinical and cost effectiveness of lymph node removal in patients undergoing curative surgery for localised high-risk prostate cancer.
  (NIHR ref: NIHR125686)

This is a 5-year project led by Mr Krishna Narahari, Consultant Urological Surgeon in collaboration with University of Aberdeen, North Bristol NHS Trust, Guy's & St Thomas's NHS Trust, Liverpool University Hospital NHS Trust, University of Sheffield, University of Leeds, University College London NHS Foundation Trust. Cardiff and Vale will be acting as the sponsor organisation for the study and therefore will have overall legal responsibility for the project delivery and administration of the grant.

To date the Health Board has signed an agreement with Department of Health and Social Care to receive the £2,387,478.52 grant funding for this project. As per this agreement the health board is required to distribute the funds to the above mentioned collaborators as per the funding application.

The agreement requiring board review and authorisation is an agreement for collaborative research with University of Aberdeen, who will be acting as the Clinical Trials Unit (CTU) for the project. The agreement has been drawn to include payment schedules and the roles and responsibilities which are being delegated by Cardiff and Vale UHB as sponsor to the University of Aberdeen Clinical Trials Unit.

The agreement has been drafted by CVUHB R&D Contracts team using standard national templates that have been drafted by a consortium of NHS organisations, universities and government bodies and are in common usage. All agreements drafted by CVUHB have been reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.

Total value of the agreement is £1,511,996.07 and therefore requires **board approval** in line with the UHB Scheme of Delegation.

More information regarding the process and oversight of NIHR grants, grant development and submission, Sponsorship review and decision making can be found on the briefing paper which is contained with the ***supporting documents folder*** for Board Members to view.

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

No objection.

NIHR HTA program grants are prestigious, and to be awarded one is a testament to the high quality research our researchers are able to develop and deliver within the health board.

Recommendation:

The Board is requested to:

a) Grant authorisation for the agreement for collaborative research to be signed off on behalf of Cardiff and Vale University Health Board for the value of £1,511,996.07 in line with the UHB scheme of delegation.

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.**	X
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.**	X

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

Prevention	X	Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?:
*Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	x	Not required

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

Risk: Yes/No

Safety: No

Financial: No

Funding has been from Department of Health and Social Care to be paid to University of Aberdeen as a collaborator on the grant.

Workforce: No

Legal: No

As referenced above the agreement has been drafted by CVUHB R&D Contracts team using standard national templates that have been drafted by a consortium of NHS organisations, universities and government bodies and are in common usage. All agreements drafted by CVUHB have been reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.

Reputational: No

If we are unable to sign off the collaboration agreement there would be reputational risk to CAVUHB with the NIHR and our ability as an organisations to secure future funding awards.

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Welsh Language: No

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

Committee/Group/Exec	Date:

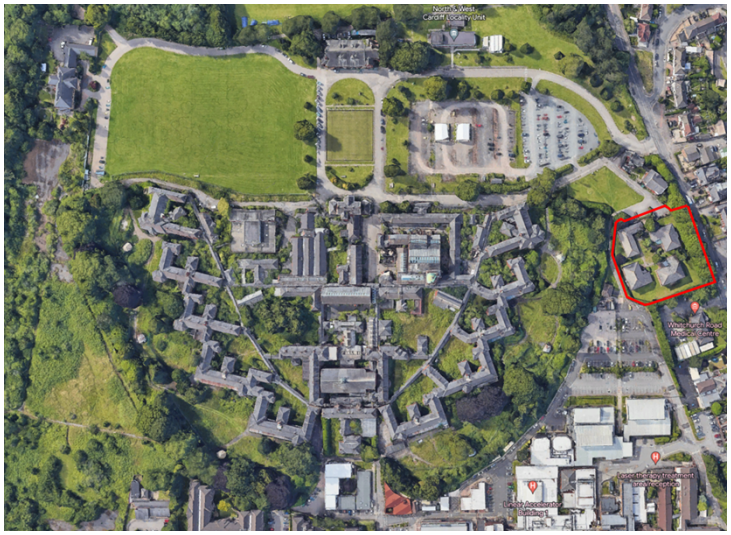
Report Title:	**WHITCHURCH HOSPITAL: Disposal of Hafod Lease**			Agenda Item no.	7.5
Meeting:	**Public Board**	Public	X	Meeting Date:	26.09.2024
		Private			
Status *(please tick one only):*	Assurance		Approval **X**	Information	
Lead Executive:	**EXECUTIVE DIRECTOR OF FINANCE**				
Report Author (Title):	**DIRECTOR OF CAPITAL, ESTATES AND FACILITIES**				

Main Report

Background and current situation:

The purpose of this paper is to seek approval for the disposal of a small, leased part of Whitchurch Hospital, to Hafod Housing association; with particular reference to the permitted use going forward.

Forming part of the Whitchurch Hospital site, declared surplus to requirements by the Board on 1st July 2014, Parc Hafod is subject to a 125-year lease to Hafod Housing Association, dated 25 August 1984. This area is illustrated below as the land outlined in red.



The UHB were approached by Hafod in late 2021, who enquired into the possibility of the housing association securing freehold title under the WG Land transfer protocol. The potential disposal was agreed in principal and a joint valuation commissioned.

Key to the valuation was the wording of the current lease. In this case, the valuation depended upon the lease "Permitted Use" clause. This clause restricts Hafod to "the provision of sheltered housing for people suffering or recovering from mental illness", which at the time, was allied to the wider operation of services on the Whitchurch Hospital site. Given that inpatient services are no longer provided from Whitchurch, Hafod have requested that this permitted use clause be removed going forward. This has in turn, increased the value of the land as follows:

Market Value subject to the existing use restrictions, as at 17 July 2023 - **£55,000**

Market Value with all leasehold clauses removed, as at 9 May 2024 - **£320,000**

The UHB Board is asked to confirm that the removal of the permitted use clause is agreeable. This in turn will realise the significantly higher capital receipt. If consent is provided by both parties as soon as possible, a completion of sale within the FY 2024/25 is achievable.

With the transfer of the ownership of the rest of the Whitchurch site to Velindre NHS Trust and the subsequent plans for its disposal, there is no advantage in the UHB retaining the element of land. While the land formed part of the 2014 declaration as surplus, the Board are asked to reconfirm this status. The land will not be listed on ePIMS as available as the incumbent leaseholder is purchasing the land.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
The disposal of the freehold title associated with the Parc Hafod lease poses little risk to the UHB as the intent since 2014 has always been the disposal of Whitchurch Hospital on the open market. The disposal will be advised by NWSSP Specialist Estates Services and NWSSP Legal and Risk.

Recommendation:
The Board are asked to: **NOTE** the content of this paper and the reiteration of this land as surplus. **APPROVE** the disposal of the freehold interest in Parc Hafod under the WG Land Transfer Protocol. **APPROVE** the removal of the permitted use clause in order to maximise capital receipt.

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		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*	
Risk: **Yes**	This poses low risk to the UHB
Safety: **No**	
Financial: **Yes**	This represents be good value to the UHB, for land that was governed by a long lease.
Workforce: **No**	
Legal: **Yes**	NWSSP have advised. NWSSP L&R will continue to advise on lease.
Reputational: **Yes**	This reflects good partnership working with Hafod
Socio Economic: **No**	
Equality and Health: **No**	
Decarbonisation: **No**	

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

Saunders.Nathan
20/09/2024 16:10:11

Report Title:	Three-Yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act			Agenda Item no.	8.1
Meeting:	Public Board	Public	X	Meeting Date:	September 2024
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive Title:	Executive Nurse Director				
Report Author (Title):	Nurse Staffing Levels Lead				

Main Report

Background and current situation:

The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) became law in March 2016. As per the requirements of the 2016 Act following each three-yearly reporting cycle an Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act must be submitted to the Welsh Ministers no later than 30 days after the last day of the reporting period. Due to the reporting time frame, a caveated three-yearly report was submitted to Board in March 2024 for information. This report is the final, updated version of the report - including all quality indicators reported in relation to nursing care which occurred prior to April 5th 2024. The report references the Annual Assurance reports previously submitted to board in May 2022- May 2024.

The report is presented to Board for noting before being presented to Welsh Government in October 2024.

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

During this three-yearly reporting period Cardiff and Vale UHB has continued to experience challenges in maintaining nurse staffing levels following the COVID-19 pandemic and into the recovery phase. The Health Board continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Highlights of this report include:

- The Nurse Staffing Levels reported to Board in the Annual Assurance report presented in May are the current nurse staffing levels. This is to ensure the most recent signed off establishments are shared with the Executive board, noting this presentation is a cycle ahead of the reporting within the All-Wales template.

- The introduction of SafeCare has had a significant operational impact and reporting on this data using the power-bi dashboard is enabling in-depth conversations about nurse staffing levels and workforce models that are appropriate for the needs of the patients.

- The use of the digital solutions is still evolving, however empowering nurses to record the appropriateness of their nurse staffing levels and raise red flags when concerned will support timely responses to minimise risks to patients.

- An Internal Audit was undertaken in March 2023 of compliance with the 2016 Act which found reasonable assurance with agreed action plan to be implemented.

- There has been variation in the way incidents are recorded and extracting these reports during the three-yearly cycle and this is replicated across Wales.

Recommendation:

The Board is requested to:

a) Receive this report as the final version as per the requirements of the Nurse Staffing Levels (Wales) Act 2016, noting the report will be provided to Welsh Government in October 2024.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant.*			
1. Putting People First **Click the objective above to view more detail.**		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.**	

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	

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)***		*Not required*

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:

	Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Welsh Government		
Health board	Cardiff and Vale UHB		
Reporting period	The reporting period is **6*th* April 2021 - 5*th* April 2024.** As per the requirements of the Nurse Staffing Levels (Wales) Act 2016, following each three-yearly reporting cycle this nurse staffing levels report must be submitted to the Welsh Ministers no later than 30 days after the last day of the reporting period. A caveated three-yearly report was submitted to Board in March 2024, including information up to the 31st January 2024. This report is the final version of the three yearly report including all information within the reporting period of 6th April 2021-5th April 2024. This report is presented to the Board in September 2024 and to Welsh Government in October 2024.		
	2021/2022	**2022/2023**	**2023/2024**
Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	26th May 2022 cavuhb.nhs.wales/files/board-and-committees/board-2022-23/26522-public-board-meeting-v6pdf/ (Page 379)	25th May 2023 cavuhb.nhs.wales/files/board-and-committees/board-2023-24/2023-05-25-public-board-papers-v7-pdf/ (Page 295)	30th May 2024 Supporting Documents for the Cardiff and Vale UHB Board Meeting held on 30.05.2024 - Cardiff and Vale University Health Board (nhs.wales) (Agenda Item 6.11)
Number of adult acute medical inpatient wards where section 25B applies	19-21	18-19	20-21
Number of adult acute surgical inpatient wards where section 25B applies	21-23	22-23	18

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Number of paediatric inpatient wards where section 25B applies	2	2	2
Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B	Adult acute surgical inpatient wards: 1	0	0
	Adult acute medical inpatient wards: 3	0	1
	Paediatric inpatient wards: 0	0	0
Changing the purpose of section 25b wards to support the management of COVID or opening new COVID wards.	Across Cardiff and Vale UHB there was significant organisational change in response to the COVID-19 pandemic to meet the needs of patients and to maintain patient safety. As a direct result of this organisational change there were ongoing reviews of the nurse staffing levels. There were other substantial changes required across the organisation such as adaptations to the surgical pathways. Different zones were introduced and across elective surgery there was the introduction of the 'green zone'. Wards were re-located to minimise transmission risks and, on some occasions, this occurred across sites. Additional capacity has also been created on the University Hospital of Wales site with the building of Lakeside Wing. Within this building there are two 25B wards and the Integrated Assessment Care Unit. The information below is summarised from the annual assurance reports:		

2021/2022

The annual assurance report produced to board in May 2021 (outside of the 3-yearly report) outlined the extent to which the Health Board needed to repurpose clinical areas to effectively manage the Covid-19 pandemic. Several areas were repurposed as 'novel wards' and additional capacity was opened. These wards were not subject to the prescribed triangulation methodology to calculate staffing levels. For the reporting period, 2021-2022 all repurposed wards were either closed or the additional capacity created formed part of the necessary calculations for 25B wards. The establishment changes reported are summarised below:

Wards	Reason For Establishment Changes
C4N	Ward opened to accommodate additional capacity
C4S	RN uplift to support acuity associated with thrombolysis/thrombectomy care on nights
B7	RN uplift required to accommodate 'red' AGP covid capacity
C7	RN and HCA uplift required to meet acuity needs of 'red' AGP covid capacity
E4	RN and HCA uplift required for additional beds in annex
W2	HCA uplift required in response to change in ward environment, following transfer from W6
A2	RN uplift required to accommodate additional green elective capacity
CAVOC	RN numbers requirement reduced, HCA requirement increased. Change associated with green capacity status
A5	'Green' elective requirement has fluctuated across reporting period, requiring frequent adjustments to establishments
A6S	Increase HCA during night shifts due to patient acuity levels
A5N & A5S	Establishments merged to form a single ward
E8	Increase in RN and HCA levels in response to change of care model to support higher acuity associated with covid
LSW GFA	Repurposed and Transitional Care Unit 2 opened (25A ward)
Island	Increase headroom from 24% to 26.9% in line with requirements of nurse staffing act
Gwdihw	Increase headroom from 24% to 26.9% in line with requirements of nurse staffing act

2022/2023

There continued to be unprecedent demand on clinical services with ongoing review and monitoring of nurse staffing levels to ensure the operational footprint was maintained. There were several changes to the nurse staffing levels during the bi-annual establishment reviews and these changes are summarised below:

Ward	Reason for Establishment Change
B7	Change in skill mix, pilot of Band 4 Assistant Practitioner role.
Heulwen North	Ward Closure.
Heulwen South	Reduction in establishment as Heulwen North Closed.
LSW 1	Change to skill mix, pilot of Band 4 Assistant Practitioner role.
LSW 2	Change to skill mix, pilot of Band 4 Assistant Practitioner role.
Annex	Winter capacity, ward closure.
CAVOC	Increase in bed base from 27 to 35, returning towards previous activity.
Acute Surgical Ward A5	Reduction in establishment following a reduction in bed base on previous ward (previously on A1L 23 beds). Currently 19 beds.
C1	Bed base 23 with no decrease in capacity at weekends.
Island Ward	No change to establishment, but previous incorrect calculation, now corrected.
C7	Reduction in beds due to organisational change of footprint.
PolyTrauma Unit	Uplift to a 12-hour co-ordinator required 7 days a week

2023/2024

During this reporting cycle there has been significant re-organisation of wards at the University Hospital Wales. This has required additional out of cycle re-calculations of the nurse staffing levels. This was reported during the Annual Presentation of the Nurse Staffing Levels to Board presented in November 2023. There was also significant re-organisation within the Emergency and Acute Medicine Directorate, with a number of areas now under the assessment unit footprint.

Ward	Reason for Establishment Change
C1	Increase in bed capacity.
A6 South	Previously located on Duthie, reduction in beds from 24 to 19.
B6	Uplift in HCSW overnight to support patient care.
West 3	Reduction in beds from 20 to 16.
B5	Increase in RN workforce to support acute dialysis, reduction in Band 3 role.
West 6	Previous C5 cardiothoracic establishment split over to 2 areas. Uplift to West 6 as Bethan ward closed.
C7	Previous C6 establishment. Small increase in RN and decrease in Band 3 role.
B2 Link	Change in location and out of cycle review. Increase in HCSW in due to additional capacity.

		Lakeside 2	Change to workforce model with introduction of Band 4 role Spring 2023 and reduction in Band 3 role.
		Stroke Rehab Centre	Previously not included as a 25B ward due to the rehabilitation nature of the ward however due to the acuity and ongoing care needs are included as a 25B ward. This establishment was not agreed during May 2024 and further work is underway to review the appropriate nurse staffing levels.
		C5 (Winter Ward)	Opened to support winter pressures.
		B1	Uplift in supernumerary status of ward sister. Further increase in establishment due to additional beds required.
		B4 Haematology	Reduction in HCSW as A4 previously included within this establishment.
		Gwdihw	Increase in RN to support elective stream. Increase in establishment due to the re-location of beds from Island Ward.
		Island	Reduction in establishment due to the re-location of beds on Gwdihw.
Informing patients	The statutory guidance states that "LHBs and Trusts must make arrangements to inform patients of the nurse staffing level". The Health Board is required to inform patients of the nurse staffing levels by ensuring that the most up to date information is displayed on wards in relation to the staffing levels agreed. The Covid-19 pandemic significantly impacted on the Health Boards ability to inform patients of the nurse staffing levels for infection prevention and control reasons and due to the ongoing operational pressures. Compliance with informing patients of the nurse staffing levels is improving and this information is displayed on information boards at the entrance to the wards. In March 2023 the Health Boards Internal Audit Department undertook a formal review of the Health Boards compliance with the 2016 Act and the report provided "reasonable assurance". The report highlighted that in most cases the nurse staffing levels were being displayed on the wards however the establishment templates forms that were being used to display the nurse staffing levels were incorrect and in some cases the information was of the previous establishment reviews. Work has been done to ensure the templates on display are the All Wales Informing Patients templates and available bilingually. The frequently asked questions have been made available to all the Ward Sisters and Charge Nurses and can be accessed from the Nurse Staffing Share Point. Questions related to the informing patients' templates have now been created within the digital audit platform Tendable and ward sisters and charge nurses are able to audit themselves on compliance with this element of the 2016 Act. In February 2024 38 audits took place in Tendable, (35 wards to which section 25B pertains) and compliance across the questions was 89.5%.		

	There is still further work in this area to be done, particularly following re-organisation of the wards. It is also being considered how the Frequently Asked Questions are displayed bilingually and as part of the All Wales Nurse Staffing Reporting Sub-Group a review on how patients can access this information is being conducted.			
Section 25E (2a) Extent to which the nurse staffing level is maintained As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.				
	Required establishment (WTE) of adult acute medical and surgical inpatients wards at the end of the last reporting period – (as of 5th April so data from the annual presentation of the NSL to the report in Nov 2020)	**Number of wards: 38**		
		RN: 1107		
		HCSW: 560		
Extent to which the required establishment has been maintained within adult acute medical and surgical inpatients wards		**2021/2022**	**2022/2023**	**2023/2024**
	Required establishment (WTE) of adult acute medical and surgical inpatients wards calculated during first cycle	**Number of wards: 42**	**Number of wards: 42**	**Number of wards: 39****
		RN: 1013.97	**RN: 970.59**	**RN: 845.32**
		HCSW: 671.12	**HCSW: 673.39**	**HCSW: 651.99**
	WTE of required establishment of adult acute medical and surgical inpatients wards funded following first) calculation cycle	**Number of wards: 42**	**Number of wards: 42**	**Number of wards: 39**
		RN:1013.97	**RN: 970.59**	**RN: 845.32**
		HCSW: 671.12	**HCSW: 673.39**	**HCSW: 651.99**
	Required establishment (WTE) of adult acute medical and surgical	**Number of wards: 41**	**Number of wards: 40**	**Number of wards:38**
		RN: 981.66	**RN: 927.94**	**RN:832.09**

	inpatients wards calculated during second cycle	**HCSW: 649.13**	**HCSW: 666.86**	**HCSW:642.44**
	WTE of required establishment of adult acute medical and surgical inpatients wards funded following second (calculation cycle	**Number of wards: 41**	**Number of wards: 40**	**Number of wards: 38**
		RN: 981.66	**RN: 927.94**	**RN:832.09**
		HCSW: 649.13	**HCSW: 666.86**	**HCSW: 642.44**
		2021/2022	**2022/2023**	**2023/2024**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	**WTE: 38** ***Note change to the reporting template requiring this way of reporting. No change to the supernumerary status of the ward sister/ charge nurse**
	****This includes the Ward C5 which was opened to support winter pressures.** **Accompanying narrative:** *All Wales Set Paragraph:* The number of wards under section 25B is likely to have changed during the reporting period. For more details of individual wards and their required establishments refer to the annual assurance reports. In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance reports on the additional multi-professional staff that contribute to the coordination and delivery of patient care.			

Cardiff and Vale UHB Update

In Cardiff and Vale UHB the information reported to board within this section of the annual assurance report is the current nurse staffing levels which have been approved by the Executive Director of Nursing (EDON) during the most recent establishment review. Establishments are reviewed every 6 months and professional agreed by the EDON. Out of cycle establishment reviews occur as required. An annual assurance report as well as annual presentation of the nurse staffing levels is provided to board. This three-yearly report to Welsh Government needs to align with the UHB reporting arrangement as such the first cycle of this report aligns to November 2021 and the final cycle relates to May 2024.

Wards where Section 25B of the 2016 Act pertains specifically includes acute surgical and medical inpatient wards across adults and paediatrics. The data provided would appear to show a reduction in the total number of Registered Nurses and Health Care Support Workers particularly in 22-23 however this needs to be reviewed with caution. The template above only applies to 25B wards and there has also been a reduction in the number of wards meeting the 25B wards definition of the 2016 Act. The Nurse Staffing Levels (Wales) Act 2016: Statutory Guidance contains a list of clinical areas that do not meet the definition of adult acute medical/surgical inpatient wards and therefore there are clinical areas excluded from this reporting.

Some examples of areas excluded would be the Emergency Unit, Critical Care and Rehabilitation Units. Furthermore, the Assessment Unit and Same Day Surgical Decision Units are excluded and there has been a rise in demand for these services as models of care are developed to prevent patients being admitted into hospital. In previous annual assurance reports some of the assessment and short stay wards have been included within the reporting, but given the organisational change and changes to the models of care these areas no longer meet the 25B definition. Across Cardiff and Vale UHB other areas, such as the Integrated Assessment Unit has been developed for patients not requiring acute care and therefore these areas are also not included within the 25B wards definition.

Prior to triangulation an uplift of 26.9% is applied to support staff absences from the ward (26.9% was agreed in 2011 as the evidence-based uplift factor for use in Wales by Nurse Directors). Ward Sisters and Charge Nurses are supernumerary to the planned roster and the signed off establishment, however the WTE has been included in the calculation in Year 1 and Year 2. For this cycle in year 3 Ward Sisters and Charge Nurses in the adult 25B wards are separated out of the calculation due to a change in the All Wales reporting template which requires this separation. This is a further reason to interpret the reduction in Registered Nurses in Year 3 with caution. There is one example captured in November 2023 annual presentation of the nurse staffing levels where the supernumerary status of the ward sister was not being protected due to an increase in the number of beds and the acuity of patients. During the most recent cycle this has been uplifted to ensure there is 1 WTE supernumerary ward sister.

Due to the current workforce challenges and short notice unavailability of staff in order to mitigate risk the Ward Sisters and Charge Nurses are required to work as part of the roster. This only occurs on a short notice basis and where other mitigating actions have been considered. The redeployment of Ward Sisters and Charge Nurses does not occur as part of roster planning and systems are in place to monitor the number of occasions where this redeployment has occurred. Furthermore, as part of the All-Wales Standard Operating

	Procedure in the use of SafeCare a Red Flag can be raised when the Ward Sister/ Charge Nurse is not supernumerary to the planned roster.			
	Required establishment (WTE) of paediatric inpatient wards prior to extension of the 2nd duty of the Act (October 2021)	**Number of wards: 2** **RN: 101.85** **HCSW:23.02**		
Extent to which the required establishment has been maintained within paediatric inpatient wards		**2021/2022**	**2022/2023**	**2023/2024**
	Required establishment (WTE) of paediatric inpatient wards calculated during first	**Number of wards: 2**	**Number of wards: 2**	**Number of wards: 2**
		RN: 103.93	**RN: 106.21**	**RN: 106.2**
		HCSW: 24.77	**HCSW: 24.21**	**HCSW: 25.02**
	WTE of required establishment of paediatric inpatient wards funded following first calculation cycle	**Number of wards: 2**	**Number of wards: 2**	**Number of wards: 2**
		RN: 103.93	**RN: 106.21**	**RN: 106.2**
		HCSW: 24.77	**HCSW: 24.21**	**HCSW:25.02**
	Required establishment (WTE) of paediatric inpatient wards calculated during second cycle	**Number of wards: 2**	**Number of wards: 2**	**Number of wards: 2**
		RN: 103.93	**RN: 106.21**	**RN:106.24**
		HCSW: 24.77	**HCSW: 25.02**	**HCSW: 25.02**
	WTE of required establishment of paediatric inpatient wards	**Number of wards: 2**	**Number of wards: 2**	**Number of wards: 2**
		RN: 103.93	**RN: 106.21**	**RN: 106.24**

NB (*) The 1st calculation was presented to the Board in September 2021 prior to extension of the 2nd duty to the Act on 1st October 2021.

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	funded following second (Nov) calculation cycle	**HCSW: 24.77**	**HCSW: 25.02**	**HCSW: 25.02**
		2021/2022	**2022/2023**	**2023/2024**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 2** The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	**WTE: 2** The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster.	**WTE: 2** The Supernumerary Band 7 are included within the above calculation despite excluded from the planned roster. This will be separated out in line with the adult reporting in future reports.
	Accompanying narrative: *All Wales Set Paragraph* For more details of individual wards and their required establishments, refer to the annual assurance reports. In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report on the additional multi-professional staff that contribute to the coordination and delivery of patient care. On 1st October 2021, the Nurse Staffing Act was extended to paediatric wards. The calculations undertaken in preparation for this extension was reported to the Executive Board in November 2021. Paediatric wards in CAVUHB continue to report in line with the adult 25B wards above, ensuring the current nurse staffing levels are presented to the Board. The uplift in staffing was agreed as part of the requirement to achieve a headroom of 26.9% and to ensure the supernumerary status of ward sister or charge nurse. Within Paediatrics all inpatient areas have SafeCare in place and there is a flow co-ordinator role with oversight for nurse staffing levels across all areas. This includes Paediatrics Critical Care and Paediatrics Same Day Emergency Care and risk mitigation, in relation to nurse staffing, occurs across the paediatric footprint.			

Extent to which the planned roster has been maintained within adult acute medical and surgical inpatients wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2021/2022						
June 2021	2161	73.2%	2.3%	5.2%	19.3%	94.8%
Jan 2022	1896	58.8%	1.9%	13.5%	25.8%	89.9%
2022/2023						
June 2022 (Prior to SafeCare)	1348	66.10%	3.26%	6.53%	24.11%	54.8%
2023/2024 *(Data produced from August 2023- April 2024, using SafeCare)*	14870	50.3%	8.5%	27.0%	14.2%	83.8%

NB: The change in data capture is reported below and caution is advised with interpreting this data.

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Extent to which the planned roster has been maintained within paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
2021/2022 **January 2022**	122	33.6%	2.5%	54.1%	9.8%	98.4%
2022/2023 **June 2022**	118	61.0%	0	11.86%	27.12%	98.3%
2023/2024 *(Data produced from August 2023-April 2024, using SafeCare)*	962	9.8%	1.5%	70.9%	17.9%	98.6%

NB: The change in data capture is reported below and caution is advised with interpreting this data.

Adult Acute Medical and Surgical Inpatient Wards

In adult acute medical and surgical inpatients wards there has been a significant decline in the percentage of shifts where the planned roster has been met and the nurse staffing levels are appropriate. It is notable however the significant number of shifts that are reported as not meeting the planned roster but still remains appropriate, some reasons for this may be due to closures of beds for reasons such as infection control and reduction in some services during industrial action. In total the number of shifts reported by the nurse in charge as appropriate is 77.3% which is a small reduction on the data provided in June 2021 (78.4% appropriateness). There is a reduction in the percentage of shifts reported as not met and not appropriate reducing over the three-year period.

Paediatric Inpatient Wards

There is a significant rise in the number of shifts reported in paediatrics as nurse staffing levels not met but appropriate using professional judgment. The data has been reviewed by paediatrics and it is recognised that the established nurse staffing levels are not being met however the nurse staffing levels have been appropriate. As part of winter planning and in a focused effort to reduce waiting lists there has been an increase in the number of day surgery cases, and hence a reduction in acuity. The assistant practitioner role is also being

introduced to support this model of working. The Lead Nurse continues to monitor sickness and vacancies and there are initiatives in place across the clinical board to support the retention of staff.

All Wales Set Paragraph

NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards to meet the reporting requirements of the Act and the Once for Wales approach to ensure consistency.

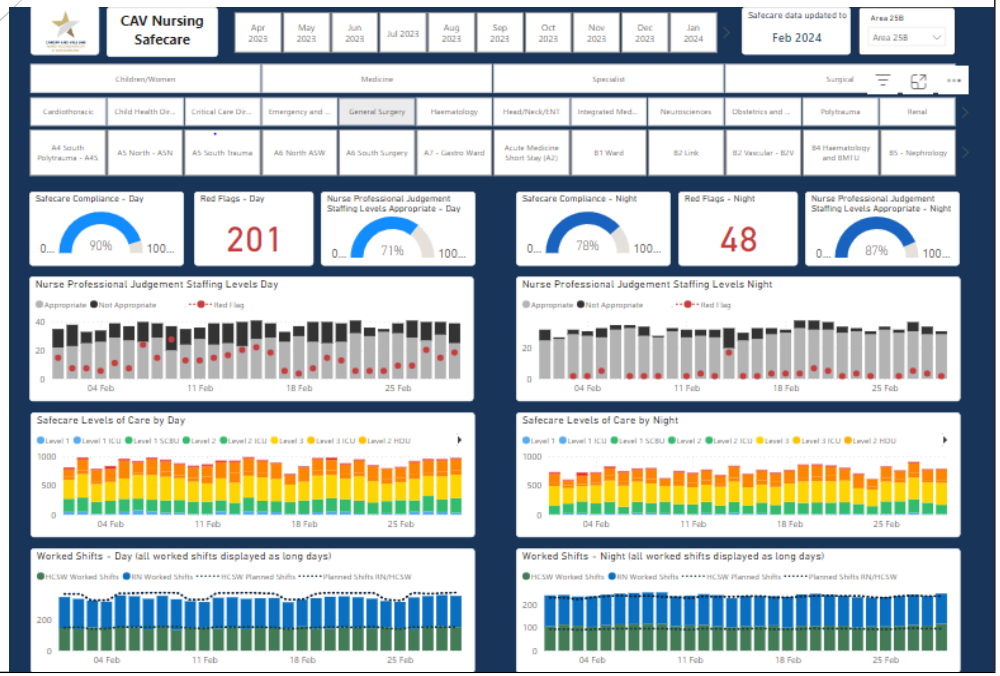
Each health board has implemented Allocate Safecare system at different times during the 3-year reporting period and has relied on using the HCMS, which has been adapted to ensure consistency in the data collection and analysis to aid reporting during the earlier part of the reporting period.

Cardiff and Vale UHB Update

There has been a significant change to the way nurse staffing levels are reviewed and recorded in Cardiff and Vale UHB and some caution should be applied to the data produced during this reporting period due to the different systems being used. The Health Board has moved away from using the HealthCare Monitoring System following the introduction of the Allocate software SafeCare. SafeCare was introduced in January 2023 and the system has now been implemented across all 25B wards. The operational benefits of SafeCare has been recognised across the organisation and the system has been introduced across over 90 clinical areas. Mental Health are the most recent Clinical Board to implement the system in January 2024.

During the May 2023 Board paper following the introduction of SafeCare and Health Roster a complete data picture in relation to the nurse staffing levels was not presented. This was due to the system being newly implemented and the software not being fully updated; only partial data was available. During this three-yearly cycle the production of

Infographic 1



Infographic 2

the nurse staffing visualiser produced by the All Wales Nurse Staffing Programme ceased to continue with the change in reporting systems. This required solutions to be developed from individual Health Boards. In Cardiff and Vale UHB there has been significant progress in the ability to report data and a power Bi-dashboard (Infographic 1) has been created. A data analyst has been employed within the corporate nursing team and works closely with the Nurse Staffing Levels Lead to produce information contained with the dashboard relevant to nursing teams. The availability of licensing in Power-Bi has had a significant impact on ward teams being able to access and review their data and hence provide assurance around the accuracy of the data.

The dashboard continues to evolve and has been shared with other organisations across Wales including Health Education Improvement Wales and Digital Health Care Wales. The dashboard currently contains information in relation to the nurse staffing levels, patient acuity and the professional judgment of the nursing teams around the appropriateness of nurse staffing. This dashboard is updated monthly and is triggering further in-depth conversations about the nursing establishments outside of the bi-annual audit. The dashboard provides ward to board reporting and offering nursing teams the opportunity to be more responsive to emerging trends; ensuring the nurse staffing levels are appropriate for the clinical areas and the care required by patients.

Infographic 2 is a snap shot of a newly created dashboard. This has been created to provide a monthly update to the Executive Nurse Director on the above reporting requirements required as part of the Annual Assurance Report. The infographic provides a visual of the information to be reported in the above table but also has the ability to review individual ward areas. The data displayed within the table and indeed in infographic 1 is based on the signed off establishments agreed within the Nurse Staffing Establishment Reviews. Following each establishment review the workforce planning templates are shared with colleagues in the People and Culture team to ensure the Health Roster system is updated to reflect the signed off establishment.

Process for maintaining the nurse staffing level	Throughout this reporting period Cardiff and Vale UHB has had an established process in place to review nurse staffing levels on a daily basis. This process has evolved and adapted to meet the needs of the service demands and in response to peaks in activity and the recovery plans following the pandemic. The use of SafeCare enables live monitoring of patient acuity and nurse staffing and aids operational decision making and mitigation of risk in relation to nurse staffing.

for Section 25B wards	Consideration of operational risk and mitigating actions associated with nurse staffing include: • The Nurse-In-Charge reviews staffing levels on the ward and completes SafeCare at the start of each shift, if any there are any concerns related to nurse staffing levels a Red Flag is raised within SafeCare and the Senior Nurse informed. • Daily review of nurse staffing levels throughout each Clinical Board takes place by the Senior and Lead Nurses, reviewing SafeCare and actioning any red flag. • Nurse staffing levels and concerns are shared with the operations site teams through daily operational site meetings. • Registered Nurses and Health Care Support Workers re-deployment takes place when required, this is supported with the "Principles to move staff in Exceptional Circumstances to Maintain Patient Safety" • There is a Senior Nurse Staffing Rota to provide weekend cover 07:00-21:00hrs and the clinical site team are available to support overnight. In addition to these operational efforts, during the reporting period broader work has been undertaken to maintain nurse staffing levels, these include: • Over 350 nurses have joined the Health Board through the overseas nurse recruitment programme. • Recruitment events held across a range of settings including attendance at student streamlining events. • 700 Registered Nurses have joined CAVUHB through the student streamlining scheme over the last 3 years. • A Director of Nursing is in post and responsible for Strategic Nursing Workforce Planning. • Development of the Assistant Practitioner role and an educational programme to support this. • The introduction of Rostering Principles and Good Practice Guidance. • The Clinical Standards and Innovation Group, with agenda items focusing on addressing the Chief Nursing Officer's Priorities. • The introduction of a Ward Accreditation Programme, an opportunity to promote and celebrate quality improvement strategies. <u>Temporary Staffing</u> The challenging financial pressures across the Health Board has been well documented. In previous reports it has been documented the significant reliance on temporary staffing to cope with the effects of pandemic and subsequent workforce challenges. Significant work is being undertaken across nursing to reduce the reliance on temporary staffing. In particular agency is no longer used for Health Care Support Workers and work is progressing to reduce agency usage for registered nurses. To enable this a number of work streams are ongoing (e.g. recruitment and retention strategies) and this is overseen by the Director of Nursing for Workforce and is also closely monitored at the Nursing Productivity Group chaired by the Executive Nurse Director.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
		TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	Year 1	25	9	0	0
	Year 2	46	14	1	0
	Year 3	36	6	0	1
Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	TOTAL	0	0	0	1
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was not maintained	Year 1	2	0	0	0
	Year 2	13	5	0	0
	Year 3	3	1	0	1
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	Year 1	1	0	0	0
	Year 2	6	1	0	0
	Year 3	1	0	0	1

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__All-Wales Standard Paragraph__

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020 and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)

The data to be reported for each of the above from 6th April 2024 will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore, to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual assurance reports may be lower than those in previous years.

VERSION 12092023
Date approved by the Reporting Sub group: 11/09/2023
Date approved by All Wales Nurse Staffing Group: 25/09/2023

Cardiff and Vale UHB Update

Every effort has been made to ensure accurate reporting on the above quality indicator metrics, however it should be noted that there are significant challenges present in producing reports from the current system, which involves a number of manual processes. This has been noted through the All Wales Nurse Staffing Groups.

Pressure Ulcers

In the previous year (April 22-23), following guidance from the All-Wales Nurse Staffing Programme both avoidable and unavoidable pressure ulcers were recorded. It has been confirmed that in the year 3 report and future reporting, only avoidable pressure damage will be recorded. It is difficult to provide a narrative of the trends due to the inconsistencies in the reporting. However, reviewing April 21-22 report, there were 25 pressure damage incidents on the above metrics recorded. In the current report 36 incidents are recorded which would suggest a rise. Pressure damage meeting the above criteria undergo a focus review and are discussed at clinical board scrutiny panels with learning and actions shared across the clinical area.

Falls

Similarly, in the previous year (April 22-23) both avoidable and unavoidable falls resulting in serious harm or death was reported. In the reporting period April 23-24 avoidable falls based on the above categories are recorded. 6 falls are recorded in year 3. It should be noted that this is 1 less than what was reported in the caveated 3 yearly report for Welsh Government. Despite reporting only on closed incidents, 1 of the incidents has been reviewed by the patient safety team, and no longer meets the reporting criteria. Over the three yearly reporting cycle there would appear to be a decrease in the number of falls recorded with serious harm or death.

Medication Errors

In relation to medication errors, never events, there is 1 incident being recorded in year 2. This incident was closed during the previous reporting cycle, year 2 when the area was not considered a 25B ward. Due to the acuity of patients the area is now considered a 25B ward and meets the definition within the statutory guidance therefore the incident is being recorded as part of this 3 -yearly reporting period.

Complaints

During the three yearly reporting period there has been no change to the way in which complaints have been reported; the concerns team has supplied the information related to complaints within this report. Complaints are reported where there has been a breech of duty in relation to nursing care and contributed to

harm. Several discussions have taken place with the concerns team in Cardiff and Vale UHB to ensure the complaints that are related to nursing care are reported accurately and consistently with the Once-for Wales approach. The reporting Sub-Group of the All Wales Nurse Staffing Group acknowledge there are challenges due to the system design and there is a move to create standard documentation and dashboards to ensure this consistent approach. Currently there is 1 complaint recorded relating to nursing care which was upheld through Putting Things Right, where there was a breech of duty and nurse staffing was reported as a contributory factor. This complaint occurred during the reporting period of 23-24 but was closed after the reporting period 5th April 2024.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current reporting period.	Year 1 (*)	0	0	0	0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0
Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	TOTAL	0	0	0	0	0
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained	Year 1 (*)	0	0	0	0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0
	Year 1 (*)		0	0		

Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had been maintained		0			0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0

NB (*) for year 1 paediatrics inpatients only reported incidences and complaints from the 1st October 2021 when the 2nd duty of the Act was extended

All-Wales Standard Paragraph

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period 6th April 2024.

The measures going forward will include:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Cardiff and Vale UHB Update

During the review of incidents in Datix, there were 2 incidents recorded on 25B paediatric wards relating to extravasation injuries. However, on review of these incidents both were closed and recorded as no harm and therefore not included in the above table due to the description of “infiltration and extravasation injuries”. There were no other incidents to be reported on against the above metrics across paediatrics.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained or not appropriate	
Actions taken when the nurse staffing level was	As documented in both the annual assurance reports, maintaining the planned rosters has continued to be challenging with the Covid-19 pandemic response impacting the ability of teams to maintain their planned rosters. During this three-yearly reporting cycle there has been an increase in the bed capacity across the Health Board as well as increased acuity which has previously been

not maintained in section 25B wards	reported. Additional demand across the Emergency Department and rising length of stay has further strained the ability of the nursing workforce to maintain established staffing levels. Actions taken in response to not maintaining established staffing levels are varied. Efforts to mitigate short staffing are shared across clinical board and across the organisation as recorded in the "Maintaining the Nurse Staffing Levels" Section above. Other steps take place to support the planned rosters where there is short term unavailability of nursing staff and this includes consideration of: • Redeploying staff from other areas clinical area to support (including specialist nurses) and support from Allied Health Professionals. • Redeploying ward sisters/ charge nurses into the planned roster when no further options available. • Consideration if beds are closed in other areas and whether staff can be redeployed. • Use of temporary staff where other possibilities have been explored. During daytime hours staff are able to contact the Senior and Lead Nurses to support them with professional and clinical concerns. The clinical site team offer further support with there are concerns out of hours. For any incidents where the failure to meet staffing levels were considered to be a factor, these incidents are investigated by the Ward Manager and Senior and Lead Nurses and supported with the Patient Safety Team. These incidents if appropriate are reported to Welsh Government as part the normal reporting procedure. Within the organisation, all injurious falls are investigated and reported to the MDT falls delivery group for lessons learned. The pressure damage collaborative was formed in April 2021 and is led by a Director of Nursing with the aims of: • reducing the incidence of healthcare acquired pressure damage within the Health Board. • speeding up adoption of innovation into practice to improve clinical outcomes and patient experience. Measuring pressure damage per 1000 bed days, data available to the pressure damage collaborative showed that in February 2023 for HealthCare Acquired Pressure Damage there has been a reduction of 27% since May 2021. It is noted and accepted that there has been a change to Datix systems during this time period. The Patient Safety Team are alerted to any serious incidents that occur and there is a weekly executive meeting with the Executive Nurse Director where any concerns or serious incidents that have been reported are reviewed. The Patient Safety Team contribute to the All Wales Quality and Safety meeting where learning can be shared and disseminated across Wales.

Conclusion & Recommendations	During this three-yearly reporting period Cardiff and Vale UHB has continued to experience challenges in maintaining nurse staffing levels following the COVID-19 pandemic and in the recovery phase. The Health Board continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Highlights of this report include: • The introduction of SafeCare has had a significant operational impact and reporting on this data using the power-bi dashboard is enabling in-depth conversations about nurse staffing levels and workforce models that are appropriate for the needs of the patients. • For the first 5 years of the 2016 Act the UHB only had the capability to review the nurse staffing levels twice a year. With the introduction of SafeCare the UHB is now in a position to report nurse staffing levels on every shift. Not only does this strengthen our reporting abilities but it enables the UHB to understand the impact of nursing levels on patient care in real time. • The use of the digital solutions is still evolving, however empowering nurses to record the appropriateness of their nurse staffing levels and raise red flags when concerned will support timely responses to minimise risks to patients. • There appears to be a significant reduction in the total number of WTE RN available. This is the WTE RN on 25B wards only. • An Internal Audit was undertaken in March 2023 of compliance with the 2016 Act which found reasonable assurance with agreed action plan to be implemented. • The Nurse Staffing Levels reported to Board in the Annual Assurance report presented in May are the current nurse staffing levels. This is to ensure the most recent signed off establishments are shared with the Executive board, noting this presentation is a cycle ahead of the reporting within the All-Wales template. • There has been variation in the way incidents are recorded during the three-yearly cycle and this is replicated across Wales. **The Board is asked to:** • Receive this report as the final version as per the requirements of the Nurse Staffing Levels (Wales) Act 2016, noting the report will be provided to Welsh Government in October 2024.

Report Title:	Corporate Risk Register			8.2	
Meeting:	Board Meeting	Public	x	Meeting Date:	26 Sept 2024
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Archivist and Records Management Manager				

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. A new Risk Module is due to be released to the UHB imminently for testing following a preview from AMAT in early September. The Health Board will be one of the 'early adaptors' to receive the module in the coming month to trial and tailor the module's functunality. The Corporate Governance team will be attending workshops with AMaT throughout the initial implementation period and inviting clinical boards/directorates to test, demo and feedback how the risk module works over the coming months with the view to implement the module on a phased basis during Q3-Q4 for 24-25.

Appendices:

1. Corporate Risk Register

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

The Corporate Governance Team ("the Team") continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board's Risk Management and Board Assurance Framework Strategy and associated procedures.

The Team's predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks, and the refinement of their internal risk management processes. In addition, the Team continue to support requests from senior risk managers to deliver risk assessment and risk management training to their teams and newly appointed risk managers.

The Board should note that Clinical Board risks are also monitored and scrutinised at Monthly Clinical Board Review meetings. Clinical risk is addressed through the Clinical Safety Group governance framework.

Operating within the three 'Lines of Defence', the team have continued to provide risk register 'check and challenge' feedback reports to Clinical Boards/Corporate Directorates detailing recommendations for the improvement of their risk registers and, where relevant, the rationale for not placing candidate risks onto the Register. The team have maintained the assurance of this process by adopting a 'whole team' peer review approach prior to providing feedback to risk leads.

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.

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 Director of Corporate Governance 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 Corporate Governance Team's 'check and challenge' of Clinical Board/Corporate Directorate candidate risks.
- The programme of education and training that is being implemented by the Corporate Governance 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.
- Imminent introduction of digitalised platform to track and manage all risks ratings providing increased awareness through dashboards and data reports.

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

Saunders,Nathan
20/09/2024 16:10:11

CORPORATE RISK REGISTER SEPT 2024

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	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
	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
	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
	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

CORPORATE RISK REGISTER SEPT 2024

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Children and Women	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		**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
	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
	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 Risk/Impact: Potential for improvement notice or closure from the regulator (HTA), poor experience for bereaved 2. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank. Risk/ impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation, delays to patients. 3. Health Records - inadequate storage capacity across departments, Risk/Impact: loss of security of the Health records, potential for data loss, health and safety risks to staff, difficulties in tracking of medical records 4. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW Risk/Impact: Poor staff experience, 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 and WEQAS Risk/Impact:Poor staf experience. Health and safety risks and inability to grow service impacting on potential for income generation 6. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, Risk/ Impact: inability to deliver services, poor staff and patient experience, health and safety concerns, damage to records in UHL main OT department 7. The viability and sustainability of an ageing facility in PSU at UHL Risk/Impact: Possible closure from the regulator	5	5	25	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	20	1. Mortuary refurbishment project,commenced, planned completion time January 2025, temporary arrnagements in place 2. Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies 3. Put in place recommendations from internal audit of medical records storage and security, refurbishment of flooring in main administartive area commenced February 2024 4-7.Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. Raise requests through accommodations working group 7. Engage with TRaMS project for proposed regional solution to Radiopharmacy and aspetics, progressing following recent MHRA inspection and cessation of Radiopharmaceutical production.	4	2	8	Nov-24	Future Hospitals	Capital Estates Patient Safety

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Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating: Consequence	Likelihood	Total	Controls	Current Risk rating: Consequence	Likelihood	Total	Actions	Target Risk rating: Consequence	Likelihood	Total	Date of next review	Assurance Committee	Link to BAF
Clinical Diagnostic & Therapeutics	15		**Issue: Equipment Risks - ageing equipment across the clinical board including:** 1. NVA 1 and NVA 2 simultaneous breakdown, affecting both emergency and elective patients. Risk/ Impact: increasing frequency and severity of breakdown affecting both rooms delays to patients treatment 2. Air handing and chiller units - not in place, subject to regular breakdowns, affecting temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners. Risk/Impact: Loss of service, regualtory failure leading reputational damage, delays for patients . 3. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage Risk/Impact: results in inability to use the system to deliver specimens in a timely manner, causing delays for patients. Time taken by laboratory staff to manage problems 4. Pharmacy isolator failure Risks/Impact: imapcts ability to make 700 doses per week of pre-filled syringes, repatriation of work back to wards with 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. Risk/Impact: 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. Risk/Impact: Compliance with regulations set out by the MHRA to maintain our MS Specials license at Llandough Aseptic Unit for the manufacture of sterile aseptic products is at risk if medicines particularly high risk sterile injections cannot be guaranteed to have been stored at the correct temperature with resulting patient safety risks.	5	5	25	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	20	1. Replacement programme commenced for NVA 1 and 2 in July 2024 2. Capital replacement bid to be submitted for air handling and chiller units 3. Explore options to purchase new system and how best to manage future maintenance of the system with estates colleagues 4. Engage with TrAMS project for proposed regional solution to sterile production units 4. Procurement for new temperature monitoring solution, supplier identified for Pharmacy, in place final validation and network issues being resolved	4	2	8	Nov-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 Risks/ Impacts: - 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	Nov-24	QSE	Patient Safety
	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 sensitive immunoassays, with potential to produce erroneous results. The high air flow from the ducts can affect the track in the centrifuges. The temporary air handling unit has failed leading to high temperatures affecting staff morale and inability to provide certain tests as business continuity plans were instigated involving the switch off of certain analysers to reduce overall temperature. Mobile air conditioning units are also in use to try and maintain cooler temperatures but come with risk in electrical load and the ducting becoming hot	4	5	20	1. Two closed windows replaced with ones that open 2. Mobile air conditioning units rented and installed 3. business continuity plans in place to mitigate high temperatures, certain analysers to be switched 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	Air conditioning has been replaced, air handling units further work required. 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	Nov-24	QSE	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
	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

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				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Specialist Services	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
	31		**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
	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	Bi-weekly Finance and Operations meetings to ensure a mlti-disciplinary approach to managing delegated budgets. Bi-monthly deep dives set-up with respective Finance Busines Partners. Bi-weekly Sustainability Board meetings and bi-weekly Sustainability Group meetings	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	Weekly Finance and Operations meetings to ensure a multi-disciplinary approach to achieving the savings target. A Sustainability board has been established to hold Executive, Operational and Finance leads accountable.	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 For inclusion within the PCIC IMTP return on 5th September as unfunded pressure. Will then need to go through prioritisation process in Nov if unable to resource through the CB	4	2	8	1.05.2024	Quality Safety and Experience	Patient Safety
	37	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	Sep-23	Quality Safety and Experience	Patient Safety
	38	16/01/2023	The Electronic Patient Record system Millcare which is used across the department of Sexual Health in Cardiff Royal Infirmary when into liquidation on Friday 13th January 2023. There is a risk that Millcare will slowly lose functionality or suddenly lose all functionality resulting in a total loss of the system. Due to the liquidation of the Millcare company all technical support that the company previously provided to the Department to resort any functionality or total loss of the system has been withdrawn. The result of any functionality of the Millcare system will severely disrupt service provision within the department, impact on continuity of care provision,potentially risk delay or unactionsed positive results as Millcare provides the interface between lab authorised results and appropriate care/treatment being instigated. The risk of total loss of Millcare includes the risk of losing clinic data, information including patient data, appointments, clinical records and the interfacing between results reporting and the department.	5	5	25	1.C&V IT team have managed to secure Database login and password and started to look into database to pull essential information 2. CD & SMT looking at essential data to pull off system in advance of potential loss 3. SMT are engaging with external companies RE support packages that may be available as interim cover 4. Support from PHW lab and Local C&V lab to instigate excel spreadsheet of authorised tests should the department experience any functionality concerns 5.SOP in process for functionality loss in Millcare 6. SOP in process for return to paper records for total loss of Millcare 7. previous paper proforma's in palce if required to instigate 8. Admin team are pulling clinic lists weekly, results ques daily, and summary reports as required as interim measures to ensure data is not lost 9. Emergency procurement steps habe been instigated as an option to move with pace onto an alternate DoSH digital solution 10. Business case has been developed.	4	**5**	20	1. Develop SOP for the extraction and saving of records 2. IT to work towards identifying how that pull critical data from system 3. Procurement of a new EPR - ensuring that there is a plan set to remove the department from Millcare and safely transfer data to a new system 4. Continued discussions required to ensure PHW and C&V labs reports function as required - discussions around use of Signum risks and benefits as both short and long term solutiosn to be considered 5. lessons learnt log to be kept 6 . Determination to be made about replacement of the exisiting Millcare server to de-risk the months C&V will remain on the Millcare EPR (whether that's replaced by Millcare next or an alternate product), this timeline is at least 12 months 7. Business case being discussed at Investment Group on 4 September	3	3	9			
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

					Initial Risk Rating				Current Risk rating					Target Risk rating					
Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Consequence	Likelihood	Total	Controls	Consequence	Likelihood	Total	Actions	Who	When	Consequence	Likelihood	Total	Date of next review	Assurnace Committee	Link to BAF
Compliance																				
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
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																				
Estates 93	UHW	LV Substation 2A	Risk/Issue: Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through Gaps in control – Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Failure to provide on distribution strategies standby generators resilience of N+1 automatically Switch Panelboard in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2	GW	4	5	20	None Specified	4	5	20	None specified	Chris Watts	29-Jul-23	4	2	8	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Estates 123	UHW	BMS Sigma control module / electrical	Risk/Issue: Satchwell Sigma BMS control cards are no longer supported, Areas of concern include, Heating/ventilation/cooling/LTHW/DHW controls in sensitive areas include UHW Operating theatres (plantroom 19), CHFW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	GW	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		Chris Watts	27-Nov-23	5	2	10	31/01/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Mechanical																				

Estates 30	UHW	MGPS Obsolete PRV & GAUGES	Risk/Issue: Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change. Obsolete equipment and currently out of compliance with overdue unspection.	GW	5	4	20	No specific control for this equipment, only visual inspection.	5	4	20	Plan in place to incorporate the difficulties in changing obsolete and live working safety valves and obsolete PRV /GAUGES whilst maintaining the med gas supplies	IF/PG All MGPS	Dec-22	5	1	5	21/12/2022	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Estates_43	UHL	Boilers - Fuel	Risk/Issue: There is not fuel line back-up for the main boilers, if there is a gas shortage or a gas leak that may cause a result of no gas. We have no alternative back up of supply to keep the boilers running.	GW	5	4	20	To source a contractor to supply gas lorry to feed a temporary gas supply to the main boilers.	5	4	20	To get a quotation to install new pipeline for the oil fuel line back up for the 3 main boilers.	Mark Branch	Dec-23	5	1	5	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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	Mark Branch/Gareth Simpson	45291	5	1	5	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Estates 44a	UHL	Boilers - Parts	Risk/Issue: No 3 boiler -(in Conjunction with RR E44 Steam Boilers 1 & 3 - obsolescence of parts- Control issues / failures with Boilers 1 & 3) Boiler 3 Control circuit is now unreliable, whole control circuit has encountered failures of control (Boiler Modulation /control) over the last month (Aug 23) –Parts are unavailable to buy or fit, (to reduce the risk of failures). UHL does not have the temporary boiler, this was removed due to the installation of new	GW	5	4	20	Look to source New control system required for Boiler 3	5	4	20		Mark Branch	45229	5	1	5	23/08/2023	Finance and Delivery Quality, Safety and Experience	Capital Estates
Estates 44B	UHL	Boilers - Parts	Boiler number 1 - The Alpha-link burner controller is now confirmed obsolete for the burner and boiler; all critical spare parts are now currently obsolete and no longer be able source even in the second-hand market. If one of the parts fail to breakdown or if this controller powers down there is a high risk that the controller will not be able to function and power back up. The boiler will out of action and will not produce steam or hot water.		5	4	20	Look to source New control system required for Boiler 1	5	4	20		Mark Branch	Oct-23	5	1	5	######	Finance and Delivery Quality, Safety and Experience	Capital Estates
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.	Paul George	Mar-23	4	1	4	######	Finance and Delivery Quality, Safety and Experience	Capital Estates
Estates 76	UHW	CHW Phase 2 Plant room	Risk/Issue: Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	GW	5	4	20	None Specified	5	4	20	None specified	Chris Watts	45111	5	1	5	31/07/2023	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Estates 111	UHW	Main Chiller Pipework	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.	Estates, tbc	2023/24	5	1	5	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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.	P George	45291	4	1	4	31/03/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
states 12	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.	GW	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.	P George	45657	5	1	5	31/01/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Estates 132		BMS Sigma control module / electrical	Risk/Issue: Satchwell Sigma BMS control cards are no longer supported, Areas of concern include, Heating/ventilation/cooling/LTHW/DHW controls in sensitive areas include UHW Operating theatres (plantroom 19), CHFW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	GW	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		Chris Watts	45257	5	2	10	31/01/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates

states 13	Boiler house compressors	Dec-23	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).	GW	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		James Adams		5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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	DC Team	44075	5	1	5	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
M27		Mar-21	Risk/Issue: UHW Tunnels corroded Main 4inch O2 Copper pipework due to building leakage. Pipework is within the tunnels of UHW and one section of pipework is effected. Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	GW	5	4	20	Cover pipework to prevent further ongoing decay	5	4	20	Bid to WG for funding under EFAB scheme has been approved for implementation 2023/2024	DC Team	funding dependant	5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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
M29		Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. Impact: Not compliant	GW	5	4	20	Maintenance 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	DC Team	funding dependant	5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
M30		Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW ITU B3N North does not comply with HTM's for ventilation. Impact: Not compliant Risk; loss of critical services that will effect patients	GW	5	4	20	Maintenance intermitent due to access issues AHU within ward	5	4	20	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
M31		Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation. Impact: Not compliant	GW	5	4	20	Regular maintenance being carried out	5	4	20	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
M32		Apr-22	Risk/Issue: Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. Impact: Loss of refrigerated drugs causing interuption to service	GW	5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required	DC Team		5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
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	GW	5	4	20	Regular maintenance being carried out	5	4	20	Renewal of Fridge and componenets with run and standby equipment required	DC Team		5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience	Capital Estates
M34			Risk/Issue:Helipad Main Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems. Impact: Quality of Air supplied & Not compliant		5	5	25	Regular maintenance being carried out	5	4	20	Bid to WG for funding under EFAB schemehas been improved for implimentation 2024/2025	DC Team		5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience	Capital Estates
M35			Risk/Issue: Ambulatory Care Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems. Impact: Quality of Air supplied & Not compliant		5	5	25	Regular maintenance being carried out	5	4	20	Bid to WG for funding under EFAB schemehas been improved for implimentation 2024/2025	DC Team		5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health &	Capital Estates
M36			Risk/Issue: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients		5	5	25	Regular maintenance being carried out	5	4	20	UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being sourced.			5	1	5	Bi Monthly	Finance and Delivery Quality, Safety and Experience Health &	Capital Estates

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
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	Capital Estates
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	Capital Estates
M51		Oct-23	Risk/Issue: Biochestry 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	Capital Estates
M54		No date	Risk/Issue: UHL WARD 7 boiler No1,2,3,4. are in very poor condition (update 22/7/24 now only 2 no boilers working parts obselete,boilers 31 years old Impact: Potential loss of heating in area		4	5	20	Regular maintenance being carried out to maintain the systems as is	4	5	20	prepare plans to renew the boilers	DC Team	Ongoing	3	1	3	Monthly	Finance and Delivery Quality, Safety and Experience	Capital Estates
M61		No date	Risk/Issue: Hamadryad Centre boiler no1 & 2 in very poor condition Fan dilution system indequate Impact: Potential loss of heating in area		4	5	20	Regular maintenance being carried out to maintain the systems as is	4	5	20	prepare plans to renew the boilers	DC Team	Ongoing	3	1	3	Monthly	Finance and Delivery Quality, Safety and Experience	Capital Estates
Energy and Environment																			
13			**Risk/Issue Energy Cost pressures.** Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	GW	5	5	25	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	5	5	25	None	Head of Energy and Performance	20-May-22	5	4	20	Bi Monthly	Finance & Delivery	Financial Sustainability
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	2	5	10		Finance & Delivery	Financial Sustainability
Building																			
Estates_18	UHW	UHW wide - LGF areas	Issue: Fire doors identified as requiring replacing due to condition of doors not meeting fire requirements Risk: fire doors non compliant Impact: door will not perform in accordance with standards in the event of fire thus not containing the spread of fire and putting patients staff and visitors at risk	GW	5	4	20	Door inspected weekly as part of a PPM by estates staff	5	4	20	Quotation required for replacement doors in line with fire legislation requirements -Fire doors have been reclassified around the C&V estate, New PPM to reflect this	Estates	ASAP	5	1	5	Monthly	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates Patient Safety
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.	GW	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.	P George	2023/24	5	1	5		Finance and Delivery Health & Safety	Capital Estates Patient Safety
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	GW	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	Monthly		

Estates_145	B & C Motor Room Roof Memb	45399	Risk/Issue: B Block Motor room membrane is no longer attached to roof and leaks over Lift machinery (motor/Electric panels and into lift car) Whole membrane requires replacing. C Block motor room roof membrane is intact at the moment, but floats up and down in the wind, so is not attached to the roof in the centre		5	4	20		5	4	20		Jody Shepperd		0	0	0	No Target Risk Rating Score Provided	Finance and Delivery Health & Safety	Capital Estates Patient Safety
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	Aug-21	5	2	10		Finance and Delivery Health & Safety	Capital Estates
Critical Risk Project																				
2		20/11/2023	Issue: High voltage load shedding equipment Risk/Potential Impact : •The system relies on external data from the building management system which is now old and newer systems available •The system age is now not compatible with latest BMS installed •Failure of the system could result in no power being distributed to site. •Failure could result in overload of generator and no power available •External parts could fail and not work correctly causing loss of power •There is only one system no N+1 •No simple override system •Only know it's working when required to do so •Only Authorised people high voltage (APs) able to remedy		5	5	25	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system.	5	5	25	•Upgrade existing system and associated equipment to latest standard •Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure •Look at simple override function (remote switching) •Possibly move away from BMS control and move to independent system			5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
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			5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
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			4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
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			5	1	5		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
28		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 hospital, risk to loss from fire would mean total loss.		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

38		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
46		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
48		**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
50		**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. •Access ladder non-compliant		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
79		**04/12/2024**	Issue: Cast Iron above ground drainage pipes Risk/Potentional Issue: •Due to age leaks due to cracking have occurred. •Sewerage outfall at failure of pipes causing disruption to departments. •Internal bore restricted causing blockages •Damage to equipment and departments •Expensive repairs and clean ups to revenue budget		5	4	20	•Replacement program for main ward blocks •Repairs can be carried out at point of failure	5	4	20	•Conduct conditional survey and highlight areas in need of replacement in priority order. •Extend replacement program to cover essential areas or problematic areas by priority.			4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates

85		10/12/2024	Issue: Day surgery medical air compressors Risk/ Potential Issue: •The plant is located within a general plantroom with ventilation, electric distribution and other equipment. This is a non-conformity making it non-compliant. •Plant is old and repairs have been carried out to keep plant running. •One compressor obsolete and not working •Installation does not allow for easy testing by pharmacist. •Old plant uneconomical to run electrically		5	4	20	•Unable to mitigate against non-compliance •Maintenance contract in place for repairs to plant	5	4	20	•Remove plant completely when new A&E med air plant installed and rationalize pipework and distribution supply pipe work			4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
93		18/12/2024	Issues: Modular heating boilers Risk/Potential Issue: •Lack of heating in winter CHFW Phase 1 •Boiler safety notice issued only 3 out of the 12 modules working, will not meet heat demand in winter •Expensive to replace modules beyond repair •Obsolescence in future new variant required to replace •Only > 60% efficiency as single pass boiler (condensing boiler >90%) •Lack of maintenance caused issues •Boilers coming to end of working life less reliable •Financial implications to repair •Bad publicity if cold		5	4	20	•No mitigation replacements need to be sought	5	4	20	•Suggest install new more economic condensing boilers before winter. •Repair replace other modules			4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capial Estates
CFPU																				
17		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.	SD/LP/SS	ASAP	5	4	20	01/04/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
18		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.	SD	ASAP	5	4	20	01/04/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
19		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)	SD	ASAP	5	4	20	01/06/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
Assurance and Compliance																				
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 attended during the last site visit. Experienced personnel only	5	4	20	C&VUHB are actively involved in removing Whitchurch Hospital from its property portfolio. Until then the current control measures will remain in place.	CEF discretionary/ maj	Ongoing	5	1	5	21/03/2024	Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates
PFI																				

PFI09		15/11/2023	Risk/Issue: SDH - End of PFI Impact: Significant resource needed to oversee and plan for end of agreement.	GW	4	5	20	PFI ends 31/01/2031. Series of activities required.	4	4	16	Ongoing contract management.	UHB, IMC, Equans.	rformance meetin	4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	
PFI10		15/11/2023	Risk/Issue: UHL - End of 3PD Impact: Significant resource needed to oversee and plan for end of agreement.	GW	4	5	20	3PD ends 16/08/2027. Series of activities required.	4	4	16	Ongoing contract management.	UHB, Pobl,	rformance meetin	4	1	4		Finance and Delivery Quality, Safety and Experience Health & Safety	Capital Estates

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Suzanne Rankin
Chief Executive
Cardiff and Vale University Health Board
Chief Executive's / Chair's Office
Woodland House
Maes – y- Coed Road
Heath, Cardiff
CF14 4TT
Suzanne.Rankin@wales.nhs.uk

26 July 2024

Dear Suzanne

Annual Plan 2024-2025: Accountability Conditions

I note that your Board was unable to submit a balanced integrated medium-term plan (IMTP) for 2024-27 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and in accordance with the NHS Planning Framework.

Your Board has submitted an **Annual Plan for 2024-25**. Following an initial review, additional information was requested by 31 May to further strengthen the delivery of the priorities and address the financial position as a matter of urgency.

Your plan, subsequent submission and scrutiny session confirms your forecast deficit position of £15.9m. Whilst you have taken actions to de-risk your savings plan, you have outlined residual risk to delivery and an inability to further improve on that position at this stage. Your submission and forecast deficit is noted, and acknowledged that this marginally improves on the 2023/24 outturn position and target control total set. You are expected to deliver this position as an absolute minimum, go further in terms of improvement if this can be delivered, along with progress in achieving the agreed de-escalation criteria. Any adverse deviation from this deficit position will require immediate remedial actions to be taken to ensure this forecast deficit is delivered as an absolute minimum.

I expect organisations to deliver the commitments set out within their plans, particularly in relation to the Ministerial priorities. The organisation should continue to progress improvements of a clear triangulated financial position and key trajectories.

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Judith.Paget001@gov.wales
Gwefan • website: www.wales.gov.uk

Organisations must lever improved efficiency and productivity to continue with significant efforts in order to achieve financial and service sustainability that will deliver demonstrable benefits and patient outcome for the allocation uplift provided to organisations this year.

There are a number of further areas which were identified as accountability conditions through the formal review of your plan:

- Deliver the plan within the £15.9m deficit declared and continue to explore opportunities to improve on that position;
- Further derisk your plan to ensure the £47.2m declared savings are delivered in-year;
- Continue to adopt the Value and Sustainability Board programmes, maximise opportunities for efficiency and productivity; and
- Progress regional solutions for endoscopy and other clinical challenges as appropriate.

The Cabinet Secretary for Health and Social Care has set some additional in-year Key Performance Indicators (KPIs) – Annex 1. Resources must be identified to support delivery in these areas, while maintaining overall financial improvement. In addition, should in-year expectations be required this will be communicated to you and your organisation will still be expected to deliver in line with quality statements.

I expect the Board to scrutinise the plan and ensure that progress is monitored effectively over the forthcoming year.

A copy of your Board updates setting out progress of the plan during the year, should be forwarded on a quarterly basis to HSS-PlanningTeam@gov.wales. This should be accompanied by a refreshed Minimum Data Set (MDS) making clear any changes to the trajectories and goals at each quarter.

Accountability conditions and the delivery of plans will also form the agenda for our Joint Executive Team (JET) meetings going forward. Performance and delivery discussions on areas of priority and risk will continue to be scrutinised via the regular Integrated Quality Planning and Delivery (IQPD) meetings and those that the NHS Planning Team have with planners. Where this necessitates any material changes to the plan in year, you will be required to advise me of these changes through an 'Accountable Officer' letter.

The health board will be formally notified separately of the outcome of any associated escalation and intervention discussions following the next round of Tripartite meetings.

I trust that this letter provides clarity on our expectations, but should you have any queries then please do not hesitate to contact me.

Yours sincerely

Judith Paget

Saunders,Nathan
20/09/2024 16:10:41

Judith Paget CBE

cc: Nick Wood, Deputy Chief Executive, NHS Wales
Samia Edmonds, Director of Strategic Planning
Hywel Jones, Director of Finance
Jeremy Griffith, Director of Operations

Annex 1

Key Performance Indicators

Key Performance Indicators	Definition and Target
Urgent and Emergency Care	Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival to admission, transfer or discharge March 2024 baseline 20% Reduction by September 2024 Further 20% Reduction by March 2025 Number of ambulance patient handovers over 1 hour March 2024 baseline 30% Reduction by December 2024
Cancer	Percentage of Patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) 60% performance by December 2024 70% performance by March 2025
Diagnostics	Number of patients waiting more than 8 weeks for a specified diagnostic. 95% to be zero by December 2024
Elective Care	Number of patients waiting over 52 weeks for a new outpatient appointment March 2024 baseline 40% reduction by end of September 2024 Zero by March 2025 Number of patients waiting more than 104 weeks for referral to treatment Zero by end of December 2024
Mental Health	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 16 years. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years or over. 80% for both by December 2024

Report Title:	Local Partnership Forum Report			Agenda Item no.	8.4.1
Meeting:	Public Board	Public	x	Meeting Date:	26.09.2024
		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 5 August 2024 can be summarised as follows:

The Chief Executive, Suzanne Rankin (SR), provided an update report to the Forum. Key points included:

- The refreshed Strategy was relaunched at the last Annual General Meeting and work is taking place to establish the portfolio groups that will provide oversight of the delivery of the strategic objectives. SR is pleased with how quickly the refresh strategy has embedded into the organisation and explained we are now moving towards the delivery and planning for next year.
- We have not been required by Welsh Government to resubmit our Annual Plan, although they have concerns around our ability to deliver in relation to the financial position and in terms of performance, specifically around planned care. SR noted that at this point we have £29 million secured but have a long way to go to meeting the requirement despite the great work being done particularly in the workforce arena.
- Staff Survey Focus Group - SR led the session on the 1 July 2024 which discussed the initial CAVUHB staff survey results and noted good engagement with representation from across the organisation from all professional groups. Key topics discussed included the importance of equity, dignity and respect for all, access to education and training for all along with a reflection about the quality of line management. SR explained that the output from these discussions will be used to inform the planning around responding to the Staff survey
- WRES data – this is the first time the Workforce Race Equality Standards (WRES) has been run in Wales. A meeting with the Welsh Government will take place to help us understand and interpret the data. Following this meeting, WRES will be brought back to the LPF for further discussion
- Clinical Boards were encouraged to engage with staff and trade unions, especially around the difficult decisions to be made as without proper conversations it is not possible to make a balanced assessment of the options.

There was a discussion about the importance of bringing items to the LPF for consultation and negotiation, rather than for information/noting.

The Nurse Staffing Levels report previously received by Board was presented to the LPF by the Executive Director of Nursing and the Nurse Staffing Levels Lead and the following points were noted:

- the successes around data collection were primarily due to the introduction of SafeCare
- short term sickness can be problematic as it cannot be planned for, and can have an impact on the supervisory status of ward managers
- Welsh Government have signed a memorandum of understanding with Kerala State government in India on an All Wales basis. 70 nurses have been approved for CAVUHB and they will be coming over in the next few months – steps are taking place to ensure that they have a positive experience including the established of a Community of Practice based on the Florence Nightingale Principles.

Carys Fox, Assistant Director of Nursing Workforce, provided a presentation on Staff Retention. The key points included:

- The UHB turnover trend was presented and a positive trajectory indicated. The current turnover rate stands at 11.2% whereas for the same period last year, 13% was reported.
- Data is gathered through local surveys (including surveys among new employees, existing employees and leavers)
- Steps are being taken to strengthen of our data and intelligence and to integrate this using Power BI into a centralised workforce dashboard that offers forecasting for the future.
- A Retention Framework to assist with the implementation of local retention plans is being developed
- The Nurse Internal Movement Scheme is to be relaunched in September 2024 which will allow staff to permanently move within the UHB without the formal recruitment process and use of TRAC. An evaluation and impact process will be included in order to measure success.
- Evaluation occurs through the annual NHS Staff Survey, the metrics within the People and Culture Plan and via the Executive reviews to identify any emerging hotspots and also to celebrate areas of good practice.

The Employment Policy Sub Group minutes from 5 June 2024 were noted.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by the Board.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No No
Safety: Yes/No Yes
Patient Safety, Quality and Experience is included in the Integrated Performance Report
Financial: Yes/No Yes
The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update
Workforce: Yes/No Yes
Key WOD KPIs and workforce actions are included in the Integrated Performance Report
Legal: Yes/No No
Reputational: Yes/No No
Socio Economic: Yes/No No
Equality and Health: Yes
Decarbonisation: Yes/No No

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

Saunders,Nathan
20/09/2024 16:10:11

JOINT COMMISSIONING COMMITTEE (JCC)
MEETING BRIEFING – 16 JULY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 16 July 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 21 May 2024 were **approved** as a true and accurate record of the meeting.

2. Action log and matters arising

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

3. Patient Story

Members received the first patient story from Alan Owen who suffered a sudden cardiac arrest in 2022 and was transported to Cardiff via the Emergency Medical Retrieval Service (EMRTS) where he underwent emergency cardiac surgery and was fitted with two stents and an Implantable Cardioverter Defibrillator (ICD). CB explained that Alan has become a patient experience advocate and had written a book about his road to recovery to help others.

Alan provided members with a powerful story on experiencing a cardiac arrest whilst participating in a walking-football tournament at Caldicott leisure centre during 2022. He expressed his gratitude to all the NHS services and the public who saved his life and helped him overcome this traumatic event.

Members discussed the need to ensure that more people survive a sudden cardiac arrest and the importance of the community response, the timely arrival of specialist care on the scene via EMRTs and transfer to the specialist cardiac centre.

Members **noted** the patient story and thanked Alan for sharing his story.

4. Chairs Report

Members received the Chair's Report and **noted** updates on key meetings attended by the Chair as well as the following:

- **JCC Development Programme –** the Chair and lay members have continued to participate in induction sessions and two sessions took place on the 4th June 2024.
- **Annual Attendance at Health Board Meetings –** The Chair is keen to ensure open and transparent communication as the JCC exercises key commissioning responsibilities on behalf of the seven Health Boards (HBs). The JCC will report annually to each HB, whenever possible, in person and a letter has been issued to HB Chairs to request that this opportunity is built into HB forward plans.
- **Lay Member Recruitment –** WG is currently in the process of recruiting the final two Independent Lay Members, which will take the JCC to a full complement of six including the Chair. Interviews are scheduled for early September with a view that appointments will be made from 1 October 2024.

Members **noted** the report.

5. Interim Chief Commissioner's Report

Members received the Interim Chief Commissioner's Report and **noted** updates in relation to the following:

- Overarching assessment of delivery of Quarter 1 Transition Plan
- Establishing the JCC Sub-Committee Structure and work programme
- Public Health Input
- Infected Blood Inquiry
- Sexual Assault Referral Service (SARC) Update
- - Business Continuity for the upgrade works within Princess of Wales Hospital Maternal and Neonatal Unit
- North Wales Mother and Baby Unit (MBU)
- Extra Corporeal Membrane Oxygenation (ECMO).

Members **noted** the report.

6. Joint Commissioning Committee Risk Register

Members received a report presenting a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former Emergency Ambulance Services (EASC), National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC).

Members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work is undertaken to fully develop and implement the CTMUHB Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite as part of the JCC development programme.

Members noted that a significant amount of work had gone into developing the new risk register, and it was important to emphasise that it was a work in progress and there was still much more work to be undertaken to strengthen and develop it in conjunction with risk owners, commissioners and providers.

Members (1) **Noted** the report, (2) **Noted** the work undertaken to date to produce a transitional amalgamated risk register, (3) **Noted** the review work undertaken by the commissioning teams to produce a refreshed, updated version of the transitional amalgamated risk register to be presented to the JCC meeting on 16 July 2024, (4) **Approved** the JCC risk register as at 30 June 2024, (5) **Noted** the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it; and (6) **Noted** that the CTMUHB Audit & Risk Committee (ARC) meeting for hosted bodies on 15 August 2024 will receive an update on the progress of the JCC risk register.

7. NHS 111 Wales Commissioning Arrangements

Members received a report providing an update on NHS 111 Wales Commissioning Arrangements.

Members noted that responsibility for the commissioning of NHS 111 Wales transferred to the NHS Wales Joint Commissioning Committee (NWJCC) on the 1 April 2024 and that Quarter 1 had seen transitional arrangements in place, with the previous programme team continuing to hold meetings of the Commissioning Board and Delivery Assurance Group (DAG).

Members noted that the transitional arrangement had ended, and the NWJCC Team would now assume full responsibility for the commissioning of the service. The JCC Team had submitted a request to WG for resources to support this function and it was noted that WG had confirmed that some funding would be available which would enable the commissioning function to be established.

Members (1) **Noted** the report, (2) **Approved** the adoption of the commissioning arrangements for NHS 111 Wales into the existing committee arrangements until such time as the formal sub-committee structure of the NWJCC is fully established, (3) **Approved** the proposed actions outlined for each of the risks of the previous programme and the development of specific risks required for the NWJCC to monitor in relation to their responsibilities in commissioning the service; and
(4) **Noted** the NWJCC team capacity to undertake the commissioning of the NHS 111 Wales service is limited without additional resource.

8. Emergency Medical Retrieval and Transfer Service (EMRTS) Review Update

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) recommendation to develop a

bespoke road based enhanced critical care response for rural and remote areas and recommendation 4.

Members noted that:

- as part of the EMRTS Review a recommendation was agreed to develop a bespoke road-based enhanced/critical care response for rural and remote areas,
- Recommendation 4 was made in order to respond to the concerns raised by residents during the public engagement processes around the provision of emergency healthcare in rural and remote areas that would not fall into the remit of the EMRTS, this included 999 incidents for example such as falls, strokes and chest pain
- the Recommendation 4 Task and Finish Group had been established in line with the timescale agreed at the last NWJCC meeting. The group met on 28 June 2024 and as agreed, was chaired by the Interim Director of Commissioning – Ambulance and 111.
- the Task and Finish Group's project plan included a communications plan linked in with the national Communications and Engagement leads across NHS Wales, and that a Stakeholder Update had already been issued to the stakeholder distribution list summarising the current implementation position and that more detailed content was in development,
- the NWJCC continued to work closely with Wales Air Ambulance Charity Trust (WAACT) as its strategic partner in the delivery of pre-hospital critical care as we jointly implement the Review recommendations and future improvements to service delivery, and that the charity continued to actively engage with their stakeholders and the EMRTS on the implementation of the recommendations; and
- the EMRTS leadership team had welcomed the certainty the decision provided for them and the operational teams, that the leadership team continued to focus on the development of the operational implementation plan and that the team had met with staff at their bases and will continue to engage with colleagues across Wales through the changes required as part of this important service development.

Members (1) **Noted** the first meeting of the Recommendation 4 Task and Finish Group meeting held on 28 June 2024, (2) **Approved** the revised Terms of Reference for the Task and Finish Group, (3) **Discussed** and **Approved** the approach to communication and engagement relating to the additional bespoke road-based service (Recommendation 4),
(4) **Noted** the Wales Air Ambulance Charity Trust position in relation to the decision of the NWJCC, the engagement with their stakeholders, the work being undertaken to secure an appropriately located operational base and the work with EMRTS on the joint transition plan, (5) **Noted** the EMRTS Leadership team position in relation to the decision of the NWJCC, and that the team will continue to engage with colleagues across Wales,

(6) **Noted** the petition that will be considered by the Petitions Committee for debate, (7) **Noted** the commissioning approach, (8) **Noted** the work to update the previous legal advice following the decision made at the NWJCC in April 2024; and (9) **Noted** the receipt of the Letter Before Action in relation to a potential judicial review.

9. Implementation of Legacy Plans – Quarter 1

Members received a report providing an update for assurance against the Quarter 1 deliverables of the extant predecessor organisation legacy Plans.

Members noted that prior to the formation of the JCC, WHSSC and EASC produced plans in line with the Welsh Government NHS planning requirements, which were approved by the respective Joint Committees in March 2024. These plans remained extant in 2024/2025 as part of the legacy arrangements and the NWJCC has responsibility for assurance of their delivery.

Members **Noted** the assurance on delivery of the legacy Plans at the end of Quarter 1.

10. Development of Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028

Members received a report outlining the proposed process for the development of the inaugural JCC Integrated Medium Term Plan (IMTP) 2025-2028.

Members (1) **Noted** the feedback on legacy planning arrangements and plans that had been received from DOPs, DOFs and CEOs/Chairs,
(2) **Noted** that the JCC Standing Orders stated that the JCC will develop an Integrated Medium Term Plan (IMTP) for 2025-2028, (3) **Agreed** the approach laid out in section 3.4; and (4) **Agreed** the process and timeline for developing the 2025-2028 JCC IMTP.

11. Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPIs)

Members received a report outlining the options in relation to achieving the Welsh Government key performance indicators (KPIs) in 2024/2025 for the plastic surgery service for South Wales provided by SBUHB.

Members noted:

- that the waiting list and waiting times for plastic surgery had increased and that some patients were waiting in excess of the 104 weeks WG waiting time target,
- that the WHSSC Integrated Commissioning Plan (ICP) for 2024/25 did not include allocated funding above the SLA baselines to address long waits in plastics and achieve the 104 weeks target because choices were made on the balance of performance and finance in line with the difficult choices facing all HBs - the WHSSC Joint

Committee agreed not to accelerate improvement beyond a continued steady improvement towards the targets. However, following the approval of the ICP, WG published targets to achieve the 104 week waiting time target by March 2025. Members noted that this target was further revised through the NHS Wales CEO letter in May 2024 with revised Ministerial KPIs of no patients waiting over 104 weeks by the end of December 2024,

- that the NWJCC and SBUHB had worked collaboratively to consider the options for additional activity and cost to commissioners of achieving the WG KPIs for elective waiting times and members discussed these.

Following the detailed discussion around the affordability of the additional activity required and the other priorities HBs were needing to balance, members approved Option 2 subject to further urgent due diligence by the JCC Management Group.

Members (1) **Noted** the information presented within the report (2) **Advised** on the approach to the options in table; and (3) **Approved** Option 2 subject to additional due diligence by the Specialised Services Management Group.

12. Gender Identity Services for Children and Young People – Final Report of the Cass Review

Members received a report providing further information following the request made by the JCC on 21 May 2024 on the Cass Review recommendations. Members welcomed the additional work that had been undertaken and information that had been provided. It was agreed that the commissioning pathway for the service would continue, but recognised that it would be appropriate to review this in the future if further evidence became available.

Members (1) **Noted** the recommendations of the Cass Review and **supported** the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan; and (2) **Endorsed** the establishment of an 'Expert Clinical Advisory Group' to inform the review of the policy and specification for the adult gender identity service and associated terms of reference.

13. NWJCC Performance Report – April 2024

Members received a report providing an integrated overview of the performance of services commissioned by NWJCC up to the end of April 2024 for scrutiny and assurance.

Members (1) **Noted** the Performance Report for services commissioned by the NWJCC.

14. Financial Performance Report Month 2

Members received the month 2 and 3 financial positions.

Members noted that:

- the NWJCC financial position for 2024-2025 reported at Month 2 was a £1.6m overspend against the ICP financial plan to date, with a forecast year-end overspend of £655k at this point,
- the NWJCC financial position for 2024-2025 reported at Month 3 was a £2.8m overspend against the ICP financial plan to date, with a forecast year-end overspend of £2.5m,
- there had been a £1 million deterioration in position between the month 2 position and month 3 position with a £2 million deterioration in the year end forecast; and
- in relation to the savings target WG had requested a 2% savings target which amounted to a £10 million savings target. To date, only £802,000 savings were reported. Members noted that if this continued the NWJCC would be looking at a significant overspend at year end.

Members **noted** the month end financial position for Months 2 and 3 which was concerning and agreed the need for a recovery plan to ensure that the current rate of overspend was brought back in to balance. This would be brought to the JCC for consideration in September, having been worked up by the Director of Finance with commissioning teams and Health Board Directors of Finance

15. All Wales Molecular Radiotherapy (MRT) Programme

Members received a report setting out the context, challenges and opportunities for an All Wales Molecular Radiotherapy (MRT) service.

Members (1) **Noted** the report, (2) **Noted** the All-Wales MRT programme strategic report at for publication; and (3) **Supported** continuation of the programme as outlined in the All-Wales MRT programme strategic report subject to Welsh Government (WG) confirmation of continued funding to support a dedicated resources for the programme.

16. Corporate Governance Report

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

Members noted the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work of the JCC, and noted the results of the former WHSSC committee effectiveness survey for 2023-2024 and that the results will be used to inform the work of the JCC development programme.

Members (1) **Noted** the report, (2) **Approved** the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work, (3) **Noted** the results of the former WHSSC committee effectiveness survey for 2023-2024; and (4) **Received assurance** that the Annual Committee effectiveness self-assessment for 2023-2024 was completed for the previous WHSSC Joint Committee.

17. Ambulance Services Performance – Update

Members received a presentation on emergency ambulance services performance.

Members noted:

- All Wales Daily EMS Performance Tracker,
- Verified Incidents, Conveyances, Emergency Department (ED) attendances and lost hours,
- Lost Hours and Total Arrivals per HB,
- The top 10 conveyed by nature of condition,
- Lost Hours by Age Profiles 2023,
- Monthly Indicators Dashboard,
- Performance Plan – Actions.

Members discussed the data, patient pathways and demand and capacity. Members welcomed the deep dive into the data and requested additional granular detail and agreed that further discussion was required to tackle the challenges would be included the JCC Development Session in August 2024.

Members **noted** the presentation.

18. Other Reports

Members also **noted** update reports from the following joint Sub-Committees/groups:

- Audit and Risk Committee (ARC) Assurance Report
- Management Group Briefings
- Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)
- Quality Patient Safety Committee (QPSC)
- South Wales Trauma Network Delivery Assurance Group (DAG)
- Neonatal Transport DAG
- Non-Emergency Patient Transport Service (NEPTS) DAG Minutes
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Minutes