Public Board Meeting

Thu 28 November 2024, 09:30 - 14:00

Woodland House, Coed Y Bwl

Agenda

09:30 - 09:40
10 min

1. Welcome & Introductions

Charles Janczewski

09:40 - 09:40
0 min

2. Apologies for Absence

Charles Janczewski

09:40 - 09:40
0 min

3. Declarations of Interest

Charles Janczewski

09:40 - 09:40
0 min

4. Minutes of the Annual General Meeting held 11.09.2024 & Board meeting held 26.09.2024

Charles Janczewski

- 4 AGM minutes 2024.pdf (13 pages)
- 4a. Public Board Minutes 26.09.2024.pdf (15 pages)

09:40 - 09:40
0 min

5. Actions – following meeting held on: 26.09.2024

Charles Janczewski

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

09:40 - 12:45
185 min

6. Items for Review and Assurance (09:40 – 12:15)

6.1. Patient Story – “Every day I was making good progress” (15 MINUTES)

Jason Roberts

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

Charles Janczewski

- 6.2 Chairs Board November Final copy.pdf (7 pages)

6.3. Chief Executive Officer Report (15 MINUTES)

Suzanne Rankin

- 6.3 CEO Board Report Nov SR.pdf (5 pages)

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25/11/2024 15:17:11

6.4. Board Assurance Framework (10 MINUTES)

Matt Phillips

- 6.4 BAF_Board Cover Report.pdf (2 pages)
- 6.4a BAF.pdf (31 pages)

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

Matt Phillips

1. ***People & Culture 10.09.2024***
2. ***Quality, Safety & Experience 08.10.2024***
3. ***Finance & Performance 23.10.2024***
4. ***Mental Health Legislation & Mental Capacity Act 29.10.2024***
5. ***Audit & Assurance 05.11.2024***

- 6.5.1 P&C Chairs Report 28.11.24.pdf (3 pages)
- 6.5.2 QSE Chairs Report 08.10.2024.pdf (3 pages)
- 6.5.3 F&P Chairs Report 28.11.24.pdf (3 pages)
- 6.5.4 MH Chairs Report from 29.10.2024.pdf (3 pages)
- 6.5.5 Audit and Assurance Chairs Report 05.11.2024 (1).pdf (3 pages)

6.6. Strategic Planning, Commissioning and Partnership Update (to include IMTP Q2). (20 MINUTES)

Marie Davies

The Commissioning Team Annual Report 2023-24 can be found within the supporting documents folder here:
https://app.admincontrol.net/v2/board-portal/documents/8171595

- 6.6 Strategic Planning Commissioning and Partnerships.pdf (7 pages)
- 6.6a Annex A - SEW regional board update 08.11.24.pdf (5 pages)
- 6.6b Annex B - 2023 - 24 EPRR Annual Report FINAL 12 11 2024 for Board submission.pdf (12 pages)
- 6.6c Annex C - Engagement Update.pdf (3 pages)

6.7. BREAK - 10 MINUTES

6.8. Integrated Performance Report (60 MINUTES):

Executives

Finance

Public Health

Operational Performance

People & Culture

Quality, Safety & Experience

- 6.8 C&V IPR Corporate Header Nov-24.pdf (13 pages)
- 6.8a C&V Integrated Performance Report Nov-24.pdf (38 pages)

6.9. Public Service Ombudsman for Wales - Annual Letter & Response (10 MINUTES)

Jason Roberts

- 6.9 PSOW Annual Letter.pdf (10 pages)

6.10. BREAK FOR LUNCH (30 MINUTES)

Saunders,Natalie
25/11/2024 13:17:11

12:45 - 13:55
70 min

7. Items for Approval / Ratification (12:45 – 13:55)

7.1. 2024-25 Strategic Cash Request Submission (10 MINUTES)

Catherine Phillips

- 7.1 WG Strategic Cash Support Request Report.pdf (3 pages)
- 7.1a Cash Support letter.pdf (2 pages)

7.2. Winter Plan/ (5 MINUTES)

Paul Bostock

- 7.2 Winter Plan Cover Paper - Board (28 November 2024).pdf (4 pages)
- 7.2a Winter Plan Overview - Board.pdf (18 pages)

7.3. Finance Update (15 MINUTES)

Catherine Phillips

- 7.3 Financial Position & Forecast.pdf (4 pages)
- 7.3a Finance Position and Forecast 2024-25 Appendix 1 (1).pdf (10 pages)

7.4. 2024/25 Additional Capital Funding (5 MINUTES)

Catherine Phillips

- 7.4 Additional Funding 2024-25 - Board 28.11.2024.pdf (10 pages)

7.5. Joint Commissioning Committee (JCC) Major Trauma Case (5 MINUTES)

Paul Bostock

- 7.5 Major Trauma Services Cover Report.pdf (3 pages)
- 7.5a MTC Business Case October 2024 FINAL.pdf (41 pages)

7.6. Long Term Plan for Public Health (10 MINUTES)

Claire Beynon

The Long Term Plan for Public Health can be found within the supporting documents folder here:
https://app.admincontrol.net/v2/board-portal/documents/8171595

- 7.6 PH long-term plan Board cover paper.pdf (2 pages)

7.7. Hapus – Becoming a Supporter Organisation (5 MINUTES)

Claire Beynon

- 7.7 Hapus_Board_FINALv1.pdf (3 pages)

7.8. Research & Development Grant from the National Institute of Health and Care Research (NIHR) (5 MINUTES)

Catherine Phillips

- 7.8 2024-25 Research Grant from NIHR.pdf (3 pages)
- 7.8a CEO Briefing Memo.pdf (7 pages)

7.9. Committee Terms of Reference (10 MINUTES)

Matt Phillips

- 7.9 Board Cover Report_Committee TORs.pdf (3 pages)
- 7.9a Board_App 1_Committee TORs.pdf (29 pages)

Saunders,Nathan
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13:55 - 13:55
0 min

8. Items for Noting and Information

8.1. Mortuary Refurbishment Project Update

Catherine Phillips

- 8.1 Mortuary Refurbishment Update - Board 28.11.2024.pdf (4 pages)

8.2. Nurse Staffing Bi-Annual Report

Jason Roberts

- 8.2 Nurse Staffing Bi-Annual Report.pdf (3 pages)
- 8.2a Annual Presentation of Nurse Staffing Levels.pdf (9 pages)
- 8.2b Adult Acute Surgical Wards (1).pdf (2 pages)
- 8.2c Adult Acute Medical Wards (1).pdf (2 pages)
- 8.2d Paediatric Wards (1).pdf (1 pages)

8.3. Corporate Risk Register

Matt Phillips

- 8.3 CRR Board Report - November 2024.pdf (3 pages)
- 8.3a Appendix 1 - Corporate Risk Register.pdf (9 pages)
- 8.3b Appendix 2 - CEF Corporate Risk Register.pdf (16 pages)

8.4. Reports from Advisory Groups and Joint Committees:

Matt Phillips

Stakeholder Reference Group Chairs Report

NWSSP Assurance Report

Joint Commissioning Committee (JCC)

- 8.4.1 Chairs Report SRG from September.pdf (3 pages)
- 8.4.2 SSPC Assurance Report 19 September 2024.pdf (5 pages)
- 8.4.3 JCC Report 12 November 2024.pdf (8 pages)

8.5. Committee, Advisory Group and Joint Committee Minutes:

Matt Phillips

All Minutes can be found in the supporting documents folder here: *https://app.admincontrol.net/v2/board-portal/documents/8171595*

or on the Cardiff and Vale UHB website: *https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/2024-2025/*

1. *Audit & Assurance 03.09.2024*
2. *Digital & Health Intelligence 13.02.2024*
3. *Finance & Performance 18.09.2024*
4. *Mental Health Legislation & Mental Capacity Act 06.08.2024*
5. *Quality, Safety & Experience 16.07.2024*
6. *People & Culture 10.09.2024*
7. *Stakeholder Reference Group*
8. *Local Partnership Forum 05.08.2024*

13:55 - 13:55
0 min

9. Agenda for Private Board Meeting

Charles Janczewski

Approval of Private Board minutes

Planned Care Update

South Wales Fire & Rescue Service Update

Judicial Review Verbal Update

Mental Health Placements

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Approval of Private Committee minutes

13:55 - 13:55
0 min

10. Any Other Business

10.1. Review of the Meeting

Charles Janczewski

10.2. Date and time of next meeting:

Charles Janczewski

Thursday 30 January 2025 – Woodland House – *Coed Y Bwl*

13:55 - 13:55
0 min

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

13:55 - 13:55
0 min

12. Declaration:

Charles Janczewski

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

Saunders,Nathan
25/11/2024 13:17:11

Unconfirmed Minutes of the Annual General Meeting
Held on Thursday 11 September 2024
Via Microsoft Teams.

The Annual General Meeting can be viewed here: https://www.youtube.com/watch?v=zZvJFB9GsJY
If the video does not load, please copy and paste the URL into your preferred internet browser.

Present:		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
Suzanne Rankin	SR	Chief Executive Officer
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Emma Cooke	EC	Deputy Director of Therapies and Health Sciences
Cath Doman	CD	Director of Health and Social Care Integration
David Edwards	DE	Independent Member - ICT
Rachel Gidman	RG	Executive Director of People and Culture
Akmal Hanuk	AH	Independent Member - Community
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
Jason Roberts	JR	Executive Nursing 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 & Estates
Lani Tucker	LT	Chair of the Stakeholder Reference Group
John Union	JU	Independent Member - Finance
Observers		
Barbara John	BJ	Health Charity Manager
Francesca Thomas	FT	Head of Corporate Governance
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Marie Davies	MD	Interim Executive Director of Strategic Planning
Mike Jones	MJ	Independent Member – Trade Union

AGM 24/09/001	**Welcome, Introductions & Apologies for Absence click to view** The Chair of the Cardiff and Vale University Health Board (UHB Chair) welcomed everyone to Cardiff and Vale University Health Board's Annual General Meeting (AGM) in English and Welsh. He acknowledged and welcomed all new Board members who joined the Health Board over the past 12 months, and included:	

Saunders,Nathan 25/11/2024 13:17:36

	• Matt Phillips – Director of Corporate Governance • Claire Beynon – Executive Director of Public Health • Susan Lloyd-Selby – Independent Member representing Local Authorities • Lani Tucker – an Associate Board Member as Chair of the Stakeholder Reference Group	
AGM 24/09/002	**Declarations of Interest** There were no Declarations of Interest noted.	
AGM 24/09/003	**Minutes from the Annual General Meeting held on 21 September 2023 click to view** The minutes of the Annual General Meeting held on the 21 September 2023 were received. **The Board resolved that:** The minutes of the Annual General Meeting held on the 21 September 2023 were approved as a true and accurate record.	
AGM 24/09/004	**Chairman of the Board's opening remarks click to view** The UHB Chair reminded the AGM that it was at last year's meeting where the Health Board had launched the refresh of its Ten-Year Strategy, 'Shaping Our Future Wellbeing' and noted that he was pleased to confirm that the Health Board had made good early progress with the implementation of the refreshed strategy through 4 main strategic objectives: • Putting People First • Providing Outstanding Quality • Delivering in the Right Places and • Acting for the Future The UHB Chair provided his reflections from the past 12 months with the AGM. He noted that it had been a very challenging period over the past 12 months but one that had seen the Health Board begin to resume normal services following the devastating impact of the Covid pandemic. He added that Health Board staff had been magnificent, and had made so many outstanding contributions across all parts of the diverse and complex organisation. **Emergency Unit:** it was noted that despite public sector austerity, much progress had been made in regards to service redesign and transformation, particularly within unscheduled care and the footprint within the Emergency Unit (EU). The UHB Chair advised the ADM that the re-location of the Assessment unit to the first floor was a far more suitable environment to provide assessments and the overhaul of the short stay area and had been well received. He added that following a recent Healthcare Inspectorate Wales (HIW) visit, the EU had been used as a spotlight case study to share good practice with other NHS organisations and the wider health service to support system improvements. **Community Services:** it was noted that the Health Board continued to proactively focus on delivering services in the community through CAV247, Urgent Primary Care	

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Centres and the most recent Safe At home initiatives and that community-based nursing teams continued to provide great care and treatment to patients either in, or nearer to, where they lived.

Cancer Services: the UHB Chair advised the AGM that there had been a marked improvement and downward trajectory within the Single Cancer pathway to improve wait times between first outpatient appointment and diagnosis and treatment which was making a real difference.

It was noted that in April 2023 the Health Board formally launched the Rapid Diagnostics Centre (RDC) as part of the National Programme, driven by the Wales Cancer Network and Welsh Government.

The UHB Chair noted that the RDC provided an accelerated diagnostic pathway for patients who presented to primary care with vague, but concerning, symptoms which could be indicative of cancer.

He added that in its first year of operation, there had been in excess of 500 referrals to the RDC with a total of 22 cancers, across 14 different tumour groups diagnosed as a result of the investigations.

Planned Care: the UHB Chair advised AGM that overall performance on planned care waiting times and diagnostics continued to be strained, particularly in Endoscopy and Radiology and noted that it was hoped that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address the backlogs within Radiology.

He acknowledged the superb contribution made to health care services across Cardiff and the Vale of Glamorgan by GPs, Opticians, Dentists and Pharmacies.

Mental Health Services: it was noted that both acute and community based, had experienced a very significant increase in demand post pandemic and that teams had worked tirelessly to address the requirements of the people the Health Board served and continued to make every possible effort to ensure it could provide safe and effective care.

Industrial Action: it was noted that the past 12 months had seen further turbulence in respect of widespread industrial action by public sector workers and that whilst it had been challenging, the UHB Chair personally thanked colleagues for their professionalism and for pulling together to support one another during the unprecedented times.

Celebrations: the UHB Chair highlighted some of the positive achievements made across the organisation over the past 12 months which included:

- Canolfan Iechyd Genomig Cymru or 'Wales Genomic Health Centre' officially opened its doors as the new home of genomics in Wales. The state-of-the-art facility has co-located some of Wales' leading experts in the field of genomics to serve as a cornerstone of Wales' precision medicine health ambition.

- Cardiothoracic services moved back to its substantive home in the University Hospital of Wales (UHW) following a refurbishment programme aimed at improving the infrastructure to provide quality services for years to come.

- Approximately one year ago the Health Board saw the first members of the public undergo robotic assisted surgery. The service uses State-of-the-art surgical robots as part of the new National Robotic Assisted Surgery

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	Programme designed to help treat colorectal and gynaecological cancer in Wales. The UHB Chair concluded his reflections from the past 12 months by outlining some of the people who had won or been runners up in a number of awards across the United Kingdom which included: • Dr Sarah Harries, Obstetric and Transplant Anaesthetist who was awarded the College Medal from the Royal College of Anaesthetists (RCoA). • Park Road Houses, Cardiff and Vale's 14-bed community rehabilitation unit, scooped the NHS Forest Award for the hard work and dedication of colleagues, service users and volunteers at Park Road Houses in creating an inclusive and vibrant green space. • The Acute Spinal Ward Team and colleagues working on A5 North were worthy runners up in the Spinal Injuries Association Rebuilding Lives Awards. These awards recognise outstanding achievement of individuals and groups in the spinal cord injured community who inspire others through their work or hobbies or during their rehabilitation. • The Health Board was commended as 'Macro Employer of the Year' at the Apprenticeship Awards Cymru 2024 for excellent contribution to the development of the Welsh Government's Employability and Apprenticeship Programmes across Wales. • The Cardiff & Vale Health Charity who won two awards at the Arts and Business Cymru Awards 2024. He added that there was special mention to to everyone who contributed to the Saving Lives BBC documentary series and noted that he had received a lot of positive feedback following its broadcast.	
AGM 24/09/005	**Annual Report 2023/24 and Annual Quality Report 2023/24 click to view** The Annual Report 2023/24 and Annual Quality Report was received. The Chief Executive Officer (CEO) presented the Annual Report and Accounts for 2022/23 and highlighted a number of areas outlined in the report which included: • Improvements made - The Health Board launched the new refreshed strategy Shaping Our Future Wellbeing - Performance was good - lowest level of ambulance waits in Wales - A New home for Canolfan Iechyd Genomig Cymru • Challenges: - Industrial Action - Population health declined post-COVID and health inequalities widened - Financial constraints - Recovery of planned care and long waits The CEO reminded the AGM of the 4 strategic objectives within the newly refreshed Shaping Our Future Wellbeing strategy and provided highlights and challenges seen within each objective: • Putting People First – The Health Board will be a great place to train, work and live, where it will listen to and empower people to live healthy lives and that by	

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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.

- Providing Outstanding Quality – The Health Board would provide outstanding services which were equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them.

  The Health Board will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.

  The CEO highlighted 5 areas around the objective:

  - The Annual Quality Report 2023/24 which included oversight of:
    - Internal assurance and governance and processes
    - External assurance measures - including HIW, Medical Examiner and national clinical audit
    - Patient Safety performance – including incidents and never events
    - Performance around the timeliness of care provision
  - The publication of the Equity, Equality, Experience and Patient Safety Framework which set out the approach to Identify, acknowledge and understand variation in access to health services and health inequalities, provide Intelligence for action, improving and using quantitative data to support oversight of those challenges and to put in place interventions tailored to need.
  - Medical Examiner – it was noted that the Health Board had worked with the Medical Examiner in Wales to gain greater insight as well as independent scrutiny of the care provided to all patients who die in hospitals.
  - National Clinical Audits – it was noted that in 2023/24, the Health Board participated in the National Clinical Audit and Outcome Review Programme that included 41 audits that encompassed a broad range of clinical services.

    It was noted that the information provided was invaluable in supporting the Health Board to benchmark against other health organisations nationally and to improve the services provided.
  - Regulatory Improvement – it was noted that positive HIW visits had occurred at the UHW EU and Maternity Services.

- Delivering in the Right Places – The Health Board, by 2035, 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.

  The Health Board will be well on its journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.

  The CEO highlighted 4 areas around the objective which include:

  - Safe@Home, a new multi-agency and multi-professional integrated urgent response service which addressed a current gap in the Health Boards range of intermediate care services.

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	- Delivering Digital o Electronic Test Requests o Welsh Nursing Care Record o Digital maturity assessment and digital foundations plan - Delivering Across the Estate which included: o Re-location of acute medicine services and ward reconfiguration o Expansion and refurbishment of the emergency department o Opening of the new Fracture Clinic at UHW (Lakeside) o Opening of Urgent Primary Care Centres • Acting for the Future – The Health Board would work to ensure that what it did today would not compromise the wellbeing of future generations. It 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 the Health Board would have reduced the Health Board's carbon footprint by 34% and will have increased research and clinical innovation activities. The CEO highlighted some of the successes which included: - Working with Cardiff and the Vale of Glamorgan local authorities as they updated their Local Development Plans, to improve the health of current and future generations through supportive environments - Establishment of the Joint Academic Health Sciences Programme in partnership with Cardiff University - Secondary prevention – Live Well Service - Foundational economy - Decarbonisation Plan - Active travel - Cycle hub at University Hospital of Wales The CEO summarised the discussion and noted that there were 4 priorities for the Health Board to look ahead which included: • Eradicating avoidable harm will be our emerging organisational mission • Population needs based planning approach which features greater emphasis on prevention, upstream shift and reducing inequities throughout our care pathways • Investing in digital to enable transformation and prioritise our estates infrastructure improvements. • Driving Financial Sustainability and value throughout all that we do – including delivering decarbonisation action plan. She extended thanks to all colleagues across the organisation with a special thanks to the staff involved in the delivery of the annual report and accounts.	
AGM 24/09/006	**Financial Accounts 2023/24 click to view** The Financial Accounts 2023/24 were received.	

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The Executive Director of Finance (EDF) introduced the Financial Accounts for 2023/24 presentation which provided an overview of income and expenditure for 2022/23, performance against the financial target and a financial outlook for 2024/25

She advised that key points to note included:

The Health Board had 2 duties on its revenue resource with Welsh Government (WG):

- Prepare and obtain an approval plan which achieved a rolling 3-year position.
- To meet all of the Health Boards expenditure needs within the resource deployed and allocated by WG

It was noted that in relation to the Health Boards Revenue Resource Plan:

- The Health Board was unable to submit a balanced 3-year IMTP to Welsh Government for the period 2023-26 for approval, therefore did not meet its statutory duty to have an approved financial plan for the period 2023-24 to 2025-26

- Until a balanced three year Integrated Medium Term Plan could be submitted, WG had placed a requirement on the Health Board to submit One Year Operational Plans.

It was noted that in relation to the Health Boards Revenue Resource Out-turn:

- The operational plan was to deliver a year end position within a £16.500m deficit and the Health Board delivered a year end deficit of £16.404m which resulted in a surplus of £0.232m in 2021/22 and a deficit of £26.789m in 2022/23

  The EDF advised the AGM that this meant that the Health Boards combined deficit over the 3-year period was £42.961m and therefore did not achieve its financial duty under with section 175(1) or 175(2a).

The AGM were presented with a table which outlined all of the data on the Health Boards financial performance from 2020/21 to 2023/24.

It was noted that in relation to the Health Boards Income & Expenditure:

- The Health Board held a £2.0b resource, which was around a 20% take of the WG allocation to Health Care.

- The vast majority of spend was on pay but there were other significant spending areas in terms of Primary Care and other community providers.

- It was noted that in relation to the Health Boards Staffing numbers, it had grown by nearly 18,000 since 2021/22

The EDF concluded that assurance on the accuracy of the Annual Accounts could be taken by:

- The work and review carried out by the Audit and Assurance Committee throughout 2023/24 and the process it followed to verify and sign off the Annual Report and Accounts

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	• The work completed by Audit Wales and presented to the Audit and Assurance Committee in their ISA 260 Report • The response given to the audit enquiries to those charged with governance, and management and the letter of representation that will be sent to Audit Wales • Assurance could also be given through the work carried out by internal audit and counter fraud and the opinion issued by the head of internal audit which was now included in the annual report. The EDF advised the AGM that the Health Board also had a duty to ensure capital expenditure remained with in the WG Capital Resource Allocation over the same three-year period and noted that: • In 2023/24 the Health Board successfully managed its capital programme and delivered a small surplus of £0.072m against its Capital Resource Limit of £45.531m • The Health Board had a surplus of £0.041m in 2021/22 and a surplus of £0.088m in 2022/23 and against its Capital Resource Limit She added that this meant that the Health Board had met its financial duty to break-even against its Capital Resource Limit over the three years 2021/22 to 2023/24. It was noted that in relation to Capital Programmes – 2023-24 capital schemes included: • £10.4m Upgrading and maintaining the estate • £11.5m Medical, Diagnostic Neuroradiology Equipment • £5.2m IT (Cyber Security, Electronic Switchgear and general IT) It was noted that in relation to Capital Programmes – 2024/25 capital schemes included: • £24.1m Upgrading and maintaining the estate (including Lift refurbishment, replacement boiler) • £7.3m Fire safety, solar and decarbonisation strategy • £6.9m Medical Equipment The EDF concluded her presentation by offering the AGM a look at the financial outlook for 2024/25 (Revenue). She noted that the Health Board was unable to submit a balanced 3-year IMTP to WG for the period 2024-27 for approval and so a one-year Operation Plan had been submitted projecting a £15.9m deficit in 2024-25. It was noted that to meet the projected deficit the Health Board would need to deliver a £47.2m of savings in 2024-25.	
AGM 24/09/007	**Questions from the Public click to view** The UHB Chair invited questions from the public. The Director of Corporate Governance (DCG) noted that 5 questions had been received from staff members and that none had been received from the public.	

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	The UHB Chair asked the DCG to read out the questions and invited the relevant Executive to respond. • Question 1 & Question 2 (click to view) The questions were asked by Anna Hilton, Senior Staff Nurse, Vale Elderly Care Assessment Service and James (Jim) Grenville, Staff Nurse, Integrated Medicine The UHB Chair invited the Executive Director of People & Culture (EDPC) to respond. ***Question 1:*** *"How do certain staff take advantage of the NHS sickness policy every year & get away with it - can the policy be reviewed please? Is the sickness policy too lenient? Should staff who cover them & do not take sick time, be rewarded with extra annual leave?* ***Answer****: The Managing Attendance at Work is an all Wales employment policy that was approved by the Welsh Partnership Forum Business Committee and implemented in 2018. The Policy aims to ensure that employees are treated according to their individual circumstances and to ensure fair treatment of employees with a disability. The policy objectives are to:* • *Support the health and wellbeing of employees in the workplace* • *Support employees to return to work following a period of sickness absence safely and as quickly as possible* • *Support employees to sustain their attendance at work.* *We are unable to reward staff who don't take any sick leave as this would discriminate staff who have taken sick leave as a result of having a disability.* ***Question 2, part 1:*** *Why does the loyalty award scheme not get given automatically? Many staff are unaware of this & have subsequently missed the opportunity to apply* ***Answer:*** *The People Services Team identify who is entitled to a loyalty award at 20 or 30 years by using the data held in ESR. This information is sent to the line manager to verify the length of service and to discuss with their team member.* ***Question 2, part 2****: "Can having volunteering days please be discussed - can you clarify why the armed forces get additional leave, when volunteers that work for Schools/Charities for example, get no such consideration.* *Could someone explain why Volunteers for organisations such as Oxfam receive no benefit for volunteering, whereas Armed Forces Reservists are entitled to additional leave every year. I understand that many companies in the private sector and even other NHS trusts give time to Volunteers."* ***Answer:*** *The distinction is largely due to the formal and critical nature of military service compared to the more informal and voluntary nature of charitable work. The support for reservists is embedded in legal and policy frameworks recognising their unique role, whereas volunteer support varies more widely based on organisational capacity and individual company policies.* • Question 3 (click to view) The question was asked by Karen Osman, Health Care Support Worker, Sexual Health. The UHB Chair invited the Executive Nursing Director (END) and the EDPH to respond.	

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Question 3: *"I would like to know when Cardiff and Vale NHS is going to start employing more nursing staff and less managerial staff. We seem to have manager over manager with much higher bands than the nursing staff. Surely nurses are more important as we constantly work with less staff than is needed to be safe for our patients and to cover the demand on our service."*

Answer: *Cardiff and Vale UHB have employed an additional 600 registered nursing staff in the past 5 years along with an additional 175 Health Care Support Workers. The UHB however, value all of its staff equally as they all play a unique role in contributing to patient care whether directly or indirectly. With regard to the Bands that staff are employed, each job in the UHB goes through a robust job evaluation process to ensure the band complies with the Agenda for Change grading criteria. This process is undertaken in partnership with our Trade Unions.*

- Question 4 (click to view)

The question was asked by Angela Rogers, Executive Director of Wales Arts Health and Wellbeing Network.

The UHB Chair invited the Director of Communications (DC) to respond.

Question 4: *"With the imminent closure of the health board's sector-leading arts and health programme within the health charity, are CVUHB open to exploring different models?"*

Answer: *There has been a very challenging Financial Position as already outlined by the Executive Director of Finance which extended to the Cardiff and Vale Health Charity as well as the Health Board which meant that a difficult decision to reduce the Arts Team was made as a result of that challenging position.*

The Health Charity Team are currently working through options to be able to retain some of the important aspects of the arts and health programme and have met with a number of organisations, in particular the Third Sector who not only rely upon the arts and health programme for their business, but also for their patients and families.

We have been working with Clinical Boards who benefit hugely from the connectivity between the arts and health programme to continue wherever possible on the work that provides benefit to patients and their families.

Work will continue with the arts and health programme albeit at a reduced capacity and context but the Health Charity have been inundated with offers of support from the arts and business community to help us continue this work.

- Question 5 (click to view)

The question was received from an anonymous source and the UHB Chair invited the Chief Operating Officer (COO) to respond.

Question 5: *"What strategies are the trust putting forth to reduce the huge waiting lists, particularly in the Gynaecology Department?"*

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Answer: *waiting lists and waiting time pressures are a real issue for the Health Board in a number of specialities including Gynaecology and over the years, especially coming out of the Covid-19 pandemic, funding was received to try and reduce waiting times but on a non-recurrent basis and so lots of the solutions put in place were not sustainable.*

	What we are doing across a number of specialities is detailed demand and capacity work to help right-size the specialities so that the Health Board could deliver sustained positions and that waiting lists would not grow back and patients would not be kept waiting longer than they needed to. *Investment would be required to help with pressures but also an improvement in productivity would be required in efficiency and look at the redesign of workforce.* *There are no easy fixes but a lot of work is ongoing behind the scenes to help recover the position.* The UHB Chair thanked the people who submitted questions and noted that a number of questions had also been received from the Department of Sexual Health (DoSH) which would get picked up by the Chief Operating Officer in person the following week.	
AGM 24/09/008	**Adoption of the Annual Report and Accounts click to view** The UHB Chair advised attendees that the Annual Report had been commended by the CEO and that the public Accounts had been commended by the EDF Director of Finance. The Board formally adopted the Annual Report and Accounts.	
AGM 24/09/009	**Delivering the Plan click to view** The Chief Operating Officer (COO) presented to the AGM. He advised the AGM that the Health Board delivered care to a very large number of patients every year and noted that the slides presented condensed how the Health Board would try to deliver that care. It was noted that some of the themes identified were similar to the previous year and would be a continuous look at the work being undertaken. The COO reminded the AGM that the Health Board were in a financially challenged position for with an increasing demand and the need to improve waiting times for planned, emergency and community services. How the Health Board would deliver was outlined by the COO and examples included: • Efficiency and productivity using benchmarking across UK and beyond to achieve Top 25% where possible given some of the real estate challenges - Get It Right First Time, Length of stay • Continuing the Health Boards Strategy of providing care in the community and away from secondary/inpatient care - New community mental health models of care, increase in enhanced community services – keeping people safe in their own homes • Forensic focus on improving quality will be central to sustainable savings - Reducing the risk of harm to patients and staff through extended length of stay, health care acquired infections, zero tolerance to bullying and harassment. The COO outlined the ambitions and outcomes for a number of areas which included:	

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- Outpatients Ambitions:
  - Reduce Did Not Attend (DNA) rates to 5%
  - Use Patient Initiated Follow Up (PIFU) as standard
  - Use Digital Technology to enable more virtual consultations

- Outpatients Outcomes:
  - Release an additional 4500 appointments per month
  - Only review patients when required increasing new patient appointments
  - Reduction in face to face appointments and need for patients to travel

- Theatres Ambitions:
  - Increase utilisation of theatres to 92%
  - 48-week year for planned care
  - Reduce turnaround time between patients to 10 minutes
  - Review pre-op assessment pathways and keep people well on the waiting list

- Theatres Outcomes
  - Creates equivalent of 1 extra operating theatre 1 week and provided space for planned maintenance
  - Aim for extra 0.5 cases per session
  - Reduce the times patients need to be assessed and reduce the risk of cancellations on the day of surgery

- Length of Stay Ambitions
  - To be in the top 25% in UK
  - Reduction of Numbers of Delayed Pathway of Care Patients and patients in hospital over 7 and 21 days

- Length of Stay Outcomes
  - Right size the inpatient capacity with an aim to reduce inpatient beds
  - Increase enablement of patients and reduce risk of patient harm

- Community Care Ambitions
  - Increase the number of patients cared for in their own homes with Safe at Home
  - Redesign community mental health models of care

- Community Care Benefits
  - Reduced number of hospital admissions and ambulance conveyances
  - Reduce delays and waiting times

The COO concluded the presentation by outlining the ambitions and benefits around the reduction of avoidable harm to Patients and Staff which included:

- Reducing Harm to Patients
  - Hospital Acquired Infections
  - Deconditioning

- Reducing harm to Staff
  - Zero tolerance of bullying & harassment

He added that the benefits for both included:

- Improved patient experience and outcomes
- Reduction to ongoing health and social care costs

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	• Improvement to staff morale • Reduction in sickness rates • Reduction in staff turnover The COO summarised the conversation and noted that there would be: • A focus on efficiency and productivity which improves use of Health Board resources and reduces reliance on temporary costly additional capacity. • Improvements to waiting times would ensure patients are either treated earlier or provided with best advice to self-manage their condition • Provision of care closer to home was a more sustainable model in relation to cost and better for patients • Reducing avoidable harm to staff and patients would improve quality, experience and morale. The UHB Chair thanked the COO and noted it was important to understand the scale of the challenge faced.	
AGM 24/09/010	**Our Year in Review click to view** Attendees were presented with a video presentation which outlined the Health Board's activity over the past 12 months.	
AGM 24/09/011	**Closing Remarks and Thanks** The Chair thanked everyone who had contributed to the success of the Health Board over the previous year.	

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Minutes of the Public Board Meeting
Woodland House, Coed Y Bwl

To view a recording of the meeting, please click here: https://www.youtube.com/watch?v=ePnST_ToliA
(Please note, that if the link does not open or work, you can copy & paste into a browser of your choice)

Chair:		
Ceri Phillips	CP	University Health Board Vice 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
Lauranne Cullen	LC	Regional Director - Llais
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Marie Davies	MD	Interim Executive Director of Strategic Planning
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Andrew Gough	AG	Deputy Director of Finance (Strategic)
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
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Lani Tucker	LT	Chair of the Stakeholder Reference Group
John Union	JU	Independent Member – Finance
Claire Whiles	CW	Assistant Director of Organisational Development and Culture *(attended virtually for the Staff Survey Update)*
Observers:		
Ethan Evans	EE	Management Graduate Trainee
Daniel	DF	IT Support
Emily McCann	EM	Management Graduate Trainee
Emily Webber	EW	Management Graduate Trainee
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	University Health Board Chair
Suzanne Rankin	SR	Chief Executive Officer
Richard Skone	RS	Interim Executive Medical Director

Item	Agenda Item	Action
UHW 24/09/001	**Welcome & Introductions** (click to view) The Chair welcomed everybody to the meeting in English and Welsh.	
UHW 24/09/002	**Apologies for Absence** (click to view) Apologies for absences were noted.	
UHW 24/09/003	**Declarations of Interest** (click to view)	

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	The Independent Member – Capital & Estates (IMCE) advised the Board that she would remove herself from the meeting during the agenda item discussing the disposal of Parc Hafod.	
UHW 24/09/004	**Minutes of the Meetings held 25.07.2024** (click to view) The Board received the minutes from the Board meetings held on 11.07.2024 and 25.07.2024. The Executive Director of People & Culture (EDPC) advised the Board that the information around Project Search needed to be amended. **The Board resolved that:** a) The minutes from the Board meetings held on 11.07.2024 were approved as a true and accurate record of the meeting. b) The minutes from the Board meetings held on 25.07.2024 were approved as a true and accurate record of the meeting pending the update noted.	
UHW 24/09/005	**Action Log** (click to view) The Action Log was received. **The Board resolved that:** a) The Action Log was reviewed and noted.	
UHW 24/09/006	**Chair's Report and Chair's Action taken since last meeting** (click to view) The Chair's Report and Chair's Action taken since last meeting were received. The UHB Vice Chair (UHBVC) advised the Board that he would take the report as read and identified a few key areas for noting which included: • Thanks to John Union who had been re-appointed to continue to serve as the Independent Member for Finance (IMF) for a further year until 30 September 2025. • Congratulation to Steve Riley, who had been appointed to serve as the Independent Member for University starting 1 October 2024. • A summary of the Board Development session held 29 August 2024 • Diary Highlights which included information on the BBC television documentary Saving Lives in Cardiff. • The appointment of Charles Janczewski, Chairman of the Health Board to serve as the Chair for the Regional Partnership Board. • List of Common Seals/Chairs Actions and other signed documents. The Director of Communications, Arts, Health Charity and Engagement (DCAHCE) advised the Board that following the broadcast of the latest episode of Saving Lives in Cardiff, a spike in charitable donations was observed. She noted that the data was being looked at and would be brought back to the Board. **The Board resolved that**: a) The report was noted b) The Chairs Actions undertaken were approved c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved.	
UHW 24/09/007	**Chief Executive Report** (click to view)	

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	The Chief Executive Report was received. The EDF 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: • A focus on quality excellence which was a pillar of the Health Boards Strategic Plan and direction with work undertaken over the Summer on quality. It was noted that a range of events had taken place in September and had launched around Patient Safety week. • Operational Pressures – it was noted that the Health Board had seen a very busy Summer compared to previous years which had put a lot of pressure on the system. It was noted that plans were underway for Winter which included the Winter Operational Response and Vaccination Plans. • Delivery of the 24/25 Annual Plan – it was noted that delivery continued to be a challenge within the context described within the report assurance was given to the Board that the Executive Team remained focused and committed to full delivery of the plan. **The Board Resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.	
UHW 24/09/008	**Board Assurance Framework (BAF)** (click to view) The Board received the BAF. The Director of Corporate Governance (DCG) advised the Board that it was the first look at the new iteration of the BAF that had followed engagement with Executives, a discussion in Board Development and subsequent follow up with Independent Members. He added that the BAF had been taken from 15 strategic risks down to 6 risk themes which were set out in detail within the paper and sat with every strategic risk. It was noted that one of the main changes was around the quality risk theme as it brought together what was described in 7 discrete risks in the previous iteration of the BAF. The Board was advised that while each risk theme was relevant to every strategic objective, they were 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 the Board. The DCG added that a paper would be received by the Board at its meeting held in November 2024 around the Committees Terms of Reference to provide assurance as to where various strategic risks would sit. The Independent Member – Local Authority (IMLA) noted that the document was available to the public and highlighted that it was not particularly clear on how risk scores were reached. The DCG responded that how risks were scored would be made clear in future iterations. The UHBVC thanked everybody involved in the new BAF and concluded that the document was a significant improvement on previous versions and noted that it was a dynamic and flexible document. **The Board Resolved that:** a) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.	

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UHW 24/09/009	**Chairs' reports from Committees of the Board:** (click to view) 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: • Digital & Health Intelligence Committee – the IMCE asked for more context around the cessation of video appointments in March 2025. The Director of Digital & Health Information (DDHI) responded that video consultations were currently performed via a nation contract from a company called Attend Anywhere and was funded by Welsh Government (WG) which would cease in March 2025. He added that a new solution was being worked through and a business case was being presented on an alternative over the coming weeks via the relevant governance routes. • People & Culture Committee – The Independent Member – Third Sector (IMTS) advised the Board that the Committee had been very focussed on the Staff Survey results at the meeting and had recommended that the Board receive an update which was on the agenda for later in the meeting. She added that a request for an item to go to the Committee had been around Workforce Planning for Primary Care, given the role that they had in the success of the Health Boards strategy. **The Board resolved that:** a) The Committee Chairs' Reports were noted.	
UHW 24/09/010	**Staff Survey Update** (click to view) The Staff Survey Update was received. The Assistant Director of Organisational Development and Culture (ADODC) presented a detailed update to the Board and noted that the purpose of the presentation was to provide assurance to the Board of the work being undertaken around the Staff Survey and to give an update on the progress to date, share data that had only recently been received and outline next steps: • It was noted that the survey was undertaken annually because a selection of questions from within the Survey would be utilised to inform organisational responses within the Workplace Race Equality Standards (WRES). • High-level organisational results were received from Health Education and Improvement Wales (HEIW) in late February 2024 and upon receipt, the Health Board took a very active and transparent stance and communicated those across the organisation. • Early on, it was identified that there were challenges in accessing the data due to supplier-driven issues (external supplier commissioned by HEIW) which impacted timescales for sharing and accessing localised data. • HEIW worked hard to ensure that the Health Board had some access to the dashboard and the final version was received in late August 2024. • The CEO and Executive Team acknowledged the challenges from HEIW but continued to communicate the Staff Survey results via a range of different forums. The ADODC advised the Board that from the results, 4 priority themes were identified and information was provided within the report which included: • Engagement • Equity & Inclusion • Negative Experience	

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- Burnout

It was noted that a new question for the 2023 Staff Survey was around negative experiences and unwanted behaviour of a sexual nature and the results highlighted that it was important to reinforce that any report of unwanted behaviour of a sexual nature must be responded to and addressed.

It was noted that when reports and data was shared with Clinical Boards, emphasis was put on all responses indicating those experiences.

The ADODC highlighted the progress made and included:

- Main themes and UHB dashboard were shared in March 2024
- Stakeholder Updates were given April - September 2024
- A Staff Survey 'Assembly' was held in July 2024
- Dashboard Access was provided in August 2024
- Dashboards shared with Clinical Boards late August 2024
- Further data and narrative analysis was received in September 2024
- A Communication and Engagement Plan was drafted for the Staff Survey 2024

It was noted that communication to colleagues was key to provide assurance that the Health Board was reviewing, listening to and acting to respond to responses and feedback and that throughout September and October 2024, there would be a communication and engagement plan that would focus on the 'You said; Together we did' messaging to demonstrate progress being made and actions being taken.

Next steps were identified and included:

- People & Culture Team would support Clinical Boards with the dashboards and data
- A Staff second 'Assembly' would be held 1 October 2024 focussing on the Staff Survey
- Analysis of narrative data would be undertaken around themes where available
- The Communication and Engagement Plan for the Staff Survey 2024 would be circulated.

A high-level Clinical Board Analysis was presented and identified the percentages from each Clinical Board where questions had been answered on:

- Engagement
- Discrimination
- Bullying & Harassment
- Unwanted Behaviour of a Sexual Nature
- Burnout

The ADODC concluded the presentation by outlining a timeline for the 2024 Staff Survey and noted that it would launch in October 2024.

Questions

The Independent Member – Trade Union (IMTU) asked if the Workforce Team had been made aware of issues around Unwanted Behaviour of a Sexual Nature prior to the Staff Survey results and what support was being provided to those who had reported it.

The EDPC responded there had been a real focus on all areas of discrimination due to the prevalence of it within the media and wider society.

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She added that a new duty around workers protection was coming into place in October 2024 and noted that there was a Task and Finish Group (TFG) looking at Sexual Safety and tolerance and advised the Board that a paper would be received by the Senior Leadership Board in October 2024 and then the Quality, Safety & Experience Committee in November 2024.

It was noted that members of staff who raised issues around Unwanted Behaviour of a Sexual Nature and other discriminatory issues would be kept updated and directed to the relevant Team such as the Wellbeing Team.

	The Chief Operating Officer (COO) asked how the Health Board would communicate the fact that the 2024 Staff Survey was launching yet data/results had not been fully communicated from the 2023 Staff Survey. The ADODC responded that they had tried to delay the start of the 2024 Staff Survey but noted that a lot of the data formed part of the WRES and it was required to start as planned. She added that a lot of work had been undertaken over the past 6 months on the 2023 data and noted that the Team had been working with the DCAHCE and their Team around the communications plan. The IMTS noted that data, particularly around discrimination results would be looked at in detail at the People & Culture Committee. It was noted that there was clearly a lot of work to be done around discrimination issues and the Executive Nurse Director raised a point that there was also issues around Violence and Aggression which was touched upon within the Staff Survey results. He added that the Health Board had a very robust reporting mechanism for safeguarding where some of the most serious issues were managed but noted that the survey had shown that it was probably just the tip of the iceberg. The EDPC added that work was ongoing around culture hotspots which looked at all data from HR, Datix, WRES and other avenues and noted that a report would be taken to the People & Culture Committee and brought back to the Board in 2025. **The Board resolved that:** a) The actions to date to 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 Health Board was noted.	
UHW 24/09/011	**Patient Story** (click to view) The Patient Story was received. The Executive Nurse Director (END) introduced the story and noted that as the Health Board was experiencing significant capacity challenges on planned care and diagnostics, people could get lost within the system and not be communicated. He added that the patient in the story wanted to make the Board aware that she was able to navigate the system herself whilst highlighting that not everybody had the capacity to be able to do that which could cause harm. The patient in the story explained that she had undergone a number of tests following an upset stomach and noted that she had never received the results and so upon inquiring with her GP, she was told that it would not have been anything sinister because the hospital would have informed her if so. The patient went on to explain that the results were eventually given by her GP which explained that they had been with the Health Board in December 2022 but not given to her until March 2023 and that a number of multidisciplinary team (MDT) meetings had been held about her results without her knowing which resulted in an unsettled feeling and anxiety. She concluded the story by explaining that she had felt the need to drive her own care and highlighted the problems in communication that needed to be addressed. The END advised the Board that thankfully the patient had been very understanding of the challenges faced by the Health Board and that the outcomes for her had been positive which was lucky because it could have been very different had they not. The IMTS asked if it was usual practice to be discussing patients care before speaking with them.	

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	The END responded that it was usual practice for an MDT meeting to be held to discuss patients but noted that by that point the patient would have usually met with a consultant to discuss their result which had not happened in that case. The COO added that he would meet with the END to do a deep dive to see what had gone wrong and what learning could be taken from it. The DDHI added that the story presented strengthened the case for investment in the Health Boards digital strategy and noted that there was a Digital Foundations Programme that had been funded which identify processes across the Health Board but noted that some areas still relied on paper processes which often led to errors. The UHBVC concluded by stating that the Health Board would need to make strives into the digital agenda so that it would not happen again. **The Board resolved that:** a) The Patient Story was noted.	
UHW 24/09/012	**Integrated Performance Report** (click to view) The Integrated Performance Report was received. **Public Health** The Executive Director for Public Health (EDPH) advised the Board that she would take the paper as read and would cover the 3 priorities of Public Health which included: • Vaccination - An equity analysis had been conducted by Public Health Wales (PHW) on the Spring booster campaign. Results included uptake among white individuals was 65.5% overall with uptake in the black individuals of 22.9% and Asian individuals of 31.3% The EDPH noted that it was a stark figure and showed that the Health Board had a lot more to do to build trust and relationships within the communities to make services more accessible. She added that an agreement with Cardiff Council would 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. It was noted that in relation to Measles, Mumps, and Rubella (MMR) vaccination, a comprehensive catch-up programme had 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 were delivered as part of the campaign for a total of over 900 doses administered. • Healthy Weight – It was noted that the data was received annually and that healthy weight in reception year children aged 4/5 increased to 77.5% (2022/23). The EDPH advised the Board that 77.5% was the same as the English average for the same period which was above the Welsh average of 74.3%. She added 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 the Framework would be finalised in the Autumn and that actions were already underway from a variety of partners. • Smoking – it was noted that the Health Board had funded some carbon monoxide monitors to comply with NICE guidance but that it was not reaching enough people to hit the target of getting to 5% uptake by 2030. It was noted that smoking cessation sessions were being held across the organisation but that all were at capacity.	

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The UHBVC asked what could be achieved if the Health Board were able to reduce inequalities.

The EDPH responded that if inequalities could be reduced across the 3 main areas identified, less people would utilise the Health Service overall.
It was noted that at present those people would wait to utilise the service which often resulted in poorer outcomes and more use of the Emergency Unit (EU) because of lack of access to Primary Care services.

Operational

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

- Urgent and Emergency Care – it was noted that a lot of detailed analysis had been undertaken to work out why the summer months had felt so difficult to previous years and the conclusion showed that there had been a 12% increase in attendances to the EU/majors stream which equated to around 550 extra patients per month.

  The COO noted that the Team would continue to review EU and inpatient data, with deep dives at the COO led Operational Delivery Group following periods of exceptional escalation.

- Hospital Flow & Discharge - Length of stay improvements had been observed which had allowed the Health Board to close 55 beds compared to Q4. However, the unexpected increased demand from EU meant the Health Board were not feeling the benefit of the reduced length of stay and so refreshing capacity plans for Q3 and the winter period were underway.

  It was noted that delayed Pathways of Care (POCD) remained an area of national focus and the Health Boards monthly delays were highlighted in the report.

  The COO advised the Board that the Health Board were currently delivering its commitment to reduce against the same period in 23/24.

- Cancer – it was noted that the Health Board had held its position against the 62-day Single Cancer Pathway standard which had improved in December 2023 to 70.2%.

  It was noted that a 10% increase in referrals had been observed in the first 8 months of the year compared to last year.

- Planned Care – The COO advised the Board that there was a lot of political scrutiny around planned care with the Health Minister outlining their ambitions to the Health Board.

  He added that there were no patients waiting over 4 years, an improvement from previous updates and the number of patients waiting over 3 years had improved to less than 100 with an aim to reduce that to 0 by the end of December 2024.

  It was noted that in relation to 2 year waits, WG had asked for plans as to how the Health Board would reduce the number of patients waiting over 2 years for treatment and the costs associated with it.

  The COO advised the Board that outpatient waits continued to be addressed through activity, validation and pathway redesign to ensure only those who needed secondary care intervention were referred.

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- Diagnostics – it was noted that the waiting list position for Diagnostics had 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 the Health Board would continue to use mobile solutions.

  The COO noted that to clear the backlog of patients and create enough core capacity, significant investment and support from Welsh Government was required.

- Mental Health – it was noted that the Health Board continued to track against its predicted trajectory for Children (80% delivery by end of December 2024).

- Primary & Community Care – The COO advised the Board that the stats provided in the report were slightly wrong and did not cover Q1 as described. They instead covered March 2024 until June 2024, a smaller snapshot than planned.

The UHBVC noted the operational pressures and provided thanks to all of the relevant Teams involved in keeping patients safe.

People & Culture.

The EDPC advised the Board that she would take the report as read and would draw out key points which included:

- Key Performance Indicators (KPIs) highlights – it was noted that data was moving in the right direction for all areas including retention at 10.97%, sickness 6.26%, values-based appraisals 79.61%

  The EDPC advised the Board that she had asked for additionality to be added to the report around Staff Survey and Workforce Sustainability which would be included at future meetings.

- Recruitment – it was noted that Nursing establishments had been filled to 97% with 210 newly registered nurses having been recruited from student streamlining, and 54 Internationally Educated Nurse having been recruited.

  The EDPC added that the Health Board took part in inclusive recruitment looking at areas around homeless people and asylum seekers and noted that six interns from last year's Project Search Programme had 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 would lead to permanent employment with the Health Board.

The IMTS asked what support was provided to international Nurses coming to work for the Health Board.

The EDPC responded that the Health Board offered pastoral support and noted that there was a Team to help with that support which helped with accommodation for one month and then helped to find housing after that initial month.

The END added that a recruitment lead for International Nurses went to the country that the Health Board were recruiting from and helped to connect to the communities there to learn about cultures and training that could be brought back to the UK.

The IMTS asked what the Health Board were doing to support Welsh Language and ensuring legal compliance around the language.

The EDPC responded that it was challenging and noted that discussions had been held with the Head of Equity and Inclusion to look at data being presented on the Electronic Staff Record (ESR) and ensuring it was discussed during VBAs.

She added that there was a Welsh Language Task and Finish Group (TFG) that formed part of the recruitment process and noted that data and information would be received by the People & Culture Committee at future meetings.

Quality, Safety & Experience

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

- Concerns – it was noted that despite challenges such as rising demand and staffing shortages, the Health Board had maintained a 78% success rate in addressing complaints and concerns within 30 working days, with many issues resolved within 2 working days whenever possible.

	The END advised the Board that there had been a notable increase in concerns related to waiting times and issues with communication and that the numbers of monthly enquiries was increasing. • Patient Safety – it was noted that in regards to Nationally Reportable Incidents (NRIs) the number open more than 90 days was 69 of which 36% had legitimate reasons to be open over 90 days as they were given a 120 day time frame from the outset. The END advised the Board that the NRIs included mental health reviews, all of which were reviewed over 120 working days and MBRACE reportable NRIs that were reported over 120 days to allow time for pathology results to be reported. It was noted that for the first time that week, it had been identified that all Clinical Board had managed to reduce a significant number of NRIs. • Infection, Prevention & Control (IPC) – it was noted that there had been a rise in C. difficile and P. aeruginosa cases and that to tackle this, the Team had reinstated executive oversight for infection outbreaks and trends. The END added that there had also been increased communication with patients and staff regarding the higher infection rates in both community and hospital settings. **Finance** The Deputy Director of Finance – Strategic (DDFS) advised the Board that he would take the report as read. He noted that month 5 had been a very challenging position and a continuation of month 4's challenges where the Health Board was reporting an overspend of £17.176m 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). It was noted that £32.2m of savings had been identified but that the position urgently required recovery actions for both operational savings and closed savings. The DDFS advised the Board that a meeting was being held with WG that week to discuss the position and noted that there was no further funding from WG. The UHBVC asked if the financial position was unique to the Health Board. The DDFS responded that all Health Boards in Wales were reporting a deficit and noted that Cwm Taf Morgannwg University Health Board were the only Health Board in Wales reporting a balanced plan. **The Board resolved that:** a) The contents of the report were noted.	
UHW 24/09/013 Saunders,Nathan 25/11/2024 13:17:11	**Strategic Planning, Commissioning and Partnership Update** (click to view) The Board received the Strategic Planning, Commissioning and Partnership Update. The IEDSP advised the Board that she would take the report as read, noting that they had received more appendices than previously to provide assurance around the kay areas and updates provided in the report around strategic planning, commissioning, and partnership work programme which included: • 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	

It was noted that in terms of developing the Medium-Term Plan (IMTP), the Health Board was expected to report formally on the escalation position noting that it was currently in enhanced monitoring and the Board was advised that it would be reported through the Finance & Performance Committee.

Other areas identified included:

- Strategic Portfolio Programme Work – The IEDSP advised the Board that based on the conversations held around the Patient Story earlier in the meeting, it illustrated how important it was to look at the "big picture" on how to put Health Board services on sustainable footing.

  She added that the Team would use the portfolio framework to focus and reset some of the big strategic plans noting that there would be a Management Executive session held the following week to review how those strategic portfolios were established.

- Clinical Services Plan (CSP) – It was noted that an update on the CSP was provided at the August Board Development session where it was noted that engagement events with Health Board staff and stakeholders during the Autumn and Winter would inform the strategic priorities for future services for:
  - Planned care
  - Emergency care
  - Children's care & Women's care
  - Mental health care
  - Specialised and regional services.

  The IEDSP advised the Board that engagement would happen widely with the populations on the Health Boards draft plan during Q4 2024-25 which would act as the blueprint for more detailed service and pathway planning and redesign and acted as the framework for the clinical redesign portfolio.

  She added that without investment, the additional capacities for Cardiff and the Vale could not be delivered as it would not be able provide additional funding or additional resources.

- Swansea Bay and Cardiff and Vale Health Boards Specialist Provider Partnership – the IEDSP advised the Board that a detailed update was provided in the report and noted that originally a joint board meeting had been planned for the following week but that had been postponed due to further work required.

  She added that a joint Executive meeting would still go ahead instead.

  It was noted that a lot of work was being undertaken in the commissioning space and that the Health Board was working with the Joint Commissioning Committee (JCC) over the next 6-12 months. The IEDSP advised the Board that the JCC were changing their approach in year which meant that they would be producing an IMTP which set out the Health Boards timetable.

- Regional Partnership Board (RPB) – The IEDSP advised the Board that a meeting was being held the following day where the Health Board would receive its first proposed approach as to how it would embed the planning approach.

  She added that the meeting would look at how the Health Board would target interventions and support earlier in the system whilst working with partners to deliver and improve.

  The IDESP concluded the discussion by stating that there was a Care Action Committee, chaired by the Cabinet Secretary for Health and Social Care and that they issued its priorities for 24/25. Those continued to focus on home from hospital which the Health Board performed very strongly on; weekend community nursing and palliative care nursing capacity and enhanced community care capacity.

Saunders,Nathan
25/11/2024 13:17:11

The IMLA noted the activity within the Llais Report and asked how the Health Board responded to what people were saying within that report.

	The Regional Director – Llais (RDL) responded that Llais had Health Board advocates who met with clients and have various meetings/visits. She added that the responses were taken back and representation was looked at and then letters outlining problems were sent out to invite a conversation with the relevant teams. The END confirmed that the letters were received from Llais and that the Health Board responded to them accordingly. **The Board resolved that:** a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio	
UHW 24/09/014	**Rapid Diagnosis Clinic – Patient Data** (click to view) The Rapid Diagnosis Clinic (RDC) – Patient Data was received. The COO presented a Rapid Diagnosis Clinic: Progress Review to the Board which highlighted what the clinic did and the numbers. He advised the Board that the RDC approach provided a much-needed accelerated diagnostic pathway for the significant number of patients presenting to primary care with vague but concerning symptoms for malignancy. It was noted that 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. The COO advised the Board that from April 2023 until August 2024, 800 referrals had been received by the clinic with 540 accepted and 500 seen in the clinic. He added that the total number of cancer diagnosis from the clinic was 35, which about 7% of the referrals which was in line with the Single Cancer Pathway. The COO concluded that the RDC was a good service and worked well for the Health Board and noted that a number of next steps were available to read within the documents received. **The Board resolved that:** a) The Rapid Diagnosis Clinic – Patient Data was noted.	
UHW 24/09/015	**Business Cases** (click to view) The Board received 1 Business Case: • Provision of Chimeric Antigen Receptor T Cell (CAR-T) Therapy Service – Phase 2 The COO advised the Board that the case have been through a number of internal governance processes and had been received by the Finance & Performance (F&P) Committee for endorsement to the Board. He added that there was no financial risk to the organisation as it was directly funded from WG. The IMF confirmed that the case had been received by the F&P Committee and endorsed to Board for approval. **The Board resolved that:** a) The CAR-T phase 2 for submission to NHS Wales Joint Commissioning Committee was approved.	
UHW 24/09/016	**NHS Long Term Agreements (LTAs) and Financial Approach for 2024/25** (click to view) The NHS Long Term Agreements (LTAs) and Financial Approach for 2024/25 were received.	

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	The DDFS advised the Board that the paper was received annually and noted that The LTAs were generally agreed through signed documents known as the 'Heads of Agreements' (HoAs). He added that The HoAs between NHS organisations within Wales were normally signed at the end of March relating to the forthcoming financial year and that contracts must be signed by the Chief Executive Officers of the respective organisations. It was noted that the LTA situation was closely monitored by the F&P Committee at every meeting and that the only change to the approach would be if the pay award was agreed. **The Board resolved that:** a) The current Long-Term Agreements and their indicative baseline values for 2024/25 were noted b) The delegated Board authority for the LTAs to be agreed and signed by the Chief Executive were approved c) The 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 in the report) was approved. d) It was noted that LTA financial performance as both provider and commissioner featured as part of reports into the Finance & Performance Committee monthly.	
UHW 24/09/017	**Joint Commissioning Committee Hosting Agreement and Memorandum of Agreement** (click to view) The Joint Commissioning Committee Hosting Agreement and Memorandum of Agreement were received. The DCG advised the Board that the Joint Commissioning Committee (JCC) was stood up at the beginning of the financial year and that the information received was the next wave of governance documents for approval. He added that they had been discussed in detail at the Directors of Corporate Governance network meetings and was approved by the JCC. **Board Members Approved:** a) the terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee b) the terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee c) the Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC d) 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 Noted:** a) the terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies were contained within the CTMUHB ARC ToR which were under review and will be presented to the CTMUHB board meeting on 26 September 2024 for approval.	
UHW 24/09/018	**ELLIPSE Trial** (click to view) The Ellipse Trial information was received. The DCG advised the Board that he would take the paper as read and noted that it set out the nature of the study and that the Health Board were the lead on the study with a £2.4m grant received with a £1.5m flow through to Aberdeen University. He added that the partners who were offering finance were listed in the report and noted that it was not an expenditure for the Health Board.	

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	It was noted that it was unusual for the Board to receive an item like the Ellipse Trial but that because the grant received was high in nature, it was appropriate for the Board to receive it. The UHBVC advised the Board that as outlined in the Executive Opinion of the report, NIHR HTA program grants were prestigious, and to be awarded one was a testament to the high-quality research that the Health Boards researchers were able to develop and deliver within the Health Board. **The Board resolved that:** a) Authorisation was granted 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.	
UHW 24/09/019	Parc Hafod Disposal (click to view) The Parc Hafod Disposal information was received. The DDFS advised the Board that it was seeking approval for the small lease part of Whitchurch Hospital. He added that the Health Board 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. It was noted that 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. The DDFS advised the Board that the report was asking them to remove the impact of that clause and noted that the Health Board had no interest in maintaining that piece of land. **The Board resolved that:** a) The content of the paper and the reiteration of the land as surplus was noted. b) The disposal of the freehold interest in Parc Hafod under the WG Land Transfer Protocol was approved. c) The removal of the permitted use clause in order to maximise capital receipt was approved.	
	Items for Noting & Information – click to view	
UHW 24/09/020	**Final 3 yearly Nurse Staffing Report** The Final 3 yearly Nurse Staffing Report was received. **The Board resolved that:** a) It received the report as the final version as per the requirements of the Nurse Staffing Levels (Wales) Act 2016, noting the report would be provided to Welsh Government in October 2024.	
UHW 24/09/021	**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 24/09/021	**Annual Plan 2024-2025: Accountability Conditions** The Annual Plan 2024-2025: Accountability Conditions were received.	

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	The Board resolved that: The Annual Plan 2024-2025: Accountability Conditions were noted.	
UHW 24/09/022	**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 24/09/023	**Committee / Governance Group Minutes** (click to view) The Committee / Governance Group Minutes were received. **The Board resolved that:** a) The Committee / Governance Group Minutes were noted.	
UHW 24/09/024	**Any Other Business** No other business was raised.	
	Date & Time of Next Meeting: Thursday 26 September 2024 – Woodland House, Coed Y Bwl.	

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25/11/2024 13:17:11

ACTION LOG

Public Board Meeting

28 November 2024

MINUTE REF	SUBJECT	AGREED ACTION	DATE DUE	LEAD	STATUS / COMMENT
Actions					
UHW 24/09/006	Chairs Report	BBC Saving Lives, spike in donations received to Health Charity data to be received by the Board	28.11.2024	Jo Brandon	**COMPLETE** Jo to provide verbal update at meeting held 28.11.2024
UHW 24/09/008	Board Assurance Framework (BAF)	How risks are given their scores to be included within the BAF	28.11.2024	Matt Phillips	**COMPLETE** Changes made to BAF
UHW 24/09/008	Board Assurance Framework	Committee Terms of Reference paper to be received at November meeting	28.11.2024	Matt Phillips	**COMPLETE** On Forward Plan for meeting held 28.11.2024
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHW 24/09/010	Staff Survey	Quality, Safety & Experience (QSE) Committee to receive information on Sexual Safety at November meeting	26.11.2024	Rachel Gidman	**COMPLETE** On Forward Plan for QSE meeting held 26.11.2024
UHW 24/09/010	Staff Survey	People & Culture Committee to receive more detailed data around discrimination results	21.01.2024	Rachel Gidman	**COMPLETE** On Forward Plan for People & Culture meeting held 21.01.2024

Saunders,Nathan
25/11/2024 13:17:11

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2	
Meeting:	**Public Board**		Public	X	Meeting Date:	**28 November 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. I am delighted to welcome Dr David Fluck to the Board as our Executive Medical Director, Life Science and Precision Medicine. I am looking forward to working with David as he drives forward our clinical practices and innovations to ensure we continue to provide equitable services to our population. I would like to express my thanks to Dr Richard Skone for his support as Interim Executive Medical Director.

B. I would like to welcome Professor Steve Riley who has joined the Board as the Independent Member for University. Steve is the Pro-Vice Chancellor at the College of Biomedical and Life Sciences in Cardiff University and I am delighted to have him on board as the University representative.

2.2 Board Development Session – 31 October 2024

The Board Development Session held on 31 October provided Board members with the opportunity to consider and discuss a series of significant issues and developments including:

A. Strategy Planning & Delivery Framework review - to ensure the health board has consistent strategic plans across portfolios.

B. Integrated Performance Report (IPR) –Full review of performance

C. Mental Health update – updates received regarding service challenges and work of note including the Inpatient Summit.

D. Winter plan update – outlining the key priority areas for this winter.

SaundersNathan
25/11/2024 13:01:11

E. Finance Discussion– review of the current financial position including review of performance against requirements

2.3 Diary Highlights since the last Board Meeting

Visit to the All Wales Genomics Centre on the 7 November 2024

It was a pleasure to visit the All Wales Medical Genomics Service in Cardiff Edge Science Park with Jeremy Miles, Cabinet Secretary for Health and Social Care, colleagues, and representatives from Illumina to showcase the great specialist regional health service and successful partnership working that operates across Wales.



Visit to the Discharge service at University Hospital of Wales on the 7 November 2024



It was also great to visit colleagues from our discharge service with the Cabinet Secretary for Health and Social Care.

Visit to LATCH on the 13 September 2024

It was great to visit LATCH on Friday 13 September 2024 alongside Jason Roberts, Executive Nurse Director and colleagues with Heledd Fychan, MS for South Wales Central (Plaid Cymru). Latch Charity provides support for families that attend the Children's Hospital for Wales in multiple ways through providing on site accommodation for families to stay alongside their child, emotional and financial support through counselling and onsite social workers. They work closely with our play therapists to provide unique experiences for the children who are often inpatients on the wards for a long time. They arrange visitors ranging from clowns, book readers to superheroes. They are a real asset to the Health Board and it was fantastic to see the great work they do.



Senedd Cymru
7/11/2024 13:11:11

2.4 Spotlight Story

Widening Access to job positions available in Cardiff and the Vale

The People and Culture team lead the widening access agenda for the UHB. It consists of a plan to increase not only the numbers of young people entering careers in the UHB, but also the proportion from under-represented groups (those from lower income families, people with disabilities, ethnic minorities and those people who may have a distinct disadvantage when trying to enter employment). Widening Access is now a high priority as an anchor organisation which sits with our corporate responsibilities and is also a fundamental component of the Welsh Government's Future Generations Act 2015. The scheme helps to improve the foundational economy by helping those who face more barriers to gaining employment. Our aim is for our workforce to reflect the communities we serve by achieving a more diverse workforce and ensure our decision making is more inclusive.
Over the past couple of years, the People Resourcing Team (PRT) have worked closely with a number of public, private and charitable organisations to promote the wide variety of career and job opportunities available within the UHB and also to support individuals into jobs with us. These groups have included the following:

Care Leavers



Care leavers are individuals who have spent some time brought up in care. There is evidence that this group of people are often at a disadvantage when starting their careers after full time education. The People Resourcing team have been successful in obtaining grants totalling £60k over 2 years to support this cohort into work experience and jobs in the UHB. Although this work is in its infancy, a 6-month work placement has already been implemented within Cyber Security and many more will follow in the coming months. The group we are working with are young adults within an age range of 16-24year olds.

Homeless

The PRT has recently been working with Llamau, a charity whose aim is to eradicate homelessness. At a recent visit there, the team met a young man who had recently turned up to Llamau with no change of clothes, money or phone. He was desperate to get a job and after a few weeks we secured a role for him in our housekeeping department which he will commence in shortly. His long-term aim is to learn a trade and so we are currently working with him to find an opportunity in our Estates department. Work will continue with Llamau to support more young adults in to work.

HM Prison and Probation Services
There has been close liaison with Cardiff Prison over the past 12 months and a number of meetings have been held to identify how we can support those leaving prison in gaining employment. Some workshops have been set up with those currently in custody to facilitate this. Drop in sessions have also been arranged with both Cardiff prison and Parc prison for informal career chats with the inmates. Evidence suggests that this approach is more effective than just providing formal presentations.

Gwunder (Cathy) 25/11/2024 13:41:11

Areas of Deprivation
One of the key aims of the Team is to promote employment opportunities within Cardiff and the Vale's areas of deprivation. Organisations and community groups have been identified within these locations and a schedule of promotional events is currently being formulated. Over the past couple of years, the Team have attended a number of community centres and schools with successful results. One

lady from Riverside was supported back into employment after giving up her registration as a pharmacist to bring up her children. We secured a return to work for her as an immuniser and then a Pharmacy Assistant. She has been given the support to regain her pharmacy registration and recently secured a role as a pharmacist in the community. She stated that she could not have achieved this without the UHB's support.

Project Search



Project Search is a charitable organisation helping young adults with learning disabilities and/or autism into employment. This has had incredible success within the UHB and is now entering its fourth year. The UHB has also successfully implemented a follow-on scheme for Project Search interns who have not yet secured permanent employment with the UHB. This programme is in conjunction with the Welsh Government and is called 'Jobs Growth Wales +' and allows interns to remain with us up to the age of 20, working 30 hours a week and receive a training and lunch allowance. This scheme provides further support and development to gain employment in their chosen area. These interns are currently working in radiology, portering, catering, admin and estates. The feedback from managers has been very positive and they have stated that the interns bring a fresh new energy and have had a positive impact in their departments

Refugees



Cardiff, as a Capital City, has a high refugee population and a number of events over the past few years have been held or attended to provide careers advice and to support them back into work. Many have been employed in various professions in their home countries but needed assistance to obtain the appropriate UK registration so that they can work in the same profession in Cardiff. The Team has been working with the RCN over the past few months to support them with work placements for a number of refugees.

Department of Work and Pensions (DWP)

The Team work closely with the DWP on a regular basis to help with supporting the long-term unemployed back into work. The Team has gone to the DWP to undertake presentations to a number of interested individuals to promote roles in Catering and Housekeeping, this is followed up with a Tour of the department, and if still interested an interview before being appointed if suitable.

Saunders,Nathan
25/11/2024 13:17:11

RCN Nursing Cadet Scheme



Since 2022, ECOD has played a pivotal role in shaping the future of nursing by organising and coordinating an immersive Nursing and Midwifery work-based observational placement as part of the RCN Nursing Cadet Scheme. The scheme has been designed to develop essential skills and knowledge in young people aspiring to join the nursing profession. The highlight of this educational scheme is a 20-hour observational placement that allows cadets to witness real-world patient care in action.

In line with the Nurse Executive's objective to enhance diversity in the workforce, ECOD and the RCN Nursing Cadet Scheme took a proactive approach in recruiting cadets from BAME backgrounds from Fitzalan High School and Cardiff and Vale College. This year, 53 cadets embarked on their journey into the world of nursing and healthcare. ECOD's strong partnership with nursing and midwifery colleagues provided the cadets with unique opportunities to visit wards and departments, where they observed the expertise of nurses and healthcare support workers in action.

Individual Placement Support

A new scheme within the mental Health Clinical Board will assist to support those with mental health issues back into work after a long period of unemployment. Each individual will be supported by a work coach who will be funded by the Welsh Government and the People Resourcing team will assist in finding them employment opportunities within the UHB.

Mosques



A number of mosques throughout Cardiff have been visited by Executives, Independent Members and the People Resourcing Team to promote the wide range of roles by engaging with the local community, helping in reaching diverse and underrepresented groups. The sessions were delivered by means of a presentation and a question and answer session which helped potential employees clarify any doubts. These events were very well attended and following these, various members of the mosques have obtained work experience and assistance with their application process.

Saunders,Nathan
25/11/2024 13:17:11

2.5 Any other Business



As this is the last Board meeting before the festive period, I want to express my thanks to all colleagues for their hard work and support over the last year. The work our teams do is tremendous, often during very challenging periods, and I am extremely grateful to you all. I wish you all a wonderful festive period and hope you all manage to get some down time with your families and loved ones.

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 **3** documents since as listed below;

Seal No.	Description of documents	Background Information
1102	Wales Interpretation and Translation Service (WITS) Deed of variation	Nil
1103	The Contract for the Appointment of the Contractor Vital Energi Utilities Limited for Project CAVUHB Refit Project Phase 3	£6,924,000.00
1104	Heads of Terms for Retailer at UHW Consourse The Stock Shop - Units 9 & 10	Minimum guaranteed rent £55,000 pax

The following 6 **Legal Documents** are reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
11.09.24	Wales Interpretation and Translation Service (WITS) Deed of variation	Nil
10.09.23	R&D Funding contract for Project Excise	Examining antibiotics for Ulcerated skin cancer
02.10.24	DC24044 – UHW Maternity AHU Replacement (East)	£327,541
26.09.24	UHW Interventional Radiology UPS	£51,977
09.10.24	The Contract for the Appointment of the Contractor Vital Energi Utilities Limited for Project CAVUHB Refit Project Phase 3 - See chairs action 061 for main contract/approval	£6,924,000.00 Seal number 1103
21.10.24	DC24051 - UHW Lift Motor Room Roof Replacement	£168,807.34

Saunders Nathan
25/11/2024 13:17:1

The following 3 **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
27.09.24	Agreement for Collaborative Research - Ellipse Trial	Cardiff and Vale LHB & The University Court of The University of Aberdeen	27.09.24
15.10.24	Aroma Outlets, Machine Rental, Coffee and Accessories	Open procurement process - winning bid, Bridge Coffee Roasters - Annual value £183,318.00	15.10.24
24.10.24	UHW Main Chiller Replacement	The Works is for the provision of mechanical services to undertake the Renewal of the existing main Chiller's - Winning bid FP Hurley £1,069,720.00	06.11.24

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	

Saunders.Nathan
25/11/2024 13:17:11

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3	
Meeting:	Public Board		Public	x	Meeting Date:	28 November 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

As we head into a particularly challenging part of the year, I wish to provide the Board with assurance that we have plans in place to respond to the anticipated seasonal pressures whilst providing an update on how we are supporting organisational, team and individual resilience in readiness for the forthcoming festive period.

I will also provide an update on specific elements of work associated with the Strategic Objectives as well as on the challenging financial position and assurance that detailed work is being done to minimise the associated the risks.

Firstly, however, I'd like to start with sharing some of the outstanding achievements of the Cardiff and Vale University Healthy Board (CAVUHB) team as a result of their dedication, professionalism and commitment over the last year.

I want to express a big thank you to all colleagues who work extremely hard everyday in their roles to enable us to deliver services to patients and the communities that we serve. We truly have a multi-skilled team of dedicated professionals who really do make a positive impact. As I reflect on the year, I would like to particularly mention our Health Heroes, who have received nominations from patients and colleagues alike for going above and beyond in their roles.

It was great to see *Mark Powell*, Facilities Assistant Housekeeper at University Hospital Llandough commended for all his hard work helping to keep clinics running every day. Further information can be found here outlining the great feedback Mark has received from his colleagues.

The work of *Neal Jones*, Health Care Support worker for the Rehabilitation and Recovery Service within Mental Health Clinical Board made him the Health Hero for October. Colleagues described Neal's dedication to patient care as exemplary. This is fantastic feedback to receive and further information about how Neal has been working in such a positive way with patients can be found here.

The Antenatal Clinic Midwife, Carole *Anne Regan* was celebrated as a Health Hero for the feedback she received from patients that felt she had really been there for them during what has been 'the most traumatic time of our life.' This demonstrates the amazing work Carole does to support and care for her patients, with further information outlined here.

Saunders,Nathan
27/11/2024 13:17:11

Such superb feedback and praise needs to be shared and celebrated across the organisation not least as it's a great morale boost and inspiring. I encourage all colleagues to download Viva Engage, the UHB internal communications platform which gives a new way for colleagues to communicate, celebrate, collaborate, share, learn and connect from anywhere and with anyone across the Health Board. Further information can be found at CAV Communities: A new way for colleagues to connect using Viva Engage. Look out for the CAV Colleague Shout Out community where colleagues can nominate and celebrate each other's achievements.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

PUTTING PEOPLE FIRST

NHS Wales Staff Survey

Board colleagues will be aware that the Staff Survey is now open and at the time of writing this report 2,784 colleagues have completed the survey representing 16% of the workforce. We have been working hard to promote the survey and encourage colleagues to complete the survey in confidence of their anonymity and that their feedback will be heard and acted upon. Submissions must be made by Friday 29th November at 5pm, and I ask for Board members support in maintaining the momentum and participation to ensure everybody has a great experience of working at Cardiff & Vale University Health Board.

NHS Awards 24 October 2024

I was delighted to attend this year's awards. I am so proud of all the CAVUHB teams working to transform services for those that we care for, and it was great to celebrate with some of them. It was excellent to see the Supportive Care Team win the Sir Mansel Aylward Person-Centred Care Award 2024 for their work in putting patients at the centre of decisions, services, and their own care, working tirelessly to deliver compassionate and person-centred care to every patient. I was also extremely proud to see the innovative work undertaken by the Dragonfly Project, the SWAN Clinic and the QuickChange Interactive Exercise Animation who were all Finalists. I am sure Board colleagues will join me in celebrating the fantastic achievements of our colleagues.

DELIVERING OUTSTANDING QUALITY

Winter Respiratory Virus Programme

Work is ongoing to engage colleagues and partners to enable the UHB to deliver the winter plan and to mobilise the key priorities which are important underpinnings for success and resilience. More detail will be provided by the Chief Operating Officer in his Board update.

I assure Board that the Staff Winter Respiratory Vaccination Programme continues. The UHB has Clinical Board Vaccine Champions delivering 3 staff vaccination clinics per week every day across the UHB and all colleagues are supported to attend vaccination clinics. As of the 11 November, 20.5% of the team have received the Covid-19 vaccination and 25.7% the Influenza Vaccine. There is more to do and work continues to promote uptake of vaccines along with communications sharing information regarding the clinics and their location, including the use of QR codes to share vaccine clinic posters.

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Planned Care Recovery

Reducing the numbers of patients waiting for assessment, diagnostics and treatment has been a huge focus over the last 12 months and progress is being made in reducing those waiting the longest. Challenges remain in a number of key specialties such as orthopaedics, urology and ophthalmology as well as in the diagnostic pathways of endoscopy and non-obstetric ultrasound. There is still a lot of work ahead of us to improve performance to where we would wish it to be and we are all committed to meeting that objective. Recent and additional Welsh Government funding is extremely welcome and will assist in the acceleration of recovery activities alongside the deepening of regional working. The Chief Operating Officer will provide more detailed information and report in the future on the effective deployment and impact of the Welsh Government funding.

DELIVERING IN THE RIGHT PLACES

Board members will be aware that the Cabinet Secretary recently launched the 50 Day Integrated Care Winter Challenge which seeks to making a difference in improving care for service users through admission avoidance and timely discharge. The challenge sets out ten best practice interventions which can be focused on the 25% of citizens experiencing the longest waits to enable their safe discharge.

The 50-day Integrated Care Winter Challenge is a Wales wide initiative aimed at supporting a resilient health and social care system for the coming winter period. The evidence from the challenge will be used to support ongoing work on building resilience and sustainability in the integrated health and social care system.

CAVUHB is already implementing many of the best practice interventions as demonstrated by the performance of pathway of care delays which have reduced to 161 for the month of October 2024, the lowest figure since September 2023. Nevertheless, CAV colleagues are committed to working with our Regional Partnership Board colleagues to ensure all ten best practices are fully implemented as effectively as possible and are supporting existing 6-Goal programme work and the Safe@Home programmes.

ACTING FOR THE FUTURE

All Wales Medical Genomic Service Relocation

It is good to see the final phase of establishing the Wales Genomic Health Centre is underway this month with the All Wales Medical Genomics Laboratory (AWGL) relocating to the new facility at Cardiff Edge. This brings the vision of the co-location of all the Genomics Partnership Wales partners in one purpose-built location nearer enabling closer collaboration and improved integration of services. I am proud of this achievement which CAVUHB has supported closely as the Host organisation and pass my thanks to all who have made this possible.

Saunders,Nathan
25/11/2024 13:

Planning ahead for 2025-2026

Development of the Intermediate Medium-Term Plan (IMTP)/Annual Plan 2025-2026 is progressing in line with the agreed approach. Senior Leadership Board planning workshops and discussions continue as the challenging work of strategy deployment, prioritisation of deliverables, finances and workforce plans are triangulated and coordinated towards a coherent, affordable but positive and aspirational plan that can be credibly delivered. This work will inform the iterations of the plan which will be shared with Board Members again prior to submission.

Nadolig Llawen Christmas Message 2024

A big thank you and Nadolig Llawen to all colleagues for the hard work, commitment, professionalism, compassion and care you have shown over the last twelve months. I do hope you all find time to rest and recuperate and have some fun with your loved ones and friends and for those who will be working over the festive period a big shout out! Nadolig Llawen pawb!

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

Escalation Status

As Board will already be aware, confirmation has been received from Welsh Government that CAVUHB remains at level 3 'Enhanced Monitoring' for finance, strategy and planning, and 'Routine Arrangements' for all other areas.

Financial Challenge

Board will recall that we have previously discussed the challenging financial position we are facing. We submitted an annual deficit plan of £15.9m that included a cash releasing savings programme totaling £47.2m. A number of recovery actions have been agreed to improve on the current forecast deficit and also support the underlying deficit that will carry into FY 2025/26.

The Director of Finance will discuss with Board the impact of these actions on improving the position. However, I must make the Board aware that there is a significant risk to the End of Year Forecast, the timeline to financial sustainability and ability to submit an approvable IMTP in FY 2025/26. I can provide assurance that the Executive Team are working hard with colleagues right across the UHB to deliver on the existing savings programme as well as seeking, quality impact assessing and where appropriate implementing additional recovery actions. Board colleagues will be updated regularly as the progress of these activities

I

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	x

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		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	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
25/11/2024 13:17:11

Report Title:	Board Assurance Framework				Agenda Item no.	6.4	
Meeting:	Board		Public	X	Meeting Date:	28 November 2024	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive Title:	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.

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

The new iteration of the BAF continues to evolve and this is the first submission that shows the track changes since the last.

An additional introduction page has been added to try and set out, in simple terms, the purpose and workings of the BAF.

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.

The updated Committee TORs to accompany this work are being submitted at today's Board.

Saunders-Jonathan 25/11/2024 13:11:11

Recommendation:

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

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

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. 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	There is no impact on the Duty of Quality

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
Decarbonisation: No
Welsh Language: No

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

Saunders,Nathan
25/11/2024 13:17:11

Board Assurance Framework

Updated 28 Nov 24

Saunders,Nathan
25/11/2024 13:17:11

Introduction

The Board Assurance Framework (BAF) is the tool and document that seeks to articulate what strategic risks an organisation has identified that will, if not addressed, prevent it from delivering its strategy.

There is no definitive format, and it is intended that the below pages present in as clear a manner as possible the alignment between CAVUHB's 4 strategic objectives, the strategic portfolios that are led by the Executives in order to turn the strategy into delivery over the course of the strategy, the strategic risks that have been defined to best articulate the major themes that could prevent the delivery of the strategy, and the Board's Committees that are charged with seeking assurance on and scrutinising the delivery of each strategic objective.

While each strategic risk aligns to a Committee, the risks themselves are applicable to all 4 strategic objectives and have a whole organisation perspective and impact. Each has a risk appetite as determined by the Board.

Each risk seeks to identify the potential cause and effect of a manifestation of the risk becoming an issue. This 'uncontrolled' assessment makes use of a simple 5 x 5 scoring guide for likelihood against impact:

Likelihood / Impact	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Each risk is then assessed for the different controls and assurance measures or mechanisms that are in place, as well as identifying where there may be gaps in these facets. Once these have been applied a new assessment, using the above scoring system again, is then made.

However, the BAF is not a definitive mechanism or science. It is a vehicle for the organisation to articulate and expose some of the strategic level impacts on delivering the strategy, and for the Board and Committees to pull through and scrutinise those elements that are appropriate.

Finally, the BAF seeks to articulate the activity taking place relevant to each risk for assurance.

Saunders,Nerys(HB)
25/11/2021 13:37:14

This document looks to capture and present this information so that the Board and members of the public can see all of the above information, the trends in scoring, the actions being undertaken and every change made to the document between one Board meeting and the next through the use of track changes.

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					

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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.

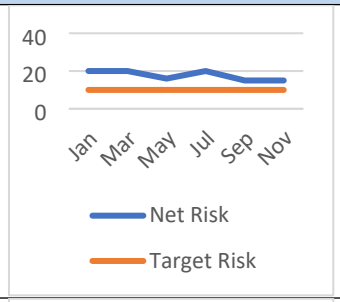
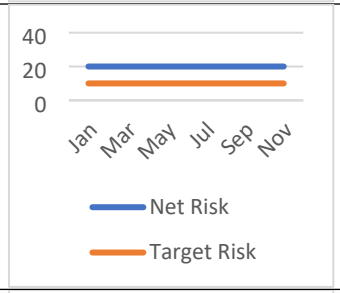
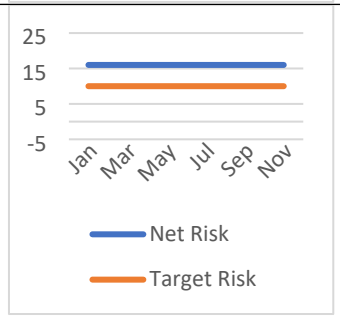
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Shaping Our Future Wellbeing

Risk Overview

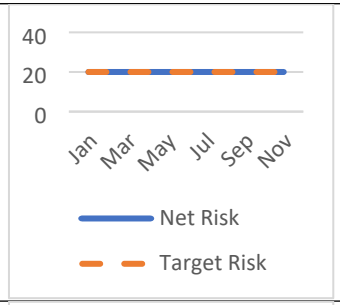
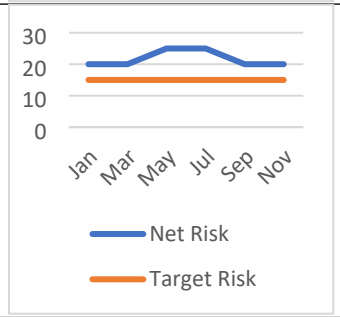
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

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

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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

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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 25/11/2024 13:17:11	**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.

Strategic Risks – Quality

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

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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	

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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. • Presentation given to ME on UEC demand and planning underway
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 • Winter plan approved at Board Development. Winter Roadshows underway
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 • Additional non-recurrent funding provided by WG for long waits and diagnostics – revised trajectories for March 25
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 • Work to extrapolate data relating to patient safety incidents commenced • Publication of a UHB mortality dashboard
Launch of Quality Excellence Programme Board	JR	31.10.24	• The Programme Board has now commenced with the first meeting taking place in September 2024~~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		

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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 upstream' 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 and 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: - Some 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.

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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).

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

Strategic Risks – Health Inequity

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 and Quality and Safety Committees e.g. updates on Welsh Language Standard. Risk Registers Integrated Performance Report Papers to SLB

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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. The Health Board are also exploring opportunities as to how the EHIA process can be better embedded into governance processes and to make the process more user-friendly. • Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.

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Strategic Risks – Health Inequity

Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Claire Beynon	March 2025	• We will continue to work with PSB and RPB partnerships on three areas where 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 and works to remove any blocks to collective action. • The Head of Equity and Inclusion is a member of the Public Sector Equality Network, improving the collaboration between public sector organisations in the area. • 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. This outreach approach is being extended to reach other communities where uptake is lower. • ~~We have just completed the recruitment of a~~A Health Improvement Officer has taken up post and is developing an action plan to ~~that will~~ work to address the health inequalities experienced by ethnic minorities. This is ~~in~~ a joint position with Cardiff Council and the UHB. As part of the investment in health protection and immunisation, we ~~will~~ are recruiting 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.
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.

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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

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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

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Strategic Risks – People

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

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• 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	March~~October~~ 2025~~4~~	• 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 Q3Q4 2024/25 due to a focus on Staff Survey engagement across the UHB. • 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~~engagement completed. Focus group held with General Managers October 2024. Programme delivery to commence November 2024. Audience widened to all General Managers over two Cohorts. • A leadership development pathway is in development and will be aligned with UHB objectives and organisational need. Leadership post recruitment November 2024.

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			• 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~~ has been signed by the Board. ~~2024/25 and r~~Roll-out plan in development to support meaningful 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. • Proposal for experiential leadership programme for managers at Band 7 level submitted to HEIW for consideration. Proposal for CAVUHB to pilot and evaluate.
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~~ has been reviewed and updated, to be shared with Stakeholders for comment November 2025 prior to further consultation and engagement.
Welsh Language Standards being implemented.	Claire Whiles	March 2025	• Continue to improve capture of Welsh language skills data through 'making every contact count' approach (i.e. Staff Survey roadshows). • Resolve the three Standard Enforcement Investigations currently open with the Welsh Language Commissioner. • Continue to communicate and ~~D~~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, stage one engagement underway with representatives from LGBTQ+ network. • ~~Working with~~ Initial meeting held 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.

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			• Organisational Development Framework to support delivery of the People and Culture Plan to be developed Quarter 4 2024/25.
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. • OH KPIs regularly reported to WG and KPIs adjusted to align with Welsh Government guidelines (i.e. calendar days). • NHS Wales Staff Survey, results cascaded to Clinical Boards. • Investigating implementation of OPAS database into EWS to support effective reporting and user experience. To be implemented April 2025. • Staff Survey presentations at Clinical Boards to encourage participation in 2024 survey. Roadshows being held across UHB October/November 2024.
1. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources Improve website navigation and resources	Claire Whiles	March~~January~~ 2025	• Draft H&WB Framework to be discussed with stakeholders, to come back for formal adoption by UHB. Influenced by HEIW Wellbeing Principles and AWMGS Framework. • To establish wellbeing area within Viva Engage
2. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) Enhance training and education courses and support for new and existing managers	Claire Whiles	March ~~2024~~20/25	• Colleague and Manager wellbeing included in all management and leadership programmes, induction. • Will be included within leadership and management principles development and leadership programme development as above. • Organisational Development Framework development to support managers with cultural improvement, including wellbeing, inclusion, retention, performance.
Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	March 20~~2024~~/25	• EWS will continue to offer evidence based interventions and review and refresh offer, e.g. Spring; EMDR • Evaluation of wellbeing interventions 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. • Trauma Risk Management (TRiM) proposal presented at Senior Leadership Board for feedback, business case in development for presentation January 2025.

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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.

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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

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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.

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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~~services ~~a~~ treatments JCC~~WHSSC~~ would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.

Cause	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: 15

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Strategic Risks – Infrastructure

Controls	Assurances
• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure ~~estate~~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~~ A programme of work ~~exercise~~ is underway to ensure an accurate picture of current Estates and Infrastructure ~~risks matters~~ so that we can be clear on the	~~Catherine Phillips~~Geoff Walsh	~~Ongoing~~Completed by ??	An update on this work was presented to People and Culture Committee and Board in Mar 24. This work will be concluded by ??

Strategic Risks – Infrastructure

material risks to delivery of service within the estate.~~.~~			
~~The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.~~Risks to infrastructure which have been identified are developed into robust plans for mitigation. These are prioritised through our annual planning work and identified	Geoff Walsh~~Catherine Phillips.~~	~~Ongoing~~Annual plan	The ~~is continues with~~ discretionary capita is prioritised to meet our annual plan. Prioritised plan is signed off by CMG and SLB and Board. Significant risks or financial requirements are raised regularly with Welsh Government to support when necessary.
Where estate is no longer required for the provision of care or services a programme of decommission, disposal or demolition is undertaken to minimise the estate and infrastructure which the Health Board needs to maintain.	Geoff Walsh	Annual plan	Decommission priorities – Denbeigh and camarthen house and Rookwood decant & reprovision Disposal plans – Whitchurch and Rookwood sites Demolition plans – Linc building CRI
A condition survey will be undertaken to understand in detail the status of the Health Board estate with a view to inform a future investment priorities and estate needs.	Geoff Walsh	December 2024	The scope and plan for the condition survey have been shared with and supported by Welsh Government. Funding is pending and this work is anticipated to be undertaken in the next 12 months.
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	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 – Infrastructure

the RPB 10 year capital plan and the Cardiff PSB Asset Management Group.			

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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: 10

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.

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Strategic Risks – Sustainability

Gaps in Controls	Gaps in Assurances
	Work will be undertaken to workshop the decarbonisation plan and delivery in December 24

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.~~ Savings plan for 2024/25 implemented.	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	March 2025~~Ongoing~~	~~SPB continues to meet with key foci including workforce, medicines management, length of stay and procurement.~~

Saunders.Nathan 25/11/2024 13:17:11

Report Title:	People & Culture Committee – Chair's Report				Agenda Item no.	6.5.1	
Meeting:	Board		Public	x	Meeting Date:	28.11.2024	
			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 10th September 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 – Sickness
The staff story focused on long term sickness.
It was highlighted that support was needed for managers to allow them to provide support to staff where required. She added that consistency and fair treatment was required across all groups.

Board Assurance Framework – Culture
The following points were highlighted:

- Some impacts were apparent from the staff survey and cultured remained everyone's responsibility
- Successfully recruited into the Head of OD position and have a more focused approach on the development of cultural programmes and projects
- CAV UHB are developing to cultural insight via surveys i.e. staff / cultural to enable us to understand what is going on in the HB
- Sexual safety working group was established with 179 people reporting in the staff survey that they had experienced inappropriate sexual behaviour in a workplace
- Discussions were had to talk through the workforce race and equality
- We want to change the focus to a Staff Assembly to regularly bring people together to discuss topics
- We will ensure a thorough review will take place on our cultural assessment

A mapping exercise of issues and interventions was being undertaken focused on delivering the strategic aims and responding to the financial challenges. CAV UHB have a multi-pronged approach and ensure that all staff were supported and utilise the networks effectively.

Keywork Performance Indicators
The following points were highlighted:

- Absences improved and were a percentage higher than August 2019
- Data from August showed a reduction in staff turnover reduced to 10.03%
- The VBA percentage remained at 79-80%.
- Predictions for registered Nursing it will be less than 1% by November and will help reduce agency expenditure

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Clinical Board Spotlight – Surgical Clinical Board Team
The following points were highlighted:

- 2200 staff with 75% female and 68% from an ethnic group
- Sickness rate fell and the turnover rate reduced to 9.61%
- Statutory & mandatory training rose to 77.21%
- VBA fell to 81.14% and aim to reach the 85%
- Social media was used to promote well-being events & training etc

- 7-day working was introduced for Urology nurse practitioners
- Developed band 3 HCSW in SDEC to support triage along with band 4 plaster technicians into trauma clinic and CAVOC OPD
- Well-being walks at lunchtimes in UHW and walking VBA's were introduced
- Bespoke learning sessions created for band 7 and above
- A porter was developed as a theatre assistant where there follow the patient through the pathway
- A cultural leadership programme was introduced in UHL and work was undertaken to see what can be done to make things better
- Stronger people & culture support required for all staff, consistent advice and contact in P&C, training on workforce planning for managers and protected time for P&C initiatives

Long Term Sickness Update

The following was highlighted regarding the long-term sickness update:

- An increase in LTS was reported following the pandemic (4.4% in July 2024)
- People services attend sickness panels to provide expertise advice / support
- A pilot to tackle LTS across Medicine & Children & Women was successful and was rolled out in other clinical boards
- Sickness absence reasons saw an increase in cancer, but anxiety & stress was the highest cause of LTS across CAV UHB
- Wellbeing letters were being sent to staff on LTS with stress / anxiety
- In addition to supporting sickness panels, people services were working with the trade unions to embed the best practise and support managers in dealing more confidently with staff sickness

Director of Public Health Update – Smoking Update

The following was highlighted:

- Smoking rates were higher in men and in areas of deprivation
- 13% within CAV were smokers with 7 in 10 who want to quit smoking and aim to reach 5% by 2030
- 4 staff run 16 smoking cessation clinics per week
- Data was collected from a range of sources – national survey, schools, maternity appointments and help me quit performance data
- National branding was utilised and will be running a campaign later in the year
- CAV have the lowest percentage in Wales of smokers attempting to quit via smoking cessation services

Digital Communications & Analytics

The following points were highlighted:

- A comms and engagement strategy supported the 'Shaping our Future Wellbeing' strategy
- July 2024 saw the highest number of people visiting our job pages
- The jobs page was being developed and the data & metrics showed people were remaining on the website longer
- CAV Communities – Viva Engage - was launched in July 2024 and staff are using this to communicate
- Share point news engagement was growing consistently
- Some HB's have chosen to step away from using X but CAV UHB still use the channel
- Linkedin has improved a number of areas for CAV
- TikTok has less engagement due to less being posted
- There was a decline in the people viewing the CEO Comms during the summer months
- CAV now have a consistent Welsh translator for the CEO sessions
- In the spotlight campaign was to highlight a valued member of staff, which has become really popular

The following policies were approved:

- People Policies Report
- Welsh Language Annual Report

The Health & Safety / Capital & Estates Update was noted.

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25/11/2024 23:17:11

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
25/11/2024 13:17:11

Report Title:	Quality, Safety & Experience Committee – Chair's Report				Agenda Item no.	6.5.2	
Meeting:	Board		Public	x	Meeting Date:	28.11.2024	
			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 Quality, Safety & Experience Committee meeting held on the 8th of October 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.

Primary, Community and Intermediate Care (PCIC) Clinical Board – Assurance Report: - The Committee were presented with the Assurance Report which provided the Committee with a summary of the arrangements, progress, and outcomes within the PCIC Clinical Board.

It was agreed that information would be shared outside of the meeting around the prioritisation of children on the centralised dental waiting list. The Committee noted that the mandate from Welsh Government (WG) meant that the Dental Access Portal (DAP) would be managed centrally, which would allow patients to choose their dental practice and go outside of their Health Board boundaries.

Regarding staffing within the prison, the Committee noted that:

- There had been an improvement in filling vacancies within the prison, and other prisons faced similar staffing challenges.
- Workforce modelling was needed to determine the required skills and bands
- Efforts included linking with other Health Boards and developing training modules to support and retain staff. There was also discussion around establishing a national nurse bank to further aid recruitment and retention.
- The introduction of pharmacy technicians was a strategy to optimise nursing time
- Efforts were being made with Health Education and Improvement Wales (HEIW) and the Primary Care Academy to support the uptake of general practice as a special ty through a portfolio career pathway
- Discussions around incentivisation either regionally or nationally were underway, potentially through Agenda for Change.

The Committee were informed that the 111 service now included a "press 2" option for direct access to mental health practitioners, which was delivered by a small team who sat within the CAV 24/7 Out of Hours (OOH) GP service but was not hosted by them. It was suggested that better alignment with the mental health services could improve support and retention.

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.

Regarding medication errors, the Committee was informed that significant work was ongoing to improve the reporting of medication incidents and the identification of themes and trends. In addition, the implementation of the Electronic Prescribing and Medicines Administration (EPMA) system was expected to be a major improvement, particularly for critical time medications and risk assessments.

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The Committee were informed that significant work had been undertaken on Infection, Prevention & Control (IP&C) with constant monitoring and real-time reactions to infections. The UHB would implement a "back to basics" approach which focused on personal responsibility. The two main areas of focus were IP&C and reducing patient length of stay in hospitals. A significant push was planned for November 2024 to drive this initiative forward.

It was highlighted that the Public Health team had identified some indicators for the Quality Indicators Report, and they were exploring the use of emergency department data related to self-triage for potential equality indicators. Conversations were ongoing, but there were challenges in collecting certain data.

The Committee were informed that the Quality & Patient Safety team planned to develop a comprehensive quality outcomes framework over the next 12-18 months which moved beyond the current performance indicators and would include workforce data.

Improving Patient Experience within the Emergency Unit Department following HIW Inspection: - The Committee were provided with a presentation which summarised the significant pressure faced within the Emergency Unit (EU) post-COVID, the main findings from the unannounced HIW visit to the EU in June 2022, the ED and Assessment Unit (AU) redesign, other stakeholders, retention and the findings from the unannounced HIW visit in March 2024.

It was noted that the latest Civica report indicated that 68% of patients were very satisfied with their care, whilst 12% were not satisfied. The main concern from patients was around waiting times, which was being addressed.

Emergency Unit, Acute Medicine and Frailty Showcase: - The Committee were provided with a presentation with summarised data on the risks of adverse outcomes for frail older people, the evolution of the acute hospital frailty service at CAV, data since the implementation of the pathway, and next steps.

Looked After Children – Assessment Backlogs: - The Committee were presented with the report which provided a summary of the UHB's updated position regarding assessments for Looked After Children (LAC). It was noted that challenges were identified 14 months ago within the Executive monthly reviews and formed part of a recent assessment and improvement plan for the Joint Inspection of Child Protection Arrangements (JICPA).

Regarding the ongoing delays in notifications from the local authority for an immediate assessment when a child is deemed to be looked after, the Committee were informed that discussions had taken place in the Regional Partnership Board (RPB) and with Cardiff Children's Services. Emphasis was on timely communication and notifications, and they hoped increased engagement would lead to improvements. Regular executive oversight would be maintained.

Policies: - the following policies were approved by the Committee:

i. UHB 068 – Blood Component Transfusion Policy
i. UHB 528 – Development and Approval of UHB Local Procedure Specific Patient Information Leaflets Principles and Framework

Minutes from Clinical Board QSE Sub-Committees: - The Committee noted the Clinical Board QSE Sub-Committee.

Ombudsman Annual Letter: The Committee noted the Ombudsman Annual Letter.

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

Saunders Nathan 15/11/2024 13:17:1

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
25/11/2024 13:17:11

Report Title:	Finance & Performance – Chair's Report				Agenda Item no.	6.5.3
Meeting:	Board		Public	x	Meeting Date:	28.11.2024
			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 23rd October 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.

The Financial Report – Month 6 Position & Savings Plan Progress (including savings tracker)
The following points were highlighted:

- At month 6 we are £11.461m above what was planned
- 3 key areas driving the over spend were:
  - The Health Board had more beds open
  - Planned care initiatives were costing more
  - The cost reduction programmes had ambition to deliver more savings than they were able to
- The Health Board had a month 4 financial review meeting financial stock takes, and the Finance Team hold deep dive meetings with the Clinical Boards
- CAV UHB continued to receive a small amount of COVID allocations from WG
- The risk register highlighted the 2 amber categories and whilst the minister was not able to approve a financial plan, they had acknowledged the risk
- The Health Board were operating within the reality that it would not have a 3-year rolling balance.
- The Health Board had £12m of unidentified schemes and whilst there was a small improvement, it was not enough to cover the shortfall of £12m
- The underlying deficit would impact the next financial year
- Whilst the planned deficit remained the same, a lot of the schemes were non-recurrent
- Backpay payments would be going out in November 2024 and the Health Board needed to ensure it had the appropriate cash in order to make those payments
- Public sector payments remained high and the Health Board continued to operate above the minimum level
- Table 8 within the report demonstrated some of the key allocations - £45m worth of allocations which were yet to be confirmed
- The Health Board was working to minimise the risk and work was ongoing with Welsh Government through those figures
- The Financial plan was based on a £15.9m deficit but the Financial Team had a cause for concern due to being £11.461m overspent at the current point of the year

Operational Performance Update
The following points were highlighted:

- Urgent & Emergency care continued to be a challenge for the Health Board
- CAV UHB were the best performing Health Board in emergency care in NHS Wales
- There were 55 fewer beds open compared to last year and length of stay had improved
- Cancer was on track for 70% compliance by September 2024 which was only the 2nd time that had been reached.
- £4m funding was confirmed for Planned Care
- There was an aim for no more than 1200 patients to be waiting more than 2 years for treatment by end of March 2025

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- The longest waiting patient in CAV UHB (Orthopaedics) had received treatment
- Ophthalmology, Urology & spinal patients currently had the longest waits
- Non-obstetric ultrasound had agreed for additional rates of pay for the Sonographers to undertake additional work and a reduction was seen for the 8 week wait list
- There was no additional monies for Endoscopy
- Mental Health remained a challenge but the children's treatments delivered against the trajectory.

Winter Plan
The following points were highlighted:

- A winter plan was produced each year and last year the Health Board used the £1.5m resource recurrently
- There was an ambitious plan for 2024/25 and only now were improvements on length of stay being observed.
- Prior to COVID the Health Board were not achieving the A&E standard and patients in assessment units remained there for multiple days
- The Majors department saw an 11% increase, but not all were received via an Ambulance
- The average lost minutes per arrival of ambulances had reduced
- If admissions remained stable the Health Board would need 144 fewer beds but if the Health Board had not improved the length of stay by 10 days it would need an additional 128 beds
- Last year the Health Board planned for an additional 90 beds and this year had planned for 58 beds
- There was an ability to reopen the ward which was closed in Llandough as a 2nd integrated Assessment Care Unit
- The Operational Team planned to open 30 beds in November 2024 and potentially a further 10 beds in January 2025 at a cost of £1.7m
- Each clinical board had to ensure enough staff were freed up to open an additional ward
- The Winter plan included the keeping well section and encouraging staff to be a part of the winter vaccination plan
- The Health Board had seen fewer people take up the COVID vaccine

Monthly Monitoring Month 5
The monthly monitoring for Month 5 was noted.

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

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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
25/11/2024 13:17:11

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chair's Report					Agenda Item no.	6.5.4
Meeting:	Public Board		Public	x		Meeting Date:	28.11.2024
			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 29th October 2024.

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

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

Mental Capacity Act Monitoring Report and DoLS Monitoring: - The Committee were presented with the 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:

- Mandatory MCA Training;
- Mental Capacity Act Practitioner Led Training;
- Assessing Decision Making Capacity MSc Module;
- MCA Team Advice and Support;
- DoLS Signatories.

The Committee was informed that the advocacy funding was renewed in June 2024. The Welsh Government (WG) had provided increased advocacy funds due to the Liberty of Protection Safeguards, which expanded the need for advocacy to include individuals aged 16-18 and those in the community. Despite the additional funds, they had not been fully utilised due to the new contract. A six-month review was scheduled for December 2024 to assess if the contract needed adjustments.

Discussions were ongoing with the Executive Nursing Director (END) around increasing the number of Best Interest Assessors (BIAs). They had identified funding for this year, but this had been used foragency staff. The Committee was informed that the Self Neglect Protocol had been developed by the Regional Safeguarding Board to support individuals who were self-neglecting, regardless of their capacity. Training on self-neglect had been developed to complement the tool which would be delivered to UHB staff soon.

Regarding the prioritisation process for BIAs for the four individuals who had waited over 81 days, the Committee were informed that they would be prioritised this month to be seen. With additional funding from WG and a potential permanent funding stream, the aim was to prevent such delays in the future.

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 no fundamentally defective applications, two fundamentally defective reports, and the two lapses reported during this quarter.

The Committee were informed that on the wards, staff were clear about who was detained, their leave statuses, and whether the patients were formal/informal. The main challenges arose from the short turnaround for Section 5(2) processes, high observation levels, and staffing issues. In addition, the MHA office worked closely with clinicians, and high-quality training was provided to all staff.

Saundra Nathan 29/11/2024 13:37:15

The challenges of providing training on the MHA, specifically focusing on Section 5(2) for junior doctors at UHW, was discussed due to the lack of resources to conduct the training extensively.

Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy: - The Committee were informed that there had been no updates since the consultation phase, however some consultation responses on the draft Suicide and Self-Harm Prevention Strategy had been published recently. There was a limited number of responses, likely due to collective responses from Health Boards, Local Authorities, and other organisations.

It was agreed that a brief on the Strategy would be presented at the following Committee.

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

The Committee were informed that the team faced a backlog of assessments due to sickness and maternity leave. To address this, they were creating three additional positions based on extensive modelling of capacity and demand. During COVID they accurately predicted the volume of Part 1 referrals but underestimated the sustained demand post-COVID. The planned care funding and restructuring should increase the number of assessments being undertaken, and it should help to clear the backlog by increasing weekly referrals by 36.

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

Any Other Business: -

Right Care, Right Person Update: - The Committee was provided with the following summary:

- They were currently in the phase of managing AWOLs and walkouts from hospital setting. Coordination with the police, local authorities, Welsh Ambulance and other providers was ongoing.
- The next phase around conveyancing was expected to be more challenging.
- The most challenging phase would be managing Section 136 cases in February 2025 – CAV were overrepresented in Section 136 cases across Wales.

Section 117 Verbal Update: - The Committee were provided with the following summary:

- Following the Worcestershire judgement, challenges arose around the duty to provide aftercare for Section 117 patients.
- A meeting was due with both local authorities to work through these challenges.
- There were similar issues with other Health Boards
- The UHB was seeking legal advice, and they hoped to start developing local policies.

The Committee was informed that they had written to inform WG. Another challenge was that their Responsible Clinical Guidance had not been updated since 2014, which caused difficulty in ensuring that Wales was not disadvantaged. At present, they were waiting for this guidance to be developed and updated to be concordant with who paid in England.

Jonathan Bauwens
25/11/2024 13:17:11

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 25/11/2024 13:17:11

Report Title:	Audit and Assurance Committee – Chair's Report				Agenda Item no.	6.5.5	
Meeting:	Board		Public	x	Meeting Date:	28.11.2024	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Senior Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to provide Board Members with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on 5 November 2024.

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

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

- **Progress and Update reports from Audit Wales and Internal Audit including**– The Internal Audit Progress Report included the findings and conclusions from the two finalised individual audit reports received by the Committee (further detail provided later in this report) and outlined the outcome of the Maternity Care – Ockenden Review audit which was still in draft form.

  - Safeguarding
  - Specialist Services Clinical Board Governance & Financial Arrangements
  - Maternity Care – Ockenden Review

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

  - Financial Audit Work
  - Performance Audit Work
  - NHS Wales Finance Data Tool
  - National Fraud Initiative in Wales 20223-24 Report
  - 2024 local work
  - Managing Urgent Care & Emergency Care Demand (reporting stage)
  - Planned Care Review (fieldwork)
  - Eye Care Services Review (setup meeting yet to be held)
  - Digital (scoping work)

- **Medical Records Tracking Update –** The Committee was advised that the original Medical Records Tracking Audit report was issued on January 24, 2023, with limited assurance for the tracking of acute medical records. A follow-up report in June 2023 showed progress, moving to reasonable assurance, but four actions remained open which included:

  - Establishing Clinical Information Management Group
  - A system required for Tracking Medical Records
  - A Communication Strategy
  - Location-Based Tracking and Monitoring

Saunders-Nathan 25/11/2024 13:17:1

- **Policy Update –** The Committee was advised that work had been undertaken around policy management by the Corporate Governance Team post the original audit and the update

received set out the present position of that work post the Follow-up: Management of Health Board Policies audit by Internal Audit in May 2024. Assurance was provided that the work had progressed in a positive manner and would continue to do so as per the agreed recommendations with Internal Audit.

- **Internal Audit Tracker Update –** the Committee were provided an overview of the work that had been underway to migrate the tracker onto the Audit Management and Tracking system (AMaT) and a demonstration was provided by Rachel Chilcott, Corporate Governance Officer on how audits would be tracked moving forward and how information could be extracted from the AMaT system.

- The **Procurement Compliance report / Single Tender Actions / No PO, No Pay Report** was received which included a Chairs Action Review and some Single Tender Actions was received by the Committee

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

  The report received outlined:

  - Non-Compliant Activity (16 instances where departments had engaged suppliers without Procurement involvement and therefore, incurred a direct breach of SFI's).
  - Contracts value breached/ extended at risk as a result of emergency/unforeseen circumstances (1)
  - Other Non-Compliant Activity (1 Return)
  - Contracts engaged at risk as a result of Covid-19 requirements (Nil Return)
  - Non-Compliant Activity / Contract Breach Summary
  - STA/SQA's by Department

  all SQA/STA requests during the reporting period.

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

- The **Counter Fraud Report** was received which detailed the work undertaken by the Counter Fraud Team during the period from 17 August 2024 until 18 October 2024.

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

Internal Audit Reports – two had been finalised as follows: -

- Safeguarding (Reasonable Assurance)
- Specialist Services CB Governance & Financial Arrangements (Limited Assurance)

Recommendation:

The Committee is requested to:

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

Saunders, Nathan
25/11/2024 13:

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
25/11/2024 13:17:11

Report Title:	**Strategic Planning, Commissioning and Partnership Update**			Agenda Item no.	6.6
Meeting:	Public Board	Public	X	Meeting Date:	.28.11.2024
		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/Annual Planning
- Regional and tertiary services planning work programme.
- Strategic commissioning developments
- Partnership planning
- Emergency planning
- Engagement for service change

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

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 and October Board development sessions and is being developed by executive leads during Q3 to bring back to Board once finalised.

The strategic planning team provides the planning leadership and support to Executive SROs and programme teams as a part of this process and are ensuring that other corporate areas are aligned to provide support for their effective establishment (inc areas such as Value and Shaping Change).

A number of strategic plans have been or are in development including Population Health, Digital and the first of our Clinical Services Plans; Babies Children and Young Persons plan to 2035 which is due to launch in draft on 20th November.

Saunders (Kathy) 25/11/2024 08:17:11

2. Integrated Medium Term/ Annual Planning

Reporting against Annual Plan 2023-24
As previously agreed, the performance against the commitments in the 2023-24 Annual plan are presented through the monthly Integrated Performance Report.

Annual Plan 24-25:

The UHB remains in 'Enhanced Monitoring' Escalation status for finance and planning are and will monitoring against our de-escalation criteria 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 which will include receipt and oversight of the UHB's planning maturity assessment using the WG tool.

Progress of plan delivery continues to be assessed through the monthly Integrated Performance Report. This report is 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 with robust engagement across the organisation and its stakeholders. Whilst the national planning framework, priority deliverables and financial allocation for 2025-26 are yet to be made available by Welsh Government, the corporate planning process is currently on track to submit the plan at March's Board. Board Development sessions are planned for December 2024 and February 2025 for more in depth discussion on the plan and the challenges and decisions that will be required.

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

The foundational information for the Clinical Services Plan has been developed and discussed through August and October's Board development sessions. This includes key strategic planning inputs including; baseline assessment of services, horizon scanning, existing plans, demand projections, engagement feedback and draft planning assumptions.

The first of the strategic plans has now been developed in draft and is ready for launch at a World Children's Day event on the 20.11.24 led by our Youth Board. Our Children's and Women's clinical board and a multi-disciplinary teams have led the development of Our babies, Children's and Young Persons plan 2025-2035 and this has been informed by over 1600 voices through a 20 week engagement include specific work with children in schools across Cardiff and the Vale.

Sawyer, Sian (ABMU-HB) 25/11/2024 09:11:11

Work has now commenced on the remaining areas of the plan with working groups being established (by end of Q3) to oversee the development of the following core sections of the plan:-
- Planned care
- Emergency care
- Women's care
- Mental health care

- Specialised care

We will engage widely with our populations through the development and on the completed draft through Q1-Q2 24/25. This plan will then act as the blueprint for more detailed service and pathway planning and redesign and acts as the framework for the clinical services portfolio, Shaping Our Future Clinical Services

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

Work on the regional clinical service strategy has currently paused with the planned joint Board update in October being replaced with a Tri-executive team meeting, focusing on reviewing and "re-setting" regional collaboration and supporting a commissioning-led approach. A 'sit rep' for each of the programmes is being developed for review at the end of November by the executive oversight board along with a report proposing a way forward for the portfolio.

Areas of focus for regional programmes include;

- Preparation and delivery of planned care targets in relation to endoscopy and cataracts in addition to development of longer-term sustainable plans for these services.
- Llantrisant Health Park Programme with inclusion of orthopaedics and diagnostics service planning.
- Development of a clinical network for Orthopaedics to ensure maintained alignment with National planning.
- Establishment/or refresh of the following programmes; cancer, stroke
- Transition for Pathology to a broader programme to allow additional focus and resourcing.

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)*

The specific fragile services outloined below currently form the core partnership projects for review and redesign within this partnership portfolio:

- **Hepato-Pancreato-Biliary (HPB) Surgery** – The HPB Project Board has approved the Service Specification for the HPB Shared Delivery Network (SDN), and the Clinical Guidelines for Severe Acute Pancreatitis. The Project Board Chairs have written to the Interim Chief Commissioner at the NHS Wales Joint Commissioning Committee (JCC), to formally request that the JCC take on the delegated responsibility for commissioning the SDN.

- **Oesophago-Gastric Cancer Surgery** – A revised holistic pathway was considered and agreed at a multidisciplinary inter-organisational workshop on the 9th October. A task and finish group is being established to develop a clinical guideline and implementation to support the adoption of the pathway. The first meeting is scheduled for the 11th November.

- **Specialised Infectious Diseases Services –** Following approval of the service specification at the August meeting of the Chief Executive Management Team. A multidisciplinary inter organisational workshop has been organised for the 6th December, to develop a clinically-informed and patient focused implementation plan.

Saunders,Nathan 25/11/2024 13:17:52

- **Cardiac Surgery Review –** Further discussions are ongoing with the JCC and NHS Wales Executive on the establishment of the cardiac surgery review programme.

- **Gynaecological Oncology Surgery –** Both organisations have completed the gaps analysis template, and a further meeting is being arranged to review, validate and finalise the key findings. Preliminary discussions on benchmarking have been held with a number of centres in NHS England. 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 nearing conclusion. 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 have been approved by TSDG and the Senior Leadership Board in November. Similar SOPs have been developed and agreed by the SBUHB Tertiary Service Oversight Group and Management Board.

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:

- Continuation of the 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.

- The teams behind the Six Goals for Urgent and Emergency Care and the @home programme continue to work closely to plan our joint approach to the delivery of our ambitions to create an integrated community care system. A business case setting this out is in development, building out from the successful launch of Safe@home. We anticipate that this will go through the relevant governance arrangements early in the new year.

- Welsh Government has announced a 50-day Integrated Care Winter Challenge, to be overseen by the RPB. The challenge was launched on 11th November by the Cabinet Secretary with the intent of tightening up all opportunities to expedite discharges from hospital in advance of increased winter pressures.

Saunders,Nathan
25/11/2024 13:17:11

- The Cabinet Secretary and Minister for Social Care chose to launch the 50-day challenge with a visit to the Integrated Discharge Services at UHW. They

were able to see first hand the great integrated working across our partners organisations.

- The Minister for Mental Health and Wellbeing has also sought a demonstration of our progress as a partnership on the development of the Digital Care Region. We will be able to give an overview of our ambitions and progress and make the case for further investment in this important area.

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 opioids). The event was successful, and the Area Planning Board have agreed to run a local version for partners and providers. This event will be run in Quarter 4, supported by the local EPRR team

The NHS Wales Joint Commissioning Committee will shortly embark upon the Organisational Change Programme to enact the supporting structures. The consultation on the new structures will start in early December and be extended to account for the Christmas period. 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 are later this year. The process different this year, and no commissioning intentions have been received and there is an assessment day to risk assess current fragile services and new services on 5th December. CAVUHB will have a clinical and a management representative at this and it has been informed by assessment of risk for provider services. The later dates for the JCC IMTP production this year, will create a challenge for the development of our own IMTP as the required investment will not be known until after Christmas.

The Commissioning Annual Report has been ratified by the Strategic Commissioning Group and **can be found in the supporting documents folder.**

The All Wales IPFR Annual Report has been published and is available here:

https://awttc.nhs.wales/ipfr-annual-reports (English) and
https://cttcg.gig.cymru/adroddiadau-blynyddol-IPFR (Cymraeg).

8. Emergency Planning

The introduction of the Civil Contingences Act 2004 sets out a clear series of regulations and responsibilities for the NHS. It includes the re-definition of NHS organisations as 'Category 1 Responders' to align them with other emergency services including Police, Fire & Rescue and Ambulance services.
The Civil Contingencies Act, and accompanying non-legislative measures, delivers a single framework for civil protection in the UK. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1); and emergency powers (Part 2). Part 1 of the Act and supporting Regulations and statutory guidance 'Emergency preparedness' establish a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into 2 categories, imposing a different set of duties on each.

Sauna Assembly
25/11/2024 17:17:11

Those in Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties to:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- co-operate with other local responders to enhance co-ordination and efficiency

The UHB Board is responsible for:

- having dedicated staff and resources identified to deliver the full range of duties under the Civil Contingencies Act and an identified Executive Board Lead
- having arrangements for collaborative working across the Health Board, with the NHS and multi-agency partners, including through the LRF structure
- having engagement with the Health Emergency Planning network through the Wales NHS Emergency Planning Advisory Group and with WG Health Emergency Preparedness Unit
- ensuring organisational preparedness for emergencies.

Internally the responsibility is discharged at Executive level by the Director of Strategic Planning

Annually the University Health Board is required to report on levels of emergency preparedness to Welsh Government. Responsibility for the 2024 report has transferred to the NHS Executive. The annual report is Annex B

9. Engagement

The UHB continues to meet with the regional Llais team to ensure that there is appropriate awareness and involvement with engagement planning for service changes. Current engagement activities are included at Annex C

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

Saunders, Jonathan
25/11/2024 13:17:11

Click the objective above to view more detail.		**Click the objective above to view more detail.**	

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

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. 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)***		*Comment here*

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 - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
n/a
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)*
n/a
Decarbonisation: Yes/No
n/a
Welsh Language: Yes/No
n/a

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

Sawyer, Emma
25/1/2024 11:27:11

October 2024 board update: South East Wales Region

Programme & purpose	Overview	Need to Know	What's new	RAG
Portfolio & Regional Clinical Services strategy/ framework: • Compelling case for change • Single blueprint and planning framework • Collective strategic intent • Limited to acute secondary care services only	Unable to provide	• **Tri-exec Team meeting:** planned Board update was cancelled and replaced with a Tri-exec team meeting on 2 October. The time was used to discuss approaches to 're-setting' regional working. SBAR created for review by Regional Portfolio Planning Delivery Board and Regional Oversight Board • **Regional Planning approach:** Tri-exec team meeting gave support for commissioning-led approaches to regional planning, with work continuing as part of the re-setting SBAR paper • **Regional Clinical Services:** task and finish groups paused as agreed at the last Delivery Board. The re-setting SBAR sets out the proposed way forward	• **Realigning programmes:** proposition being prepared for consideration by Oversight Board at its November 2024 meeting • **Programme Sit-Reps:** new action to create Sit-Reps for each programme to ensure clarity on each programme's status • **High Level Risk Profile:** no changes in portfolio level risks since last period	Unable to provide

Ophthalmology:
• Sustainable Services
• Regional Centre of Excellence Network Model
• Workforce
• Clinical Research Facility
• Modernised IT
• Reduce waste and clinical variation.
	Following revised funding position the Programme is seeking endorsement of a pooled budget approach and revised delivery plans to March 2025: reasonable assurance	• **Funding:**
		  • Seeking endorsement from Oversight Board to use a pooled budget approach for the additional cataracts outsourcing; and
		  • Take forward the pooled approach in the 2025/26 regional cataracts plans. Additional funding, to work towards zero 104-week waits in cataracts, awarded by Welsh Government (WG)
		• **Planning:** Plan for core activity with the recurrent £7m and the additional potential £7.5m of non-recurrent funding agreed and submitted to WG
			• **Bridging report:** this is now a 19-month plan in two parts: part 1 is a seven-month plan from Sept '24 to Mar '25; and part 2 is a 12-month plan from Apr '25 to Mar '26.
			• **Programme Risk:** three new programme risks identified, covering the recruitment of consultants at NNH, equity of patient waits, and delays in Open Eyes implementation adversely affecting plans for Glaucoma
				Reasonable Assurance

Swyddfa'r Cyngor
25/11/2024 17:11

October 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	Reasonable assurance	• **Transition to network:** options being developed to transition to a network from a managed programme, with workstream integrating with the Llantrisant Health Park programme • **Health Screening Questionnaire:** final draft of Health Screening Questionnaire was approved at October Programme Board. Next steps will be for Anaesthetic Clinic Implementation Network to review for potential amendments with the aim of rolling out as an all Wales product • **Perfect month:** in progress across all partners, but potential delays in CAV due to ventilation work being carried out in CAVOC theatres	• **Programme Risk:** no new risks or changes in risk scores	Reasonable assurance
Cancer: • Design, develop and articulate the desired future state for the cancer system for SE Wales • Adopt best practice • Reduce inequalities • Improve outcomes	Limited assurance / no assurance given as programme in development	• **Resources:** initial programme resource support to enable the work to be started has been agreed with VUNHST. As the work programme is developed, future resource requirements will be determined • **Satellite Radiotherapy Unit Project Board:** considering options to re-form the Board • **Prehabilitation:** significant complexity as the regional work is based on the CAV model, which is different to other partners, plus there is an all-Wales view to consider as well	• **Programme Risk:** no new risks or changes in risk scores – and mapping to existing regional work risk profiles (Satellite Radiotherapy Unit, etc.) will be triangulated in the next cycle of reporting	Limited assurance/ no assurance

Cyngor Abertawe
25/11/2024 10:17:11

October 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	Limited assurance	• **Critical path and governance:** new critical path and governance structure presented and agreed at Programme Board on 08/10, subject to a refreshed ToR document	• **Programme Risk:** no changes since last period. The programme remains without a clinical lead	Limited assurance
Diagnostics – Radiology: • Collaborative regional approach • Provide additional regional capacity • Improve access to services in areas of social deprivation	Limited assurance	• **Community Diagnostic Hubs:** noted that progressing CDHs is likely to be developed by each partner, however final confirmation of C&VUHB position is required • **Project review:** Decision to review the diagnostic programme structures in alignment with LHP. A briefing is being developed that will set out options for appropriate governance	• **Project Risk:** the risk associated with the delivery of the programme may change as the project structure is reconsidered	Limited assurance

Saunders,Nathan
25/11/2024 13:17:11

October 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	Limited assurance	• **Integration with Llantrisant Health Park (LHP):** Tri Exec meeting proposed that regional endoscopy is integrated into LHP. A briefing is being developed to formally consider this proposal. The PID will be reviewed and cross-referenced	• **Project Risk:** risk to delivery of the may change as the project structure is reconsidered	No rating provided
Diagnostics – Pathology: • Regional pathology solutions in South East Wales • Create a sustainable patient-focussed service	Limited assurance	• **Demand and Capacity:** amended data circulated to health boards for agreement by Steering Group • **Management model:** management model and business case in preparation for agreement by Regional Programme Delivery Board	• **Project Risk:** no change since last period	No rating provided

Saunders,Nathan
25/11/2024 13:17:11

October 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
	N/a – different reporting structure to Regional Programme Delivery Board	• **Infrastructure:**
		  • **Strategic overview:** meeting held with Nick Wood and Ian Gunney to discuss next steps. Advice being drafted for Cabinet Secretary to request funding
		  • **RIBA 2:** completes on 11/10/24. Progressing to RIBA 3 at CTM's risk pending WG response to funding request
		  • **Planning and SAB (Sustainable drainage and Water Management Act) pre-applications:** Currently under internal review with outcomes and options meeting planned by end October. Current feedback is favourable but key stakeholders, including NRW, are yet to provide feedback
		• **Clinical Lead:** Huw Davis, Consultant Anaesthetist, appointed as CTM's Clinical Lead for the LHP Infrastructure Programme
			• **Cabinet Secretary visit:** Jeremy Miles visited the LHP site on 10/10/24 and received a briefing on progress
			• **Programme Risk:** no risk information provided
				No status provided

Saunders,Nathan
25/11/2024 13:17:11

NHS EMERGENCY PLANNING ANNUAL REPORT 2023/24

Name of NHS Organisation	**Cardiff and Vale University Health Board**	**Date**	**12.11.2024**
Signature of Chief Executive Officer			

Purpose

The NHS Emergency Planning Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. Boards of NHS organisations will be required to sign off the annual report prior to submission to the NHS Executive who will review reports from across the system, seeking assurance that organisations:

- **Mitigate where possible the against the risks identified within the NSRA;**
- **Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);**
- **Have appropriate business continuity arrangements in place;**
- **Regularly test the efficacy of organisational plans through training and exercise; and**
- **Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.**

Governance

1. **Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.**

   Mrs Marie Davies. Interim Director of Strategy & Planning.

2. **Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

   Mr Paul Bostock. Chief Operating Officer.

3. **Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

   Mrs Angela Stephenson-Tarini. Head EPRR

4. **Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

   Individual leads (Director of Operations) for clinical / service boards.

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5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).

- Executive lead – Mr Jason Roberts Nurse Director
- Strategic forums - Mrs Angela Stephenson-Tarini. Head EPRR
- PREVENT referrals and CHANNEL panel - Mrs Linda Hughes – Jones. Head of Safeguarding.

6. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

YES X NO ☐

7. Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.

- Overall programme delivered via EPRR Strategic oversight group.
- Forum meets on a quarterly basis and membership consists of Executive Directors and senior managers in relevant corporate functions and clinical and operational services.

8. Is there a mechanism for discussing and co-ordinating your emergency planning arrangements externally with NHS organisations in Wales and partner agencies, including within the LRF area?

YES X NO ☐

Please provide further details.

Multiple routine forums are available for this purpose:

- All Wales Risk group
- Cardiff Local Authority – PROTECT & PREPARE board
- Counter Terrorism Policing Wales - Wales PREPARE delivery group
- Cardiff & Vale Local Authorities – CONTEST Board
- Local Resilience Forum - Business action review group (BARG)
- Local Resilience Forum – Coordination and delivery group
- Local Resilience Forum – Executive Forum
- Local Resilience Forum – Multi agency Mass Fatality
- Local Resilience Forum - Risk group
- NHS Executive
- South Wales Mass Fatality group
- South Wales Police Unit 2 – PREVENT
- South Wales Police force planning unit – Disaster Victim Identification
- Vale PREVENT delivery group
- Welsh Ambulance – Pre-Hospital Coordination Group /MERIT faculty
- Wales learning and development group
- Welsh Government - Emergency Planning Advisory Group (EPAG)

9. If applicable, who represents your organisation at the Local Resilience Forum meetings?

Mrs Angela Stephenson-Tarini. Head EPRR
In addition, a selection of subject matter experts attend specialist sub groups.

10. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board?

- Board review February 2023.
- Documents reviewed May 2024, and endorsed by EPRR Strategic Oversight Group on 20/08/2024.
- No substantial change and remains fit for purpose.

Saunders,Natasha
25/11/2024 13:11:11

11. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and how they are managed within the organisation.

No – as criteria for inclusion ids a risk rating of 20+.
However, the Executive chaired EPRR Strategic Oversight Group maintains a specific risk register.
This will include the NSRA detail when released by the NHS Executive.

Major Incident/Emergency Plan

12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

25th May 2023.

13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

Presently under review by EPRR team and relevant action card holders.
Due for formal board review on January 2025.

14. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

YES X NO ☐

15. If NO, what are the gaps and how are these being addressed?

Terrorism

16. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES X NO ☐

17. When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
03/07/2024	Practical walk through and assessment of security's ability to lock down the following areas: • Childrens Hospital • Emergency Department • Concourse • A & C Block Staff entrances • Maternity • Lakeside Wing • Nephrology All other areas are on the TDSI system which we would lock down remotely from the Control room utilising the TDSI system software.

Were any issues identified as a result and if so how has / is your organisation addressing these?

CVUHB has developed lockdown guidance which assists in the prevention of unauthorised access to restricted areas which can lead to compromised patient safety, theft of pharmaceuticals, data breaches, equipment theft, spread of infections, legal and compliance issues, and overall loss of public trust.

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In the present climate the UHB remains cognisant of the requirement to protect against those with malicious intent; this could range from a patient with cognitive impairment, aggrieved relative or even an individual intent on committing an act of terrorism.

Whilst physical security measures and the lockdown guidance provide some reassurance and maximise protection of critical infrastructure assets, it must be noted that the number, size and complexity of CVUHB sites means it will be impossible to lockdown the entire site(s). However sequential partial lockdown of key areas can maximise the opportunities for individuals to escape or shelter in a safe place.

Whilst the UHB has identified a weakness in the complexity and size of site this can also be an advantage as it will potentially confuse, disorientate and slow down any attackers.

Power Outage

18. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES x **NO** ☐

Capital, Estates & Facilities team operate an out of hours emergency on call rota at both the University Hospital of Wales and University Hospital Llandough to ensure there is 24/7 cover with a suitably trained, competent and appointed high voltage engineer who has the ability to respond to a major power outage and restore normal power or emergency power supplies where required. In addition, we have the support of an external specialist contractor to provide additional high voltage engineers and emergency power generation if required.

19. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

The key risk to the organisation is the clinical business continuity if a major power outage were to occur. To support this both sites as mentioned above have adequate emergency backup supplies based on an N+1 scenario. This includes multiple emergency backup generators and uninterruptable power supplies to support critical equipment.

All systems are maintained regularly and tested weekly for operation. A full system test derived as Operation POET (Power Outage Electrical Test), completed with a multi functioning group has been conducted at the UHW site in 2023 and again is planned annually with the inclusion of UHL this year

UHL Operation POET Main Event –Thursday 19th September 2024

UHW Operation POET Main Event –Friday 18th October 2024

Smaller electrical tests as follows:

- Tower Block 2: Wednesday 17th July
- Lakeside Wing: Friday 26h July
- CHfW (Phase 2): Monday 29th July
- Maternity: Saturday 31st August
- CHfW (Phase 1): Saturday 31st August
- Emergency Unit: Thursday August 22nd

Saunders-Jasman
25/11/2024 13:17:11

Mass Casualty Incidents

20. Please describe how your emergency planning arrangements fulfil the roles and responsibilities placed on your organisation as set out in the "Mass Casualty Incident Arrangements for NHS Wales" document, agreed by Chief Executives.

Version 4 has been circulated as a working draft and is currently being used for any live activation. Version 5 is under development incorporating lessons identified from Exercise Pen-y-Darren (All Wales Mass Casualties Exercise) and will be shared once solutions to a number of issues are confirmed.

CVUHB standard major incident command and control structure will be used as the basis of any response to a mass casualty event. Mindful and responsive to the additional actions requiring senior clinical and Executive involvement.

Cyber Attack

21. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES x **NO** ☐

The organisation has developed a Cyber Incident Standard Operating Procedure (SOP) which describes the response to a cyber/IT security incident. This is attached as an appendix. This SOP has not yet been fully embedded into the Business Continuity Plans for the wider organisation.

22. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted?

Cyber-attacks are a known issue, and subject to ongoing dissuasion and assessment. By the very unpredictable nature, cyber security incidents require a different set of response actions during each instance, depending on the type and severity of the incident. However, the process by which the incidents are managed should remain consistent, and follow a standard set of guiding principles and a logical order. This will ensure a professional approach during all stages of the incident management.

Security incidents include, but are not limited to the following:

- Theft of information (reported or actual)
- Loss of information
- Malware infection
- Denial of service
- Suspicious activity
- Issues reported from security monitoring systems
- Issues reported by staff members
- Issues reported from other sources

The CVUHB cyber team works in collaboration to assess risk / deal with incidents with the following partner organisations:

- The Police
- The National Cyber Security Centre (NCSC).
- Wales WARP (Warning, Advice and Reporting Point).
- Welsh Government, DHCW and Cyber Resilience Unit

Subject matter experts have advised that organisations, including CAVUHB are continually being attacked. Nationally, we block 1000s of malicious emails every month. Our firewalls, are preventing unapproved access and our antivirus routinely contain threats.

Our cyber team work closely with the NHS Wales Cyber Resilience Unit and the national cyber security centre with the former providing an assessment of our readiness resulting in a detailed cyber action plan, which is monitored via the digital committee of the UHB board. The impact of a cyber-attack should be identified via a business impact assessment which the IMT staff are in the process of completing with support from the COO's office. All critical systems will need to be assessed. In addition to this, Cyber Security maintains a risk register/issues log which is used to identify and address cyber vulnerabilities. This is much broader than fall out following a cyber-attack as it considers resilience of our systems.

Communicable Diseases and Pandemics

23. Do your business continuity arrangements include plans to respond to a new pandemic?

Each team has business continuity arrangements to accommodate a major change in circumstances.

Historically the UHB worked collaboratively with partners during the COVID-19 pandemic and contributed to regional Test, Trace and Protect arrangements. In line with Welsh Government instructions, regional partners transitioned from COVID-19 arrangements to develop an integrated all hazards health protection system during 2023/24. These arrangements are described in the Cardiff and Vale Health Protection Plan 2023/24, which has been signed off by both local PSBs.

The Health Protection Plan was developed by local partner organisations to describe how they work together to prevent and mitigate risk from communicable disease. Whilst partner organisations have always worked together to control and mitigate communicable disease risk, the response to the COVID-19 pandemic saw unprecedented levels of joint working and much has been learned as a result. Cardiff and Vale Health Protection partnership is a complex and developing system, within which some partners deliver statutory roles and functions, and where many operating practices are already well established and proven to be effective.
The plan describes how we will build on those existing relationships and use our experience of the pandemic response, to strengthen the regional system and add value by functioning in an even more integrated way and improve population health outcomes. As a partnership, we have agreed that our initial focus will be to develop a sustainable model for communicable disease control.

The systems approach to health protection in the Cardiff and Vale Region will be delivered in partnership between a range of statutory organisations including Cardiff and Vale University Health Board (UHB), Cardiff Council (CC), Vale of Glamorgan Council (VoGC), Shared Regulatory Services1 (SRS) and Public Health Wales (PHW). The system is more extensive than this however, and includes all organisations teams and services that play a role in preventing and managing the risks posed by communicable disease and environmental hazards, such as third sector organisations.

The Health Protection Partnership Forum (developed from the Regional Public Health Response team set up for the COVID-19 response, known locally as the operational 'Bird Table') will provide the forum to identify opportunities to collaborate, coordinate and enhance operational delivery. The Health Protection Partnership Forum will report through the Amplifying Prevention Board to the two Public Service Boards.

A regionally coordinated approach to health protection will operate in line with the full range of legislation, frameworks and plans that govern delivery for constituent organisations. The Communicable Disease Outbreak Plan for Wales will be of particular relevance in this space.

Cardiff and Vale Health Protection Partnership will work to prevent, control and mitigate risk from infectious disease for the people who live and work in the region. Whilst all members of the population are potentially at risk from communicable disease, we recognise that certain characteristics of individuals, groups and settings may place them at higher risk of exposure to infectious disease or of experiencing poorer outcomes.

Preparing for future pandemics forms part of this partnership plan. We are currently updating the actions for 2024/25 and intend to run an exercise with EPRR colleagues in year, to consider pandemic preparedness.

24. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

The major risk would be the longevity of any change in need- as we experienced in COVID it was the strain of the time it took to get through this that took its toll with backlogs of routine operations growing over this period.

Welsh Government has indicated that regions across Wales should develop integrated health protection teams which meet criteria including:
1. Multi-disciplinary health protection teams will work on the Health Board footprint, with Health Boards, local government working in partnership to respond to health protection measures and threats
2. An 'all-hazards' approach to health protection will be supported by all partner agencies, recognising there will be peaks of activity through the year according to national and regional demand
3. Teams will have a mix of skills and experience to:
• Respond to COVID waves within a COVID Stable environment and deliver on the national approach for respiratory viruses

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• Have plans in place to scale up in the event of COVID Urgent/future pandemic scenario, within the context of a national framework
• Respond to outbreaks and wider threats using agreed processes in the Communicable Disease Outbreak Control Plan for Wales
• Undertake wider health protection work delivering a local approach under national frameworks and guidance, for example to support those seeking refuge in Wales, support messaging in schools, provide support to care homes and work on TB and Hepatitis elimination
• Work together locally and nationally to support and deliver work to address equity of access and opportunity.

Cardiff and Vale Health Protection Partnership will initially focus on establishing a system wide and sustainable approach to communicable disease management. In addition, partners in Cardiff and Vale have agreed to work collectively to the following principles:
1. We will focus on adding value to the system, building on existing arrangements and learning from our pandemic partnership response
2. Our regional partnership will proactively identify opportunities to share resource across services where possible, and support staff to take on a mixed and broad range of functions up to the limits of their competence and registration

In the event of another pandemic each organisation would need to scale up the level of support to the existing health protection system, with other routine activities being paused (as was the case in the COVID pandemic) where other activities were halted until the pandemic was brought under control by the implementation of a successful vaccination programme. Each organisation then needs to catch up on these activities, for example routine waiting lists grow during a pandemic and need to be recovered post-pandemic. This can impact the reputation for delivery of the organisations who respond.

Staff well-being during a sustained pandemic must also be managed carefully as staff are at risk of burnout and distress.

Any long-term impacts to the health of the population from actions undertaken during a pandemic will also have an impact on statutory providers of services, with increased demand post-pandemic. For example, deterioration in both mental and physical health is felt for a considerable period post-pandemic resulting in increased demand for services. This presents a risk in the ability to manage demand in the post-pandemic period.

25. Please describe your organisation's readiness to deal with one or more patients presenting with a suspected high consequence infectious disease. Please include details of facilities, patient pathways, IP&C procedures, workforce and training.

The Infectious Diseases Unit is based on Ward A7 at the University Hospital of Wales.

We offer specialty consultation and management of a variety of infectious diseases. These include but are not limited to:

- HIV infection
- Chronic viral hepatitis
- Tuberculosis, and other mycobacterial infections
- Infections in travellers returning from abroad
- Tropical infections
- Soft tissue infections
- Post-operative infections
- Severe respiratory tract infections
- Complicated or recurrent urinary tract infections
- Unexplained fever
- Post-viral syndromes

CVUHB does have an HCID facility, however this has never been commissioned, and is therefore unstaffed and not operational at the present time. All HCID patients presenting to CVUHB will be transferred to specialist isolation facilities in England in line with nationally agreed protocols.

Saunders-Jonathan.1
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Public Health Wales (PHW) have been commissioned to look at if a HCID is needed in Wales or not. The numbers of patients were under 5 per year in their last report. Senior managers from Capital Estates and Facilities, and the Chief Operating Officers team are attending meetings on behalf of the U HB.

CBRN

26. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Response to CBRN is not a business continuity issue – it falls within emergency response. As such is referenced within the MI plan.

- CVUHB EPRR team has a subject matter expertise in this area.with direct experience with the National CBRN Centre between 2007 and 2015, working in the following areas, training, training design, capabilities team and operations (on call duty manager). He has already completed the CBRN Tactical Commanders Course (2020), PRPS Trainer (2014), CBRN Tactical Advisor Course (2010), CBRN National Trainer (2006) and also been allocated a place on the CBRN Strategic Commanders course to be held in November 2024.

- We are using this expertise to develop a bespoke guidance document, and to support training and exercising of CBRN response in key clinical areas.

27. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

CVUHB has partner agencies on site that hold radiological sources that fall within the High Activity Sealed Sources (HASS) regulations and Laboratories that hold Pathogens and Toxins which fall under Schedule 5 of the Ant Terrorism Crime and Security Act.

- The HASS regulations are overseen by Natural Resources Wales (NRW) with the assistance of the Counter Terrorism Security Advisers (CTSA's) from Counter Terrorism Policing (Wales) and the organisations which hold the sources are required to have security in place that complies with the regulations.

- Any Laboratory holding pathogens and toxins under schedule 5 of the Anti-Terrorism Crime and Security Act is required apply to the Home Office licence to hold them, and security is assessed again by the CTSA's.

- The present HASS sources and laboratories within the CVUHB estates footprint comply with the security requirements.

Training and Exercise

28. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES X NO ☐

Please describe these below

Standard practice of hot and cold debriefs supplemented by written report to EPRR Strategic oversight group. Escalated to Senior Leadership Board and UHB Board as appropriate.

29. Please provide the dates when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
16/09/2023 17/10/2023	WAST UHB internal

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26/11/2023	SWP Wales Connect
29/02/2024	WAST
18/04/2024	SWP Wales Connect
26/04/2024	WAST (MERIT deployment)
04/06/2024	UHB internal
20/07/2024	WAST
20/07/2024	WAST (MERIT deployment)
29/07/2024	SWP Wales Connect

b. Carrying out a tabletop training exercise within the last year. Please provide details below

Dates	Details of tabletop training exercise
12/12/2023	"Exercise Measles". 40 staff invited to review and exercise response to a contagious disease outbreak. The scenario was Cardiff based and began with a single index case, and escalated to an outbreak in excess of 30 confirmed cases.
30/04/2024	"Act" counter terrorism table top.
27/06/2024	"Exercise Michaelston". 46 staff invited, representing all clinical / service boards. Conventional C3 structure replicated in response to a train derailment scenario which resulted in 35 casualties. An array of paediatric and adult casualties presented with blunt trauma / amputations / Brain injury / burns, some of which required secondary transfer and activation of specialist clinical networks.
02/07/2024	"Act" counter terrorism table top.

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below

Dates	Details of major live or simulated exercises undertaken
26/03/2023	Child abduction drills within the UHB maternity services unit.
15/07/2023	Power outage – UHW Tertiary tower / NICCU / IVF /Maternity / Barri Building / Medical Genetics / Peter Grey accommodation.
18/07/2023	Power outage – Tower block 2 UHW
09/09/2023	Power outage - Maternity services.
13/09/2023	"Exercise Poet".(CEF). UHB wide live exercise to assesses the impact of a major power outage upon clinical and support services.
17/10/2023	"Exercise Pen y Darren". Multi agency all Wales exercise to test response to a mass casualty event.

30. Has your organisation had to initiate your major incident / emergency plan between April 2023 to March 2024?

YES X **NO** ☐

a. If YES, what was the nature of the incident?

"Standby" only.

- Serious public disorder in Ely.
- Explosion at Treforest industrial estate.
- Bridgend factory fire.
- Bladed implement attack at West Wales school.
- Unexploded ordnance Rover Way.
- Disturbance at Parc Prison.

Saunders, Nathan
25/11/2024 13:37:16

b. Were post-event reports produced for these incidents? YES ☐ NO X

c. If post incidents reports were produced, have these been shared with the health emergency planning network and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

Not applicable – "Standby" only.

31. Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES x NO ☐

Please provide further information

Annual assessment is routinely completed by the EPRR team. Previously identified primary area of concern was the lack of specific Operational / Bronze coordinator training. This has now been rectified with a specific 1-day training package aligned to National Occupational Standards core competencies.

Most recent review has identified that, due to staff rotation, not all Senior Managers on Call (SMOC) who could be expected to operate at Tactical level have attended formal training.

32. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES x NO ☐

Please provide further details including

- **Number of staff trained in Gold, Silver, and Bronze roles;**
- **Number of your Executive Team who've attended Wales Gold in the last 3 years; and**
- **Number of Senior Managers who've attended Wales Gold in the last 3 years.**

Training provided includes - C3 structure role & responsibilities / JESIP / Loggist / Business continuity / ACT / Bomb & suspicious package/ PRPS / Child abduction.

STATEGIC / GOLD –10 for internal training.
8 for Welsh Gold.
3 for table top exercise

Executive Director level only. Insufficient training spaces for facilitate succession planning with senior managers or clinical leaders**.** This has previously been reported via LRF / JESG / EPAG.

TACTICAL / SILVER - 42

OPERATIONAL / BRONZE – 76

Bespoke Senior Manager on Call - 23

ACT online – 38

Introduction to emergencies– 73

Loggist – 26

Business continuity - 54

JESIP – covered in all of the above with exception of ACT

In addition, it should be noted that the internal C3 structure was activated to support multiple industrial action days. Thus, providing practical experience to a large cross section of senior managers.

Saunders, Nathan
25/11/2024 17:27:21

Communication

33. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES x **NO** ☐

Please provide details.

Response provided within question 8. Routine discussions via LRF Executive subject matter sub groups and the WG Emergency Planning Advisory Group.

Assurance

34. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements	x		Achieved via combination of internal Corporate Governance and external multi-agency SWLRF risk group. During 2024/5 this will be further enhanced via the NHS Executive with the release of the locally assessed National Security Risk Assessment (Wales).
2) Put in place Emergency Plans	x		Standard Operation Procedures in place for an array of circumstances. Examples: • Major Incident • Bomb / Suspicious Package • Adverse weather • Abducted baby • Missing patient
3) Put in place Business Continuity Management arrangements	x		Executive lead provided by COO and Business Continuity is a standing item on the EPRR Strategic oversight group chaired by the Executive Director Strategic Planning. Identified leads for each clinical and service board who meet with EPRR manager bi monthly to assess and progress arrangements.
4) Share information with other organisations to enhance co-ordination and efficiency	x		JESIP principles applied on a multiagency basis via the LRF structure.
5) Cooperate with other organisations to enhance co-ordination and efficiency	x		Achieved primarily via the LRF Executive and specialist sub groups.
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	x		Strategic Communication and Engagement team have extensive knowledge in this area. They are represented at both Strategic and Tactical incident management team level within the UHB.

Saunders (Kathryn)
25/11/2024 09:12

7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds in to EPAG?	x		Post incident debriefs and lessons identified escalated via the UHB EPRR Strategic oversight group.

Priorities

35. What are your priorities for 2024/25 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

- Continuation of staff training – with consideration of mandatory status for core staff groups.
- Enhance communications cascade system – e.g. multitone I pager investment
- Strengthening C3 infrastructure (Tactical ICC) and establish Operational bronze at UHL
- Review operational opportunities at UHL to support MIP – e.g. accept limited P3 patients.
- Strengthen EPRR team resilience

Saunders,Nathan
25/11/2024 13:17:11

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.	Closed on 30th September 2024. 1610 – total number of individuals that we received feedback from. Extended engagement period so we could utilise contact with schools in September. This included a number of sessions working directly with both primary and secondary age school children.
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 The group met for the first time in October to agree on membership and frequency of meetings. The next meeting will be held in January.
Breast Feeding Support We are currently engaging with the public regarding two separate breast feeding support groups: • Dinas Powys – a well-established group that meets in Dinas Powys Library. There are changes being made in relation to staff which we	Women & Children	We are holding two engagement events: Dinas Powys – 11th November Cardiff Bay – 3rd December Communications are being shared regarding both events on our website, social media pages as well as with the Breast Feeding Network.	Ongoing

Saunders Kathryn
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are communicating and engaging with members of the group about. • Cardiff Bay area support group – we are engaging with the public to ask where / when is best for the group to be re-established.			
Dental Access Portal	PCIC	We are communicating with the public to ensure that they understand the new approach to adding their details to the portal. This is in line with the approach used by Powys UHB.	Ongoing
Poisons Unit and Weekend CPN Service	Medicine Mental Health	We were asked by Llais to conduct a 6 month review after both these services were changes and engaged upon. Neither clinical board reports any problems reported since the services changed and Llais have been informed.	Closed
Dentist Practice (My Dentist) – merger and relocation of three practices to Newport Road	PCIC	Engagement carried out by the practices and results shared.	Closed
Dental Practice (Grangetown) – merger of two practices	PCIC	Communications exercise completed.	Closed
Mental Health GP Liaison Service - Closure	Mental Health	Engagement plan under development.	TBC
Shaping our Future Clinical Services • Emergency Care • Planned Care • Mental Health	Strategic Planning	Engagement plan under development.	TBC
Place Based Planning	Strategic Planning	Communications and Engagement plan under development.	TBC

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Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.8
Meeting:	C&V UHB 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.

Finance

2024/25 Financial Performance

At month 7, the UHB is reporting an overspend of £22.244m. This is comprised of £5.298m operational overspend, a savings gap of £7.671m and the planned deficit of £9.275m (7 twelfths of the planned forecast year end deficit of £15.900m).

The UHB is working to recover the month 7 operational and savings overspend to deliver the £15.900m planned deficit.

Public Health

Immunisations

COVID-19 and influenza

- The winter respiratory viruses vaccine autumn booster campaign has commenced, and it has delivered 19,649 vaccines since the 1st of October when the campaign started. The eligible population for COVID-19 is 155,608 in Cardiff and the Vale and the vaccine uptake has therefore been 12.63% which is the lowest uptake of all Health Boards and below the Welsh average of 21.72%. Issues with booking elderly citizens on WIS have been identified to explain a much higher rate of DNA codes identified in the first weeks of the campaign, but they have since been resolved and we expect numbers to pick up. With regards to Influenza in Cardiff and the Vale uptake in the over 65 was 41.6% which is broadly in line with the Welsh average of 42.5%.

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) is 85.8% this is below the herd immunity 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 all working through the 'Amplifying Prevention' partnership with local authorities.

Cardiff and Vale University Health Board 26/09/2024 09:13:07

- In partnership with Cardiff Council our new Health Improvement Officer is focusing on the health inequalities experienced by ethnic minorities, a number of engagement events have already been organised and attended, including a whole day vaccination session at two gypsy and travellers sites in Cardiff and information and education sessions organised in community hubs in the city.
- A comprehensive MMR catch-up programme has been developed and deployed in all schools with lower than 90% uptake for 2 doses of MMR during the spring and early summer. A total of 430 first doses and 486 second doses of MMR were delivered as part of the campaign. 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. The catch-up programme is now scheduled to restart in targeted form from the new year when immunisation and school nursing resources are available again (after the end of the winter respiratory viruses and school nasal flu vaccination campaigns).
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15: This is below the target of 90%. While the latest data reported by COVER reports an uptake of 62.1% in 15 year olds there is a significant lag in reporting. 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 above the Welsh average of 74.3%. Steps are being taken to increase healthy weight locally through creating the Good Food and Movement Framework (2024-2030) which will include the 0-5 age range. A series of workshops have been held to refresh this healthy weight plan for Cardiff and Vale with a multitude of partners. The approach has been endorsed by both Vale PSB and Cardiff PSB.

Weight management services

- We are developing an Investment Plan to outline how the service will meet the new Ministerial target of a 10% increase in Level 2 and Level 3 end to end services by the end of financial year. Baseline findings are 1,386 patients for Level 2 and 160 patients for Level 3.

Tobacco

- To help meet performance targets, a Business Case has been developed which makes a convincing argument for increasing investment in smoking cessation services. If agreed, this will increase direct support to clients, promotion of the service, and data analysis.
- We have commissioned communications company Golley Slater to design and deliver a campaign to focus on raising the profile of smoking cessation and 'Help Me Quit' services across the general population, with specific focus on groups with higher smoking rates including those in deprived areas, those with mental health difficulties, some ethnic minority groups, and those who identify as LGBT+. This will include engagement work with these groups. Planning is taking place with a view to running the campaign in the New Year (from January 2025). We are working with Public Health Wales to explore potential for offering specific smoking cessation support to those experiencing homelessness.
- Clients are increasingly presenting with very complex needs, addictions, chaotic home lives, and often do not have supportive relationships in their lives. Our practitioners are skilled in supporting these clients but the additional complexity and quantity is demanding. We are keen to ensure the well-being of our staff is protected and have taken steps to support our small team.
- A provisional report on an internal audit review of parts of the smoking cessation provision is expected soon. We are supporting the NHS Wales Shared Services Partnership in undertaking this.
- To maximise the effectiveness of our Smoking in Pregnancy programme, we are implementing a system where pregnant smokers and birthing people who smoke will automatically be referred to

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services to help them quit, unless explicitly stating that they do not want this (an 'opt out' approach).

- The UHB's No Smoking and Smoke Free Environment Policy continues to be implemented. Resulting actions include improving signage on hospital sites and increasing the number of locations with a loudspeaker messaging system. Work with Shared Regulatory Services to explore options for enforcement patrols has taken a significant step forward recently and a phased plan is being developed to fully enforce the legislation by early 2025/26. These arrangements are currently being confirmed and a more detailed update will be provided in the next report.
- Quarterly meetings of our new tobacco forum have recently started, drawing together partner organisations with a role in prevention, cessation and enforcement, ensuring a joined-up approach. Membership of this group is expanding.
- Through our 'Smoking Prevention and Young People' programme we will run a half day educational event on 26.11.24 aimed at teachers and those working with young people, such as school nurses and youth workers. The aim is to equip them with skills and knowledge to reduce the uptake of both vaping and smoking among young people. This event has been put together with input from a variety of partners including ASH Wales, Public Health Wales, Shared Regulatory Services, local authorities and schools and young people across Cardiff and the Vale of Glamorgan.

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 the summer, 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. October has seen periods of acute pressure on the EU, which has resulted in an increased number of 1 and 2-hour ambulance delays in month. Nearly half of the 2-hour delays and a high number of 12-hour delays occurred on one day highlighting the impact on waiting times of these periods of extreme pressure.

We continue to review our EU and inpatient data, with deep dives at the COO led Operational Delivery Group following periods of exceptional escalation. We are reviewing, at cluster level, the recent increases in 'majors' attendances to our Emergency Unit and continue to review all breaches of 2-hours for ambulance holds, 4-hours for hip/stroke patient admissions and 24-hour EU waits.

Despite these challenges, the UHB is still the best performing Health Board in Wales regarding ambulance delays 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. Our Winter Plan was discussed at the last Board meeting and we will continue to review progress against this through the weekly COO led Delivery Group.

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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 and September have seen increases in compliance, our monthly compliance in September was 45.7%, against the national annualized average of 8.7%.

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.

September saw only small changes 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 remained at 51.9% 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.

Our thrombectomy rates has fluctuated and is currently lower than we saw through Q4 last year and the most recent high point of 25% in May 2024. In September the % of patients thrombolysed increased to 12.5% and remains improved from historic performance.

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 – the new dataset has an increased focus on imaging and hyperacute stroke management, changes to the measurement of rehabilitation and an extension to the community dataset and the ongoing rehabilitation of patients. The UHB will be holding a further stroke summit to continue our focus on the stroke pathway and understand the impact of the changes to the SNNAP dataset on our national performance. We are also working with colleagues in the NHS Executive around what KPIs will be the focus in Wales. We will continue to update this Committee and Board on the impact of the changes.

Hospital Flow and Discharge

Saunders Nathan 21/11/2024 12:39:17

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, but delays in September and October dropped to their lowest level this year.

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 August.

Cancer

Since recording 70.2% compliance in December 2023, our highest performance since the development of the Single Cancer Pathway, we have seen compliance fluctuate as forecasted but remain above 60%. Through this year we have experienced challenges with Junior Doctor industrial action and delays in pathology which have impacted our compliance with the SCP since January. Despite this many tumour sites have remained compliant, treating >75% of patients within the 62-day standard. The backlogs in pathology have reduced in recent weeks and compliance improved in August to 68.2%. For September, performance was recently signed off as increasing to 70.9%, with Haematology, Lung, Brain/CNS, sarcoma and Skin tumour sites all exceeding the SCP standard of 75%. Improvements were also noted in urology and lower GI.

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	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Original submission	56.6%	64.7%	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%	64.6%	63.1%	68.4%	70.9%
Compliance following quaterly refresh	57.8%	66.3%	62.4%	70.2%	63.5%	60.2%	62.3%						

Planned Care

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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 August there were 3,683 patients waiting 2 years for treatment, which represents 2.4% of patients on a waiting list. This is an increase from August, but lower than our forecast to Welsh Government, and remains an improvement from this time last year, however, there are still too many

patients waiting too long for treatment across a number of key services. Our September data shows that we eradicated 4-year waits, with early data from October showing this has been maintained. The number of patients waiting over 3-years continues to reduce - It is our intention to have no patients waiting over 3 years by the end of December 2024.

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 and have been provided with some central non-recurrent funding to support our programme.

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 45,155 patients who are past their target date for a follow-up appointment, of these 8 were over 2 years past their target date as shown below:

Overdue Follow-up Outpatients									
Clinical Board	Months past target date	07/02/2024	23/09/2024	30/09/2024	07/10/2024	14/10/2024	21/10/2024	28/10/2024	Trend
Total	Total overdue	61658	47972	47377	46994	45899	45537	45155	
	Over 12 months	12351	1665	1596	1627	1596	1633	1578	
	Over 18 months	2948	75	74	77	77	85	86	
	Over 24 months	1271	3	4	7	8	10	8	
Surgery	Total overdue	31552	23058	22930	22765	22502	22429	22347	
	Over 12 months	7610	1515	1478	1474	1463	1482	1454	
	Over 18 months	1523	66	65	66	67	68	70	
	Over 24 months	643	2	3	4	5	6	4	
Children & Women	Total overdue	10114	8320	8162	8086	7574	7430	7442	
	Over 12 months	1597	27	11	11	14	15	9	
	Over 18 months	500	0	1	1	0	3	1	
	Over 24 months	173	0	0	0	0	0	0	
Specialist	Total overdue	10063	8249	8147	8087	7931	7910	7851	
	Over 12 months	1939	99	83	113	84	89	71	
	Over 18 months	464	4	3	4	5	9	8	
	Over 24 months	196	0	0	1	1	2	1	
Medicine	Total overdue	9879	8271	8062	7979	7813	7690	7435	
	Over 12 months	1183	12	12	16	23	35	32	
	Over 18 months	455	0	0	1	0	0	2	
	Over 24 months	257	0	0	1	0	0	1	

Sarah Bebb-Nathan 21/11/2024 13:21:11

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 September, 17,210 patients had waited 8 weeks or longer for their treatment, equating to 63.2% of patients on a diagnostic waiting list. This is over our commitment to Welsh Government.

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Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	15	12	23	0	31	61.3%	38.7%
	Echo Cardiogram	4	0	0	0	0	2	8	1	715	99.7%	0.3%
	Dobutamine Stress Echocardiogram	22	10	25	21	6	17	14	2	53	67.9%	32.1%
	Stress Test	1	3	1	0	0	0	2	0	14	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	0	0	3	1	54	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	0	0	3	0	192	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	56	66	35	10	93	29.0%	71.0%
	Trans Oesophageal Echocardiogram	5	2	0	0	0	3	11	2	23	87.0%	13.0%
	Cardiac CT	151	134	107	36	14	6	33	2	54	88.9%	11.1%
	Cardiac MRI	203	198	214	209	217	215	61	17	272	21.0%	79.0%
	Diagnostic Electrophysiology (EP Study)	2	2	2	0	0	0	0	0	0	100.0%	0.0%
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	94	93	94	4	273	65.9%	34.1%
	Colonoscopy	1536	1565	1626	1712	1788	1892	111	32	2303	17.8%	82.2%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	1246	1271	111	47	1405	9.5%	90.5%
	Gastroscopy	2499	2603	2692	2761	2864	2949	116	46	3256	9.4%	90.6%
	Bronchoscopy	19	25	14	14	11	12	120	30	20	40.0%	60.0%
Imaging	Fluoroscopy	37	30	45	30	30	34	28	3	112	69.6%	30.4%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	1	8	2	70	98.6%	1.4%
	Electromyography	0	1	0	0	0	0	7	0	31	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	57	71	95	6	195	63.6%	36.4%
	Vascular Technology	0	0	0	0	0	2	32	1	161	98.8%	1.2%
Radiology	MRI	1116	1045	892	974	1054	1019	87	5	2808	63.7%	36.3%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	9462	9469	64	15	14053	32.6%	67.4%
	CT	21	26	20	14	24	27	73	1	843	96.8%	3.2%
	Nuclear Medicine	38	53	62	72	78	49	40	3	196	75.0%	25.0%
Total		14835	15245	15938	16324	17016	17210			27227	36.8%	63.2%

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.

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 behavioral 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 reduced again in June and July, with increases in August and September, 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 and after a dip in April, has remained over 90% to date. Part 1b has made a strong return to compliance in September, as per our forecast and it is anticipated that compliance against the standard can be maintained. As part of the improvement work we have seen the size of waiting list and average wait reduce.

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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.

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 activity		August 2024	Year to date 24/25
	Calls to GP surgeries	332,660	1,884,793
	GP appointments offered	233,517	1,276,548
	Items issued via presciption	680,503	3,755,246

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 Centers across Cardiff and the Vale. Overall utilisation dropped slightly from July, with total utilisation across all 6 sites at 87% for August and 88% for September, with c3180 appointments booked in month.

Our community teams and integrated services continue to support patients out of hospital, including 17,387 District Nursing visits in September – c5800 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	September 2024
District Nursing visits to patients	17,387
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	27
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	82
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	415
Patients supported by Community Nursing to remain at home	3,654
Wound healing service referrals	91
Continence service referrals	199

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People and Culture

NHS Wales Staff Survey 2024:

- A number of engagement activities have taken place over the past five weeks including face to face interactions, site visits, walk arounds and digital engagement
- Support has been provided to individuals needing assistance in completing the survey both online and in paper format
- Current participation rate for the Health Board is 15% as at 05.11.24 and is being monitored weekly
- The Survey is open until 29th November 2024

Education:

- **Restorative Clinical Supervision (RCS):** Formally launched in the UHB in line with the All Wales standards issued by the CNO in March. Phase 1 of the implementation plan embedded RCS sessions into the Nursing Preceptorship Programme and 98 newly registered nurses have attended supervision sessions. Feedback has been positive and has highlighted the support and safe space that RCS provides. The UHB continues to test the national RCS Supervisor education programme through a train the trainer approach. A number of ECOD nurses are now fully trained, along with external education leads. RCS is also being provided to the UHB Professional and Practice Development Nurse Forum..

- **General Managers Leadership Programme**: A development programme for General Managers is being scoped out with the Chief Operating Officer and Director of Operations. A workshop with our current General Managers took place in October 2024 where attendees were able to provide feedback on the General Managers Success Profile and identify areas for development. The programme will commence delivery in Winter 2024.

-

Workforce Planning Training: Following the re-shaping workshops, the Heads of People and Culture have developed a plan to build workforce planning capabilities across the UHB. This will include online and face-to-face training using the HEIW toolkit and resources held on Ty Dysgu.

Inclusive Recruitment:

- A small cohort of inmates from Cardiff Prison have been identified to attend an informal session in October to promote roles within our UHB, with the intention of gaining employment with us when their custodial sentences end.
- Six interns who have completed Project Search have gone onto Jobs Growth + Wales programme which gives further work experience until aged 20, currently 2 of the 6 have now secured permanent employment with the UHB, and the four others are being assisted in applying for roles.
- Presentations are currently being delivered to all Clinical Boards to promote the Widening Access Framework and highlight the department's ongoing work, with the goal of securing additional work placement opportunities across new departments.

Health, Safety and Fire:

- **Serious Incident Rate:** 6 RIDDOR's have been reported since the last report taking the total to 42 financial YTD, maintaining this performance will result in ~70 for the year. This time last year we had reported 58 leading to a total of 96 for the year.
- **UHB Training Compliance** There has been a slight decrease in training compliance from the starting point of the financial year in 6 elements, this is largely attributable to clinical pressures resulting in staff withdrawal.

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Cardiff and Vale University Health	Manual Handling - E Learning	Manual Handling Objects Classroom	Manual Handling Patients	V & A Module A	V & A Module B	V & A Module C	V & A Module C+- Control	V & A Module D	Fire Safety	Health, Safety & Welfare
Apr-24	89.56%	69.11%	60.65%	87.76%	76.10%	44.38%	31.82%	54.86%	72.82%	87.04%
Oct-24	89.57%	69.68%	59.10%	87.40%	75.24%	43.45%	29.16%	60.68%	69.78%	87.09%
Change	0.01%	0.57%	-1.55%	-0.36%	-0.86%	-0.93%	-2.66%	5.82%	-3.04%	0.05%

- There have been six custodial sentences this FYTD.
- Specific V&A training courses have been conducted in CRI and the sessions were well attended. In addition to this, audits have also been conducted to identify any shortfalls in V&A control measures and management processes.
- Case management/V&A awareness sessions also conducted in HYC and Community Nursing.

Quality Safety and Experience

1. Safety and Quality Initiatives

- **Committee Oversight:** The QSE Committee consistently monitors quality, safety, and patient experience indicators. Regular reviews include key performance metrics and strategic recommendations.
- **Complaint Resolution:** Despite high demand and staffing limitations, complaint resolution has maintained a 78% success rate within a 30-day timeframe, with many issues resolved within two days. However, **increased waiting times** and **communication issues** are recurring concerns needing targeted improvement.

2. Duty of Candour

- Since April 1, 2023, the Duty of Candour has been enacted **214 times**, reflecting a commitment to transparency in addressing adverse events.

3. Infection Control Measures

- **Increased Infection Rates:** Rising cases of *C. difficile* and *P. aeruginosa* have prompted an executive-led oversight to enhance infection control and outbreak management.
- **Community and Hospital Communication:** Engagement with patients and staff has been increased to raise awareness of infection trends in both community and hospital settings.

4. Patient Feedback and Engagement

- **Feedback Requests:** In October, **15,472 SMS feedback requests** were sent to gather real-time, retrospective, and mixed-method feedback in multiple languages, accommodating diverse linguistic and literacy needs across the patient population.
-
- **Civica Activity Growth:** Continuous monthly growth in Civica activity is enhancing the depth and responsiveness of patient feedback.

5. National Reportable Incidents (NRIs)

- **Ongoing Investigations**: There are currently **64 NRIs** open for more than 90 days this demonst4ates a decreasing number month on month, of which **48% are justified** to extend beyond this timeframe due to complex review requirements.
- Specifically:
  - **Mental Health Reviews:** Extended to 120 working days.

Saunders Memorial
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- **MBRACE-Reportable NRIs:** Also given a 120-day allowance to accommodate pathology reporting.

Action Points

- **Address Communication Gaps:** Further improvement initiatives are required to reduce waiting time complaints and improve clarity in patient communication.
- **Infection Rate Management:** Reinforce infection control protocols and expand staff training to mitigate the rising cases of *C. difficile* and *P. aeruginosa.*
- **Efficient Complaint Handling:** Identify strategies to sustain or increase the 78% resolution rate while addressing the factors behind longer-resolution cases.

This structured focus on QSE reflects a proactive approach toward fostering a safer, more patient-centered care environment amidst ongoing challenges.

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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:

Signed by Nathan
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Cardiff and Vale
Integrated Performance Report

2024/25

November 2024

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Report Contents

1. Cabinet Secretary Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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Section 1: Cabinet Secretary Priorities

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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.

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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
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**	**161** Oct-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**	**50.5%** (Apr-24 to Sept-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**	**1108** Oct-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-24**	**466** Oct-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory | off target/trajectory

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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**	**95%** Sept-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%** Sep-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory | off target/trajectory

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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	**16,004** Sep-24 **15,925** Mar-25	**No**		**15,983** Sep-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	**4,447** Dec-24	**No**		**3,683** Sep-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-24	**Yes**	Dec-24	**68.4%** Aug-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	**14,796** Dec-24	**No**		**17,210** Sep-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory | off target/trajectory

Section 2: Cardiff and Vale Performance Report

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

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

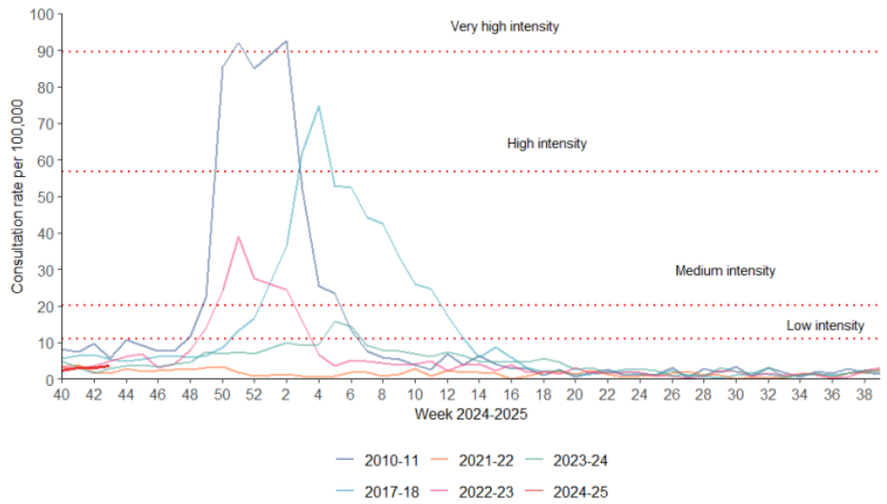
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

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

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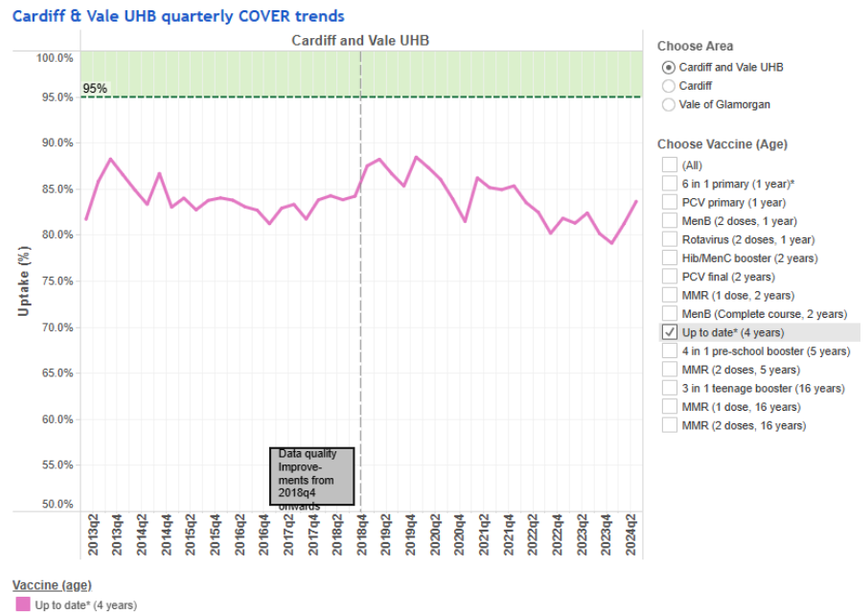
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

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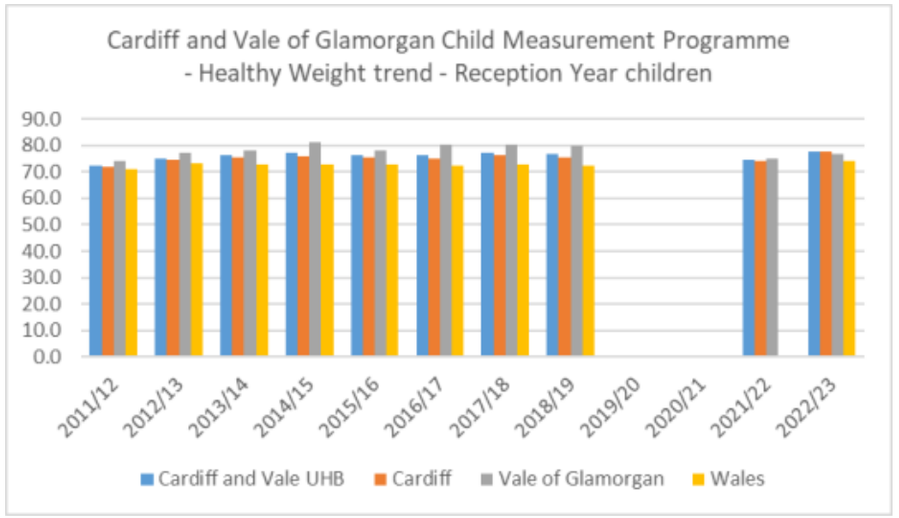
Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Seasonal respiratory infections** **Immunisation** – COVID-19 and influenza • The Covid-19 autumn winter booster campaign is underway, and it has delivered 22,406 vaccines since the 1st of October when the campaign started for a total eligible population of 155,608 in Cardiff and the Vale which includes healthcare staff. The vaccine uptake has therefore been 12.63% which is the lowest uptake of all Health Boards and below the Welsh average of 21.72%. **Surveillance** • Influenza activity remains low, between seasonal activity • Hospital admissions in C&V for Covid-19 have been declining since the third week of October • Across Wales, the overall proportion of samples testing positive for Covid-19 decreased to 12% in hospital and non-sentinel GP practices. Confirmed cases in sentinel GP patients decreased. • KP.3 remains the most prevalent variant in Wales, a sub-variant of both Omicron and JN.1 • There are currently 4 Covid-19 outbreaks and **zero** incidents in hospitals in C&V UHB; and **1** influenza outbreak and **zero** incidents. • Since the start of April 2024, in C&V UHB there have been **12** influenza incidents or outbreaks, with **7** bed days lost. In the same period there have been **112** Covid-19 incidents or outbreaks, with **451** bed days lost, at an estimated opportunity cost of **£225,500** since 1 April 2024 • Updated figures for staff sickness due to Covid-19 and flu are awaited • RSV is circulating, with activity at high levels in children aged up to 5y	Week 43	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 ARI summary (new from Nov 2024)

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

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** • 83.6% of children are up to date with vaccination at age 4, which although an improvement is below the target of 95% and a Welsh average of 85.7%, uptake of all childhood vaccinations at age 5 is 85.8% which is still below the Welsh average of 87.7%. • 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.	Apr-Jun 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 and has been produced in collaboration with partners across the regional system, seeking views on where the partnership has added value and where there is still the opportunity for further collaborative working. •The UHB is undertaking a range of preparedness actions in response to the World Health Organization'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 and members of the regional partnership, including SRS, participated in a national tabletop exercise on 5th September 2024 to test our response.	Q2 2024/25	On target	*n/a*

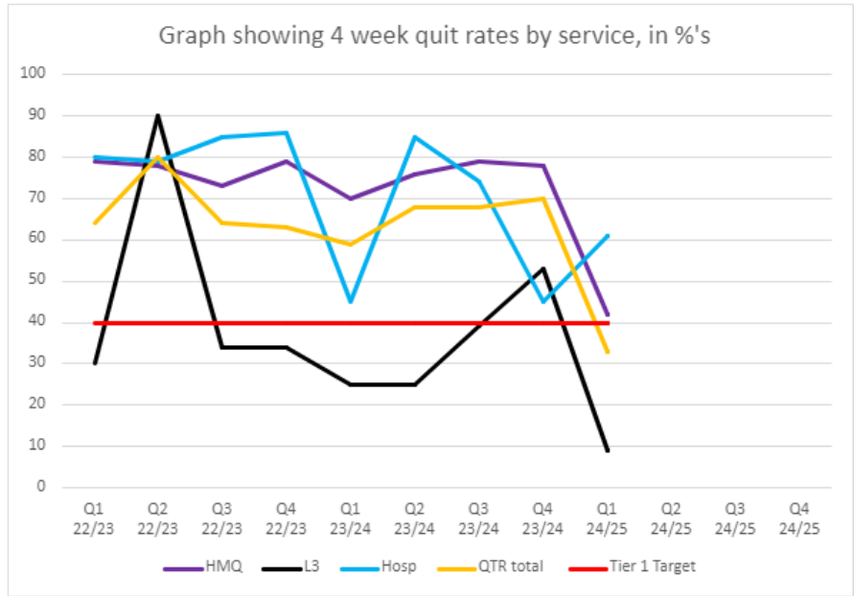
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Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Healthy weight:** • 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23). Cardiff 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 an Investment Plan to outline how services will meet the new Ministerial target of a 10% increase in Level 2 and Level 3 end to end services by the end of financial year. Baseline findings are 1,386 patients for Level 2 and 160 patients for Level 3.	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

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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 1 24/25 (the most up to date data received) 0.5 % of smokers set a firm quit date. This is below target. 33 % of these quit smoking at 4 weeks, CO Validated (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 – 42% of Treated Smokers had quit smoking at 4 weeks.
	  • Level 3 Pharmacy –9% of Treated Smokers had quit smoking at 4 weeks.
	  • Hospital Service - 61% of Treated Smokers had quit smoking at 4 weeks.
	• CO validation was re introduced for quits in April 24 by Welsh Gov. In Q1 there were an additional 69 self reported quits that have not been included in reporting across all services. For example Pharmacy L3 have reported 42 self reported quits that have not been recorded
	• Client episodes
	  • When a person who smokes accepts help from our 'Help Me Quit' smoking cessation services, a client episode is created. While not a measure of 'treated smokers' or '4 week quits' episode data gives us an idea of numbers of people engaging with the service
	  • Numbers engaging HMQ are currently consistently **higher** in 2024
	  • For pregnant smokers, numbers are small but currently consistently **lower** than in 2024
		Q1 24/25	Smokers setting quit date:
			
			Below target for percentage of adult smokers who make a quit attempt
			
			Below target for 4 week quits
				
				
				Client episodes 2024 (2023 figures in brackets for comparison):
				• April 173 (151)
				• May 171 (156)
				• June 173 (138)
				• July 163 (143)
				• August 157 (137)
				• September 157 (151)

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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	2024/25	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.5% Below target	**Q1**	**Q2**	**Q3**	**Q4**
					0.5%			
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.***	2024/25	40%	33% Below target	**Q1**	**Q2**	**Q3**	**Q4**
					33%			
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	2024/25	4 quarter improvement	32.8% Below Target	**Q1**	**Q2**	**Q3**	**Q4**
					32.8%			

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%			

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Immunisation and vaccination

NHS Wales Performance Framework measures and Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Apr-Jun 24	95%	85.8% Below target	**Q1**	**Q2**	**Q3**	**Q4**
					85.8%			
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)***	1 January 2024 to 30 June 2024	90%	62.1% Below target	**Q1**	**Q2**	**Q3**	**Q4**
						62.1%		
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 Sep 24 to 31 Mar 25	75%	41.6% Below target	**29/10/24**			
					41.6%			
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 Sep 24 to 31 Mar 25	75%	12.6% Below target	**31/10/24**			
					12.6%			

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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			

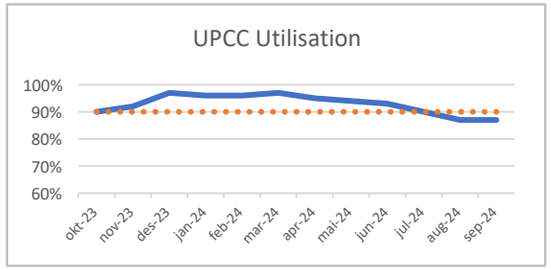
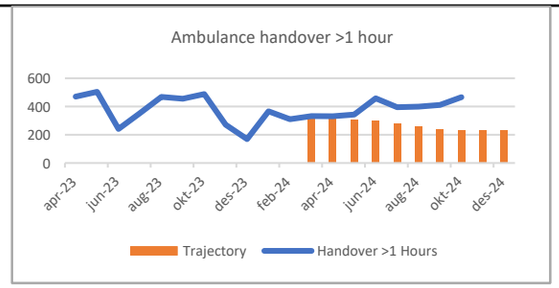
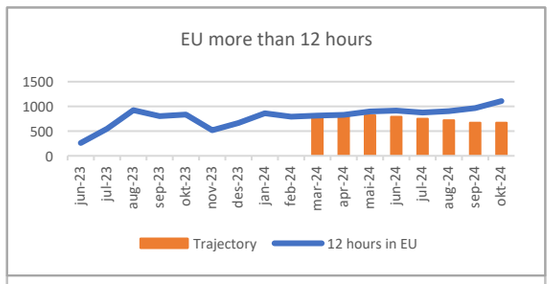
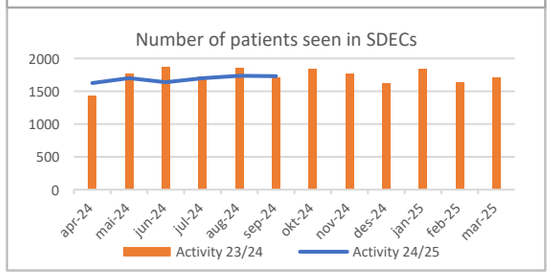
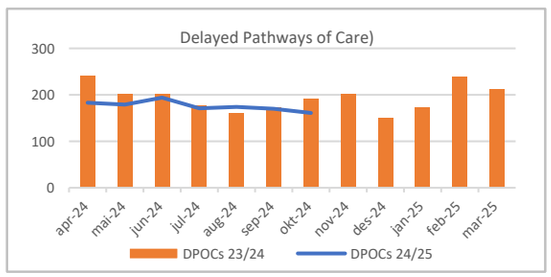
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Screening

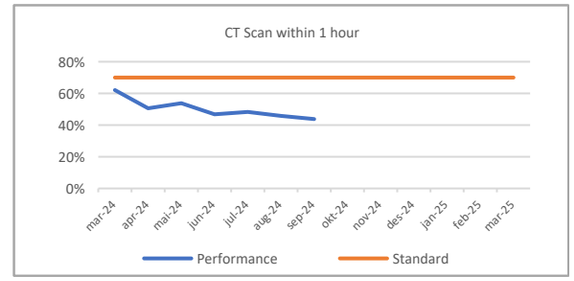
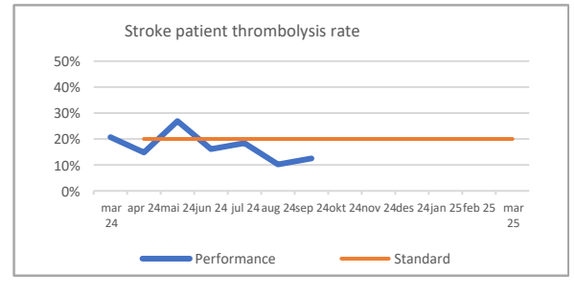
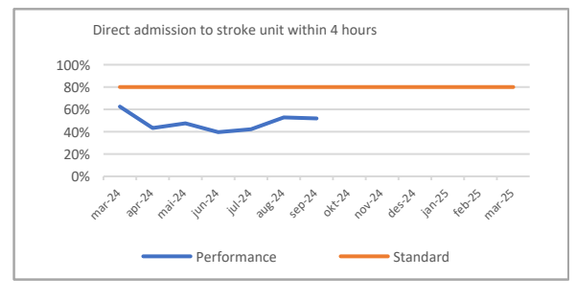
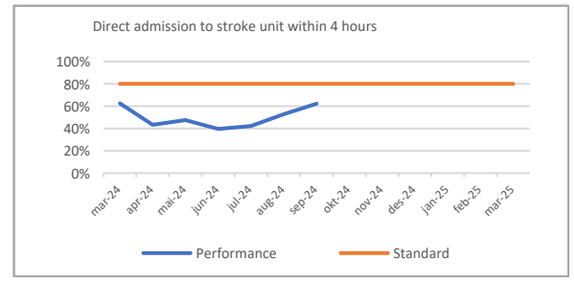
NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-24	90%	**17.3%** Below standard	May-24: 15.38%; Jun-24: 23.53%; Jul-24: 17.86%; Aug-24: 17.30%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-24	90%	**93.9%** Above standard	Mar-24: 94.08%; Apr-24: 97.69%; May-24: 95.43%; Jun-24: 93.39%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Aug-24	95%	**98.08%** Above standard	May-24: 96.10%; Jun-24: 97.36%; Jul-24: 97.17%; Aug-24: 98.08%

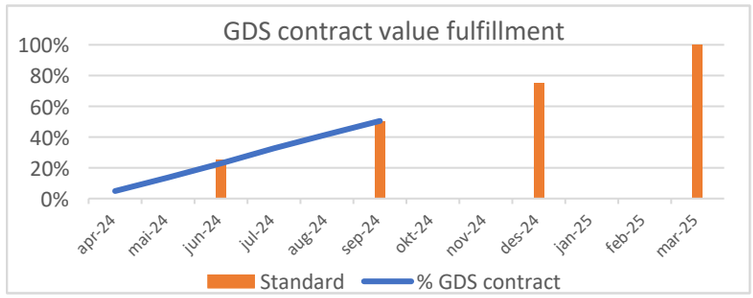
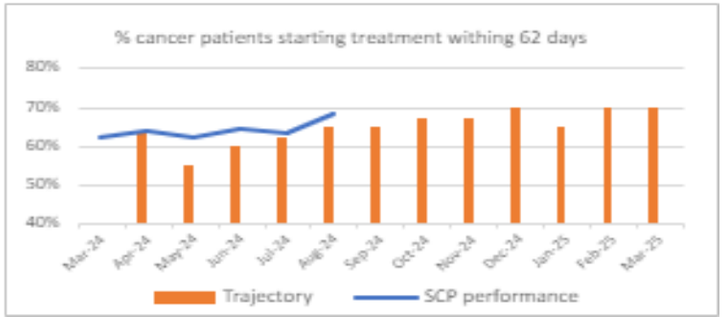
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In September utilisation was 88% , this is below our commitment – work taken to right size the capacity across all clusters is expected to bring utilisation back above 90% **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** Q2 to date 98% compliance with 8-hour standard	Sep-24 Sept-24	88% utilisation Below standard 200 accepted referrals Q1 Below standard 98% 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 October we reported 39 2-hour ambulance delays, above our ambition of 0 In October we reported 466 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In October lost minutes per arrival increased to 26 **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 October we reported an increase in patients waiting 12-hours in EU compared to September. This equates to 91.2% of attendances waiting less than 12-hours and below our ambition for Q3 **SDEC units – Increase attendances compared to the same period 23/24** In September we reported a very small decrease in activity compared to August, however this is slightly above our September 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	Oct-24 Sep-24	39 2-hour delays Above standard 466 1-hour delays Above standard 26 minutes lost/arrival Above standard 91.2% patients <12h Below standard 1730 SDEC attends Above 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 October 56.3% of patients in acute beds had a LOS of >7 days, 30.3% >21 days – increased from September's snapshot and above out ambition **Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24**	Sep-24 Oct-24	56.3% >7d Above standard 30.3% >21d Above standard 161 Below standard	

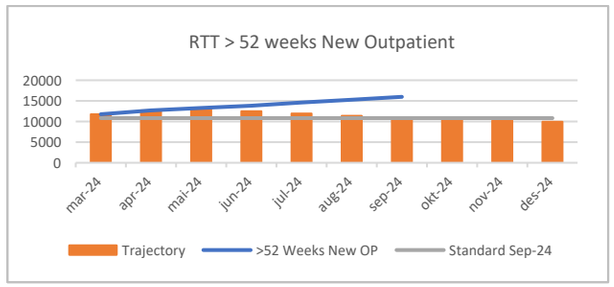
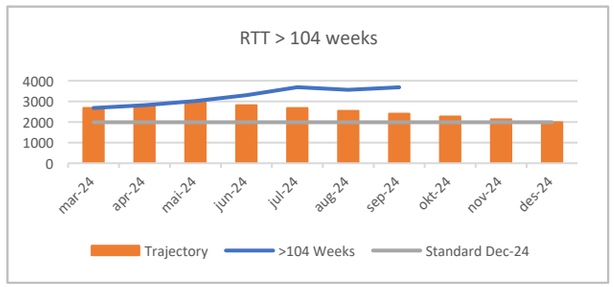
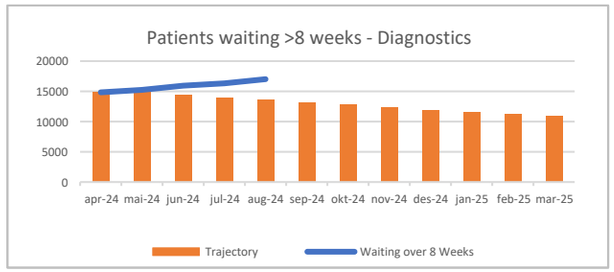
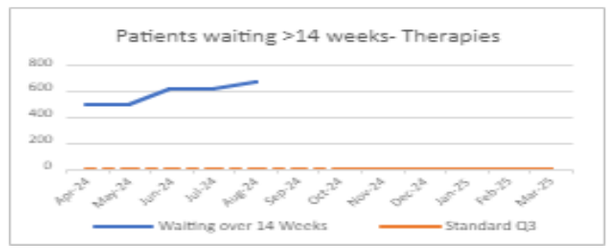
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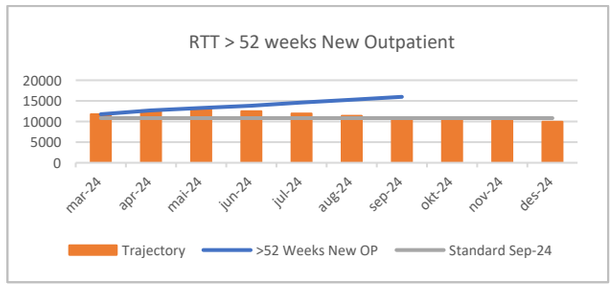
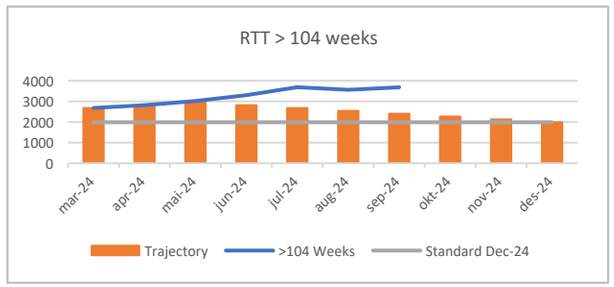
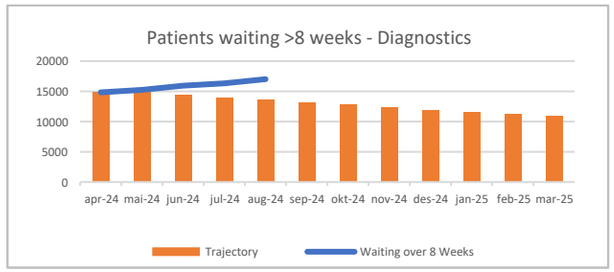
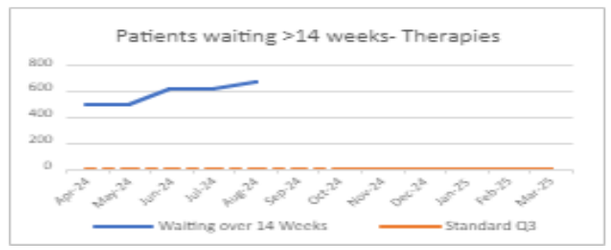
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In September 43.8% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition. **Thrombolysis – 20% thrombolysis rate** In September 12.5% of stroke patients were thrombolysed, an increase from August but below our ambition **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In September 51.9% 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.	Sep-24	43.8% CT Below standard 12.5% Thrombolysis Below standard 51.9% 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 September 40.7% 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.	Sep-24	40.7% (Annualised) Below standard	

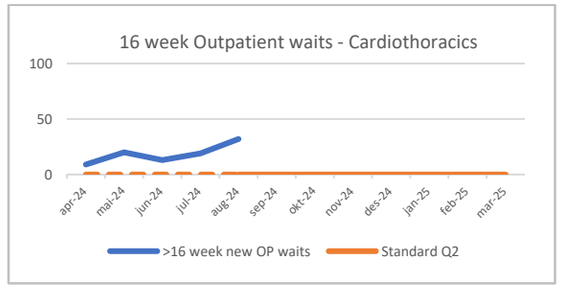
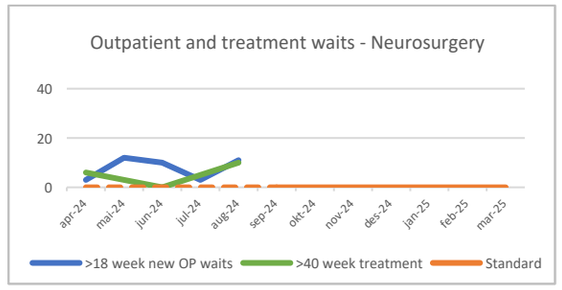
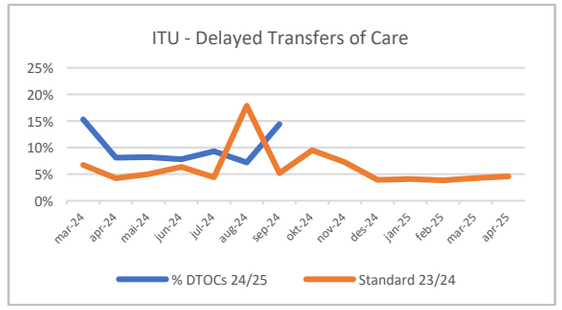
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In August 96% of practices met the standard – the official data is provided 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 September 50.5% 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 September 100% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Aug-24 Sept-24	96% Below standard 50.5% At standard (Apr-24 - Sept-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 August 68.4% 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.	Aug-24	68.4% Below standard	

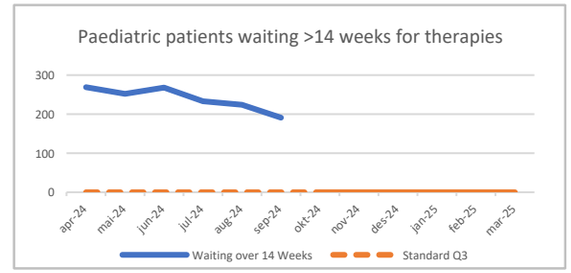
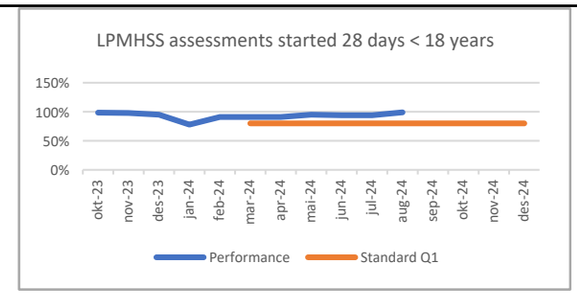
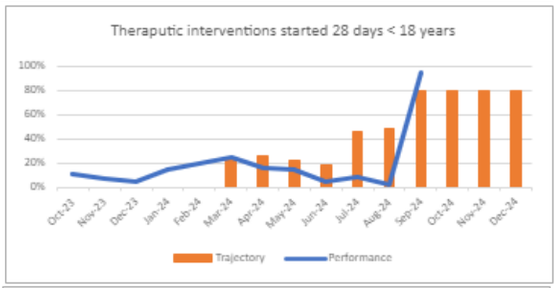
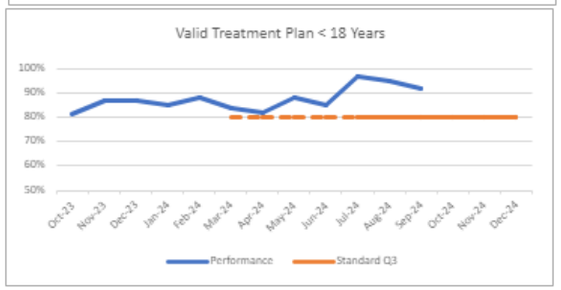
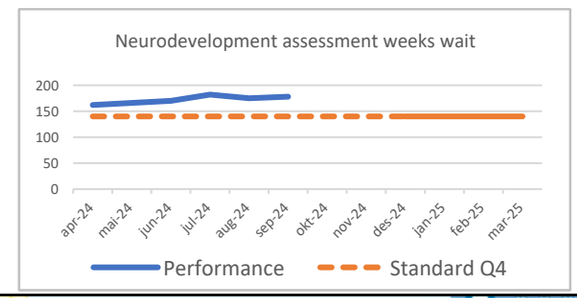
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In September there were 15,983 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 September there were 3,683 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	Sep-24	15,983 patients Above standard 3,683 patients Above standard	 
Diagnostics and Therapies Saunders Nathan 25/11/2024 13:17:11	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In September 17,210 patients were waiting over 8 weeks for a specified diagnostic, an increase from August and slightly above our trajectory, A diagnostic update was brought to the most recent Board development session. **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In September 624 patients were waiting over 14 weeks for therapies, a decrease from August but above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance.	Sep-24	17,210 patients Diagnostics Above standard 624 patients Therapies Above standard (Q3)	 

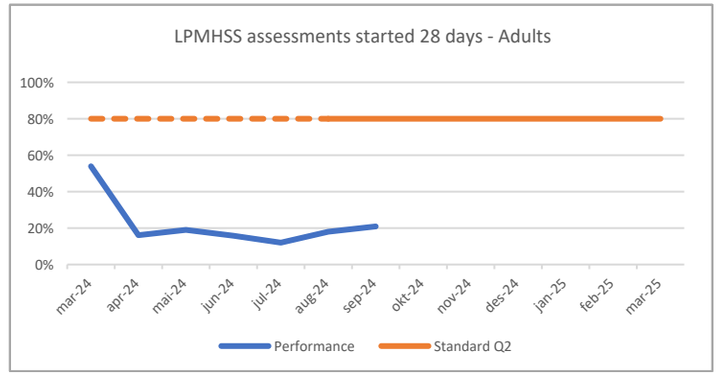
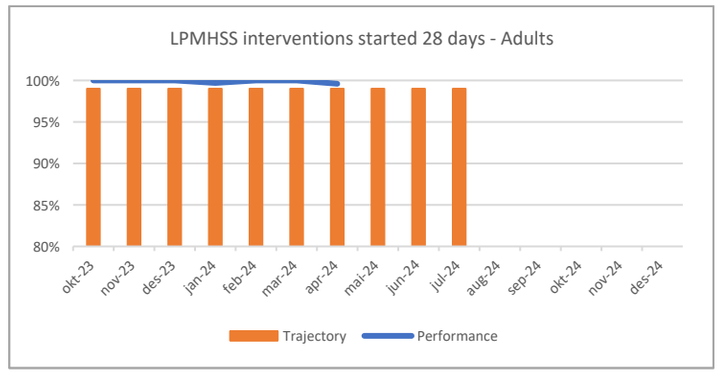
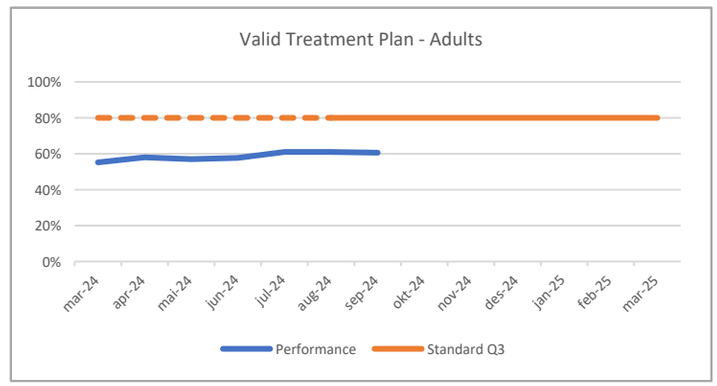
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In September there were 15,983 patients waiting 52 weeks for their 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 September there were 3,683 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	Sep-24	15,983 patients Above standard 3,683 patients Above standard	 
Diagnostics and Therapies Saunders Nathan 25/11/2024 13:17:11	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In September 17,210 patients were waiting over 8 weeks for a specified diagnostic, an increase from August and slightly above our trajectory, A diagnostic update was brought to the most recent Board development session. **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In September 624 patients were waiting over 14 weeks for therapies, a decrease from August but above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance.	Sep-24	17,210 patients Diagnostics Above standard 624 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 September there were 33 patients waiting over 16 weeks for a new outpatient appointment and 18 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 September there were 0 patients waiting over 18 weeks for a new outpatient appointment and 7 patients waiting over 40 weeks for surgery	Sep-24	33 Outpatients Above standard (Q2) 18 patients Treatment Above standard (Q3) 7 patients Treatment Above standard (Q4)	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** September 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.	Sep-24	14.4% Above standard	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In September 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 September there were 191 paediatric patients waiting over 14 weeks for Therapies (82 in Dietetics and 109 in Occupational Therapy)	Sep-24	0 Meeting standard 191 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 September 95% of assessments were completed within 28 days **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3** In September 95% 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 September 92% of patients had a valid Care and Treatment Plan, above our ambition	Sept-24	95% Part 1a Above standard 95% Part 1b Above standard 92% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In September the longest wait for a neurodevelopment assessment was 178 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24	Sep-24	178 Above standard (Q4)	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In September 21% 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.	Sep-24	21% 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 September 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Sep-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 September 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 Liaison Committee to support longer term improvements in compliance	Sep-24	61% Part 2 Below standard (Q3)	

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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	Jul-24	Improvement compared to the same month in the previous year	**47.3%** Above standard	Apr-24: 47.50%; May-24: 47.60%; Jun-24: 47.30%; Jul-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-Sep-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**50.5%** Above standard	May-24: 13.70%; Jun-24: 22.90%; Jul-24: 32.70%; Aug-24: 41.70%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-24	Increase compared to the same month in the previous year	**1,877** Above standard	Apr-24: 1628; May-24: 1795; Jun-24: 1531; Jul-24: 1877
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	Sept-24	80%	**95%** Above standard	Jun-24: 94%; Jul-24: 94%; Aug-24: 99%; Sep-24: 95%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Sept-24	80%	**95%** Above standard	Jun-24: 5%; Jul-24: 8%; Aug-24: 2%; Sep-24: 95%
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	Sep-24	80%	**21%** Below standard	Jun-24: 16.0%; Jul-24: 11.8%; Aug-24: 18.0%; Sep-24: 20.9%
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	Sep-24	80%	**100%** Above standard	Jun-24: 100.0%; Jul-24: 100.0%; Aug-24: 100.0%; Sep-24: 99.6%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Oct-24	65%	**50%** Below standard	Jul-24: 56%; Aug-24: 55%; Sep-24: 48%; Oct-24: 50%
20.	Median emergency response time to amber calls	Aug-24	12 month reduction trend	**01:07:42** Above standard	May-24: 01:19:27; Jun-24: 01:18:06; Jul-24: 01:23:17; Aug-24: 01:07:42

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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	Aug-24	15 minutes or less	**9** Below standard	May-24: 23; Jun-24: 9; Jul-24: 4; Aug-24: 9
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Aug-24	60 minutes or less	**72** Above standard	May-24: 62; Jun-24: 65; Jul-24: 73; Aug-24: 72
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	Oct-24	Improvement compared to the same month in the previous year, towards the national target of 95%	**61.4%** Below standard	Jul-24: 61.9%; Aug-24: 59.9%; Sep-24: 60.8%; Oct-24: 61.4%
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	Oct-24	Reduction compared to the same month in the previous year, towards the national target of zero	**1108** Above standard	Jul-24: 876; Aug-24: 904; Sep-24: 966; Oct-24: 1108
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Aug-24	12 month improvement trend towards a national target of 80% by 31 March 2026	**68.4%** Below standard	May-24: 62.1%; Jun-24: 64.6%; Jul-24: 63.0%; Aug-24: 68.4%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Sep-24	0	**17,210** Above standard	Jun-24: 15938; Jul-24: 16324; Aug-24: 17016; Sep-24: 17210
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Sep-24	100%	**85.6%** Below standard	Jun-24: 82.12%; Jul-24: 84.29%; Aug-24: 82.67%; Sep-24: 85.60%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sep-24	0	**624** Above standard	Jun-24: 604; Jul-24: 611; Aug-24: 659; Sep-24: 639
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Sep-24	0	**15** Above standard	Jun-24: 63; Jul-24: 64; Aug-24: 59; Sep-24: 15

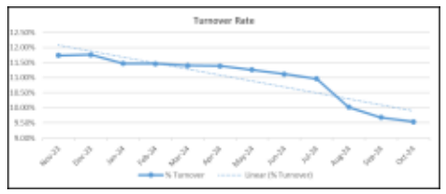
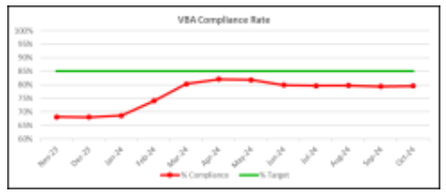
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Sep-24	0	**15,983** Above standard	Jun-24: 13831; Jul-24: 14607; Aug-24: 15280; Sep-24: 15983
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Sep-24	Reduction compared to the same month in the previous year	**20,806** Below standard	Jun-24: 24915; Jul-24: 22763; Aug-24: 21500; Sep-24: 20806
32.	Number of patients waiting more than 104 weeks for referral to treatment	Sep-24	0	**3,683** Above standard	Jun-24: 3301; Jul-24: 3687; Aug-24: 3561; Sep-24: 3683
33.	Number of patients waiting more than 52 weeks for referral to treatment	Sep-24	Month on month reduction towards the national target of zero by 30 June 2025	**36,738** Above standard	Jun-24: 34148; Jul-24: 35473; Aug-24: 36204; Sep-24: 36738
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Sep-24	80%	**16%** Below standard	Jun-24: 16%; Jul-24: 17%; Aug-24: 17%; Sep-24: 16%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-24	80%	**67%** Below standard	Jun-24: 65%; Jul-24: 68%; Aug-24: 68%; Sep-24: 67%

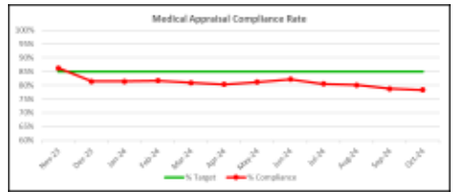
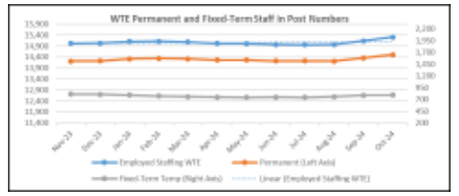
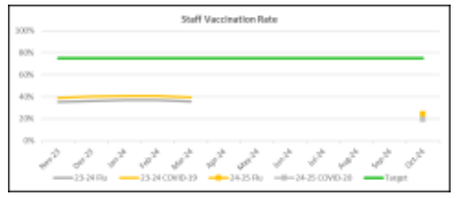
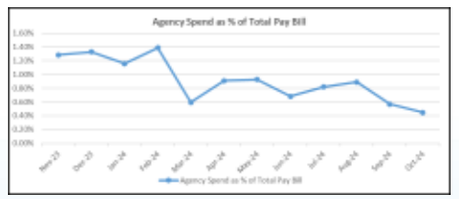
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Measure		Internal standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Outpatients	% DNAs - New appointments	5%	10.0%	11.0%	10.6%	10.4%	10.1%	10.1%	9.9%	10.9%	9.6%	9.3%	9.8%	9.8%	10.2%	10.3%	
	% DNAs - Follow-up appointments	5%	11.7%	11.8%	11.7%	11.6%	12.7%	12.3%	11.7%	13.0%	12.3%	12.3%	12.5%	12.2%	12.9%	12.6%	
Endoscopy	% room utilisation	90%	91%	95%	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	
	% utilisation (activity points available)	95%											84%	81%	80%	83%	
Theatres	Average turnaround time (minutes)	10	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.0	18.9	
	% of theatre session utilisation	95%	81%	83%	84%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	
	% in session utilisation	85%	78%	78%	80%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	
	<24 hour elective cancellations		219	197	257	285	269	239	226	212	243	289	247	309	249	190	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset															
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset															
Waiting list	Total RTT waiting list volume	N/A	135686	136185	140725	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	155063	
Inpatient	Delayed pathways of Care - Mental Health	217	36	36	31	41	36	37	38	41	38	39	34	29	36	26	
	Delayed Pathways of Care - non-Mental Health		140	124	142	150	114	173	200	170	145	140	160	142	138	144	
	7 day LOS on Acute Wards (snapshot)	<40%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	
	21 day LOS on Acute Wards (snapshot)	<20%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	

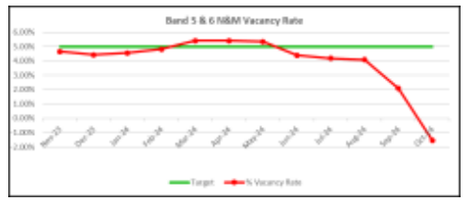
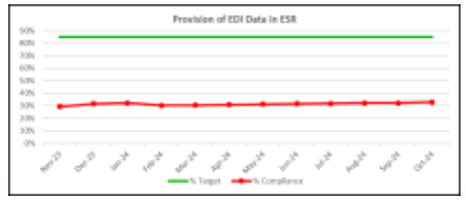


Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Nov-23; the rates have fallen from 11.74% at Nov-23 to 9.54% in Oct-24 UHB wide. This is a net 2.20% decrease, which represents 313 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and Voluntary Resignation - Work Life Balance'.	October 2024	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Oct-24 was 6.16%. The 12-month cumulative rate has settled over the past 6 months, and is 6.25% at Oct-24 (by comparison with Oct-23, which was 6.47%).	October 2024	
Statutory and Mandatory Training	The overall compliance rates fell again for Oct-24 to 81.30%, 3.70% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target; Corporate Executives, Children & Women's and are above 80% compliance. The compliance with Fire training has fallen to 70.06% for Oct-24 . All Wales Genomics Service have reached 87.76%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.	October 2024	 
Values Based Appraisal	VBA compliance has risen marginally for Oct-24 to 79.52%. Capital, Estates & Facilities and All-Wales Genomics Services are the only Clinical Boards to exceed the 85% target. Children & Women's and Clinical Diagnostics & Therapeutics are above 80%.	October 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 has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	October 2024	

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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 43.05% have an agreed job plan that has been signed off within the past 12 months. A further 17.18% have an agreed job plan that was last reviewed and signed off before Nov-23.	October 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal continues to fall; to 78.33% for Oct-24, and remains below the 85% target.	October 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 282 WTE, to 15,304.39 WTE at Oct-24. This is the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has fallen in the past 12 months, in part due to validation of the ESR data held for staff contract type.	October 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 Nov-23 the percentage was 9.63% of the total spend on pay, but in Oct-24 had fallen to 7.91%. It must however be borne in mind that the total pay bill is increasing.	October 2024	
Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. 24.36% of staff have received the flu vaccine, and 19.35% of staff have received the COVID-19 vaccine.	October 2024	
Agency Spend as % of Total Pay Bill	The overall trend in the proportion of the total pay bill attributed to Agency continues to fall. At Nov-23 the percentage was 1.28% of the total spend on pay, but in Oct-24 had fallen to 0.45%. It must however be borne in mind that the total pay bill is increasing.	October 2024	

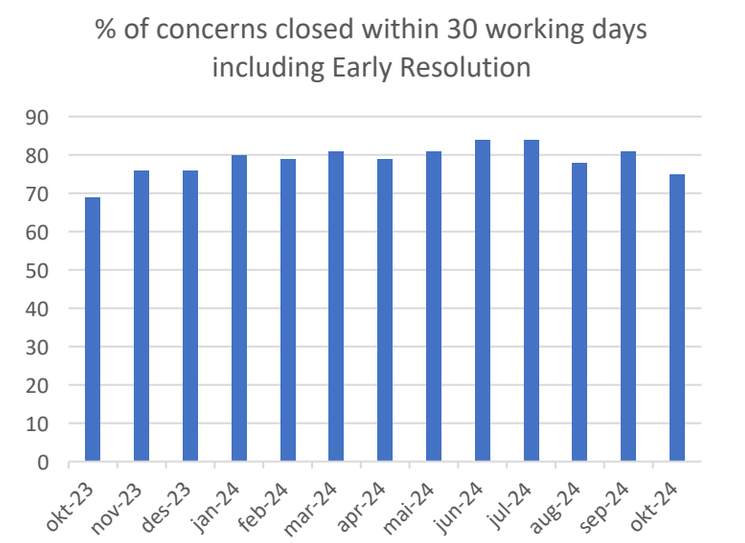
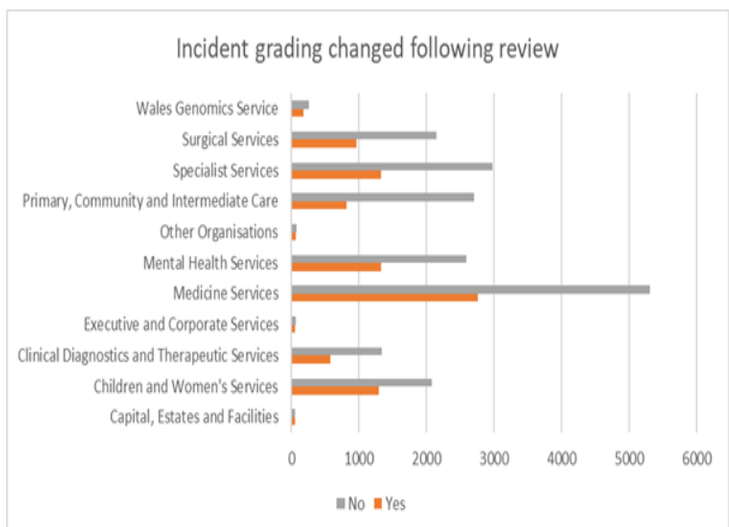
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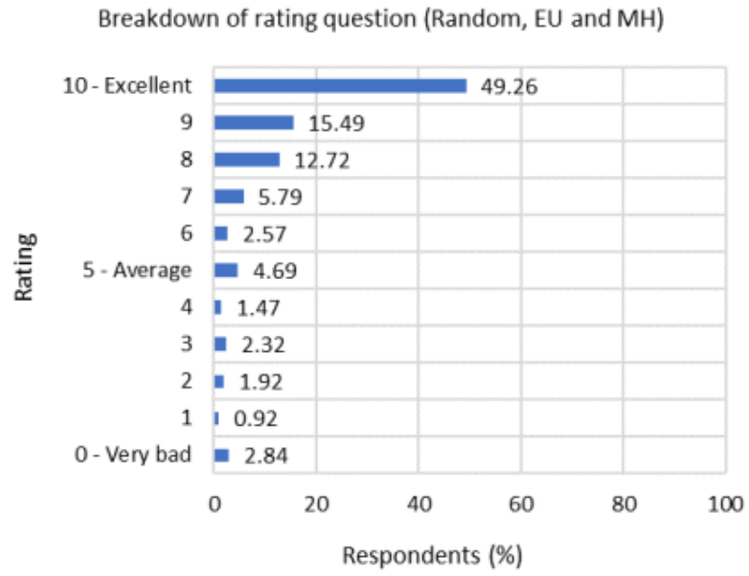
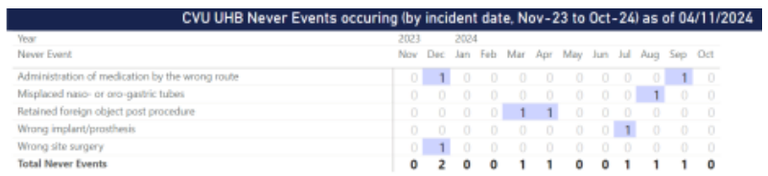
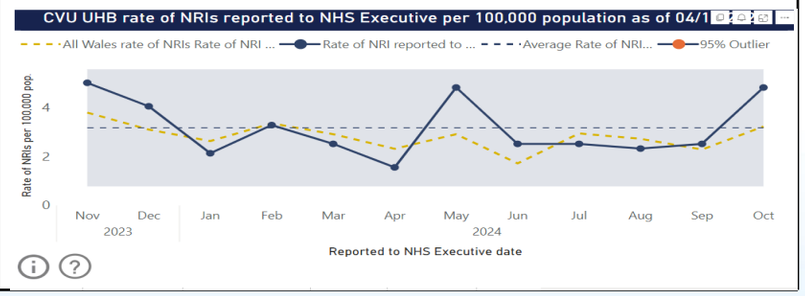
Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 60.8 days. The figure for Cardiff & Vale uHB for Oct-24 was 87.4 days, but over the past 12 months the trend is downwards.	October 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 6.4 days. The figure for Cardiff & Vale uHB for Oct-24 was 6.1 days.	October 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%. At Sep-24 the return rate was 15.00%.	September 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 Oct-24 the rate was -1.53%, by comparison with a nominal 5% target. This indicates that the Health Board is over-established for band 5 & 6 nursing & midwifery staff. 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.	October 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 Oct-24 32.92% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	October 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). 49% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Oct-24 6.44% of staff have identified their Welsh Skills as between level 2 and level 5.	October 2024	

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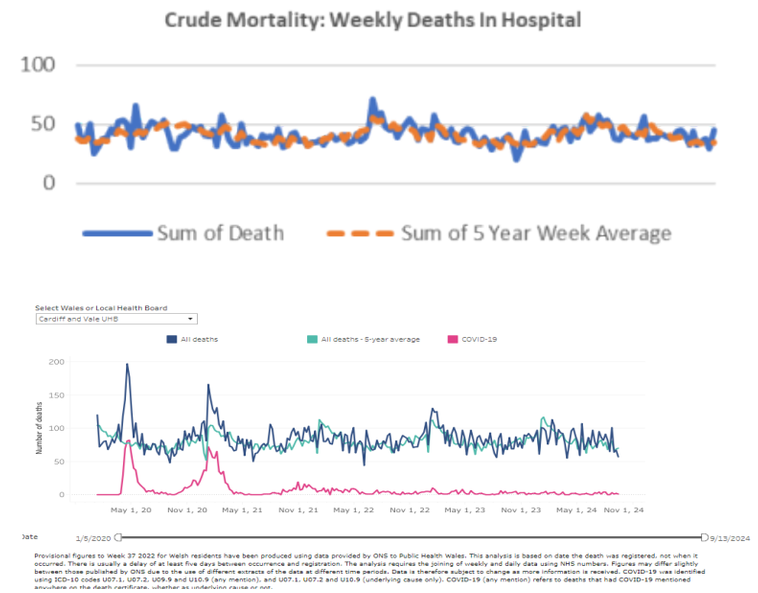
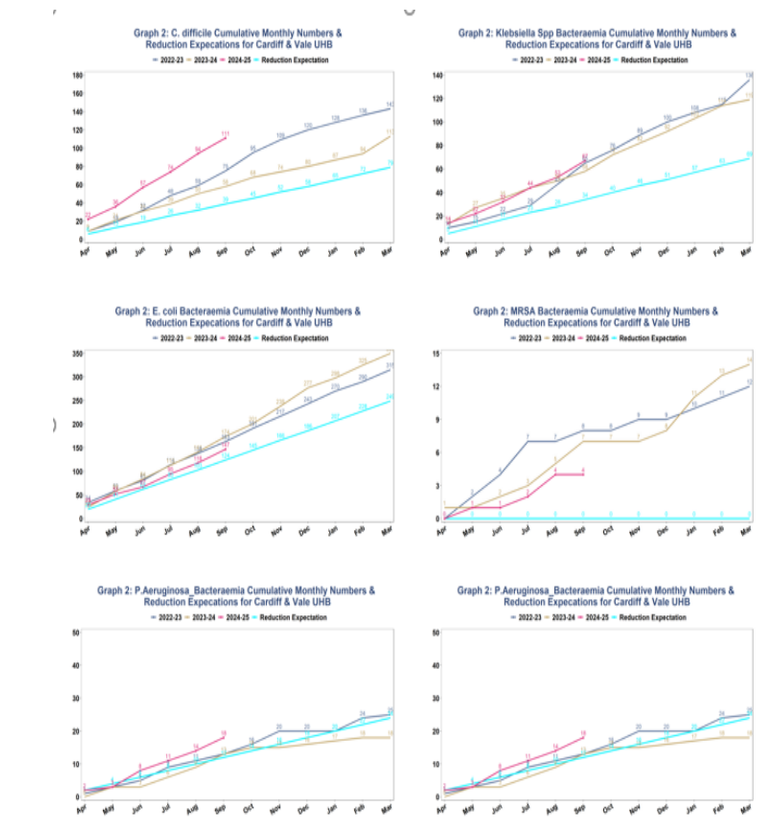
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Oct-24	12 month reduction trend (6%)	**6.07%** Below standard	Jul-24: 6.06%; Aug-24: 6.05%; Sep-24: 6.05%; Oct--24: 6.07%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Oct-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	**9.54%** Above standard	Jul-24: 10.97%; Aug-24: 10.03%; Sep-24: 9.68%; Oct-24: 9.54%
38.	Agency spend as a percentage of the total pay bill	Oct-24	12 month reduction trend	**0.45%** Below standard	Jul-24: 0.82%; Aug-24: 0.89%; Sep-24: 0.57%; Oct-24: 0.45%
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)	Oct-24	85%	**79.44%** Below standard	Jul-24: 79.66%; Aug-24: 79.78%; Sep-24: 79.37%; Oct-24: 79.44%

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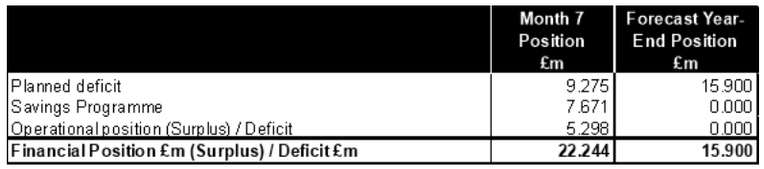
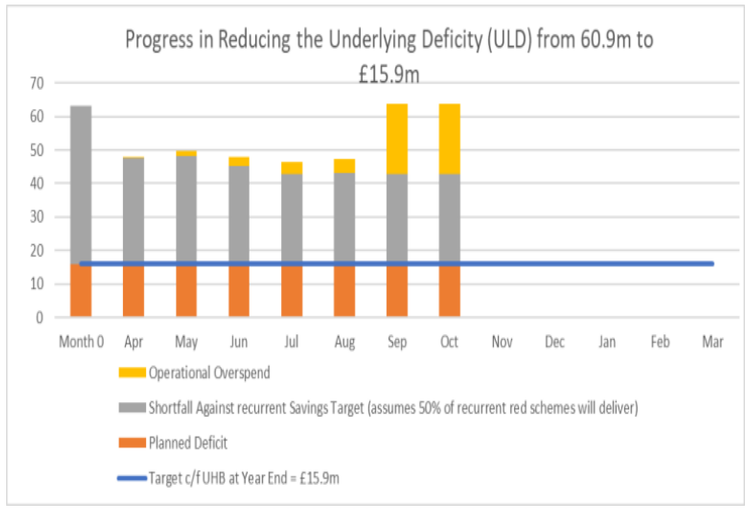
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30 day performance	**Welsh Government target for responding to concerns is 75% within 30 working days** **During September and Oct 24, the Health Board :** **•Received 623 Concerns** **•Closed 628 concerns** **•78% closed within 30 working days (including Early Resolution)** **•35% closed under Early Resolution (within 2 days including day of receipt)** **•Received 388 Enquiries** **•Received 63 Compliments** **•We currently have 277 active concerns** **Top 3 themes and trends** **•Communication** **•Concerns around appointments (waiting times/cancellations)** **•Clinical Treatment and Assessment**	Sep and Oct 2024	78% Exceeding the 75% standard	
Duty of Candour Saunders Nathan 25/11/2024 13:17:11	• **Since April 1st, 2023, 40, 174 incidents have been reported by staff across the Health Board** • **We continue to support DOC awareness sessions across Primary and Secondary care** • **Since April 1st, 2023, we have triggered the DOC on 214 occasions** • **We have internally audited the process and compliance**	Oct 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 172,400 texts** and are seeing a response of 16%. • In October, we sent 15,472 texts and had 2356 completions (15% response). • Of those respondents who were discharged during September/October and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 83% were satisfied with our service. • Currently, our response rate overall is 16% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year.	Sep/Oct 2024		
Patient Safety	Cardiff and Vale reported 25 NRIs in October 2024.which equates to a rate of 4.82 per 100 000 population compared with a Wales rate of 3.22. 54.2% of NRIs remain open over 90 days. 2370 patient safety incidents were reported in October 2024 of these 1870 were reported as having caused no or low harm. Of the 563 that were reported as having caused moderate harm or above, 228 were subsequently recategorized as having resulted in no or low harm once reviewed. 284 are yet to have a managers assessment of harm completed.	October 2024		 

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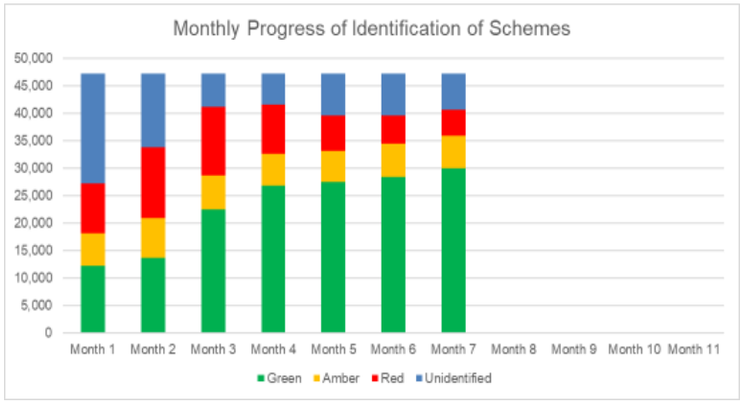
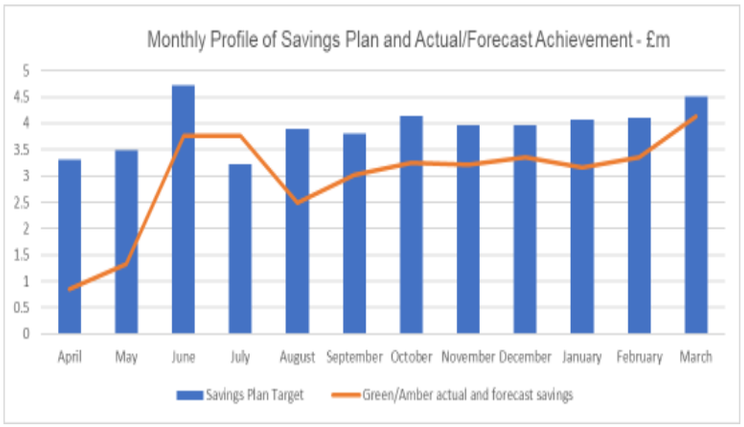
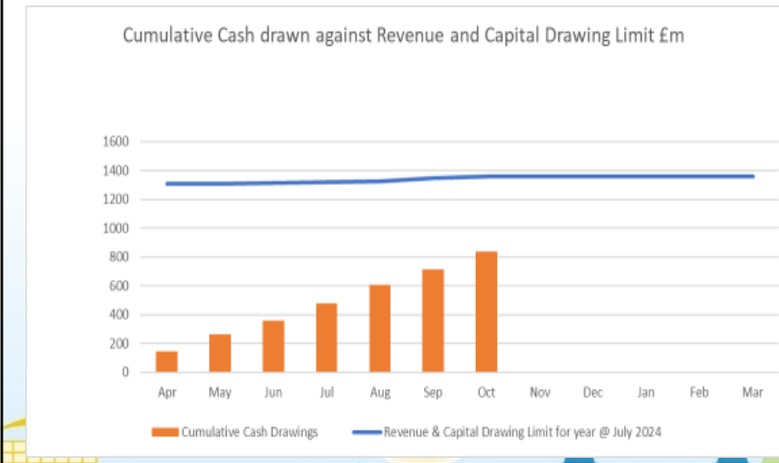
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Inpatient Mortality Crude Mortality remains in line with the five year average. Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking All Cause Mortality 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.	August 2024		
Infection Control	**Covid -19 continues to casue disruption with outbreaks on a number of wards across the UHB** **C. Difficile** 112 cases reported to date compared with 58 in the previous year. The majority of cases are in Medicine Clinical Board and PCIC **Klebsiella Spp. Bacteraemia** The UHB has reported 67 cases to date this year compared with 58 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 147 cases to date and 174 at the same point last year. Majority of cases diagnosed in the community **MRSA Bacteraemia** Four MRSA case was reported during to date this year, compared with 7 at this point in 2022/23 • **MSSA Bacteraemia** The UHB has reported 89 cases to date, 13 more than during the same period in 2023 with the majority diagnosed in the community • **P. Aeruginosa Bacteraemia** 18 cases reported to date in 2024/25 compared to 13 at the same point in the previous year, with all cases diagnosed in Medicine, Specialist clinical boards or the community	Apr-September 24		

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	Priority	Performance Summary	Reported Period	Data
Financial Performance	**Deliver 2024/25 Draft Financial Plan**	**Financial Plan Approved by Board and submitted to Welsh Government** • Brought forward underlying deficit of £60.9m • 2024/25 Demand and cost growth and unavoidable investments of £45.4m • Allocations and inflationary uplifts of £37.3m • Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) • A £47.2m Savings programme This results in a 2024-25 planning deficit of £15.9m. At Month 7 the UHB is reporting an overspend of £22.244m. This is comprised of £7.671m unidentified savings, £5.298m of operational overspend and the planned deficit of £9.275m (seven twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government). The UHB is working to recover the month 7 operational and savings overspend to remain within the £15.900m planned deficit.	Oct. 24	
	Achieve financial sustainability and recurrent financial balance by the end of 2025/26	The planned deficit for 2024-25 is £15.9m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :- • The planned 2024-25 financial deficit of £15.9m • Savings made non recurrently in 2024-25 • The full year effect of cost pressures including inflation. • The full year effect of demand led pressures in 2024-25 Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £26.913m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1m. This projects an underlying deficit for 2025-26 of £63.9m before the assessment of new year cost pressures and any additional funding available. The increase in operational overspend at month 6 follows a re-assessment of pressures at month 6 which incorporates the full year effect of current operational pressures, demand growth and inflation.	Sept. 24	
	Management of operational budget pressures	The UHB reported a £5.298m operational overspend at month 7, which is a deterioration of £1.205m from the £4.093m reported at month 6.	Oct. 24	

	Month 7 Position £m	Forecast Year-End Position £m
Planned deficit	9.275	15.900
Savings Programme	7.671	0.000
Operational position (Surplus) / Deficit	5.298	0.000
Financial Position £m (Surplus) / Deficit £m	**22.244**	**15.900**

Rhydwyn Nathan
28/11/2024 13:17:11

	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £47.2m savings target	£34.568m Green and Amber schemes identified at month 6 of which £19.592m were recurrent savings. Savings Graph 1 illustrates progress in the identification of savings. The planned profile and actual/forecast delivery of savings is outlined in Savings Graph 2.	Sept. 24	**Savings Graph 1- Progress in Identification of Savings Schemes**  **Savings Graph 2- Profile of Savings Plan and Actual/Forecast Achievement** 
	Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumptions that £15.900m of strategic cash support is provided for the forecast deficit, that all anticipated allocations are fully funded and that working capital cash is provided for movement in working balances. If the month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.	Oct. 24	

Saunders,Nathan
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	May-24	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	Sep-24	12 month reduction trend	**170** Above standard	Jun-24: 194 | Jul-24: 171 | Aug-24: 174 | Sep-24: 170
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	Aug-24	90%	**94.6%** Below standard	May-24: 87.8% | Jun-24: 85.3% | Jul-24: 97.2% | Aug-24: 94.6%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Aug-24	90%	**60.8%** Below standard	May-24: 59.1% | Jun-24: 60.3% | Jul-24: 61.2% | Aug-24: 60.8%
46.	Number of service user feedback experience responses completed and recorded on CIVICA,figures lower for this period due to system failure.	Sep/Oct 24	(Some system issues)	↓ **5087**	In September we sent 13,265 texts and in October we sent 15,472 texts

Saunders,Nathan
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No.Reducing trend	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	Sep-24	0	**411** Over standard	Jun-24: 458; Jul-24: 395; Aug-24: 399; Sep-24: 411
53.	Percentage of ambulance patient handovers within 15 minutes	Oct-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**12.80%** Below standard	Jul-24: 13.60%; Aug-24: 10.98%; Sep-24: 12.43%; Oct-24: 12.80%
54.	Number of National Reportable incidents that remain open 90 days or more	Oct-24	12 month reduction trend	↓ **64**	Reducing trend 48% of NRI are legitimately given 120 days to review from the outset due to the nature of the incident

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Ask for: Communications
01656 641150
Caseinfo@ombudsman.wales

Date: 9 September 2024

Charles Janczewski
Cardiff and Vale University Health Board

By email only
charles.janczewski@wales.nhs.uk
suzanne.rankin@wales.nhs.uk

Annual Letter 2023/24

Dear Charles

Role of PSOW

As you know, the role of the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. I also undertake investigations into public services on my own initiative.

Purpose of letter

This letter is intended to provide an update on the work of my office, to share key issues for health boards in Wales and to highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Overview of 2023/24

This letter, as always, coincides with my Annual Report – "A New Chapter Unfolds" – and comes at a time when public services continue to be in the spotlight, and under considerable pressures. My office has seen another increase in the number of people asking for our help – a 17% increase in overall contacts compared to the previous year, with nearly 10,000 enquiries and complaints received. Our caseload has increased substantially - by 37% - since 2019.

Saunders,Nathan
25/11/2024 10:11:17

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

During 2023/24 we considered and closed more enquiries and complaints than we ever have done before, and we reduced the average cost for each case and investigation. We started the year with a focus on reducing our aging cases, those over 12 months old, by 50% by the end of the year. These cases are often the most complex and distressing for the people making the complaint. I am extremely pleased to say we exceeded this target, reducing our aged investigations by over 70%. We are now well on track to meeting our objective to complete investigation of complaints within 12 months.

Public Service Complaints and compliance with recommendations

We received 939 complaints about health boards last year – roughly the same number as the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 31% of health board complaints - a similar proportion to previous years.

Last year, we received 150 complaints about Cardiff and Vale University Health Board, we closed 158 (some complaints were carried over from the previous year) and intervened in 22% of cases. Further information on the complaints we dealt with last year can be found in the appendices.

In total, we made 104 recommendations to your health board during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2023/24, 95 recommendations were due and 81% were complied with in the timescale agreed. The remainder were complied with, but outside the timescales agreed, or remained outstanding as at 9 April 2024.

Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Further to the report my office issued in June 2023, Groundhog Day 2: An opportunity for cultural change in complaint handling? I wish to thank the Health Board for its consideration of the report and recommendations. I trust that it has ensured that lessons learned from the PSOW's findings and recommendations on cases we considered last year are included in your Health Board's Annual Report on the Duty of Candour and Quality.

Saunders,Nathan
25/11/2024 13:17:11

Supporting improvement of public services

We continued our work on supporting improvement in public services last year and worked on our second wider Own Initiative investigation. The investigation considers carers' needs assessments undertaken by local authorities in Wales. My report on this work will be finalised and published in the near future.

We have continued our work on complaints handling standards for public bodies in Wales and now have 56 public bodies following our model complaints handling policy. These public bodies account for around 85% of the complaints we receive.

We continued our work to publish complaints statistics into a third year with data, gathered from public bodies, now published twice a year. This data allows us to see information with greater context – for example, last year 4% of complaints made to Cardiff and Vale University Health Board's complaints went on to be referred to PSOW. I would encourage all health boards to use this data to better understand their performance on complaints and ensure that all complaints are appropriately logged.

Colleagues from my Improvement Team continue to meet regularly with Cardiff and Vale University Health Board to discuss compliance with our recommendations and our complaints standards work. We have seen real benefit come from these conversations, as well as improved working relationships, and we would like to pass on our thanks to Vicky Stuart and their team for their work with our officers.

Action we would like your organisation to take

Further to this letter can I ask that Cardiff and Vale University Health Board takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

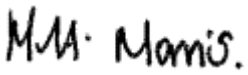
- Provide my office with a copy of the Health Board's Annual Report for 2023/24 on the Duty of Candour and Quality.

- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

Saunders,Nathan
25/11/2024 13:17:11

Finally, I would like to thank you, and your teams, for your work with my officers in the last year. Their work is important in ensuring that patients and families receive timely and thorough responses to complaints, and in improving outcomes for all service users – not just those who complain.

Yours sincerely,



Michelle Morris
Public Services Ombudsman

Cc. Suzanne Rankin, Chief Executive, Cardiff and Vale University Health Board.

Saunders,Nathan
25/11/2024 13:17:11

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Factsheet

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1,000 residents
Aneurin Bevan University Health Board	175	0.30
Betsi Cadwaladr University Health Board	214	0.31
Cardiff and Vale University Health Board	150	0.30
Cwm Taf Morgannwg University Health Board	109	0.25
Hywel Dda University Health Board	138	0.36
Powys Teaching Health Board	21	0.16
Swansea Bay University Health Board	132	0.35
Total	939	0.30

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25/11/2024 13:17:11

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Appendix B - Received by Subject

Cardiff and Vale University Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	3	2%
Adult Mental Health	10	6%
Ambulance Services	0	0%
Appointment procedures (including outpatients)	4	2%
Child and Adolescent Mental Health	1	1%
Clinical treatment in hospital	84	56%
Clinical treatment outside hospital*	6	4%
Complaints Handling	13	9%
Covid-19	3	2%
Continuing care	1	1%
De-Registration	1	1%
Disclosure of personal information / data loss	2	1%
Funding	3	2%
Independent Health Care providers	0	0%
Medical records/standards of record-keeping	2	1%
Medication > Prescription dispensing	0	0%
Non-medical services	2	1%
Nosocomial*	0	0%
Other*	3	2%
Out of Hours GP care	0	0%
Parking (including enforcement and bailiffs)	1	1%
Patient list issues	5	3%
Poor/No communication or failure to provide information	0	0%
Prisoner Care	0	0%
Recruitment and appointment procedures	0	0%
Referral to Treatment Times	4	3%
Regulation and Inspection (including private sector provision)	0	0%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
Services for people with a disability inc DFGs	0	0%
Service for vulnerable Adults (eg with learning difficulties or mental health issues)	0	0%
Total	**150**	

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Appendix C - Complaint Outcomes
(* denotes intervention)

Cardiff and Vale University Health Board		% Share
Out of Jurisdiction	37	23%
Premature	19	12%
Other cases closed after initial consideration	57	36%
Early Resolution/ voluntary settlement*	23	15%
Discontinued	2	1%
Other Reports - Not Upheld	9	6%
Other Reports Upheld*	11	7%
Public Interest Reports*	0	0%
Special Interest Reports*	0	0%
Total	**158**	

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25/11/2024 13:17:11

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Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% of Interventions
Aneurin Bevan University Health Board	73	195	37%
Betsi Cadwaladr University Health Board	81	256	32%
Cardiff and Vale University Health Board	34	158	22%
Cwm Taf Morgannwg University Health Board	39	129	30%
Hywel Dda University Health Board	55	154	36%
Powys Teaching Health Board	3	21	14%
Swansea Bay University Health Board	41	141	29%
Total	**326**	**1054**	**31%**

Saunders,Nathan
25/11/2024 13:17:11

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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made in 2023-24	Number of Recommendations falling due in 2023-24	% of recommendations, complied with on time
Aneurin Bevan University Health Board	209	208	75%
Cardiff and Vale University Health Board	104	95	81%
Cwm Taf Morgannwg University Health Board	123	121	60%
Swansea Bay University Health Board	119	127	62%
Hywel Dda University Health Board	160	151	81%
Betsi Cadwaladr University Health Board	253	246	58%
Powys Teaching Health Board	10	12	67%

Saunders,Nathan
25/11/2024 13:17:11

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Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2023/24. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2023/24. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2023/24. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix E shows compliance performance for all Health Boards.

Saunders,Nathan
25/11/2024 13:17:11

Report Title:	**2024-25 Strategic Cash Request Submission**				Agenda Item no.	7.1
Meeting:	Board		Public	x	Meeting Date:	28th November 2024
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	**Executive Director of Finance**					
Report Author (Title):	**Deputy Director of Finance (Operational)**					

Main Report
Background and current situation:

SITUATION

Health Boards are required to submit an Accountable Officer letter in support of a request of Strategic Cash Support in 2024/25. Application requests must be submitted by close of play Thursday 5th December 2023.

The following application requirements are in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:

- All applications for Strategic Cash Support are required to be made to the Chief Executive NHS Wales.
- All applications are to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the LHB and the actions management are taking to mitigate the cash support requirement.
- All applications to be made by the Accountable Officer of the LHB.

At month 7, the UHB is reporting an overspend of £22.244m and is working to recover the month 7 operational and savings overspend to deliver the £15.900m planned deficit.

The request for strategic cash support in 2024/25 currently totals £15.900m, in recognition of the forecast financial deficit at month 7. If the month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support. The UHB received strategic cash support of £26.900m in 2022/23 and £16.460m in 2023/24, therefore the cumulative cash support position of the LHB will stand at £59.260m if a 2024/25 request for £15.900m is approved.

The UHB is managing a number of risks and progressing additional remedial actions to recover the year to date operational & CRP deficit so that the revised forecast deficit can be met and the requirement for strategic cash support mitigated.

The UHB's Finance Committee considered the requirement for strategic cash support at its meeting of the 20th November 2024. The Finance Committee recommended that the UHB's Board approves the UHB's application to Welsh Government for Strategic Cash Support.

Cyfarfodydd Natha - 25/11/2024 - 7.1 - 1

A copy of the Accountable Officer letter in support of a request for Strategic Cash Support in 2024/25 is provided at attachment 1.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
The UHB request for Strategic Cash Support in 2024/25 is consistent with the forecast deficit reported through the UHBs Finance Committee.

Recommendation:

The Board / Committee are requested to:

NOTE the Finance Committee recommendation, that the UHB's Board approves the UHB's application to Welsh Government for Strategic Cash Support in support of its 2024/25 forecast deficit.

APPROVE the UHB's application to Welsh Government for Strategic Cash Support of £15.900m in support of its revised 2024/25 forecast deficit.

NOTE that if the month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.

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

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

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

Prevention		Long term	x	Integration		Collaboration		Involvement	

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

Risk: Yes
No
Safety: Yes/No
No
Financial: Yes
As detailed in the report.
Workforce: Yes/No
No

Saunders,Nathan 25/11/2024 09:11:11

Legal: Yes/No
No
Reputational: Yes/No
Yes, if forecast financial position is not delivered.
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Finance & Performance Committee	Date: 20th November 2024

Saunders,Nathan
25/11/2024 13:17:11

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

Executive Headquarters / Pencadlys Gweithredol

Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH

Ty Coedtir
Ffordd Maes-y-Coed
Caerdydd
CF14 4HH

Eich cyf/Your ref:
Ein cyf/Our ref: SR-jb-1123-10373
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 029 2183 6010

Suzanne Rankin
Chief Executive

18 November 2024

Judith Paget CBE
Chief Executive, NHS Wales
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Dear Judith

Revised Outturn Forecast and Strategic Cash Request

I am writing in relation to a request for Strategic Cash in 2024/25 which requires an Accountable Officer Letter.

The request for strategic cash support totals £15.900m in recognition of the forecast financial deficit forecast at month 7. **If the month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.**

The UHBs Finance Committee discussed, in detail, the position on 20 November 2024. The Board will be requested to support the position and the submission of an Accountable Officer Letter at the Board Meeting on 28 November 2024.

The Health Board also forecasts that it will require an additional increase in its cash limit due to in year movement in working balances brought forward to the balance sheet. This is expected to be £11.541m for revenue expenditure with a further £12m in respect of capital balances brought forward from 2023/24 and subsequently paid in early 2024/25. Part of the revenue element relates to £0.151m of the 2023/24 Welsh Government Revenue Resource Limit where funding was not backed by cash, due to confirmation in April, after financial year end.

Further cash assistance may be required in respect of medical negligence settlements, where associated cash support from the Welsh Risk Pool is provided after the initial payment by the UHB. The cash deficit due to the timing of Welsh Risk Pool settlements as at the end of October 2024 was £39.4m

Saunders,Natalie
25/11/2024 13:11:11

The UHB will continue to assess any working balances cash requirements in respect of both Revenue and Capital expenditure as the year progresses.

disability confident EMPLOYER

Any revisions to estimates will be reported in the Monthly Monitoring Return (MMR) submitted to Welsh Government.

In addition to the UHBs strategic and working cash requirements there are a significant amount of anticipated allocations (circa 68m including £18m of pay increase funding) which were yet to be confirmed as at the end of October. The UHB is not able to draw down the associated cash, until these allocations are confirmed and this in turn is expected to impact on the UHBs scheduling of payments in the last quarter if they remain outstanding.

At this stage, a formal request for Strategic cash is being made for £15.900m in line with the Month 7 Finance Outturn Forecast Deficit of £15.900m

I am happy to discuss or provide further detail to that set out in this letter, should you require it.

Yours sincerely

Suzanne Rankin
Chief Executive

cc: Hywel Jones
Jaqueline Salmon

Saunders.Nathan
25/11/2024 13:17:11

Report Title:	**Cardiff and Vale Winter Plan 2024-2025**				Agenda Item no.	7.2
Meeting:	**Board**	Public	X		Meeting Date:	**28th November**
		Private				
Status *(please tick one only):*	Assurance		Approval	X	Information	X
Lead Executive:	**Chief Operating Officer**					
Report Author (Title):	**Director of Workforce and Financial improvement (Medicine)**					

Main Report

Situation

Winter planning forms an integral part of the Health Board's annual priorities. Pressure on health services typically fluctuate throughout the year and winter leads to increased demands that require mitigating action and additional support. Undertaking this planning has become increasingly complex due to seasonal pressures, workforce pressures, covid/respiratory spikes and variables associated with a challenging financial agenda.

Much of the work undertaken in previous years was expected to mitigate the need to open inpatient bed capacity this year, with an aim of closing additional beds in the summer to reopen over the winter period. Winter funding was allocated to address issues within the emergency department on a recurrent basis given the modeling undertaken had predicted that the improvements in length of stay would bridge the bed gap. This was backed by a year on year reduction in beds required for the seasonal variation as below:

Winter Bed Gap (Medicine)

	2022	2023	2024
Beds	151	90	58

Unfortunately, even with improvements made, that have been clearly highlighted on the winter planning presentation, the organisation has experienced a significant uplift in demand, particularly associated with "high risk" patients *, with a monthly increase of admissions of around 100 additional patients. This demand has outstripped all the improvements and innovation the teams have made across emergency and urgent care services over the last two years. Therefore, there is a need to create additional inpatient bed capacity and continue to enable wider system responses to ensure we maintain safe services and a better experience for the population of Cardiff & Vale.

The winter plan will include the following key priorities.

a) Increase transitional care beds (40) in Llandough to reduce the number of acute beds filled with clinically optimised patients, and meet the increased demand through the winter months.
b) Stepping-up social, intermediate and primary care capacity when necessary.
c) Focusing on SAFER and "when can I go home?" to facilitate timely and safe discharge for our patients supporting flow from the Emergency Unit and eradicating harm
d) Aligning our workforce to times of increased demand

This brief and the associated winter slides, sets out the key considerations for the operational winter plan and requests the support to implement the above schemes at a cost of (£1.7m). This is an additional cost the organisation would incur, thereby increasing our current run-rate.

** High risk patients are patients over the age of 50 that have had at least one inpatient episode in the last three years, where they remained in hospital for 14 day or over*

Saunders,Nathan 25/11/2024 13:17:12

Assessment

Many of the improvements made of the last two years, under the umbrella of the six goals programme, emergency and urgent care have borne clear improves in timely access and a reduced time in hospital. The ten-day reduction highlighted in the presentation clearly evidences this good work. Therefore, this year's plan, given the increased demand, will be predominately focused on strengthening the systems and services already

in place as well as introducing additional transitional care inpatient capacity. These forty beds will be opened in two phases, the week commencing 25th November 2024 will introduce 30 beds onto Llandough Hospital E4 and then an additional 10 beds on the first week of January in Llandough Hospital Annexe. **These will not be acute beds.**

The table below highlights the schemes, actions and costs associated with our bed plan and the wider response across local authority, primary and community care, secondary and tertiary services for our adult and child population.

Table 1. Actions to Deliver Winter Plan 2024-2025

Clinical Board	Lead	Detail	Start Date	Beds	£'000
Medicine	Barbara Davies / Richard Marsh / Carys Fox	Increase capacity bed capacity in Llandough: 30 beds in November and additional 10 in January '24 - these transitional beds will be used to move clinically optimised patients from Llandough acute and rehablement beds releasing capacity to transfer appropriate patients from UHW with focus on frail and high risk patients (40 bed capacity)	Nov-24	40	1,714

Clinical Board	Lead	Detail	Start Date	Bed Equivalent	£'000
Medicine	Nye Buttress / Richard Lea / Mike Bond / Sarah Lloyd	Acute footprint A1 A1L and A2 covered over weekend to support NHS standards to ensure consistent and early review of every patient seven days per week Three physicians working 12 hours Saturday / 12 hours Sunday - Geriatrician / Acute Physician / Speciality Physician Additional junior doctors supporting team Weekly monitoring and progress to ensure continual learning and resolution of issues	16th September 2024	10	0
		Working closely with CDT to implement some changes and support to ensure appropriate diagnostics / tests and pharmacy needs are available	TBC	0	0
Medcine	Nye Buttress / Jason Roome / Charlie Dyer	Continue to provide early review, care and treatment for all patients placed in inappropriate specaility bed. Creating a clear and concise plan of treatment and discharge	Ongoing	0	0
Medicine	Siobhan Lewis / Richard Marsh / Richard Lea	Development of acute frailty pathway at UHW (Guidence for Acute and Emergency Medicine Teams)	Oct-24	0	0
Medicine	Katja Empson / Claire Main / Barbara Davies /Diane Walker Cath Marshall	Support the development of a multi professional team, lead by senior medical physician to support discharge planning across UHW medicine inpatient footprint. Linked to current organisational schemes including "get up get dressed" supervisory ward manager and patient and family engagement	Oct-24	5	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Bridging care for both step down discharge and admission aviodance	Dec-24	0	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Set up escalation contacts and communication channels re transport and medication supporting in-reach into wards at critical times	Jan-24	0	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Maximise D2RA & D2A, also direct awards to care homes at critical times, responding to business continuity	Dec-24	0	0
Community & Local Authority	Brook Clarke	EU & Safe at home working together, with potential for GP to work in EU and coordinate appropriate patient flow between services	Jan-24	5	23
Community & Local Authority	Kate Roberts	Bi-weekly meetings between community and secondary care ward teams and clinical boards to tackle discharge planning challenges, agree if community support can speed up and help appropriate discharges.	Nov-24	0	0
Community & Local Authority	Hilary Hyett & Rebecca Jorgenson Corfield	Streamline and inprove communication between community and hospital teams to reduce underutilisation of available slots	Nov-24	0	0
Community & Local Authority	Geraldine Johnson	Explore opportunity to use CAV 24/7 for UPCC as single point of acccess	Dec-24	0	0
			Total	**20**	**23**

Scheme	Lead	Progress so far:	Start Date
Switching of Elective Surgical Lists	Louise Platt	Working with Surgical teams to ensure elective surgical lists are primarily day case only with 1-2 inpatients. The day cases will go through Bumblebee (protected day case unit) to allow greater number of emergency beds to be released	October 2024
Flipping of Butterfly	Kerenza Moulton /Laura Mott	Butterfly currently an area of Gwidhw (Surgical Ward). Due to the reduced number of Surgical inpatients over the winter period this will become a Medical short stay area (expcted LoS <2 days) for less acutely unwell Medical patients to create further emergency Medical beds.	Middle November/December 2024
Patient Flow 24/7	Kerenza Moulton	Data and previous winter shows an increase in overnight admissions during the winter period – both from SDEC, to PCCU and from DGHs. Having a dedicated patient flow overnight will allow the helicopter view of the hospital and able to coordinate any admissions or create capacity. Will also give PED a dedicated contact overnight, rather than having to contact the acting up Nurse	Nov-24

Specialist	Lead	Progress so Far	Planned start date
Critical Care escalation policy in place	Anne-Marie Morgan	Policy reviewed early 2024 as a consequence of the moves of Complex Care/LTV and PACU.	Already in place
Focus on critical care delayed transfer of care patients	Anne-Marie Morgan	Delays >24hrs deemed red line/zero tolerance by the COO. Daily flow co-ordinator in place.	Already in place
Management of Cardiology demand	Clinical Board	Use of C5 Cardiothoracic beds flexibly to support pre-op surgical patients. Continued use of 4 x bedder on B4N for Cardiology outliers. Escalation of delays for primary PCI repats. Ringfenced TAVI bay on B1. New T&R bay in place adjacent to the CDCU.	Already in place
Management of Haematology demand	Haematology Directorate Manager	3 x cubicles to remain in place on A4 to support IP&C constraints in Haematology over winter to manage demand. 4th cubicle to support delivery of IT chemo / hot clinic.	Already in place

Saunders, Natalie 21/11/2024 13:17:14

Finance

The costs have been developed in conjunction with the finance team. The work is being overseen by the Director of Operations for Acute and Out of Hospital Care, the Director of Workforce and Financial Improvement (Medicine), and the Assistant Director of Finance for Medicine and PCIC. The operational plan is being developed in anticipation of support to progress and deliver the plans required to mitigate the increased demand we are seeing and will see through the winter months. The funding requirements covering staffing and non-pay costs equate to £1,737k and further detail is available in the presentation and separate costs and workforce models held by the finance team.

It must be made clear that at this current time there is no additional funding available and this will be an additional expenditure in a time when finances are already considerably challenged. The rationale for financial prudence in this decision is that opening additional capacity in a planned way will be much better value than attempting to do it in an unplanned way which will lead to significant additional cost.

Further work will need to be undertaken to understand the increase in demand, to forecast growth in high risk patients entering the health system and continuing to work hard to mitigate this growth, through a further reduction in length of stay and more work to avoid admissions where it is safe to do so. The organisation is focused on eradicating harm as well as improving efficiency and productivity, however given the immediacy of this pressure, already seen through the Summer months, it is felt that developing a plan for the winter is essential.

Conclusion

The growth in demand through both the emergency unit attendances and admissions of “high risk” patients is extremely worrying. The Health Board recognises that there needs to be a focus on continually driving improvement in the care we provide to ensure outcomes and experience are optimal. However, it is clear to see that even with the many improvements to services and a corresponding reduction in length of stay and ambulance handover delays this is not enough to mitigate the challenges we will face through the winter months.

It is critical that we plan and implement schemes that can in part mitigate these pressures. This paper, and the associated winter planning slides, outlines the pressures and the schemes that we believe will keep our population safe. Key issues and recommendations are laid out below:

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

Significant system wider pressure presents an unprecedented challenge for the UHB winter plan:

1. Winter planning has commenced in conjunction with our partner organisations
2. The UHB estimates a potential capacity gap of **58 beds**, peaking in January 25
3. A number of actions have been implemented, with more proposed, across Health and Social Care to mitigate the winter pressures
4. The actions have been agreed through the Operational Delivery Group
5. The total cost of is **£1.74m.**
6. Board is asked to support the operational plan and funding needed to progress.

Recommendation:

The Board are asked to:

- **NOTE** the UHB Winter Plan 24/25.
- **APPROVE** and note the operational planning and the financial consequences associated with supporting this plan.

Swansea Bay University Health Board
25/11/2024 09:11:11

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		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
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:	
Senior Leadership Board	3rd October 2024
Finance & Performance Committee	23rd October 2024
Board Development	31st October 2024

Saunders,Nathan
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Cardiff and Vale UHB Winter Plan 2024/25

Board

November 2024

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Reflection on previous year

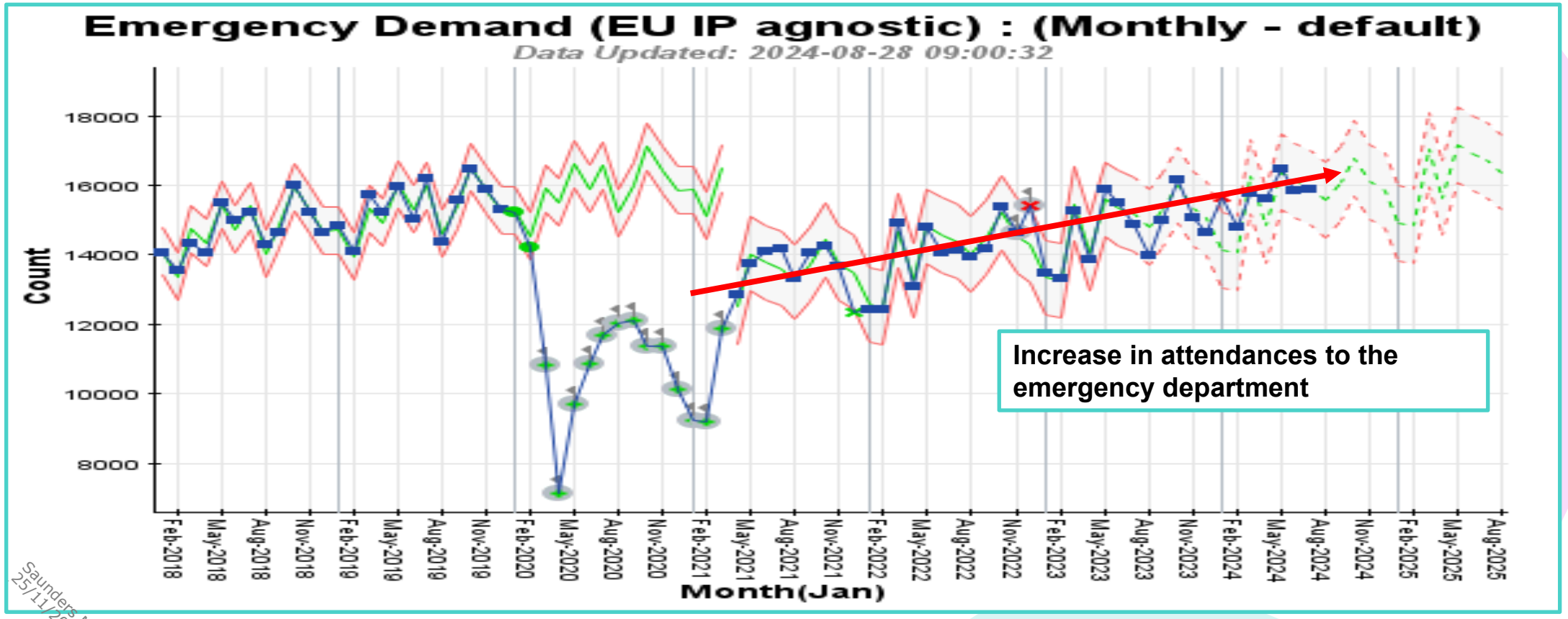
- In 2023/24 the Health Board made recurrent investments to improve services for winter. This include investment in to the Emergency Department (CDU, paeds), Acute medicine (assessment units) and the community.

- There has been significant progress made in a number of areas, including:
  - Focus on ambulance handover and waits in the Emergency Unit
  - Further improvements to acute care footprint
  - Joint work with Local Authority to reduce pathway of care delays
  - Primary and Community Care developments: Safe @ Home – avoiding unneeded admissions
  - Frailty pathway
  - Patient @ Risk Team
  - A flexible winter plan for children's services

- Whilst progress has been made, we have seen a unseasonal increases in demand which mean we are going in to this winter in a challenging position.

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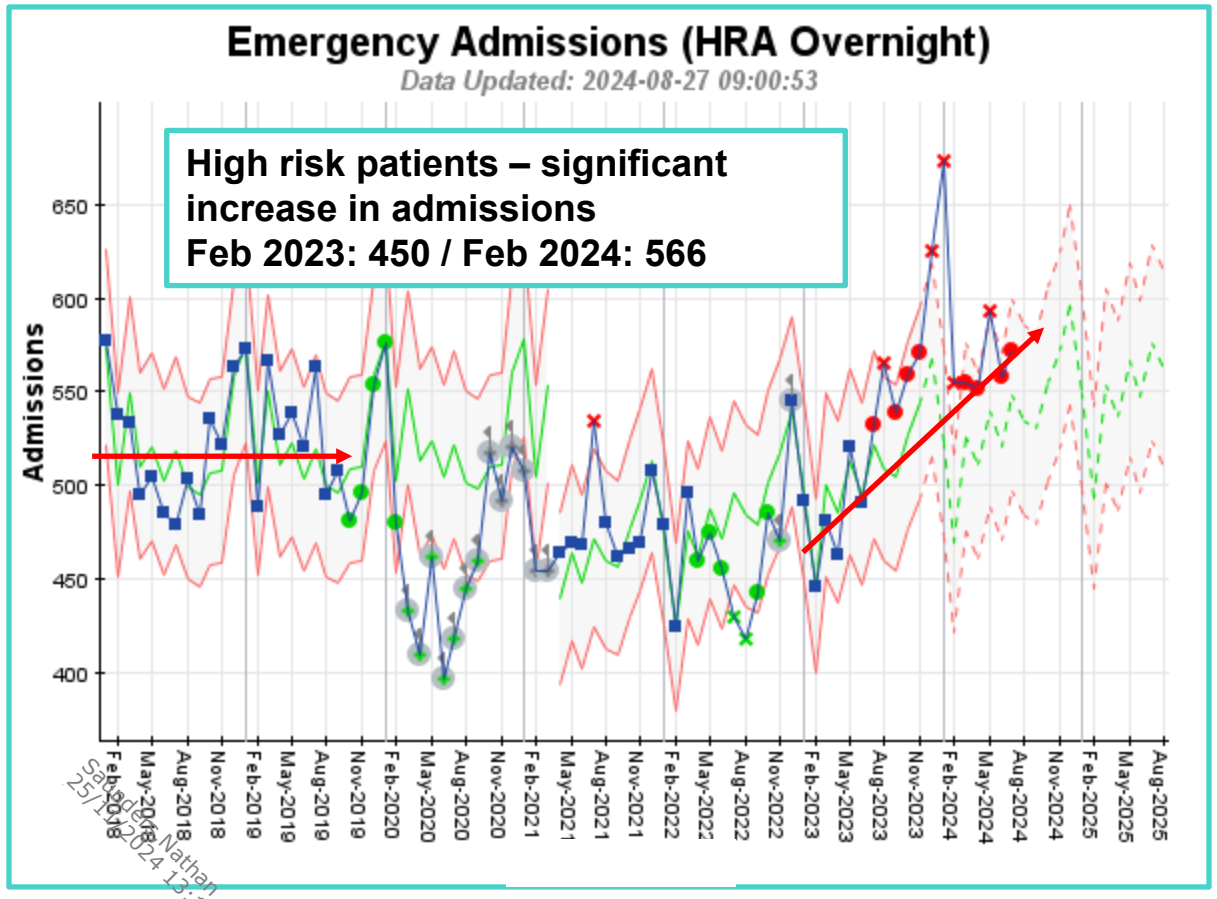
What has happened to attendances?

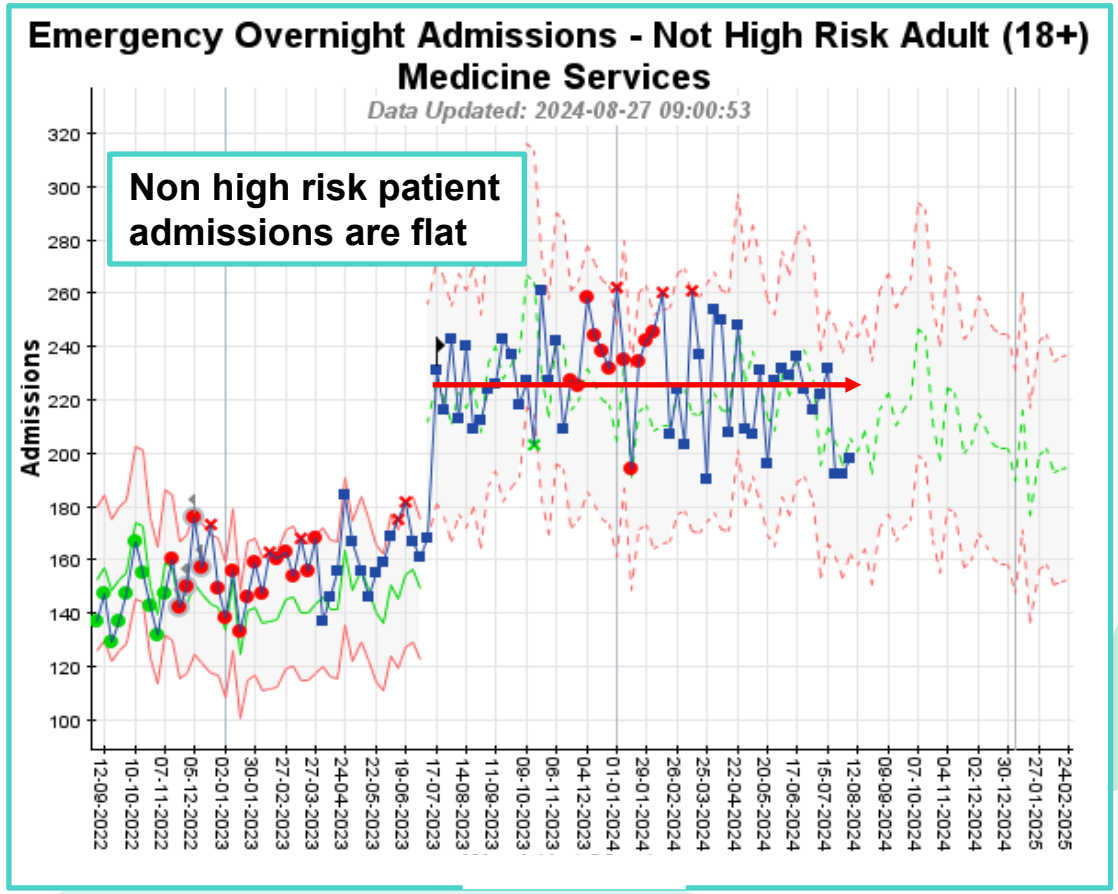


Saunders,Nathan
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- Increased ED attendances. Particularly in “major” attendances which are up 11% when comparing June 2023 to June 2024 and if this continues it will surpass pre covid levels in six months

What has happened to admissions?

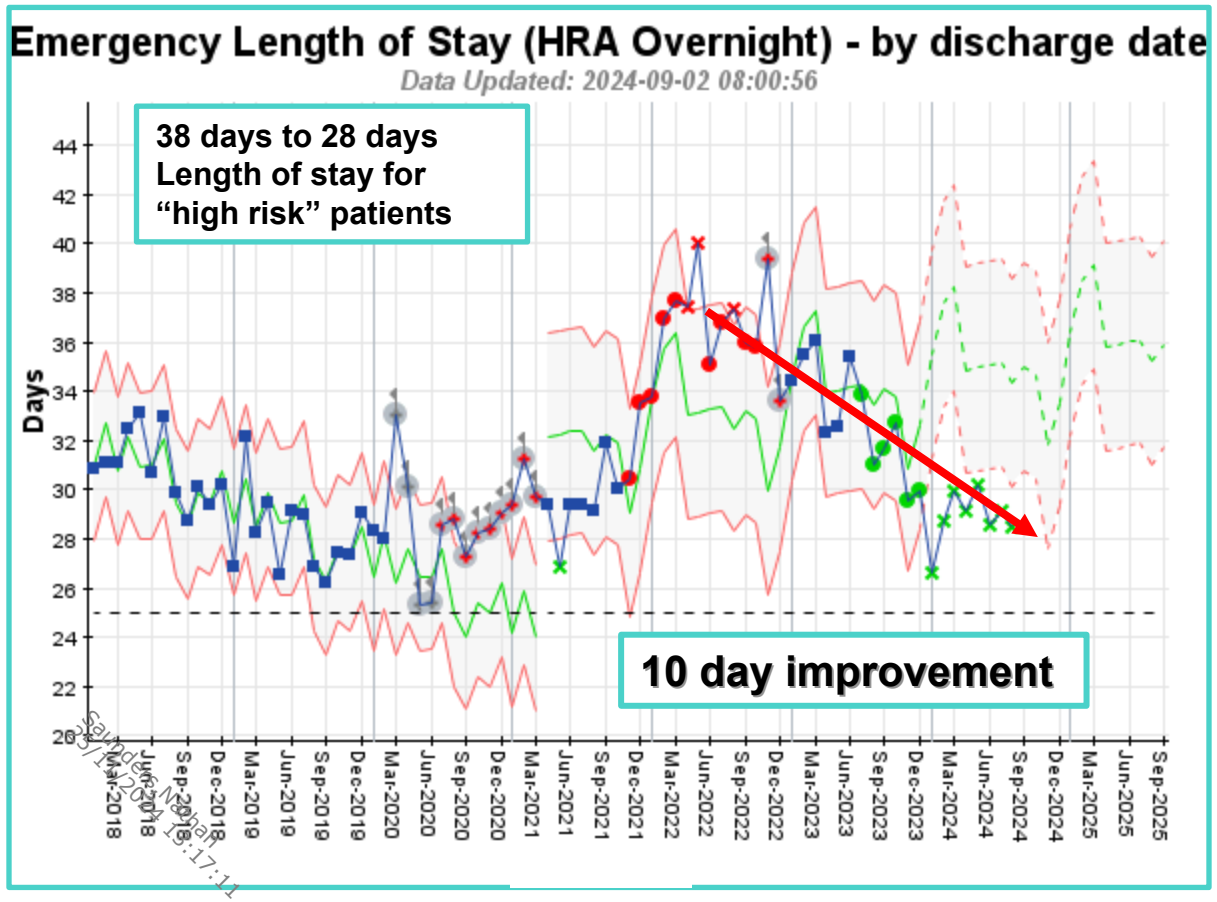


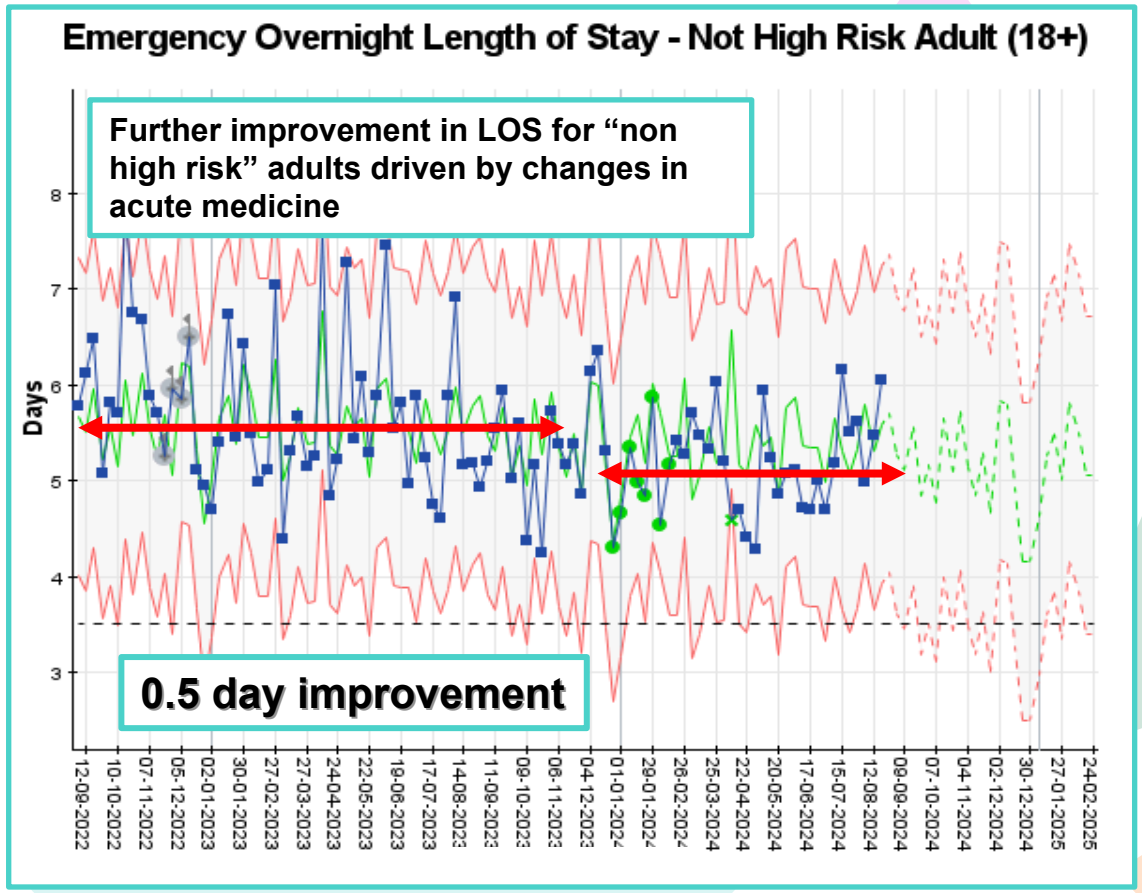


- *Before COVID high risk patient admissions was relatively stable at just over 500 admissions a month*
- *As can be seen since early Feb 2023 we can see that the trend now shows a steep incline of increased admissions per month* ***(Importantly above pre COVID levels)***

- *The step-up seen in July 2023 relates to a change we made in our recording of acute attendances into our emergency assessment area, now capturing them as admissions as per National guidelines*

What has happened to length of stay?





“High risk” – Over 50 years old and have had a hospital inpatient stay for 14 days or over in the last 2 years

What does this mean for inpatient beds?

- The gains we have made in Length of Stay have not been enough to keep up with the increase in attendances and admissions:
  - If admissions had remained stable we would have had the opportunity to have up to 144 fewer beds.
  - If we hadn't improved length of stay we would potentially need up to an additional 128 beds
- We have closed some bed capacity over the course of the last year in line with our programme to improve flow and reduce length of stay

Bed Closures				
Site	**Ward**	**Beds**	**Closed**	**Notes**
UHW	C5	28	May	Winter ward ran from Nov '24 until May '25
St Davids	Glan Ely	20	March	
UHL	East 4	30	September	
UHW	Mix	6	Ongoing	Due to remedial estates works
	Total	**84**		

Saunders, Nathan
25/11/2024 13:17:11

Additional Capacity			
Site	**Ward**	**Beds**	**Notes**
UHW	IACU	10	We were aiming to close 20 in July but demand was too great
	Total	**10**	

What does our modelling tell us?

	Nov	Dec	Jan	Feb	Mar
2022-23	114	120	152	147	148
2023-24	56	67	90	82	76
2024-25	38	24	58	54	30

Worst Case Scenario
Bed Capacity Deficit

- For the past three years we have modelled our potential bed gap over winter.
- January is always predicted to be the most challenging month.
- This years modelling indicates that the organisation may need an additional 58 beds to maintain safety and patient flow. This a reduction on the predictions from previous years.

Saunders,Nathan
25/11/2024 13:17:11

What are our plans to address the winter pressures?

Additional Bed Capacity (Adults)

Clinical Board	Lead	Detail	Start Date	Beds	£'000
Medicine	Barbara Davies / Richard Marsh / Carys Fox	Increase capacity bed capacity in Llandough: 30 beds in November and additional 10 in January '24 - these transitional beds will be used to move clinically optimised patients from Llandough acute and rehablement beds releasing capacity to transfer appropriate patients from UHW with focus on frail and high risk patients (40 bed capacity)	Nov-24	40	1,714

- Open transitional care beds in Llandough – these beds will be for clinically optimised patients
- Clear clinical pathways for patients will be developed to support efficient and effective flow.
- Transport is needed to ensure patients safely move when needed
- Aim to open at the end of November.
- Support from the nursing workforce will be a shared risk across all clinical boards
- We are however in a better position than previous years to deliver, given the reduction in sickness, an increase in substantive nurse staffing levels and the focus on productivity improvements
- There is support from Director of Nursing, with Medicine (Director of Nursing) leading on the plan

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25/11/2024 11:17:11

What are our plans to address the winter pressures?

Additional Bed Capacity (Adults)

Role	Band	WTE Required	Cost	Notes
Ward Sister	7	1.00	20,953	Starting from Nov '24 (E4 - 30 beds)
Senior Staff Nurse	6	2.00	46,185	
Staff Nurse	5	15.06	358,258	
HCSWs	2	34.11	467,579	
Senior Staff Nurse	6	1.00	23,093	Starting from Jan '25 (Annexe - 10 beds)
Staff Nurse	5	4.68	83,498	
HCSWs	2	11.36	116,789	
Ward Receptionist	2	1.00	10,493	
Total Nursing		**70.21**	**1,126,848**	
Junior Docs Ward Rds & Cpnsultant Sessions		2.20	120,597	
Total Medical		**2.20**	**120,597**	
Pharmacist (Locum)	8a	0.53	12,974	
Pharmacy Technician	5	0.50	8,233	
Pharmacy Assistant	3	0.50	5,724	
ATO	2	0.50	5,246	
Total Pharmacy		**6.43**	**32,178**	
Physiotherapist	5	1.00	16,466	
Occupational Therapist	5	1.00	16,466	
Therapy support staff	3	2.00	22,897	
Dietitian	6	0.50	10,201	
Dietetic Assistant	3	2.20	25,186	
Speech and lang. Therapist	6	0.50	10,201	
Total Therapies		**7.20**	**101,418**	
Housekeeping Team Leader	3	0.25	2,862	
Housekeper	2	1.40	14,690	
Portering	2	0.50	5,246	
Facilities		**2.15**	**22,798**	
Catering Supervisor	3	0.25	2,862	
Ward based Caterer	2	2.60	27,281	
		2.85	**30,143**	
Total Staffing Required		**91**	**1,433,981**	

Ward non-pay	134,792
Facilities non-pay	44,956
GP Costs supporting Emergency Unit	23,000
Transport costs	100,000

Total cost	**1,736,729**

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- *First thirty beds to open at the end of November with another ten beds from first the week of January '25*
- *Costings undertaken with support from both medicine and primary and community care finance team*
- *Costings include transport due to the need to move patients between UHW and UHL*
- *Nursing and medical numbers signed off by clinical boards, however further work needed around therapeutic input and facilities.*

What are our plans to address the winter pressures?

Medicine, Out of Hospital and Partnership Plans

Clinical Board	Lead	Detail	Start Date	Bed Equivalent	£'000
Medicine	Nye Buttress / Richard Lea / Mike Bond / Sarah Lloyd	Acute footprint A1 A1L and A2 covered over weekend to support NHS standards to ensure consistent and early review of every patient seven days per week Three physicians working 12 hours Saturday / 12 hours Sunday - Geriatrician / Acute Physician / Speciality Physician Additional junior doctors supporting team Weekly monitoring and progress to ensure continual learning and resolution of issues	16th September 2024	10	0
		Working closely with CDT to implement some changes and support to ensure appropriate diagnostics / tests and pharmacy needs are available	TBC	0	0
Medcine	Nye Buttress / Jason Roome / Charlie Dyer	Continue to provide early review, care and treatment for all patients placed in inappropriate speciality bed. Creating a clear and concise plan of treatment and discharge	Ongoing	0	0
Medicine	Siobhan Lewis / Richard Marsh / Richard Lea	Development of acute fraility pathway at UHW (Guidence for Acute and Emergency Medicine Teams)	Oct-24	0	0
Medicine	Katja Empson / Claire Main / Barbara Davies /Diane Walker Cath Marshall	Support the development of a multi professional team, lead by senior medical physician to support discharge planning across UHW medicine inpatient footprint. Linked to current organisational schemes including "get up get dressed" supervisory ward manager and patient and family engagement	Oct-24	5	0
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Community & Local Authority	Brook Clarke	EU & Safe at home working together, with potential for GP to work in EU and coordinate appropriate patient flow between services	Jan-24	5	23
Community & Local Authority	Kate Roberts	Bi-weekly meetings between community and secondary care ward teams and clinical boards to tackle discharge planning challenges, agree if community support can speed up and help appropriate discharges.	Nov-24	0	0
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Community & Local Authority	Geraldine Johnson	Explore opportunity to use CAV 24/7 for UPCC as single point of acccess	Dec-24	0	0
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What are our plans to address the winter pressures?

Specialist and Children's Plans

Specialist	Lead	Progress so Far	Planned start date
Critical Care escalation policy in place	Anne-Marie Morgan	Policy reviewed early 2024 as a consequence of the moves of Complex Care/LTV and PACU.	Already in place
Focus on critical care delayed transfer of care patients	Anne-Marie Morgan	Delays >24hrs deemed red line/zero tolerance by the COO. Daily flow co-ordinator in place.	Already in place
Management of Cardiology demand	Clinical Board	Use of C5 Cardiothoracic beds flexibly to support pre-op surgical patients. Continued use of 4 x bedder on B4N for Cardiology outliers. Escalation of delays for primary PCI repats. Ringfenced TAVI bay on B1. New T&R bay in place adjacent to the CDCU.	Already in place
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Saunders, Nathan
29/11/2024 13:17:11

Keeping Well



Saunders,Nathan
25/11/2024 13:17:11

Winter Vaccination Strategy

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

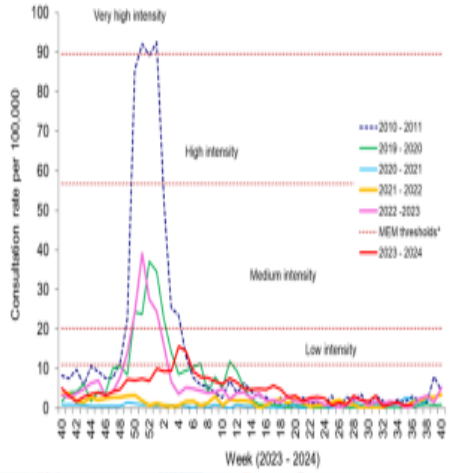
Confirmed flu cases are increasing

Priorities

- Protecting those at greatest risk
- Protecting children and young people
- Protecting frontline health and social care workers
- Improving access to vaccination and reducing inequity

Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 07/09/2024)



Ambitions

- Flu vaccine offer by end December
- Covid-19 vaccine offer by end December
- RSV vaccine offer by end August 2025
- Reduce the gap in uptake rates between the least and most deprived communities
- 70% vaccine uptake for Health Board staff
  75% vaccine uptake for citizens

Saunders Nathan
25/11/2024 13:

Detailed timeline:

- 1st September '24 to 31 December '24 – winter respiratory vaccinations administered to eligible cohorts of our population
- 1st October '24 to 5th January '25 – delivery of staff winter respiratory vaccinations

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How to get vaccinated



All staff can access vaccines at walk-in vaccination clinics at:

- UHW - Staff Haven
- UHL – IT Training Room/Board Room
- Barry – Community Vaccination Room
- St Davids - Conference Room
- Woodland House – Aroma
- Cardiff Royal Infirmary

Clinic dates and times can be found at:
Full list of staff drop-ins for COVID-19 and flu vaccines in October (sharepoint.com)

Financial Wellbeing Pathway

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

If financial concerns are impacting your emotional wellbeing, please visit cavuhb.nhs.wales/staff-information/your-health-and-wellbeing for more information about available support.

PHWS
PEOPLE HEALTH & WELLBEING SERVICE
Employee Wellbeing
Occupational Health
Occupational Physiotherapy

I want to learn how to manage my finances well



Useful resources

- Budgeting Support
- Pensions Advice

Saunders,Nathan
07/11/2024 13:1

I want to maximise my income



Useful resources

- Child Trust Fund
- Financial support for people living with a long term physical or mental health condition

I need some guidance on managing my finances



Useful resources

- Free and impartial financial guidance
- Avoiding scams and what to do if you've been the victim of a scam

I am in financial difficulty and need help



Useful resources

- Managing Debt
- If you're struggling to pay your bills

Employee Wellbeing Pathway

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

PHWS PEOPLE HEALTH & WELLBEING SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing
Health Intervention

How am I feeling?	What might help me?

I feel well and want to stay emotionally healthy

Free online resources
- Mind UK: www.mind.org.uk
- Dewis Cymru: www.dewis.wales
- Centre for Clinical Interventions: www.cci.health.wa.gov.au

Wellbeing apps
- Headspace
- Unmind
- Calm
- Worry Tree

Wellness initiatives
- Doing Our Bit: doingourbit.org.uk
- Reading Well: reading-well.org.uk

I am beginning to struggle with my emotional wellbeing

- Chat with your line manager or a wellbeing champion in your team

Free courses
- EWS workshops: sign up on Eventbrite and follow us on Twitter @EWS_CAVUHB to hear about upcoming workshops
- Recovery College courses: www.recoverycollegeonline.co.uk
- Stepiau courses: www.stepiau.org
- Silver Cloud: nhswales.silvercloudhealth.com

I am struggling with my emotional wellbeing

Self-refer to
- Employee Wellbeing Service: Email:employee.wellbeing@wales.nhs.uk Call: 02921 844 465
- Canopi: canopi.nhs.wales
- Contact your GP

Workplace advice and support
- MAXIMUS: atw.maximusuk.co.uk
- ACAS: www.acas.org.uk
- HSE: www.hse.gov.uk/stress
- Health and Safety policies
- Trade Unions

I am really struggling with my emotional wellbeing

In crisis?
- Call Samaritans on 116 123
- Text 'SHOUT' to 85258 for the Crisis Text Line
- Contact your GP or NHS out of hours service by calling 111

Keeping yourself safe
- Staying Safe website: stayingsafe.net
- #StayAlive app: www.stayalive.app

How can I support others?

- 'CAV a coffee' with a colleague
- Train to become a 'Wellbeing Champion'
- End of shift check ins
- Comerados: www.camerados.org
- Contact EWS for support on your ward/department
- Suicide Awareness Training: www.zerosuicidealliance.com
- Mindful employer

Saunders Matthew 25/11/2024 15:19:09

CTMUHB Wellbeing Template reproduced for CAVUHB with the kind permission of CTMUHB Wellbeing Team

Communication

Saunders,Nathan
25/11/2024 13:17:11

Seasonal Communications Focus

Reactive

Focus: Attendances to EU

- **Audience:**
  - Highest attenders -20 -39 age category (equal gender split)
  - Cardiff East, City and South and Cardiff South West (highest number of attendances per 10k population)
- **Messaging:**
  - Focus on alternatives to EU, when to use the EU and what support is available within Primary Care and OOH.
- **Assets:**
  - Video content, padlet for stakeholders, digital screens media briefs and press notices, new photography, media round table
- **Location:**
  - Social media (Instagram and TikTok), targeted advertising for locations, Primary Care, media plan where possible

Proactive

Focus: Attendances to EU

- **Audience:**
  - Admittance - 65+ and high risk cohort
  - Cardiff North, Central Vale, South West
- **Messaging:**
  - Prevention messaging around the main reasons for patients being admitted from EU - these include respiratory conditions (COPD, Pneumonia) and flu
- **Assets:**
  - Vaccination campaign, advice around respiratory conditions, healthy lifestyle choices
- **Location:**
  - Cluster specific content, media pitching and proactive engagement with stakeholders, social media, YouTube

Escalation

- **EU is busy**
  - Reviewing escalation messaging, thinking about what works and what we can say to ensure messages are seen as audiences are desensitised.
  - Looking to develop videos from a range colleagues in the department saying its busy and how patients can help (Help Us Help You and With Us Not Against Us)
- **NHS 111 is busy / has gone down**
  - Alternatives to calling - such as 0300 10 20 247 number if needed, online advice and community support

Evergreen

- **Primary Choice**
  - Ongoing and continued promotion of Primary Choice, including the promotion of assets and information in Primary Care, student areas and through CAVHIS
- **Slips, trips and falls / Falls Prevention**
  - Social media assets and messaging advice on website
  - Media pitch to the BBC around falls prevention and what the UHB are doing in hospital to support right bed, first time.
- **Cold weather advice**
  - weather warnings, advice on attending sites, looking after neighbours and working with colleagues to promote healthy choices during colder months

Scrutiny Meeting 25/1/2023 17:30

Seasonal Communications Focus

- Senior Leadership Board: 3rd October ✓
- Engagement with Staff Partners: 9th October ✓
- F&P Committee : 23rd October ✓
- Board Development: 31st October ✓
- Winter Roadshows – Virtual: Start 4th November ✓
- Board – 28th November
- "Ask Suzanne": 6th December
- Media Roundtable: TBC
- Wider public engagement : TBC

Saunders,Nathan
25/11/2021 13:17:11

Report Title:	**2024-25 Financial Position and Forecast**				Agenda Item no.	7.3	
Meeting:	Board		Public	X	Meeting Date:	28th November 2024	
			Private				
Status *(please tick one only):*	Assurance	X	Approval	X	Information		
Lead Executive:	**Executive Director of Finance**						
Report Author (Title):	**Deputy Director of Finance (Strategy)**						

Main Report
Background and current situation:

SITUATION

The UHB's Financial Plan in 2024-25 reflected the following key components:

- Brought forward underlying deficit of £60.9m
- 2024-25 Demand and cost growth and unavoidable investments of £45.4m

This brought the UHB's draft 2024-25 position to £106.3m deficit before the following new funding and savings programmes:

- Additional Allocations of £37.3m
- Anticipated pass-through funding on Long Term Agreements of £5.9m (3.67%)
- Savings plans to reduce expenditure by £47.2m

The resulting 2024-25 planning deficit of £15.9m was approved by the UHB Board for submission to Welsh Government.

While the Board was clear that this was an ambitious plan, with significant concurrent challenge, it was submitted with a clarity of intent to achieve it.

At Month 7 the UHB is reporting a year to date overspend of £22.244m.

This is comprised of:

- £7.671m unidentified savings
- £5.298m operational overspend
- £9.275m planned deficit of (seven twelfths of the annual planned deficit of £15.9m)

Savings totalling £36m have been identified against the £47.2m target including:

- grip and control/housekeeping measures £11.8m;
- maximising medicines management opportunities £4.6m;
- maximising Procurement opportunities £3.9m;
- Continuing Healthcare efficiencies £2.3m;
- reducing hospital length of stay £3.1m;
- workforce agency and premium overtime and reshaping £5.9m.

Saundra Vernon 25/11/2024 13:17:47

This presents a forecast shortfall of £11.1m against the savings target driven mainly by a shortfall against further reducing premium variable costs and reshaping the substantive workforce given the increases experienced during the COVID period.

Coupled with the savings challenge, a number of operational pressures over the first half of this financial year has proved highly challenging. We will have 80 more beds open by the end of the financial year than we had planned. This would include the need to take additional measures regarding beds in order to meet the projected winter pressures demand.

Additional demand has been felt across all areas of the system:

- Emergency Unit attendance returning to pre-pandemic levels with an increased proportion of major and high risk cases resulting in longer lengths of stay
- Planned care referrals returning to pre-pandemic levels surpassing planning assumptions including an increase in high volume and specialist areas.
- Diagnostics referrals are over and above planned levels impacting on routine wait numbers

Operational pressures have translated into a £9.5m forecast deficit.

At month 7, the Health Board has a deficit year end forecast position of £36.6m. Further recovery actions have been discussed at both Finance &Performance Committee and Board looking at all areas where the financial position could be improved.

Delivery of recovery actions would improve the current forecast by £2.1m and a year-end position of £34.5m. All additional recovery schemes proposed and agreed are shown in Appendix 1.

CAV Forecast 2024-25	£m
Savings Plan Deficit	11.2
Operational Deficit	9.5
Planned Deficit	15.9
Recovery Actions	(2.1)
Forecast Deficit	**34.5**

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

Following assessment, scrutiny and challenge of all potential financial recovery actions and coupled with the month 7 reported position it is clear that the Health Board will not be able to deliver the £15.9m annual deficit plan.

Delivery of the agreed recovery actions would lead to a year end forecast position of £34.5m being £18.6m over and above our annual plan deficit of £15.9m.

Recommendation:

Saunders Nathan
25/11/2024 13:17:21

The Board / Committee are requested to:

NOTE the key drivers of the financial position and movement from the £15.9m annual plan deficit to £34.5m

APPROVE a revised forecast deficit position of £34.5m and the requirement of an accountable officer letter be sent to Welsh Government.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	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		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
No
Safety: Yes/No
No
Financial: Yes
As detailed in the report.
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
Yes, non-delivery of planned deficit
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No
Approval/Scrutiny Route:

Sawyers,Nathan
21/11/2024 13:11:11

Finance Committee	Date: 28th November 2024

Saunders,Nathan
25/11/2024 13:17:11

Cardiff & Vale UHB

Public Board
28th November 2024
Finance Position Update
2024/25

Saunders,Nathan
25/11/2024 13:17:11



Finance Position Month 7 - Headlines

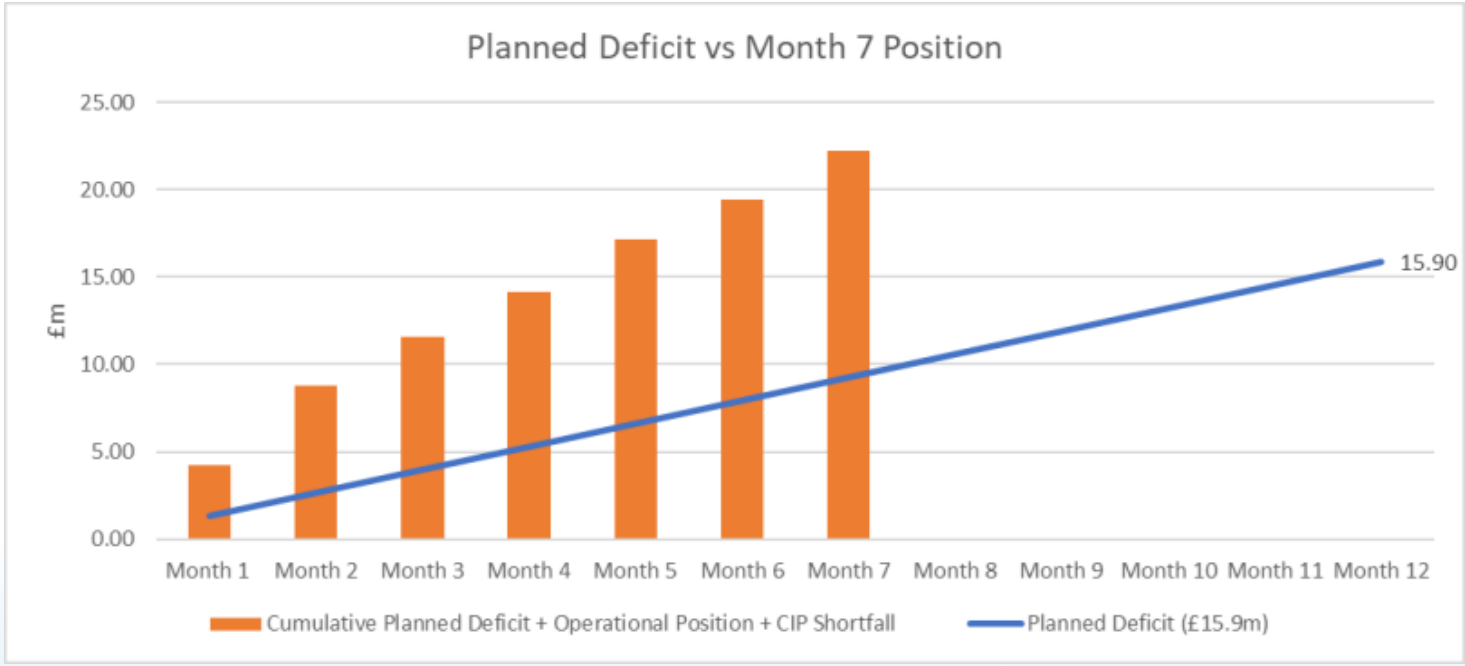
- Reported deficit of £22.2m at month 7 in line with previous months trajectory
- £12.9m over and above where the Health Board would expect to be at Month 7 to meet £15.9m annual target
- Year-end forecast position of £36.6m before further recovery actions
- Potential financial recovery actions discussed at Board Development session on 31st October with indicative values
- Agreed recovery actions have now been reviewed by all Executive leads and values updated where schemes are deliverable

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2024-25 UHB Month 7 Position

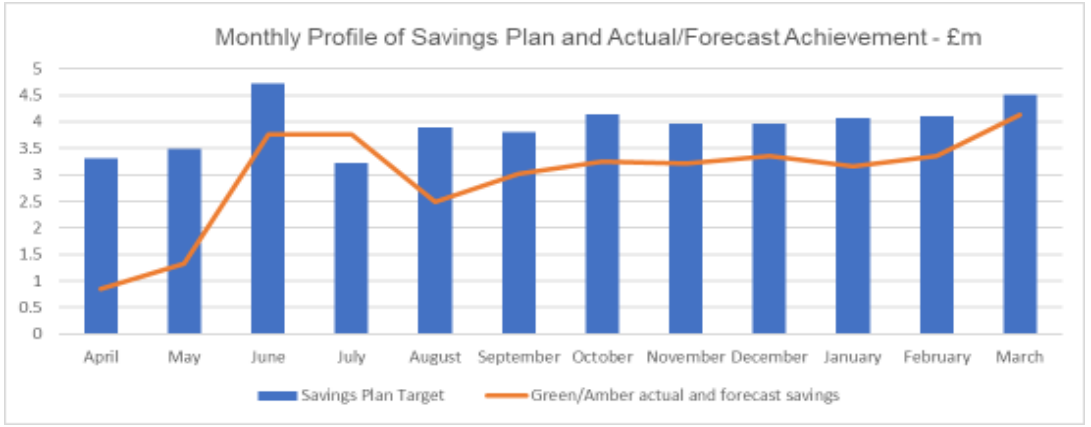
	Month 7 Position £m	Forecast Year-End Position £m
Planned deficit	9.275	15.900
Savings Programme	7.671	0.000
Operational position (Surplus) / Deficit	5.298	0.000
Financial Position (Surplus) / Deficit	**22.244**	**15.900**

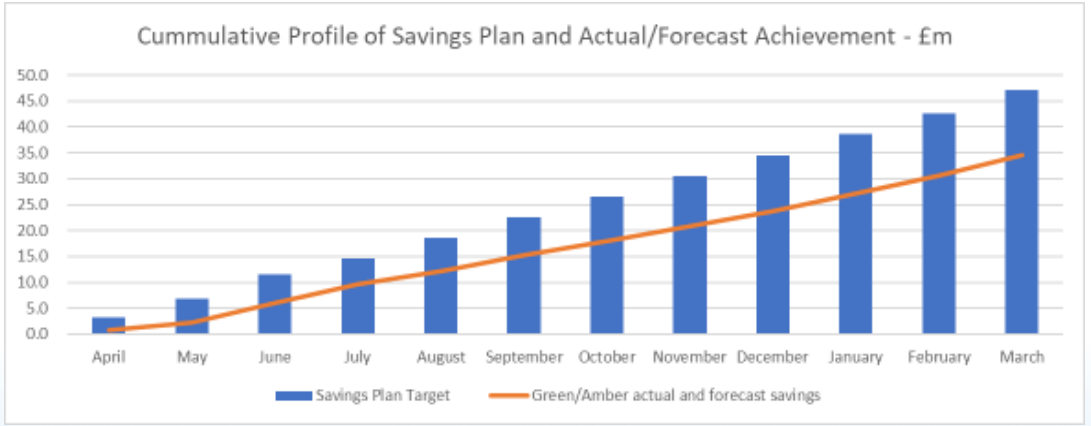


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Savings Plan Delivery

Clinical Board / Theme	24-25 Target £'000	Green £'000	Amber £'000	Sub Total Green and Amber £'000	(Surplus) /Defict £'000
Capital Estates and Facilities	947	1,110	262	1,372	(425)
Children and Women	1,304	1,103	64	1,166	137
Clinical Diagnostics and Therapeutics	1,199	1,320	92	1,412	(214)
Corporate Executives	501	987	0	987	(486)
Medicine	1,379	134	300	434	944
Mental Health	1,079	401	0	401	678
Primary, Community and Intermediate Care	2,423	2,909	260	3,169	(746)
Specialist Services	1,482	1,618	176	1,793	(311)
Surgical Services	1,689	503	536	1,039	650
Subtotal - Grip and Control	**12,000**	**10,085**	**1,689**	**11,774**	**226**
Medicines Management	4,530	2,755	1,819	4,573	(44)
Reducing Length of Stay	3,500	3,129	0	3,129	371
Optimising Planned Care	1,000	135	0	135	865
Income Generation	1,000	851	20	871	129
Continuing Healthcare	2,500	1,444	818	2,262	238
Facilities and Estates / Service Reconfiguration	500	400	0	400	100
Value/Clinical Variation	0	0	0	0	0
Procurement	5,000	3,398	475	3,873	1,127
Recording Patient Care	1,500	0	0	0	1,500
Other Digital Benefits	0	0	0	0	0
Workforce - Temporary Pay	7,403	3,370	777	4,147	3,256
Workforce Reshaping	8,268	1,476	303	1,779	6,489
Corporate Opportunities	0	3,000	113	3,113	(3,113)
Subtotal Cost Improvement Themes	**35,200**	**19,958**	**4,325**	**24,283**	**10,917**
Total Savings Position	**47,200**	**30,043**	**6,014**	**36,057**	**11,143**





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Forecast

Month 7 Forecast	CAW	CD&T	CEF	Execs	Medicine	Mental Health	PCIC	Specialist	Surgery	Commissioning	Corporate	Health Board
Operational Forecast	2.2	0.0	0.1	-1.2	7.2	-0.2	2.9	0.0	2.7	0.0	-4.2	**9.5**
Savings Forecast	1.2	1.0	0.6	-0.1	3.8	1.5	0.0	0.0	4.2	1.5	-2.5	**11.2**
Planned Deficit											15.9	**15.9**
Total Forecast	**3.4**	**1.0**	**0.7**	**-1.3**	**11.0**	**1.3**	**2.9**	**0.0**	**6.9**	**1.5**	**9.2**	**36.6**

Current forecast of £36.6m excluding further recovery actions
£20.7m over the planned deficit of £15.9m made up of:

- Operational overspend £9.5m
- Savings non-achievement £11.2m

Key Drivers:

- 80 beds (Integrated Assessment and Care Unit (IACU) 30, Medicine 10, Winter 40) will be open by the end of March that were not anticipated at the commencement of the financial year c£6m in year impact).

- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.

- Cost reduction programmes have delivered £11.2m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.

Saunders,Nathan
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Recovery Actions Not Agreed

Schemes listed below were not agreed at the Board Development session on 31st October due to the significant patient and performance impact across unscheduled and scheduled care pathways as the Health Board enters what will be a very challenging winter period.

Theme	Indicative Value	Patient Quality , Safety and Performance Impact
Abort Additional winter capacity	£1.7m	Increased time to admission and treatment pathways. Overwhelmed emergency department and a lengthening of ambulance holds and handover times. Cancellation of elective surgery. Failure to deliver 104-week standards (it is understood that failure to deliver the recently agreed improved trajectory will lead to a requirement to return to WG the associated additional funding). Increased waiting times and 3-year waits.
Bed closure plan – 100 beds	£3.3m	Increased time to admission and treatment pathways. Overwhelmed emergency department. Catastrophic impact on EU overcrowding with extreme handover delays. Minimal elective surgery. Impact on cancer treatments. Increase waiting times to over 4 years for some patients.
Reduce planned care expenditure	£1.5m	Delays in cancer treatment (currently prioritised). Adverse impact on patient outcomes. Inability to deliver 104-week standards (risk to return of funding as above).

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Recovery Actions Agreed to Pursue

Theme	Indicative Value TBC £m	Confirmed Value 2024/25 £m	Patient Quality & Safety Impact
Non Clinical vacancy freeze	£0.750m	£0m	Non clinical staff do have an impact on patient care. E.g.- medical dictation - digital transformation to support in the future. Clinical staff backfilling critical and statutory administrative roles, leading to inefficiencies and constraints in delivering clinical care
Medicines Management	£1.6m	£0m	Commissioners have a statutory responsibility to make funding available for a drug or treatment recommended by NICE for the clinician and patient to consider alongside other treatments. This is 60 days from when draft NICE guidance is published. Both NICE drugs are over 60 days old and both are already on the formulary for existing indications.
Further restrictions non-clinical non pay expenditure: computer eqpt/office eqpt/printing & stationary	£1.0m	£0.77m	Negative impact on team resilience, morale and wellbeing.
Further reduction up to 50% in agency and premium overtime usage:	£4.0m	£0.861m	Working below safe nursing levels. Poor patient experience and harm.

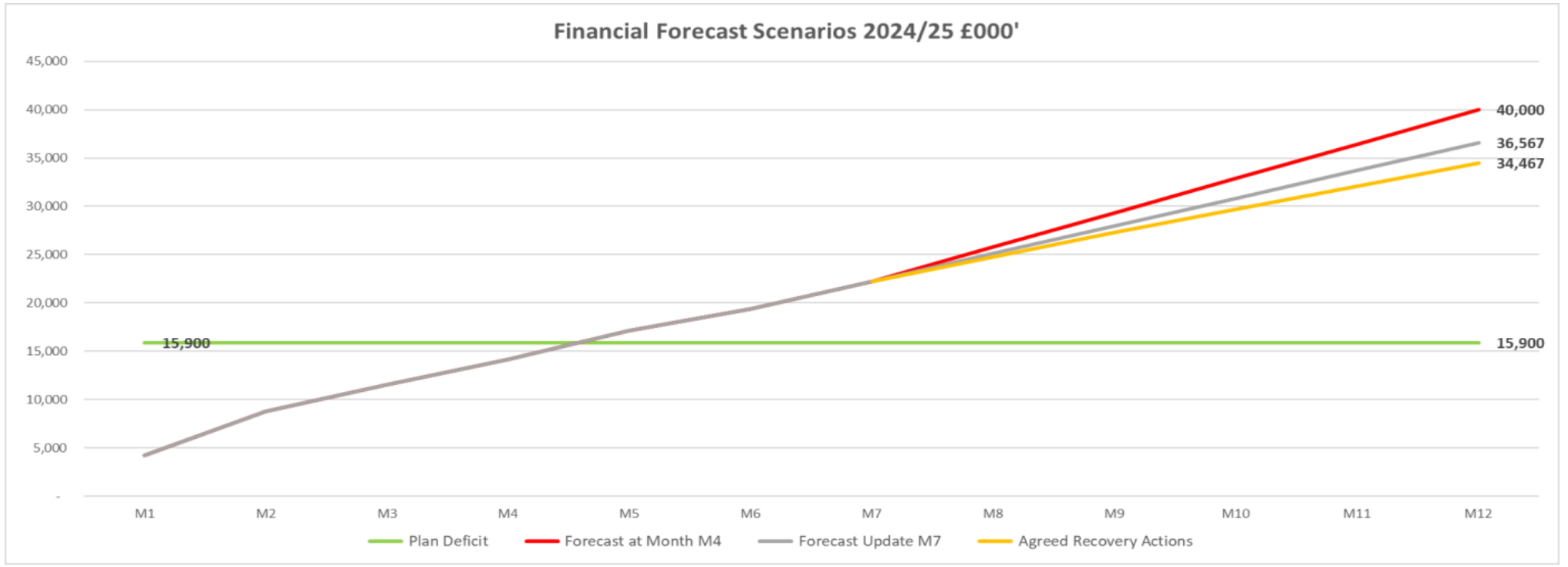
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Recovery Actions Agreed to Pursue

Theme	Indicative Value TBC £m	Confirmed Value 2024/25 £m	Patient Quality & Safety Impact
Limit study leave	£0.5m	£0m	Regulators stipulate study leave for professions to maintain their professional status. In some cases impact on compliance with critical mandated training, e.g. SIMMA. Nursing will monitor the 3% and only in exceptions will go above this %
Promote the Annual Leave Purchase Scheme for the remainder of 2024 and for 2025	£0.25m	£0m	Limited with tight controls around so limited impact in clinical areas. To promote keeping within the head room for nurses. Other professions reviewing the number of staff on A/L especially during holiday seasons.
Fixed Term Contracts - People Services to cleanse data & contact individual areas	TBC	£0m	Critical posts in the clinical areas will need careful consideration. Quality assessment on case-by-case basis
Voluntary Early Release Scheme (VERS)	£0m	£0m	Quality assessment on a case by case basis. Financials impact from 2025-26.
Executive Budgets	£0.5m	£0.5m	Slowing on pace in some areas but limited immediate impact
	£8.6m	£2.131m	

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Revised Forecast including Recovery Actions



	Forecast Position £m	
Plan	**15.9**	
Forecast at Month 4	40.0	
Forecast at Month 7	36.6	includes winter plan
Further Recovery Actions	(2.1)	
Revised Forecast	**34.5**	

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Next Steps

- Given the reported month 7 position and proposed recovery actions, the Health Board is unable to meet £15.9m planned deficit
- Current forecast including delivery of identified recovery actions is £34.5m
- Approve revised forecast deficit position of £34.5m and the submission of an accountable officer letter to Welsh Government

Saunders,Nathan
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Report Title:	2024/25 Additional Capital Funding			Agenda Item no.	7.4
Meeting:	Board	Public	√	Meeting Date:	28 November 2024
		Private			
Status *(please tick one only):*	Assurance		Approval √	Information	
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Capital, Estates and Facilities				

Main Report
Background and current situation:

The purpose of this report is to advise the Board of the additional capital funding that has been awarded to the UHB, by Welsh Government, for expenditure within the current financial year and request that the Board approves the adjustments and contract awards. The report provides the schedule of schemes submitted for consideration by WG and, confirms those for which we have received WG funding support.

The Board, at their meeting held on the 25th July 2024, were informed that the UHB had submitted a schedule of prioritised Backlog Maintenance schemes which could be delivered within the financial year, if funding was made available. The full schedule is included in Appendix 1, for information. Of the £11.084m the UHB received £4.434m for the schemes, indicated below (Fig.1).

(Fig.1)

Description	Site	Value £m
UHW Main Chiller Plant	UHW	0.709
HSDU Ventilation & Chiller	UHW	0.700
UHW Continuation of Foul Drainage system replacement	UHW	0.500
CAVOC Chillers	UHL	0.500
UHW Water Mains	UHW	0.750
UHW AVSU Replacement	UHW	0.300
UHW Hot Water Valve Replacement	UHW	0.075
UHW Roof Upgrades (Lift Plant Rooms)	UHW	0.150
UHW Secondary Hot water Plate Heat Exchanger	UHW	0.250
UHL AVSU and Oxygen Transfer over to new oxygen line	UHL	0.200
UHB Fire Doors	UHB Wide	0.200
Fire Doors		0.100
Total		**4.434**

The UHB received a request from WG on the 13th September 2024 to '*identify a prioritised list of backlog maintenance, infrastructure risks & equipment funding requests for consideration which need to be deliverable in-year. The intention is to re-allocate the slippage on schemes already returned to the Welsh Government*'

Saunders Latham 25/11/2024 13:31:11

Appendix 2, indicates the schemes submitted for consideration by WG. In addition, the UHB identified financial underspends and a request to reallocate the associated funding, as shown in the table below (Fig.2)

(Fig.2)

Major Capital Scheme Underspend

Scheme	£m
Rockwood Reprovision at Llandough	0.750
Electronic Switchgear, UHW	0.718
Replacement Boiler, University Hosptial Llandough	0.364
Urgent Replacement of Interventional Neuroradiology Equipment at UHW	1.030
	2.862

Opportunities

Scheme	£m
Mortuary Refurbishment, UHW The design team, at the design stage, had not been given access to the mortuary areas to allow for intrusive surveys during the pre construction period which may have informed the design in greater detail. However it was unlikley to have identified the significant depth of concrete that has been identified during the constaruction works. Further the inability to undertake the intrusive surveys resulted in certain assumptions being made in respect of structural walls, above the ceiling services, as the ceilings were solid in construction, or the construction of the floor areas etc, due to the fact that the area was a licensed operational mortuary facility. Therefore, no physical intrusive site surveys were completed. The assumptions and the "risk" levels of potential unknowns were costed in the form of contingencies and provisional sums A paper presented to the CMG is embedded in this submission for information .	0.930
Estate Rationalisation The UHB Have developed an Estate Rationalisation programmme which will allow the closure and demolition of what were originally staff accomodation blaocks at UHW. The first phase of the programme will allow support the closure of Denbeigh Hosue with alternative accommodation identified across other sites including UHW and Woodland House. This inital phase will realise a cost saving of circa £150k per annum and will reduce the back log maintenance liability. The capital required to deliver this phase allows for the refurbishment including the IT installation etc of areas of UHW that have been occupied by Cardiff University. It also allows for the relocation of Occupational Health to WH and the creation of the associated consulting examination and counselling rooms required. This element of the programme will ensure more efficient us of the space at WH which has been affected by the introduction of more hybrid working. In addition it will remove staff from UHW and reduce a small element of traffic from the site.	1.161
Roofs UHW There a number of urgent roof replacement projects that have been tendered and ready to progress as soon a s funding become availanble. Whist this funding will allow us to progress the highest risk areas there will remain a number that need funding which have been included on our submission against possible slippage that WG requested. Due to the age of the roofs at UHW water ingress has become more prevelant and require a complete roof replacement, this will reduce backlog maintenance.	0.116
Aroma Concourse UHW As part of the UHB on-going review of cost savings whilst maintaining or improving the services we provide to patients, stafff and vistors we have undertaken a review of the operating model of our retail outlaets and in particular how we can reduce our cost base in our cateen, Y Gegin, which is currently open from 7.00am until midnight to provide hot food offerings to our staff. The attached paper desrcibes two options both of which woould be of benefit to patients, staff and visitor and provide significant revenue savings with the consolidation of the food offering being focussed in the concourse after the completion of the lunch service in Y Gegin. The two options are every similar with option one being the preferred at this stage as it would provide a service 24/7 and would be run initially on a 9 month trail period to mnitor income between 00.00 to 07.00 to ensure viability. Itf this was not generating the projected income then option 2 would be implemented, which will reduce the hours to operat only when demand is evident. The capital investment for both options is the same at £655k inclusive of VAT with option 1 providing a saving of the current revenue of £564.5k per annum. Payback in 15 months approximately. Whilst option 2 shows a greater saving in revenue the forecasted surlus is less than option 1.	0.655
	2.862

Following discussions with WG, with regards to UHB priorities, the following were approved by the Cabinet Secretary, which took into consideration, both the slippage funding identified by WG and the underspend funding identified by the UHB. Consequently, the UHB received the award of funding letter, for £7.401m inclusive of VAT, dated 23rd October 2024 which has been accepted by the relevant officers. The allocation of funding is shown in the table below, (Fig.3):

(Fig.3)

Description	Value £m
Enabling Works for the provision of ITU Services UHW	3.040
Roofs, UHW and UHL	2.270
Mortuary Refurbishment, UHW	0.930
Estate Rationalisation	1.161
Total	**7.401**

Saunders,Nathan
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Enabling Works for the provision of ITU Services UHW / Cardiology Scheme

As part of the UHB plan to provide additional space for ITU Services on the third floor (C3) the Director of Operational Planning and Performance, presented a paper at SLB on the 3rd October 2024 which detailed the enabling works, to be undertaken in phases, which are required to make C3 available. This includes works to Lakeside Wing (LSW) to make it suitable for medical beds, B2 Link to enable the transfer of Gynaecology Services from C1 and the refurbishment of C1 to accommodate Cardiology from C3.

Budget cost estimates have been prepared for each for the phases and are shown below:

- LSW – £2.97m
- B2 Link - £70k
- C1 - £3.5m

No costs have been developed for any works to C3 as this will form part of the Business Justification Case being developed for the Critical Care Expansion, the project mandate of which was approved by SLB at their meeting of 21st March 2024

The confirmation of capital funding support, identified above, will allow the UHB to progress with the LSW and B2 Link works within the 2024/25 capital programme. However, the work to C1 will need to be planned as part of the 2025/26 capital programme.

Roofs UHW & UHL

Areas across the main hospital sites have experienced significant water ingress in recent months, which has impacted on the ability to deliver services in a number of areas. Remedial works have been identified and undertaken across a number of areas as a temporary measure. However, the condition of many of the roofs does require replacement at the earliest opportunity.

CEF have a schedule of roof replacement projects which they have prioritised with a number being tendered and ready to progress. Whilst this funding will allow the team to progress the highest risk areas there will remain a number that will remain outstanding.

A full schedule of roofs that require replacement is included in Appendix 3, of which there are 12 in total, with the table below (Fig.4) identifying those which are considered a priority and which were approved at Capital Management Sub Group at their meeting held on the 29th October 2024.

(Fig.4)

	Asset Number	Scheme	Scheme Description	Site	Consiq	Likelihood	Risk Register Rating	Estimated Cost £m	Priority	Consequences if not progressed	Comments
								2024-25			
1	11b	UHW Lift Shaft roof B Block	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	110,000.000	1	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
2	24	UHW Lift Shaft roof C Block	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	110,000.000	2	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
3	17	Pharmacy Roof UHW	Flat roof single ply passed it's useful life, replacement required.	UHW	4	5	20	300,000.00	3	Currently has temporary tarpoling to prevent ingress of water into department below.	Writing specification
4	11a	Physio Roof UHL	Flat roof single ply passed it's useful life, replacement required.	UHL	4	4	16	280,000.000	4	Disruption to service, continual leaks occurring	Retender through Procurement
5	18	Pot Wash Roof	Flat roof single ply passed it's useful life, replacement required.	UHL	4	4	16	120,000.000	5	Disruption to service, continual leaks occurring	Add to Physio tender
6	25	Heulwen Ward	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	120,000.000	6	Disruption to service, continual leaks occurring	Survey to furnish tender complete
7	30	UHW Concourse Gutters	Re-lining of box section gutters	UHW	4	4	16	90,000.000	7		Survey to furnish tender complete
8	18	UHW Pembroke House	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	120,000.000	8	Disruption to service, continual leaks occurring	Survey to furnish tender complete
9	10	UHW Ward Block A	Pitched roof showing signs of deterioration, replacement required.	UHW	4	4	16	600,000.000	9	Temporary repair will eventually fail	Survey to furnish tender complete
10	16	Maternity 2nd floor Roof	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	20,000.000	10	Damage to internal area and loss of clinical service.	Minor works required. Cost reduced from original estimate
11	17	CHFW Octopus - Xra	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	150,000.000	11	Damage to internal area and loss of clinical service.	Survey to furnish tender complete
12	22	Suite 16	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	250,000.000	12	Damage to internal area and loss of clinical service.	Survey to furnish tender complete
								2,270,000.000			

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Estate Rationalisation

The UHB have developed an Estate Rationalisation programmme which will allow the closure and demolition of what were originally staff accommodation blocks at UHW.

The first phase of the programme will support the closure of Denbeigh House and the enabling works required to make the alternative accommodation identified across other sites including UHW and Woodland House (WH) fit for purpose. This initial phase will realise a cost saving of circa £150k per annum and will reduce the backlog maintenance liability.

The capital funding received to deliver this phase allows for the refurbishment including the IT installation etc. of areas of UHW that have been occupied by Cardiff University. It also allows for the relocation of Occupational Health to WH and the creation of the associated consulting examination and counselling rooms required. This element of the programme will ensure more efficient use of the space at WH.

A proposal presented to Management Executives on Monday 28th October 2024 was approved, subject to a number of minor observations and clarifications with individual departments. The proposals are included in Appendix 4 for information.

Mortuary Refurbishment

A separate paper is included on the Committee agenda (20.11.2024) to provide detailed background of the issues identified with the scheme which has resulted in programme delay and cost pressures with an anticipated overspend position of £924k of the original approved budget.
The current programme, Revision.9b is reporting construction completion in February 2025.

Discretionary Capital Slippage 2024/25

As a result of additional funding received from WG, and VAT recovery, the UHB has identified £4.752m of available discretionary capital funding for allocation for CEF schemes, Medical Equipment and Digital Health & Intelligence Schemes.

All areas submitted a prioritised schedule for consideration by the Capital Management Group which met on the 29th October 2024 to agree a schedule of schemes / equipment to progress. Whilst it was recognised that a large allocation was provided to CEF, it was also noted that further slippage provided by WG would be prioritised for Medical Equipment and DH&I as construction / estates projects would not be able to be delivered, the later funding is released. The prioritised list is as below. (Fig.5) However, it can be seen that there remains a predicted over commitment at this point, which will require management to ensure that the UHB remain within the Capital Resource Limit at the end of the financial year. Consequently, on receipt of tenders and quotations, further evaluation of the commitment will be required.

(Fig.5)

Department	£m
CEF	2.749
Digital	1.280
Medical Equipment	0.427
Revenue to Capital	0.332
Project Initiation Enquires	0.000
	4.788
Available Funding	**4.752**
+ Overspend / (Underspend)	**0.036**

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

- The UHB has been awarded with £7.401m additional capital funding to deliver priority schemes within the current financial year
- Capital Management Group held an interim meeting on Tuesday 29th October 2024 to agree the priority schemes for Infrastructure, Medical Equipment and Digital.
- Appendix 3 identifies the number of roof replacements that are required across the UHB, with Fig.4 confirming the priority works to be undertaken in 2024/25, funded by WG.

Recommendation:

The Board are requested to:

1. **NOTE:** the content of the paper and the various sources of additional funding being managed by the Health Board
2. **NOTE:** the confirmation of the additional funding of £7.4m approved by Welsh Government for the ringfenced schemes shown in Fig.3.
3. **SUPPORT** the recommendation of the CMG Sub Group for the allocation of the £4.752m for schemes to be completed in 2024/25
4. **APPROVE** the adjustments made to the capital programme, recognising the additional funding provided by WG
5. **APPROVE** the awarding of the contract to Lorne Stewart at the value of £1,015,029 inclusive of VAT for the Replacement of the HSDU Ventilation and Chiller Plant, to be delivered within the current financial year
6. **APPROVE** the awarding of the contract to FP Hurley at the value of £1,091,115 inclusive of VAT for the Replacement of the UHW Main Chiller Plant which is to be delivered in the current financial year

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	√	Integration		Collaboration		Involvement	

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Impact Assessment:

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

Risk: Yes

Delivery of the schemes within the financial year, subject to the timing of the approval and entering into contracts

Safety: Yes

All construction work will be managed within recognised H&S methodology
Financial: Yes
Delivery within the CRL
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: Yes
Although not been specifically outlined, new equipment installed will be more energy efficient.

Approval/Scrutiny Route:	
Senior Leadership Board	Date: 7th November 2024
Finance & Performance Committee	Date: 20th November 2024
Board	Date: 28th November 2024

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APPENDIX 1 - SCHEDULE OF PRIORITY BACKLOG MAINTENANCE SCHEMES

Scheme	Scheme Description	Site	Consiq	Likelihood	Risk Register Rating	Estimated Cost £m 2024-25	Priority	Consequences if not progressed
UHW Main Chiller Plant	The main Chiller on the UHW site feeds all of the Operating Theatre Block. The Chiller is approximately 25 years old, parts are obsolete and extremely difficult to source. The Chiller regularly suffers with breakdowns and is in need of full replacement. Failure of the Chiller will result in delays in Operating Theatre procedures during periods of extreme heat.	UHW	4	5	20	0.709	1	Cancellation of Operating Theatre procedures
HSDU Ventilation & Chiller	The HSDU Ventilation system is non compliant and in need of replacement, the Chiller was installed circa 1998 and is also in urgent need of replacement. Failures of the systems delay service provision that has a knock on impact on various clinical procedures Health Board wide.	UHW	4	5	20	0.700	2	Cancellation of clinical procedures throughout the Health Board.
UHW Continuation of Foul Drainage system replacement	Each UHW Ward blocks is served via 16No. 4" drainage systems rising through the seven story block. The internal diameter has reduced over the years due to build up. Internal diameter is in region of 2" causing constant major blockages. The proposal is to replace 2No. of the existing drainage risers in each of the ward blocks.	UHW	4	5	20	0.500	3	Constant blockages cause major disruption to wards with toilet facilities being out of operation for several days. Major disruption to service, many man hours used for clean up and disinfection of areas prior to occupation being feasible.
CAVOC Chillers	The CAVOC Chiller is circa twenty years old and in need of urgent replacement, the existing pipework has corroded leading to leaks with the system. Spare parts are obsolete making it difficult to maintain. Failure of the chiller affects patient services for five operating theatres.	UHL	4	5	20	0.500	4	Cancellation of Operating Theatre procedures within the 5No. CAVOC Operating suites.
UHW Water Mains	The water main throughout the UHW site has suffered failures on a number of occasions resulting in a full water shutdowns throughout the UHW site. It has been reviewed and agreed the system is in need of full replacement to ensure security of water supply to the Patient Wards and Clinical departments onsite.	UHW	4	5	20	0.750	5	Major affect on Patient facing Clinical Services with loss of Water throughout the site.
UHW AVSU Replacement	The Ward AVSU's are original to the Wards and are obsolete, safe operation and isolation methods cannot be adapted. No warning alarms are installed with the current systems to provide advance notice of an issue with the systems.	UHW	4	5	20	0.300	6	None compliance with WHTM, patient safety issues associated with loss of Medical Gasses.
UHW Hot Water Valve Replacement	There have been a number of failures of the valves on the Domestic Hot water system throughout the UHW site. A number of valves have been identified as in need of replacement due to imminent failure resulting in loss of local hot water affecting patients care.	UHW	4	5	20	0.075	7	Affects on Patient care due to loss of local Hot Water.
UHW Physio Roof Replacement	The roof covering system has failed and needs constant patch repairs to stop water ingress into the departments below. The area of roof covers Physio and all of the UHL X-Ray department. There have been a number of leaks into the X-Ray rooms that have stopped patient scanning and affected the clinical services within the departments. Certain sections of the roof can no longer be patched and need full replacement.	UHW	4	5	20	0.850	8	Patient care issue and delays and cancellation of X-Ray scans. Possible water damage to departments and X-Ray equipment.
UHW Roof Upgrades (Lift Plant Rooms)	The existing Tower Block and Lift Motor Room Roofs are failing due to their age. The Tower Block roof is made up of a profile steel sheet roofing system, the lift plant rooms (3No.) are a single ply membrane system. Following water ingress within A Block roof a section is in need of replacement. The Lift Motor Rooms will be fully replaced with a new warrantied flat roof system.	UHW	4	5	20	0.150	9	Leaks within the main roof causes considerable issues with water ingress into the Ward area below. A number of lifts have to be taken out of service for safety with later ingress into the main Lift drive and control systems. Both issues have a considerable affect on patient care.
UHW Outpatients ENT	The current ventilation system within the ENT Outpatients is undersized and original to the space. The departments suffers with a lack of fresh air and cooling issues during the summer resulting in patients feeling ill and appointments having to be cancelled due to the conditions. The patient issues are exacerbated by the nature of the ENT examinations and procedures being carried out within the department.	UHW	4	5	20	0.500	10	Cancellation of Patient appointments and delay to Clinical Procedures.
UHW Secondary Hot water Plate Heat Exchanger	The Plate Heat Exchanger is beyond the age of its working life, parts of the system have already failed and the system requires constant repairs to keep it running. The system is critical for maintaining domestic hot water temperatures.	UHW	4	5	20	0.250	11	Potential loss of Hot water services throughout the UHW Site. Legionella issues with low temperatures being generated.
UHL AVSU and Oxygen Transfer over to new oxygen line	The Ward AVSU's are original to the Wards and are obsolete, safe operation and isolation methods cannot be adapted. No warning alarms are installed with the current systems to provide advance notice of an issue with the systems.	UHL	4	5	20	0.200	12	None compliance with WHTM, patient safety issues associated with loss of Medical Gasses.
UHW Fire Alarms	The fire alarm system throughout the University Hospital of Wales site is predominantly the existing system that was installed over twenty five years ago. Fire panels are obsolete and it is increasingly difficult to locate spare parts for the panels and detection devices.	UHW	4	5	20	0.500	13	Faults on the system leading to false alarms causing unnecessary Fire Service callouts and site evacuations.
House 54/56 Internals	Dry Rot and Wet Rot has been identfified within the Building. Remedial works are required to treat this issue including replacing the main staircase, replacing plaster work and ceilings.	CRI	4	5	20	0.200	14	This problem has rendered parts of the Building unsafe for the Community users relulting is Clinical service issue.
UHB Roads & Paths	Following a number of difficult Winters the Tarmac Roads have started to breakup, minor repairs and infills have been carried out however we are now at the stage where a full replacement covering is needed. A number of Paths and walkways throughout the Health Board are now in the same condition and in need of full replacement.	UHB Wide	4	5	20	1.000	15	Damage to Health Board Staff, Visitors and Ambulance service vehicles while driving on Helath Board sites. Substantial falls risks to Staff, Patients and Visitors associated with damaged paving and pot holes.
UHB Fire Doors	Fire Doors within the UHW have been identified as being in need of replacement. The Fire doors are often damage due to high volume of traffic such as for food distribution, transfer of linen and waste, etc. The fire doors require a robust door solution to cope with the nature of the usage.	UHB Wide	4	5	20	0.200	16	Non compliance with WHTM and Fire Regulations.
Transfer of Roath Clinic	Roath Clinic is not currently suitable for the services being run from the Building and affects patient care in the Community. A substantial amount of Estates time is taken up with repairs due to the age of the Building. Transfer of the service would benefit Community Patients and relieve pressure on the Estates Team in maintaining backlog of maintenance issues with the building.	Community	4	5	20	1.900	17	Pressure on Estates team maitaining Clinical Services within a Building not Fit for Purpose.
Condense Line Replacement	The Condense line on a number of critical plants have corroded, replacing these lines with stainless steel in a controlled manner would eliminate this issue resulting in reduced maintenance and breakdowns.	UHW	4	5	20	0.100	18	Breakdowns and down time on repairing condense lines for critical services
Estate Rationalisation	The UHB are targetting building stock to vacate and demolish. This will reduce the back log maintenance associated with these buildings. To facilitate this, costs are required to improve and make ready the areas to facilitate the potential moves to accommodate the displaced services.	UHB Wide	4	5	20	0.500	19	Additional monies spent on buildings that could be prioritised elsewhere.
Demolition of Brecknock & Denbigh House	To support the UHB to vacate and demolish buildings that have been targetted as part of the Estate Rationalisation.	UHW	4	5	20	1.200	20	Additional monies spent on buildings that could be prioritised elsewhere.
						11.084		

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APPENDIX 2 – FURTHER PRIORTY SCHEMES SUBMITTED TO WG FOR CONSIDERATION IN SEPTEMBER 2024

Ref	Category	Number	Estimated Cost	Comments (see tabs for details)	Lead Time	Procurement Route
1	Air Conditioning Units	71	£497,000	End of life units. Priority based on Based on age / Area served / Energy/Decarb	8 weeks	C&V Estates Framework
2	Boilers	28	£805,000	Boiler poor or very poor condition with numerous breakdowns / repairs. The Childrens Hospital for Wales Phase1 are obselete with parts no longer available to repair. Recommended for replacement from servicing reports	12 weeks	C&V Estates Framework
3	UPS	12	£220,800	Replacement UPS now nine years old	12 weeks	C&V Estates Framework
4	Fire Compartmentation	8	£60,000	Fire compartmentation of theatres has been surveyed and identified breaches in fire compartmentation. Continuation of works that have commenced	6 weeks	C&V Estates Framework
5	Roofs	12	£2,270,000	Single ply roofs, across a number of areas are beyond reasonable repair and the increasing heavy rain and storms sees an increased number of leaks often resulting in the closure of clinical areas, including inpatient areas in Maternity, Paediatric Fracture Clinic and also the main bank of lifts within B Block.	12 weeks	C&V Estates Framework
6	Various Estates issues as described on workbook 6.	9	£635,000	This bid requests support for highway and public footpath resurfacing, upgrading of patient and visitor WC facilities, upgrade of ward kitchen to meet the current EHO requirements.	12 weeks	C&V Estates Framework
7	Fire Alarm Upgrade	6	£377,950	Further Fire Alarm Panel Upgrades to UHW Site. Part of the Health Boards 5 year plan to solve unwanted fire alarm activations.	8 weeks	C&V Estates Framework
8	Ward Drainage Upgrade	4	£165,000	Drainage failures within ward blocks. Part of the Health Board 5 year programme to replace all ward block drainage	4 weeks	C&V Estates Framework
9	Ward Kitchens	9	£431,000	Many of the kitchen require upgrading, refurbishment to ensure compliance with EHO inspections	12 weeks	C&V Estates Framework
10	Enabling Works for the provision of ITU Services UHW		£3,040,000	To facilitate the provision of an enhanced ITU service within the UHW there is a need to provide facilities to allow the movement of patients currently in Cardiology. Cardiology Services are currently being delivered within the proposed footprint of the future ITU ward area. There is therefore a requirement to provide these services in another area of the hospital. It is felt that the development and improvement of the LSW, removing elements of the Nightingale wards, in to smaller 4 / 6 bed bays, and single ensuite facilities will provide better use of this space by medical departments thus allowing the decant of some of the wards in the existing main hospital into LSW without compromising patient care. The development of LSW is phase 1 of the proposed decanting of the future footprint of the ITU facilities.	23 weeks	C&V Estates Framework
11	Production Server Storage		£300,000	To facilitate the continued removal of legacy and spinning disk storage with HPE Alletra SSD storage within CAVUHB.		
12	Core Networking Upgrades		£250,000	Replace aging and out of support Core Networking switches within CAVUHB, UHW and UHL. Additionally allow the removal of Huawei switches and line cards.		
13	Wi-Fi Improvements		£180,000	Allow for the procurement of a number high powered Cisco Wi-Fi specialist switches to provide improved connectivity and Wi-Fi coverage in Clinical Ward areas.		
14	Disaster Recovery Upgrades		£100,000	AirCon and additional UPS capacity within Woodland House and UHL Disaster Recovery Rooms		
15	Digital Operations Consolidation		£80,000	Funding for building work to allow the Digital Operations teams to be consolidated within the SAC Building, UHW		
			£9,411,750			

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APPENDIX 3 – SCHEDULE OF ROOFS IN PRIORITY ORDER

	Asset Number	Scheme	Scheme Description	Site	Consiq	Likelihood	Risk Register Rating	Estimated Cost £m	Priority	Consequences if not progressed	Comments
								2024-25			
1	11b	UHW Lift Shaft roof B Block	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	110,000.000	1	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
2	24	UHW Lift Shaft roof C Block	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	110,000.000	2	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
3	17	Pharmacy Roof UHW	Flat roof single ply passed it's useful life, replacement required.	UHW	4	5	20	300,000.00	3	Currently has temporary tarpoling to prevent ingress of water into department below.	Writing specification
4	11a	Physio Roof UHL	Flat roof single ply passed it's useful life, replacement required.	UHL	4	4	16	280,000.000	4	Disruption to service, continual leaks occurring	Retender through Procurement
5	18	Pot Wash Roof	Flat roof single ply passed it's useful life, replacement required.	UHL	4	4	16	120,000.000	5	Disruption to service, continual leaks occurring	Add to Physio tender
6	25	Heulwen Ward	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	120,000.000	6	Disruption to service, continual leaks occurring	Survey to furnish tender complete
7	30	UHW Concourse Gutters	Re-lining of box section gutters	UHW	4	4	16	90,000.000	7		Survey to furnish tender complete
8	18	UHW Pembroke House	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	120,000.000	8	Disruption to service, continual leaks occurring	Survey to furnish tender complete
9	10	UHW Ward Block A	Pitched roof showing signs of deterioration, replacement required.	UHW	4	4	16	600,000.000	9	Temporary repair will eventually fail	Survey to furnish tender complete
10	16	Maternity 2nd floor Roof	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	20,000.000	10	Damage to internal area and loss of clinical service.	Minor works required. Cost reduced from original estimate
11	17	CHFW Octopus - Xra	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	150,000.000	11	Damage to internal area and loss of clinical service.	Survey to furnish tender complete
12	22	Suite 16	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	250,000.000	12	Damage to internal area and loss of clinical service.	Survey to furnish tender complete
13	39	East 8 Ward Roof	Replacement of felt and battens, re-use existing tiles.	UHL	3	4	16	120,000.000			
14	24	Bethan Ward	Replacement of felt and battens, re-use existing tiles.	UHL	3	4	16	160,000.000			
15	17	Mechanical Workshop Flat Roof	Flat roof single ply passed it's useful life, replacement required	UHL	3	4	12	50,000.000			
16	17	Flat Roof above old Plant Room / Sub corridor 17	Replacement of roof covering	UHL	3	4	12	50,000.000			
17	5	Dental Theatre Corrdior Roof	Replacement of roof covering	UHW	3	4	12	75,000.000			
18	26	Monthouth House	Flat roof single ply passed it's useful life, replacement required	UHL	3	4	12	120,000.000			

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APPENDIX 4 – ESTATE RATIONALISATION

Estate Rationalisation Prop

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Report Title:	***Major Trauma Services Business Case***			Agenda Item no.	7.5
Meeting:	Public Board	Public	X	Meeting Date:	28th November 2024
		Private			
Status *(please tick one only):*	Assurance		Approval	✓	Information
Lead Executive (**Title**):	Chief Operating Officer				
Report Author (**Title**):	Director of Operations, Specialist Services Clinical Board				

Main Report

Background and current situation:

The Major Trauma Centre (MTC) became operational on 14th September 2020. The MTC at the University Hospital of Wales (UHW) plays a significant role within the South Wales Major Trauma Network (SWTN) providing highly specialised services for seriously injured patients from across the region of South, South East, West Wales and South Powys.

Analysis of activity data and feedback, external peer review and Welsh Government Gateway reviews have highlighted a number of key areas in the service that require investment.

Major Trauma Service

The service specification for major trauma defines a requirement for the provision of a dedicated team in each MTC with the responsibility to facilitate and coordinate the management of on-going patient care. This includes trauma and rehabilitation co-ordinators focusing on supporting patients through the patient pathway, especially as they reach the stage of rehabilitation and discharge planning, either to home or repatriation to other appropriate facilities. Investment in staffing is required to provide support for a greater than predicted number of both adult and paediatric major trauma patients since operationalisation of the MTC.

Plastic Surgery

Timely and local access to follow up for patients requiring complex wound management is essential. The ability to offer this service closer to home for patients supports this and helps to reduce the associated carbon footprint due to reduced travelling. In order continue to deliver the Plastics Dressing Clinic (PDC) at the MTC an uplift in nursing establishment is required.

Acute Pain Service

Demand for this service has increased considerably since the MTC became operational. MTC workload currently accounts for a quarter of the Acute Pain Service (APS) daily activity. An uplift in Clinical Nurse Specialist (CNS) establishment is required to meet the increased demand and to ensure patient safety. Investment will allow the APS to continue to deliver the appropriate level of service to Adult and Paediatric major trauma population to meet the required standards.

Emergency Unit

The care provided by the Paediatric Emergency Unit (EU) does not meet standards required in relation to the number of trained nurses and there is a subsequent impact of this inadequate resource on the rest of the Paediatric EU patient cohort. Additional resourcing in Nursing and Healthcare Support Workers (HCSW) will support with maintaining appropriate staffing levels across the department. An uplift in establishment for the Paediatric EU team will require increasing resources in education and training for staff to meet the educational and competence standards outlined by the National Major Trauma Nursing Group (NMTNG).

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Radiology

Radiology provides a 24/7 service for multiple critical services in Cardiff and Vale University Health board (CAVUHB). It was recognised that all specialties involved in the delivery of trauma care in the

MTC needed to respond to increasing activity with immediacy and that it required appropriate resourcing to do so effectively.

Demand for imaging services has increased considerably since the MTC became operational. An uplift in establishment across all professional groups is required to meet the increased demand and to ensure patient safety. Due to the urgent nature this work has been accommodated by the radiology service to the detriment of elective and non-urgent inpatient workload.

This business case seeks additional investment across the Adult and Paediatric pathways of care to address critical gaps in service provision, compliance with national standards and, to ensure capacity & demand are aligned as the Network progressess towards its fully mature phase (typically entered in year 5).

Annual Revenue Requirement	**Current Year (£)**	**Recurrent (£)**
	587,848	2,366,401
Capital Requirement (£)	Nil for this case	

Investment into the Major Trauma services has been prioritised as part of the JCC commissioning process and included in the Integrated Medium Term Plan. The investment sought is greater than that indicated on the original CIAG proforma, the primary differences reflecting subsequent wage awards and the inclusion of overheads in the case. The CAV commissioner share of the investment is £0.407m and is reflected in the UHB's financial plan.

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

Since the MTC went live in September 2020, several service gaps requiring redesign or additional expenditure have been identified. The principal driver of this under resourcing being that the actual observed activity data has substantially exceeded the numbers predicted. The MTC underwent the National Peer Review process in early 2022 which highlighted these gaps. A service review was conducted following the peer review in response to concerns raised and it was recognised that there was a need to develop the current Major Trauma resource. The Joint Commissioning Committee, via its clinical prioritisation process, invited the UHB to submit a business case to address the highlighted gaps.

Recommendation:

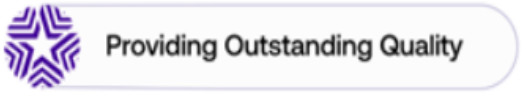
At the time of writing the report, the Major Trauma Service Business Case had been approved by Investment Group on 6th November 2024, but is not due to be presented to The Finance & Performance Committee until 20.11.2024 and then Senior Leadership Board until 21.11.2024

Therefore, subject to the case being considered and recommended for Board approval by the Finance & Performance Committee on 20.11.2024 and Senior Leadership Board on 21st November 2024, the Board are asked to:

APPROVE the submission of the Major Trauma Service Business Case to NHS Wales Joint Commissioning Committee for revenue funding support.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1.  **Click the objective above to view more detail.**	x	2.  **Click the objective above to view more detail.**	x

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3.  **Click the objective above to view more detail.**	x	4.  **Click the objective above to view more detail.**	x

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

Quality Impact Assessment Completed?

*Please place an "**X**" in the below boxes as relevant. 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)***		*Comment here*

Impact Assessment:

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

Risk: Yes
Yes this has been addressed within the BC
Safety: Yes
This is evidenced and supported within the BC
Financial: Yes
Yes staffing and resource is fully costed within the BC
Workforce: Yes
Yes staffing and costings are within the BC
Legal: No
Reputational: Yes
Yes addressed within the BC
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:
Investment Group	6th November 2024

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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	*Major Trauma Services*
Clinical /Service Board or Department	*Major Trauma Directorate/ Specialist Services Clinical Board*

Expected funding source (highlight/delete as appropriate)	Joint Commissioning Committee
Where a business case is in regards 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?	Clinical Board Business and Governance Meeting - 23/10/24
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	Yes James Leaves, Assistant Director of Finance Terrie Waites, Head of People & Culture
Clinical Boards: Has the COOs office signed off this document? **Corporate Departments:** Has the relevant Executive sponsor signed off this document?	Yes Paul Bostock, COO

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1. Executive Summary

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Analysis of activity data and feedback, external peer review and Welsh Government Gateway reviews have highlighted a number of key areas in the service that require investment.

Major Trauma Service
The service specification for major trauma defines a requirement for the provision of a dedicated team in each MTC with the responsibility to facilitate and coordinate the management of on-going patient care. This includes trauma and rehabilitation co-ordinators focusing on supporting patients through the patient pathway, especially as they reach the stage of rehabilitation and discharge planning, either to home or repatriation to other appropriate facilities. Investment in staffing is required to provide support for a greater than predicted number of both adult and paediatric major trauma patients since operationalisation of the MTC.

Plastic Surgery
Timely and local access to follow up for patients requiring complex wound management is essential. The ability to offer this service closer to home for patients supports this and helps to reduce the associated carbon footprint due to reduced travelling. In order continue to deliver the Plastics Dressing Clinic (PDC) at the MTC an uplift in nursing establishment is required.

Acute Pain Service
Demand for this service has increased considerably since the MTC became operational. MTC workload currently accounts for a quarter of the Acute Pain Service (APS) daily activity. An uplift in Clinical Nurse Specialist (CNS) establishment is required to meet the increased demand and to ensure patient safety. Investment will allow the APS to continue to deliver the appropriate level of service to Adult and Paediatric major trauma population to meet the required standards.

Emergency Unit
The care provided by the Paediatric Emergency Unit (EU) does not meet standards required in relation to the number of trained nurses and there is a subsequent impact of this inadequate resource on the rest of the Paediatric EU patient cohort. Additional resourcing in Nursing and Healthcare Support Workers (HCSW) will support with maintaining appropriate staffing levels across the department. An uplift in establishment for the Paediatric EU team will require increasing resources in education and training for staff to meet the educational and competence standards outlined by the National Major Trauma Nursing Group (NMTNG).

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Radiology
Radiology provides a 24/7 service for multiple critical services in Cardiff and Vale University Health board (CAVUHB). It was recognised that all specialties

involved in the delivery of trauma care in the MTC needed to respond to increasing activity with immediacy and that it required appropriate resourcing to do so effectively.

Demand for imaging services has increased considerably since the MTC became operational. An uplift in establishment across all professional groups is required to meet the increased demand and to ensure patient safety. Due to the urgent nature this work has been accommodated by the radiology service to the detriment of elective and non-urgent inpatient workload.

This business case seeks additional investment across the Adult and Paediatric pathways of care to address critical gaps in service provision, compliance with national standards and, to ensure capacity & demand are aligned as the Network progressess towards its fully mature phase (typically entered in year 5).

Annual Revenue Requirement	**Current Year (£)**	**Recurrent (£)**
	587,848	2,366,401
Capital Requirement (£)	Nil for this case	

Investment into the Major Trauma services has been prioritised as part of the JCC commissioning process and included in the Integrated Medium Term Plan. The investment sought is greater than that indicated on the original CIAG proforma, the primary differences reflecting subsequent wage awards and the inclusion of overheads in the case. The CAV commissioner share of the investment is £0.407m and is reflected in the UHB's financial plan.5

2. Introduction and Background

The MTC became operational on 14th September 2020. The MTC at the UHW plays a significant role within the SWTN providing highly specialised services for seriously injured patients from across the region of South, South East, West Wales and South Powys.

The MTC is commissioned to deliver care in line with the NHS England national service specification for major trauma, with the overall aim of improving mortality and reducing the risk of long-term disability following major trauma, for both adult and paediatric populations.

The principal purpose of this business case is to address key gaps in service provision identified by the Major Trauma Directorate following analysis of activity data and feedback following external peer review and Welsh Government Gateway reviews.

It is anticipated that any subsequent increase in resource will be available from quarter 4, 2024/25.

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3. Strategic Context – Alignment to UHB strategic direction

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 South Wales Trauma Network Quality Statement states 'Major Trauma workforce is supported and developed, to address staff retention and ensure it is sustainable, equitably distributed, grown to meet increased demand with focus on key areas such as radiology and rehabilitation to meet the exponential increase in demand'. 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 the South Wales Trauma Network with patients receiving the most appropriate care. Investment will strengthen our ability to provide services that matter to patients, utilising a whole system approach including specialities such as Orthoplastics for specialised wound care.
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 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	The service will continue to reduce deaths and disabilities in people with serious injuries by improving the quality and timeliness of their care in line with professional and national standards. This investment will continue to provide consistency in standards of care across the pathway, support equity of access and address variation. The service will be able to address the serious concerns noted in the recent peer review and recommendations that reflect the quality of care and outcomes.
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	Have an emergency care system that provides the right care, in the right place, first time. Improved patient experience. Compliance with Major Trauma National Standards.

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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	Aligns with the South Wales Trauma Networks Quality Statement to deliver equity of access, consistency in standards of care and addressing unwarranted variation.
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 the South Wales Trauma Network with patients able to access a range of appropriate treatment options. Aligns with the South Wales Trauma Network Quality Statement. The service will ensure care closer to home, as described in the UHB's Shaping our Future Wellbeing Strategy.

4. Summary current service provision and case for change

Since the MTC went live in September 2020, several service gaps requiring redesign or additional expenditure have been identified. The principal driver of this under resourcing being that the actual observed activity data has substantially exceeded the numbers predicted. The first formal peer review process has reinforced the prioritisation of these gaps.

The SWTN undertook its inaugural external peer review over the period of one week in March 2022. The purpose of the peer review visit was to provide an opportunity for a team of major trauma network peers to meet with members of the SWTN and explore the quality of service in more detail. The process encouraged discussion and questioning with the aim of determining compliance against the quality indicators that were derived from the national service specification.

The case for change outlined in this business case therefore focuses upon aspects of the service where shortfalls in compliance with the national major trauma standards were identified in the peer review feedback, and particularly the serious concerns raised by the panel.

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Benchmarking against the experience of established trauma networks across the UK, and consideration of activity assumptions based on limited historical Welsh trauma activity data, were used to configure the uplift in MTC workforce, as this was the best available resource.

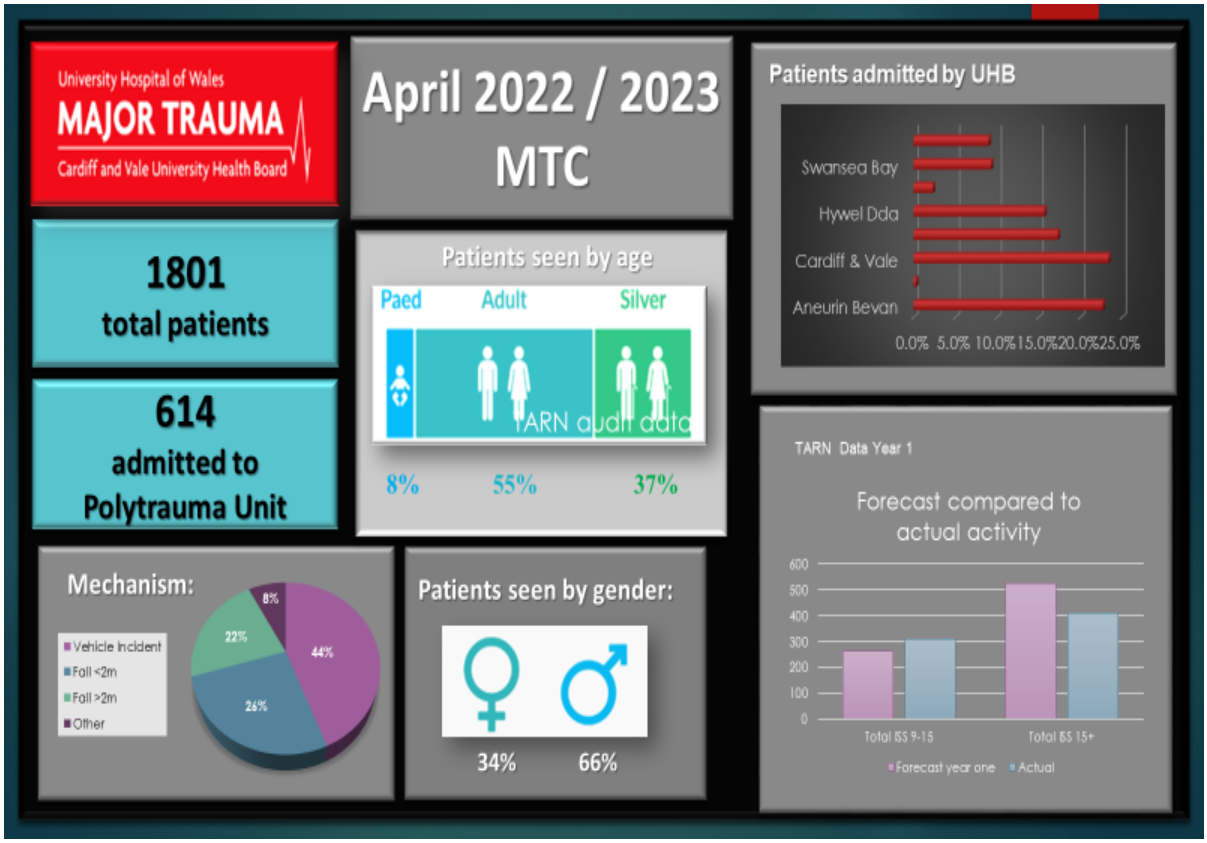


Figure 1: Snapshot activity information

Major Trauma Service

The service specification for major trauma defines a requirement for the provision of a dedicated team in each MTC with the responsibility to facilitate and coordinate the management of on-going patient care. This includes trauma and rehabilitation co-ordinators focusing on supporting patients through the patient pathway, especially as they reach the stage of rehabilitation and discharge planning, either to home or repatriation to other appropriate facilities. The Major Trauma Service (MTS) was established to deliver a 7-day co-ordinator service with 4.2 WTE Band 7 Major Trauma Practitioners (MTPs) and 1.0 WTE Rehabilitation Coordinator (RC) whose role is to coordinate care for the whole major trauma patient cohort (both adult and paediatric patients).

Since the launch of the service in September 2020, service gaps or areas requiring redesign or additional expenditure have been identified. Several of the original design assumptions are contradicted by accurate activity data, and the first formal peer review process has reinforced the prioritisation of these factors.

Plastic Surgery

Patients who initially present with suspected major trauma are primarily taken to the MTC. Polytrauma patients with orthoplastic injuries are brought to theatre for primary debridement following assessment in the Emergency Unit (EU). Classification of their injury and decision regarding definitive management is made following debridement. There are national standards, British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST), which outline

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the timeframe in which these surgical interventions should occur to optimise patient outcomes and minimise risk of infective complications.

Cases requiring free tissue transfer to optimally manage their injuries should be transferred to Morriston Hospital, as the Trauma Unit with Specialist Services (TUSS) for the SWTN, to achieve soft tissue coverage within 72hrs. The remaining cases (local or regional flaps, skin graft reconstruction or direct closure) are managed wholly within the MTC by a team of 5 Plastic Surgeons who provide a plastic surgery service from 8am-8pm, weekdays only.

There was no provision made in the original business case for a Plastics Dressing Clinic (PDC) at the MTC to provide follow up for these patients, but it quickly became evident that there was an unmet need for this clinic to support the ongoing outpatient complex wound management of MTC patients. During Year 1 the MTS, in partnership with the Plastics team at CAVUHB, introduced the PDC to sit alongside the weekly MTC Complex Orthoplastic clinic. *Figure 11* sets out the level of activity undertaken in the MTC PDC which would otherwise have required outpatient follow up in Morriston Hospital. This represents improved patient experience in providing a service closer to home for patients in the eastern region of the SWTN and reducing demand on services in the West to better meet the needs of their local population. The clinic has been supported by nursing staff from the Polytrauma Unit (PTU) establishment.

Acute Pain Service

Prior to the establishment of the MTC, the Acute Pain Service (APS) provided cover to all adult clinical areas at UHW and Llandough (UHL), plus surgical areas within the Children's Hospital for Wales (CHfW). The APS is nurse led, with a team of CNSs with shared clinical, educational and governance responsibilities. The team comprises 8.52 WTE Clinical Nurse Specialists (2.0 WTE Band 6s and 6.52 WTE Band 7s). All the Band 7 CNSs are either non-medical independent prescribers or working towards the qualification and all have an MSc. educational qualification. The Band 6 CNSs are trainee posts, and the nurses are working towards their qualifications, developing the knowledge and skills to practice autonomously. Service provision in UHW is 7 days a week (08.00-20:00 Monday to Friday, 08.00-18:00 Sat and Sun).

Historically there has been no dedicated anaesthetic sessional time, however, this has recently changed with 2 Consultant Anaesthetist sessions/per week supporting either adults or paediatrics. This time is usually spent providing regional blocks for major trauma patients and undertaking ward rounds of complex patients. The focus of these sessions is on those patients with difficult to manage pain, which frequently involves major trauma patients. Outside of these sessions the service is supported when required, and it can be facilitated, by either the duty Obstetric, MTC or CEPOD Consultant Anaesthetist. The original programme business case provided funding for 3.8 WTE Consultant Anaesthetists. This resource was used to establish an additional MTC / CEPOD theatre Monday – Friday 8:00 – 20:00 as well as an additional ortho-plastic list despite concerns regarding a considerable anticipated uplift in complex pain caseload.

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Emergency Unit (EU)

Pre-implementation modelling carried out by the SWTN predicted no significant increase in the number of children attending following major trauma because, as the tertiary referral centre with the only PICU in Wales, there was an assumption that these children would already be managed in UHW (82 predicted cases in Year 1, see *Figure 2* below).

	Assumed current position	Year 1	Year 2	Year 3
ISS 9-15	22	27	30	33
ISS >15	53	55	56	60

Figure 2. Pre-implementation modelling of paediatric major trauma cases

However, more than 140 children attended the MTC with major trauma in Year 1 as set out in *Figure 3* below.

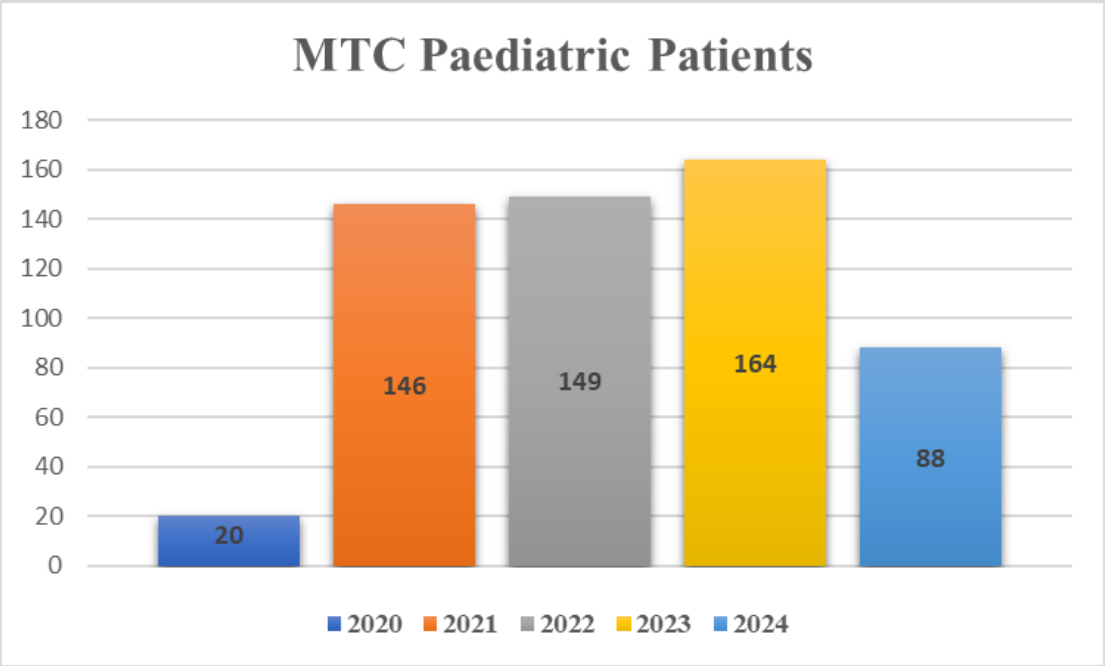


Figure 3. Actual paediatric major trauma activity at the MTC 2020 to 2024 to date

As can be seen in *Figures 2 and 3*, the predicted paediatric major trauma activity was grossly underestimated similarly to the adult patient cohort.

When managing cases of paediatric major trauma, each patient initially requires a minimum of 1:1 nursing care to receive them in the EU, whilst a proportion of more severe cases, require 2:1 nurse: patient ratio. An uplift in EU paediatric nursing establishment for MTC was not supported in the original business case submission due to the modelling predictions, and thus the additional uplift in activity since MTC 'go-live', has resulted in additional demands on the existing nursing workforce model. The outcome is often a reduced standard of nursing care being deliverable not only to the major trauma patients, but also impacts on non-trauma patients. When paediatric nurses are needed to provide support with a major trauma case in the EU Resuscitation room, the consequential

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reduction in nursing establishment in the paediatric assessment area of EU leads to increased demand on limited resources and delays in treatment. In addition to increased patient complexity and activity associated with MTC status, there has also been a gradual increase in the number of general paediatric attendances to the EU in UHW since 2016, in line with the increase in local population.

As outlined, the original workforce plan for the MTC programme business case was based on current activity at that time, alongside the predicted increase in number of major trauma patients. A phased approach to implementation was described with an aim of auditing activity and performance data against the national quality indicators during the first year of MTC establishment, with a plan to reassess the requirement for uplift in nursing staff over the first 4 years. As the initial operationalisation of the MTC and SWTN was disrupted by the unforeseen Covid19 pandemic and then further impacted by the ongoing situation during the first 2 years, challenges with data collection and financial resource meant that this planned uplift in nursing workforce was not supported but has now been reassessed and highlighted.

Radiology

Radiology provides a 24/7 service for multiple critical services in CAVUHB. This includes Major Trauma, since UHW became an MTC in September 2020. It was recognised that all specialties involved in the delivery of trauma care in the MTC needed to respond to increasing activity with immediacy and that it required appropriate resourcing to do so effectively. The original case acknowledged minimal investment had been proposed for radiology services, and that this would be audited at the end of year one.

Revenue costs (original allocation)

Workforce/Profession	Band	WTE	Cost (£k)
Medical	Consultant	1.1	143
Radiographer	7	0	0
Radiographer (CT)	6	2	82
Radiographer	5	3	135
Radiology Assistant	2	0	0
Total		6.1	360

Relevant MTC indicators

As described above Radiology services are vital in the ability to provide critically ill patients with appropriate diagnosis and treatment. This is reflected in the national MTC standards and our compliance with these are summarised in the table below.

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MTC Indicators	Status	Comments
T16-2B -106 -There should be CT scanning located in the emergency department and available 24/7.	MET	
There should be an on-site radiographer available 24/7 to prepare the CT scanner for use	MET	Increased radiographer support to improve scanner safety and efficiency
T16-2B -107 - There should be a protocol for trauma CT reporting that specifies: There should be a 'hot' report documented within 5 minutes; There should be detailed radiological report documented within 1 hour from the start of scan; Scans should be reported by a consultant radiologist within 24 hours	Not Fully Met	Unable to fully comply with hot report requirement due to limited medical capacity (Further details below)
T16-2B -108 - MRI scanning should be available 24/7	MET	Scanners staffed via on site (daytime) or off site on call (overnight) 24/7
T16-2B -109 - Interventional radiology should be available 24/7 within 30 minutes of a request Interventional radiology should be located within operating theatres or resuscitation areas	MET	
T16-2B -113 - A radiologist should be available to attend an emergency case within 30 minutes	MET	

Almost every candidate major trauma patient will require CT pan-scanning and often multiple plain radiographs during their initial admission and ongoing care pathway. This represents a significant increase in demand, and the requirement of a multi-disciplinary resource from within the radiology service to support.

The table below captures CT imaging demand (examinations not patients) in EU across the same month each year. RADIS does not include a data field that would allow activity to be filtered by patients admitted under the major trauma pathway, however this clearly demonstrates a sharp and continued rise following launch of the MTC service.

Aggregated Year (Based on Monthly Sample)	2019	2021	2022	2023
MTC activity	127	357	499	530
Follow up activity	32	91	126	135

Reporting Capacity

The increase of out of hours reporting has far exceeded expectations prior to the establishment of the MTC service.

Case 1 awarded 0.5 sessions for 23 consultants (body and MSK) to capture the additional consultant input out of hours. The body and MSK consultant group has increased to 24 body and 9 MSK consultants. Body, MSK and Neuro consultant groups have all completed diary exercises which clearly demonstrated an increase in volume and complexity of imaging requirements for MTC patients both in hours and out of hours. The job plans have changed for 42 consultants to recognise the additional workload.

Furthermore, CAVUHB have engaged with an ISP to support delivery of OOH imaging on an outsourcing basis. Collectively, these arrangements to support the major trauma pathways far exceeds the initial allocation for medical staffing. These changes have mitigated some risk associated with the radiology medical service out of hours, however further review of this is in progress to ensure patient care and staff safety are maintained. Recent HEIW reviews have reported that the current workforce establishments do not meet the

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requirements of the out of hours workload and mandated these areas be addressed. Additionally, whilst MTC service demands are more manageable in hours, it is acknowledged that this has had a corresponding impact on other Radiology services.

It is acknowledged that alongside the MTC development there has been growth in secondary care demand. This is not unique to CAVUHB and is a UK wide phenomenon. This case seeks funding to address the growth directly related to the MTC pathways. The Health Board is addressing secondary care growth separately.

Radiographer support

Due to demand increase, the delivery of safe, efficient throughput of cases via the EU CT scanner has necessitated an increase of 1 band 6 radiographer for each shift. Additionally, other imaging modalities, including ward-based imaging and imaging for ventilated patients for MTC has increased. Due to the urgent nature of this work, this demand has been accommodated by the radiology service to the detriment of other inpatients (on a risk assessed basis), as well as elective and non-urgent patient cohorts. Solutions to address the medical workforce challenges detailed above (e.g. additional outsourcing) also impacts on the Radiographer workforce who are required to facilitate the outsourcing of imaging during out of hours periods, where their workforce is reduced.

'Hot reporting' compliance

Radiology reports frequently provide vital diagnostic information to guide immediate management and surgical intervention in critically injured patients, and as such this is reflected in important national standards around time to reporting of imaging in both adult and paediatric trauma.

As indicated in previous sections, additional workload has been reflected by increased remuneration (via consultant diary exercises) and utilisation of outsourcing during periods where there is a lone Radiologist on site (12am-9am). Despite these changes, this still does not provide protected capacity for the Emergency Radiology Department and the assurance of full compliance with the standard for completion of primary survey or 'hot reports' within 5 minutes. These MTC requirements will be prioritised appropriately based on the clinical demands but compliance with this standard cannot be certain.

5. Case for change - *The evidence*

Major Trauma Service (MTS)

The MTC underwent the National Peer Review process in early 2022. A service review was conducted following the peer review in response to concerns raised and it was recognised that there was a need to develop the current MTS resource.

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The purpose of this is to provide support for a greater than predicted number of both adult and paediatric major trauma patients since operationalisation of the MTC.

Original establishment planning for the MTP's and RC posts for the MTS was partially based on the activity assumptions as illustrated in *Figure 4 below*.

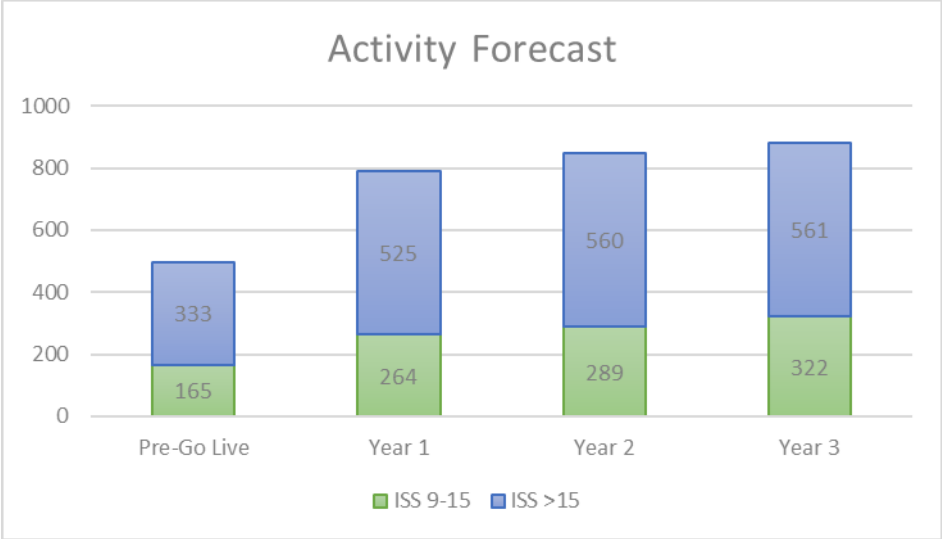


Figure 4. Original activity forecasting

Improved data collection has since demonstrated that the original activity assumptions were significantly under-estimated as shown in *Figure 5*.

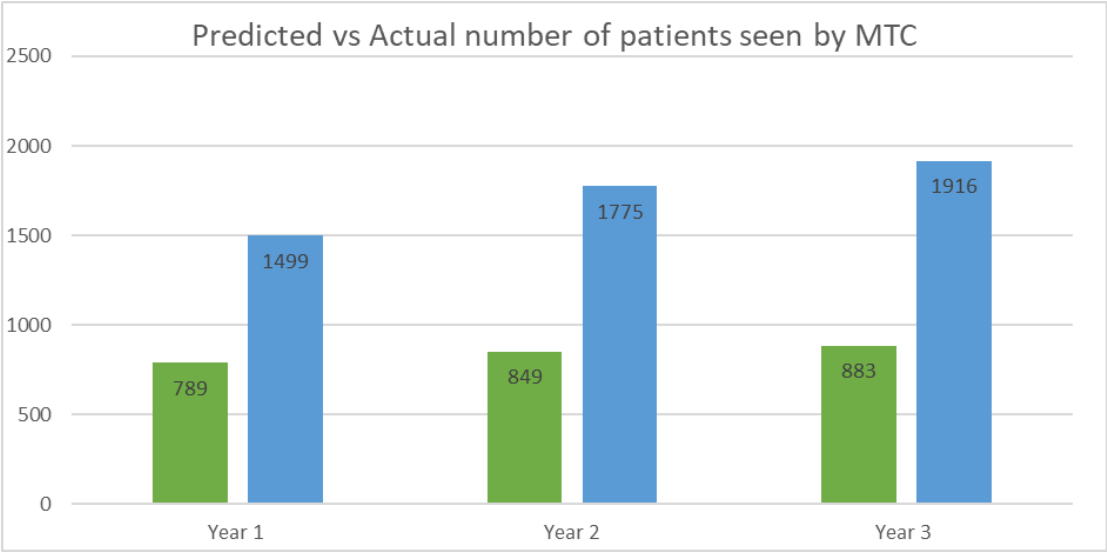


Figure 5. Predicted v actual number of patients seen in first 3 years of operationalisation of MTC

Data shows trauma call activity peaks over the weekend period into the early part of the week and as such service planning, which allowed for one MTP to be rostered over the weekend period, is now inadequate to meet the demand (see *Figure 6*).

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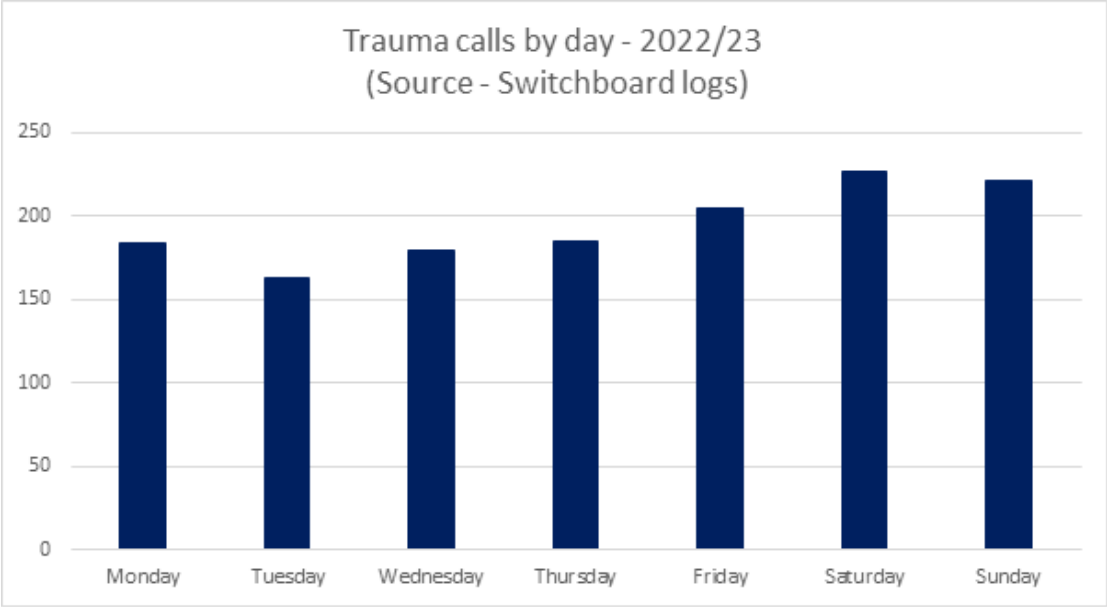


Figure 6. Number of Trauma calls by day of week

Given that the MTC and thus the MTS have provided care to a far greater number of patients than expected, an increase in the establishment is critical to support the flow of patients and delivery of care to meet the national major trauma quality standards and key performance indicators (KPI). In addition, the team recognises the importance of patient experience which will be captured in the National Major Trauma Registry (NMTR) Patient Reported Outcome Measures (PROMS).

With rising activity and injury complexity, the major trauma co-ordinator service needs investment to improve service delivery to the whole patient cohort.

The national major trauma standards necessitate:

- **T16-2C-103 /202 7-day Major Trauma Coordinator Service** - *There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above.*

- **T16-2D-105/205 Keyworker** - *All patients requiring rehabilitation should have an identified key worker to be a point of contact for them, their carer/s or family doctor.*
  The key worker should be a health care professional
  The name of the patient's key worker should be recorded in the patient's notes and on their rehabilitation prescription

As the MTC also provides a Trauma Unit (TU) function for Cardiff and Vale UHB patients the following quality standards also applies:

- **T16-2C-303 Major Trauma Coordinator Service** – *There should be a trauma coordinator service available Monday to Friday for the co-ordination of patients. The coordinator service should be provided by nurse or allied health professionals.*

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The aim of the MTS is to provide high standards of clinical co-ordination for major trauma patients across the MTC and TU elements within Cardiff and Vale University Health Board (CVUHB).

An increase in the establishment of the MTS will facilitate rostering of two MTP's for a 7-day service from the hours of 08:00 – 18:00. This will allow the MTP's to deliver a more robust service to a larger than predicted and increasingly complex cohort of patients and meet standards of care. An establishment review has calculated this as an uplift of 1.5 WTE band 7 MTP's.

The uplift will enable the MTS to achieve NHS England trauma service standards, including provision of key-working to all major trauma patients and the provision of a patient centred rehabilitation prescription for all patients. It will enable the MTS to provide equity of service to all major trauma patients across the MTC footprint; maintain levels of repatriation to ensure continued capacity in the MTC and patient flow across the SWTN; deliver service improvements such as implementing a telephone follow-up clinic for major trauma patients; and maintain service delivery in the face of increased patient activity.

The peer review process identified a serious concern regarding the co-ordination of care specifically for paediatric patients. In addition to the uplift for adult trained MTP's, the MTS require an uplift in band 7 co-ordinator posts for the paediatric patient cohort.

A dedicated paediatric MTP with specific paediatric qualifications and knowledge was not established as part of the original service planning. Following the peer review findings and subsequent service review, it has been recognised as a gap in service provision that is essential to provide appropriate levels of paediatric co-ordination.

The current MTP's are experienced band 7 practitioners from Adult Nursing and Adult Allied Health Professional backgrounds. A dedicated paediatric post will facilitate the delivery of high standards of major trauma care for paediatric major trauma patients in a comparable and proportional way to the adult patient cohort. This model will also support the increased activity in the EU; support the trauma team (as is already provided for adult patients) and provide coordinated care across the entire patient pathway.

Financial support for this post would support the MTC to meet the following trauma quality standard:

- **T16-2C-20 Major Trauma Coordinator Service** - *There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above with experience in paediatric trauma*

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An establishment review has calculated this as an uplift of 1.0 WTE band 7 paediatric trained post. Whilst there is no evidence that paediatric major trauma is under-recognised, the peer review recommendations noted that lack of a dedicated paediatric MTP may risk under recognition of paediatric major

trauma. Thus, the funding for this post would provide assurance that this does not occur.

We propose that the ideal model to support across the entire paediatric patient pathway would be to divide the Band 7 co-ordinator role into 0.5 WTE MTP and a 0.5 WTE RC to ensure resilience across therapies/rehabilitation and the coordination service. As described in the adult model, these roles can have overlapping features further providing resilience.

Paediatric Lead AHP

Following peer review in 2022 it was recognised that the paediatric MTC service does not have an equivalent to the adult therapy lead and it was noted this reduces the resilience of the therapy service within CHfW and also at a network and a strategic level. Due to the number of paediatric patients and their level of complexity a 0.4 WTE of an 8A paediatric Lead AHP would provide this resilience, and this would enable this role to work across the major trauma cohort who are accepted into the paediatric neurorehabilitation service. This also aligns with the NICE guidelines for rehabilitation following major trauma and UKABIF's Welsh report.

This is a vital role for the Paediatric MTC along with that of the RC. Support for these roles would help to deliver against the quality standard:

- **T16-2C-103 /202 7-day Major Trauma Coordinator Service** - *There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above.*

- **T16-2D-202 Specialist Rehabilitation Team -** *There should be a multidisciplinary specialist rehabilitation team which should include:*
  - *lead clinician for rehabilitation*
  - *rehabilitation co-ordinator*
  - *paediatrician representation from safeguarding team*
  - *representation from family support services*

  Where relevant:
  - *play therapist*
  - *youth worker*
  - *music therapist*
  - *Physiotherapist*
  - *speech and language therapist*
  - *dietitian*
  - *clinical psychologist / neuropsychologist*
  - *Neuropsychologist*

  The team should meet at least weekly to discuss and update rehabilitation management plans and rehabilitation prescriptions. There should be specified contacts for the following:
  - *pain management specialist*
  - *Pharmacist*
  - *surgical appliance services*
  - *orthotic services*
  - *prosthetic services*

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- *wheelchair services*

- **T16-2D-203 Rehabilitation Coordinator Post -** There *should be a rehabilitation coordinator who is responsible for coordination and communication regarding the patient's current and future rehabilitation available 7 days a week. This rehabilitation coordinator should be a nurse or allied health professional at AFC Band 7 or above.*

- **T16-2D-205 Key worker -** *Each patient should have an identified key worker to be a point of contact for them, their carer/s or family doctor. The key worker should be a health care professional The name of the patient's key worker should be recorded in the patient's notes and in the rehabilitation prescription.*

Support for the roles of MTP and RC with dedicated paediatric expertise is key to ensuring that paediatric major trauma patients receive the same high standards of co-ordinated major trauma care as adult patients.

A further vital component of the co-ordinator roles and the Lead AHP for Paediatric MTC is to consistently refine and define the complexity of rehabilitation needs of each patient and to work with the MTC and SWTN Lead AHP and rehabilitation medicine consultant. These assessments are vital to support the delivery of the following quality standard:

- **T16-2D-106 Rehabilitation Prescription -** *All patients should have a RP initiated within 2 calendar days of admission and first comprehensive RP completed at 4 calendar days following admission. The RP should be updated weekly, and a copy given to the patient*

The MTS adopted a phased implementation approach to provide individualised, patient centred Rehabilitation Prescriptions (RPs) to patients, commencing with patients on PTU. This has been substantially achieved whereby 70% (n=65) of patients received a copy of their RP during Q1/2 2024. This is significantly higher when compared to pre-implementation audit in July 2023 (Figure 7).

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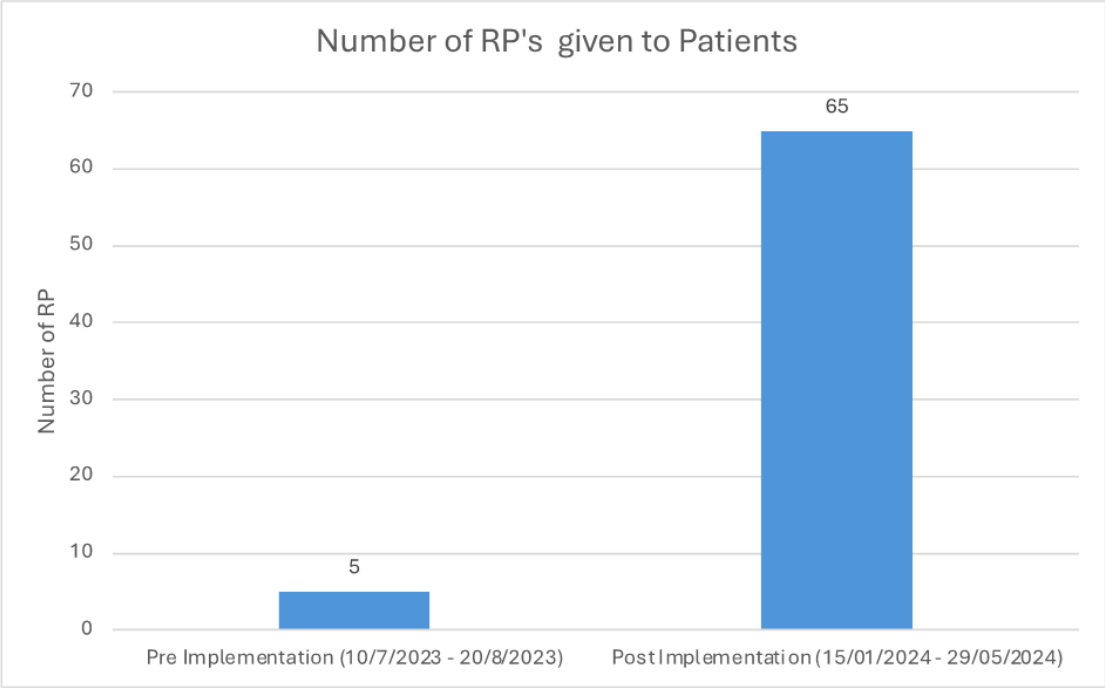


Figure 7. Number of RP's given to patients on PTU. 2023 v 2024

The PTU patient numbers represents approximately a third of the total number of patients eligible for an RP at the MTC. Despite improvements, as demonstrated in *Figure 8*, this remains lower than the 90%-100% recommended target set by TARN. It is expected that the new National Major Trauma Registry (NMTR) KPI's will align to the original TARN targets.

Figures 8 and 9 illustrate the variance in provision of RPs which is influenced by organisational constraints and which impact upon the teams' ability to provide comprehensive RPs.

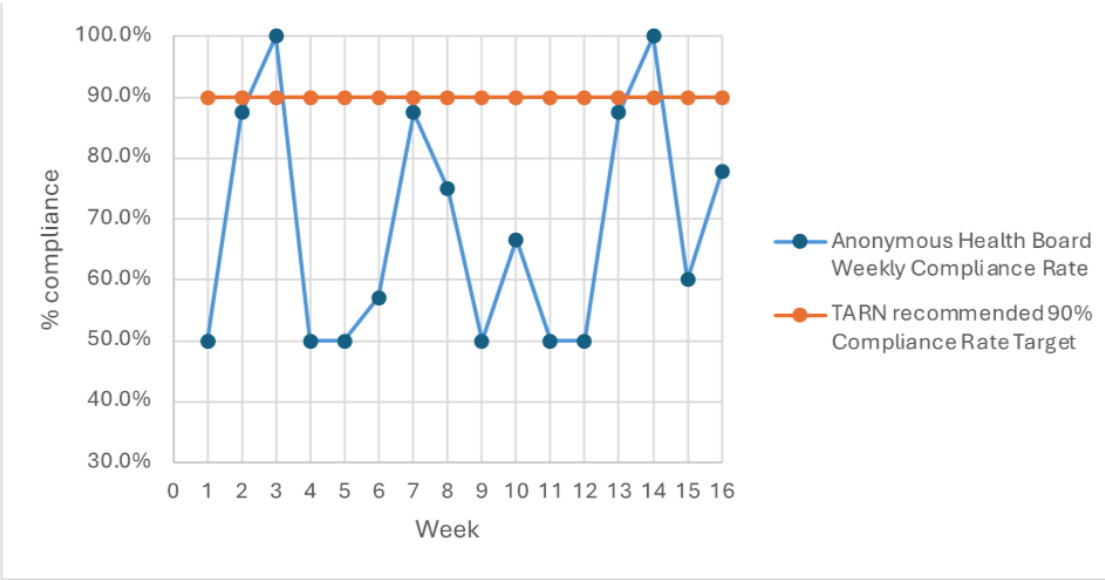


Figure 8. Variance of RP compliance over weeks of project implementation

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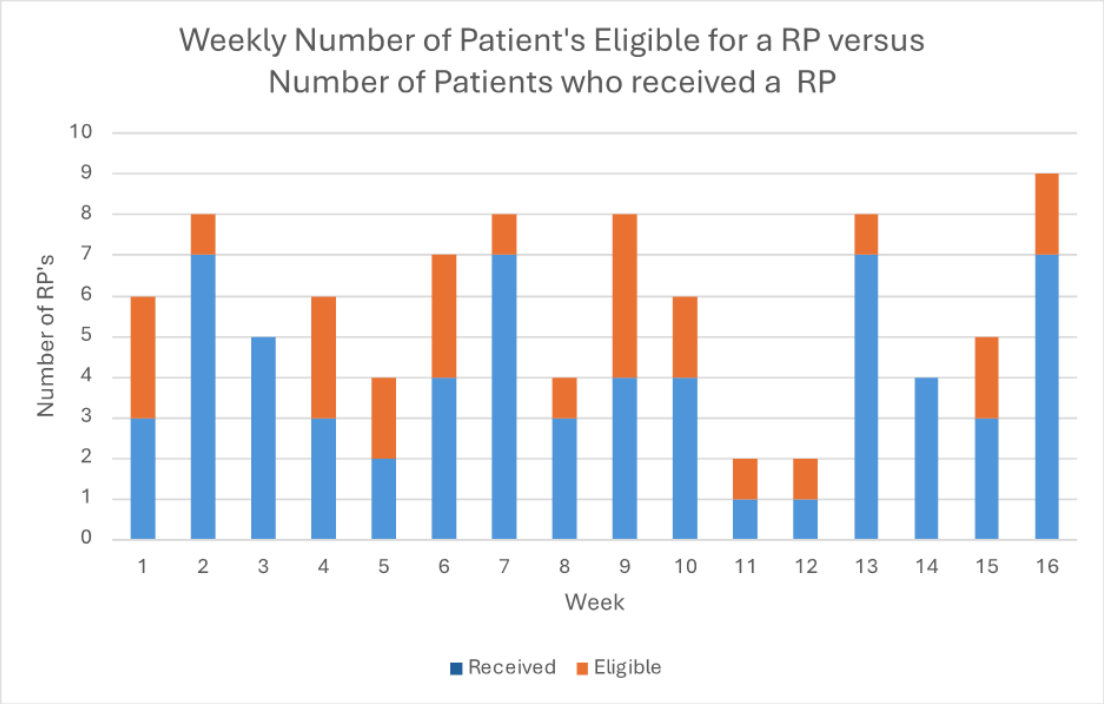


Figure 9. Number of patients eligible for an RP v number of patients who received an RP

These contextual factors include competing priorities, reduced staffing on a weekend, and high patient numbers. Phase 2 of the project involves expanding the provision of RPs beyond PTU to include patients admitted to other clinical areas of the MTC such as the trauma and spinal wards. Phase 3 will involve capturing all patients admitted under the MTS.

The achievement so far against this KPI has been in part successful due the temporary support of an uplift in co-ordinator resource in the MTS. To sustain and improve compliance against this KPI, permanent funding for this uplift is now required.

Plastic Surgery

To meet the National Major Trauma quality indicators regarding Orthoplastic management, the SWTN and MTC were required to ensure:

- **T16-2C -110 - Management of Musculoskeletal Trauma -** *The MTC should provide a comprehensive musculoskeletal trauma service and facilities to support all definitive fracture care and allow joint emergency Orthoplastic management of severe open fractures as specified in BOAST 4 guidelines.*

Thereafter a plan was made for the development of work streams, to be informed by evidence, which would enable the SWTN to move towards a more robust Orthoplastic delivery model, as part of the 5-year SWTN strategic plan.

Saunders, Marian (25/11/2024 15:11:14)

During Year 1, the MTS, in partnership with the Plastics team at CVUHB, introduced a PDC to treat patients with complex wounds following their discharge from the MTC. Even though this clinic was not included in the original business case, it was developed to run concurrently with the intended complex ortho-plastic review clinic, thereby effectively utilising the specialist Consultant

resource. This model of delivering follow up in the MTC is in alignment with the SWTN 'CWTCH Policy' which promotes delivery of patient care closer to home wherever possible.

Two nurses from the PTU were allocated 7.5 hours each to support the development and subsequent delivery of this clinic (0.4 WTE).

Since the MTC went live up to May 2023 the PDC has seen and followed up over 500 patients from all health boards across the SWTN. The feedback from patients has been very positive, reducing travelling times for many and providing care closer to their home. However, providing this service continues to be challenging with the increasing demand.

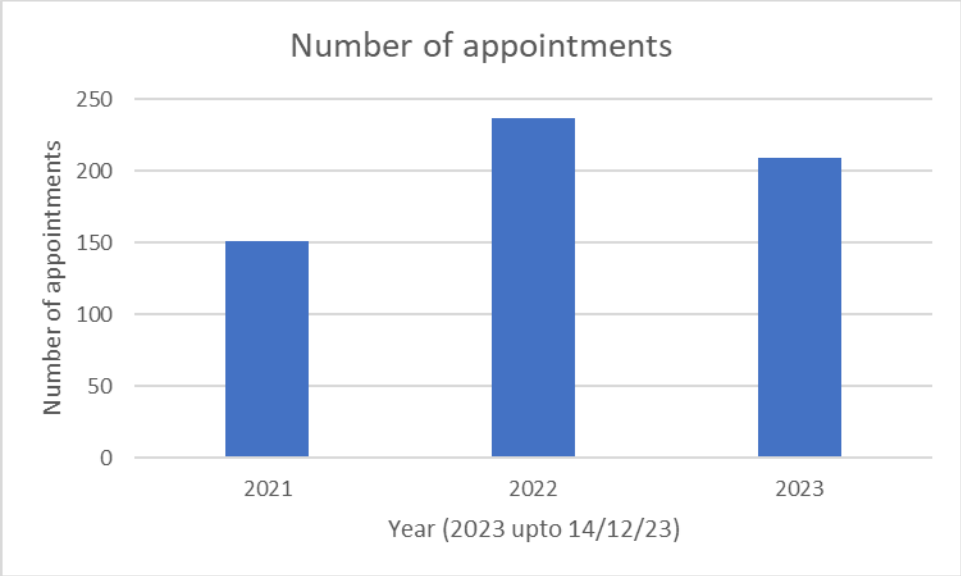


Figure 10. Number of Plastics Dressing Clinic appointments over the past 3 years

Data collected provides evidence of the importance of supporting the continuation and development of the clinic as key service now. Over the past 3 years the feedback from patients has been very positive despite the challenges of providing the level of service as demand steadily increases, as evidenced in *Figure 10*.

In addition, the MTS in the MTC is aware of the operational pressures upon colleagues in Swansea Bay University Health Board (SBUHB) and recognise that to cease supporting an outpatient clinic in the MTC would consequently result in additional demand on services in the TUSS at Morriston Hospital.

The numbers of patients requiring or requesting follow up in the Plastics dressing clinic in the MTC has steadily increased over the last 3 years. According to the SWTN CWTCH policy some of the free tissue transfer patients who have their surgery in Swansea are also followed up in the MTC as it is closer to home and they also attend the complex orthoplastic clinic in MTC for their other injuries. Dressings can often be complex and timely and as a result the weekly plastics dressings clinics are often overbooked. This has caused challenges as there is no capacity to overrun in the current location of the clinic. To better support the demand and capacity of the PDC future developments would ideally increase frequency to twice weekly. This would support the increasing patient numbers and allow sufficient clinic appointment time for

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complex dressing changes. There are also plans to start a virtual clinic allowing more patients to be supported in the community.

Plastics dressings expertise in UHW is minimal outside of PTU and therefore the presence of a Plastics specialist nurse within the MTC would be a valuable point of contact and support for both inpatients (outlying PTU) and outpatients of the MTS.

The Plastic surgery team currently spend approximately 2 hours a week undertaking dressing changes on the ward and the PDC is supported by a Plastic Surgery Consultant.

To maintain the ongoing delivery of this vital service in the MTC and for future development plans, support for a dedicated Plastic nursing post is required.

This role will be key to providing consistent nursing support for the PDC and allow for expansion and development work to be undertaken while at the same time addressing the current impact on the PTU nursing establishment. In addition, a dedicated Plastics nursing role will (alongside the Plastic Surgery team) provide a service to the wider cohort of patients managed under the care of the Plastics team.

Funding to support the implementation of 1.0 WTE band 6 Plastics Nurse post will facilitate the development of nursing with plastic surgery expertise in the MTC, allowing for cross site collaboration with nursing expertise in SBUHB. There will be greater potential to develop the support for coordination of patient transfers between MTC and SBUHB to meet BOAST standards. This will deliver a more resilient nursing resource for the delivery of the PDC and clinical management of orthoplastic patients in the MTC. Furthermore, support will improve data collection to reflect service delivery in TARN and other key audits.

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Acute Pain Service (APS)

Since 'go-live' the caseload of the APS has risen considerably (as shown in *Figure 11*), and this has significantly impacted the daily workload of the CNSs adversely affecting the ability of the service to deliver comprehensively across the UHB.

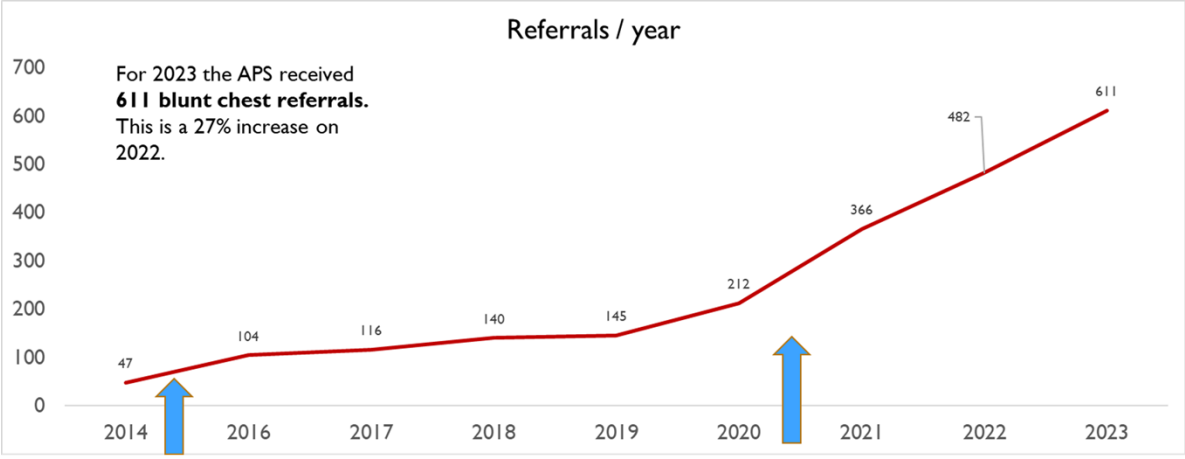


Figure 11. Referrals to APS before and after MTC operationalisation.

MTC workload currently accounts for a quarter of the APS daily workload. In April 2022 Surgery Clinical Board appointed a Band 7 MTC Pain CNS and a Band 6 MTC Pain CNS. Funding for these posts was provided at risk for 18 months. The Major Trauma Directorate (MTD) took over funding of the Band 7 in July 2022. The total establishment for the team is now 10.52 WTE Clinical Nurse Specialists (3.0 WTE Band 6s and 7.52 WTE Band 7s).

Funding for the band 6 ceases in August 2024 (funded at risk by Surgery Clinical Board for past 2 years) resulting in the establishment reducing to 9.52 WTE.

Since the implementation of these two additional CNS posts there have been important service developments. The APS has managed to introduce Band 7 CNS patient listing on the CEPOD list for regional local anaesthetic blocks and the introduction of nurse led consenting for these procedures. The purpose of these interventions is to reduce the length of time patients are waiting for blocks to be inserted and to improve standards of care delivered to these patients. Additionally, we have also been able to facilitate the introduction of more regional anaesthetic blocks for more patients as evidenced in the table in *Figure 12* below:

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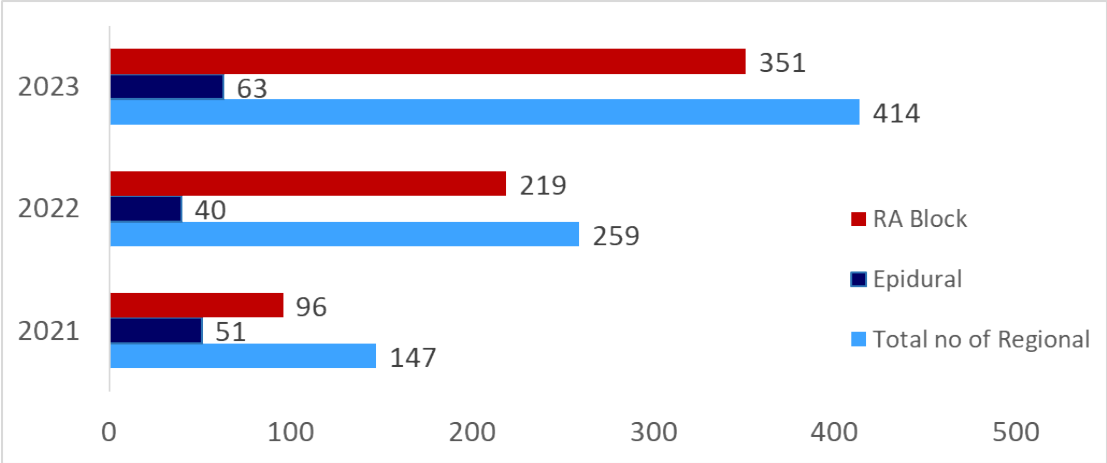


Figure 12. Increase in delivery of regional anaesthetic blocks since introduction of Band 7 CNS listing and consent procedures.

112 more regional anaesthetic techniques were utilised in 2022 than in 2021 (an increase of 76% above 2021 numbers) and this further increased almost threefold from 2021 to 2023 with a total number of 414 patients receiving regional blocks (an increase of 182% above 2021 numbers). This undoubtedly led to improved outcomes for patients, and audit data demonstrates that there has been a reduction in hospital length of stay since the utilisation of more regional techniques from 15.3 days in 2022 to 13 days in 2023.

In 2022 the mortality rate for patients presenting to the MTC with blunt chest trauma was 2.4%, far below the quoted figures within the literature which range from 4% to a staggering 60% (Roy et al 2017, Dogrul et al 2020). Additionally, in 2021, 7% of patients with blunt chest trauma were transferred from PTU to critical care because of deterioration in their clinical status. In 2022 this has been reduced to 3%, partially due to the efforts to increase the number of regional blocks provided and the utilisation of early and aggressive pain management techniques by the APS. This represents a significant amount of critical care bed days and a value-based cost saving.

To continue to provide this level of service to patients presenting with major trauma, it is essential to secure permanent funding for a 1.0 WTE band 7 CNS. The band 6 CNS was employed 15 months ago with a view to progress into a band 7. This post now requires to be uplifted to band 7 to support the development of this role. Funding for 2.0 WTE band 7 APS CNS posts would allow the MTC to meet the standard:

- **T16-2B-118 - 24/7Specialist Acute Pain Service -** *There should be a 24/7 specialist acute pain service available for major trauma patients. The MTC should have pain management pathways for patients with severe chest injury and rib fractures; early access to epidural pain management (within 6 hours). The MTC should audit the pain management of major trauma patients including patients with severe chest injuries (AIS3+), who were not ventilated and who received epidural analgesia*

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Data collected by the APS demonstrates improvements towards the time standard:

- In 2021 average time to wait for a regional block was 23.2hrs. Zero patients had a block within 6hrs.
- January - December 2022 following introduction of additional measures such as CNS listing on MTC/CEPOD lists & introduction of new booking forms has resulted in 12% of patients now meeting the <6hr national standard.
- Increasing activity is a constant challenge as demand is high for APS CNS time and CEPOD activity
- Further improvements are expected following introduction of CNS training to develop competencies to consent patients – getting consent signed by a competent Anaesthetist has been identified as a significant time constraint factor. This service improvement will significantly reduce time to block performance.
- Other service improvements benefiting patients include a collaborative approach to provide 'one shot' blocks for patients in the EU.

The peer review process in 2022 highlighted paediatric pain service as a serious concern. They highlighted "a lack of a bespoke paediatric focused acute pain service to assess and treat children with a reliance on the adult anaesthetic team. This could lead to a delay in the provision of an effective pain control strategy in this group".

Funding the APS CNS posts will also allow the APS to continue to deliver the appropriate level of service to the paediatric major trauma population to meet the standard as below, as one of the band 7 posts would be advertised as a Paediatric / dual trained Pain CNS in order to ensure that we are delivering the best quality care to our paediatric patients:

- **T16-2B-216 - 24/7Specialist Acute Pain Service** - *There should be a 24/7 specialist paediatric acute pain service for major trauma patients.*

The MTD also acknowledge that it is a current priority of the SWTN to establish a regional pathway for rib fracture fixation. At present there is inequity of access to thoracic surgery for patients with isolated chest trauma who would benefit from rib fixation but who do not meet the criteria for automatic acceptance to the MTC.

Establishing a pathway for admission (within 72hrs of presentation) will result in a significant uplift in patients with chest trauma, further impacting upon the APS activity.

Emergency Unit (EU)

The national major trauma standard for an MTC EU which receives paediatric patients is:

- **T16-2B-203 Emergency Nurse/AHP -** *There should be a paediatric registered nurse/AHP of band 7 or above available for major trauma 24/7 who has successfully attained the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.*

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The MTC does not currently meet this standard with the existing Paediatric Emergency Nursing establishment. Major trauma patients are complex and require intensive nursing resources in the EU. This results in prolonged depletion of the nursing team in other areas of the Paediatric EU when delivering major trauma care and a reduction in the standard of care to other patients. Currently the care provided by the Paediatric EU does not meet standards in relation to the number of band 7 trained nurses and there is a subsequent impact of this inadequate resource on the rest of the Paediatric EU patient cohort.

Additional resourcing of 5.56 WTE band 7 Nurses will support maintaining appropriate staffing levels across the department; will enable improved standards of care and efficiency when a major trauma call is activated; ensure resilience in our teams to sustainably run our services and provide clinical nursing leadership.

Healthcare Support Workers (HCSW) also play a significant role within the trauma team. Primarily they take on the role of the Scribe, which is a key role that ensures accurate collection of TARN/ NMTR data, in addition to supporting the clinical team with time critical treatments or transfers of the trauma patients. The addition of 5.56 WTE HCSW's will have a significant positive impact on our services by ensuring there is Scribe and HCSW support available for trauma calls. This will reinforce appropriate data collection which will subsequently be used for audit and quality improvement purposes as well as supporting with patient care and transfer of those patients.

The uplift in establishment for the Paediatric EU team will require investment in education and training for staff to meet the educational and competence standards outlined by the National Major Trauma Nursing Group (NMTNG). A minimum of two nurses on each shift must possess recognisable post-registration trauma and emergency training. The uplift in HCSW establishment will also require education and training support to develop the necessary skills to support the trauma teams.

The UK national trauma standards state that 100% of paediatric major trauma cases should be supported by a Band 7 nurse trained in paediatric emergency and trauma care. Currently only 15.9% of paediatric emergency nursing shifts in UHW include a Band 7 nurse. An audit of 32 paediatric major trauma cases conducted in 2022 highlighted that a Band 7 paediatric nurse was present in only 6% of cases. This situation will not have improved in the intervening time as there has been no change to the Band 7 nursing workforce. Currently only 53% of shifts have a level 2 trained nurse, which is largely covered with Band 6 nurses to mitigate the lack of Band 7 nurses available.

There are Nursing workforce standards for Type 1 Emergency Departments (RCN, 2020) that require a Practice Educator for staff numbers of greater than 75 to support education. There is currently 1 WTE Practice Educator in post to cover the whole Emergency and Acute Medicine Directorate which means there are significant challenges to the delivery of trauma training. There is currently no paediatric educator at all.

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As such the Paediatric MTC does not meet the standard and there are funding issues around the provision of this essential training. A dedicated post for both

Adult and Paediatric trained Clinical Educators would allow us to provide enhanced training within the Directorate.

The priority for Year 1 for SWTN and the MTC was to ensure that all nurses working in the EU received training at the standard of level 1 as per the quality standard.

Over the course of Year 1 despite significant challenges relating to the pandemic, the EU education team successfully delivered the educational component of the Level 1 nursing package to EU nurses. Since this time there has been staff attrition and turnover, particularly following the challenges of the pandemic. In addition, limitations in study leave allocation for the nursing workforce, combined with challenges of lack of funding to support the necessary backfill of posts to enable release of staff and limited availability of relevant courses, all combine to undermine the ability to deliver adequate skills training. With only one Band 7 Paediatric nurse and no formal Clinical Educator for Paediatric EU there is little opportunity to reliably deliver regular training to meet national standards.

To continue to meet the NMTNG standards for education and competence, an investment in dedicated education posts is essential. Clinical Educators will ensure that programmes of education are delivered to that all staff meet the Level 1 training requirement, and that additional education and training is provided to support the necessary staff to reach Level 2 and 3 standards.

A significant investment is required to develop and provide network education with approximately 250 nurses in EU at different levels of experience and skill requiring education, clinical support and achievement of competencies. We propose that this requires the uplift of 1.5 WTE band 7 Clinical Educators with 1.0 WTE dedicated for adult-trained EU staff and 0.5 WTE for Paediatric trained ED staff. The postholders would provide nursing staff with Level 1 training to ensure an understanding of how trauma team works in EU, encompassing the use of specialised equipment and delivery of adult and paediatric trauma care. Training would be available promptly for new team members, with regular refresher updates available within the department. This would address the current training deficit and result in a direct improvement in quality of care and clinical outcomes for patients.

The Royal College of Nursing (RCN) workforce standards for Type 1 Emergency Departments (2020) recommend that there is a band 7/8a WTE dedicated Practice Development Lead and additional Practice Educators (band 6/7) to support the Practice Development Lead where there are greater than 75 individuals in the nursing workforce.

As such the uplift for 1.5 WTE in Practice Educator roles is required to support the 250 strong nursing workforces to achieve the major trauma educational standards which will facilitate the delivery of high-quality major trauma care.

Radiology

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The national major trauma standard for an MTC states that:

T162B-107 CT reporting - There should be a protocol for trauma CT reporting that specifies:

- There should be a 'hot' report documented within 5 mins,
- There should be a detailed radiological report documented within 1 hours from the start of scan, and
- Scans should be reported by a consultant radiologist within 24 hours.

The resource allocated from the original MTC business case assumed 24/7 provision of Radiology reporting. However, with widespread increased demand for Radiology services out of hours, the requirement for hot reporting within 5 minutes cannot be guaranteed. This is a key standard that is not currently compliant, as a lone registrar is responsible for all CAVUHB radiological reporting provision from midnight until the next morning.

An internal audit of performance suggested that currently only 25% of MTC CT reports are provisionally reported within 5 minutes and the Peer Review report for the Major Trauma Centre on April 5th, 2022, also highlighted a non-compliance with regards to CT Reporting:

> *'There was evidence that there are times when there are delays in the production of a rapid primary survey CT report within 5 minutes of the scan commencing. The impact of this could cause potential delays and impact upon patient care. Whilst it was suggested that this may reflect a data capture issue, an audit should be undertaken to ensure the availability of reports is available within the required timescale.'*

In line with the peer review panel recommendation the radiology department undertook an audit to evaluate CT reporting. Contrary to suggestion during the Peer Review interview, the observation delays were not reflective of a data capture issue. Having a lone Radiologist out of hours means that they are called upon to perform numerous clinical tasks, which makes them unavailable to immediately report on a CT. This, as highlighted by the Peer Review team, could present a clinical risk through delayed reporting and may negatively impact a patient's treatment or recovery. Without investment, there is no prospect of meeting this standard, therefore falling into Criteria 2 in the table below.

The Major Trauma demand has significantly exceeded what was originally anticipated and therefore there is a requirement to bolster the reporting capacity.

The value of £269k is calculated on 60% of current demand (minus baseline), being outsourced. Given the turnaround time for Major Trauma scans to be reported, this would be kept in house and routine daytime work would need to be displaced and therefore outsourced.

The additional burden of administrative and clerical work associated with this also incurs a cost of £12K (0.4 WTE band 3).

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Demand volumes audited include:

Year (Month Sample)	2019	2021	2022	2023
MTC activity	127	357	499	*530
Follow up activity	32	91	126	*135

Figure 13. 2023 is an estimated figure as data is not validated

The workload has increased significantly beyond what was expected and the previous business case is not sufficient to deliver the service. This demand has been supported by the Health Board at the detriment of other acute and secondary care Radiology capacity.

As part of the Out of Hours Taskforce, the service has considered options to increase out of hours consultant and registrar cover to address the requirements of MTC - specifically the hot reporting turnaround time - in addition to the current demand profile of secondary care. Limiting factors are not solely financial, as any increase of medical workforce to cover out of hours services will require a regional solution and engagement with other UHBs, HEIW and other stakeholders. There is no assurance that this option is deliverable and certainly not in the short-medium term. Currently the most credible option would include an increase in outsourcing. Current considerations have included the outsourcing of all radiology demand excluding the most acute work i.e. MTC, RESUS, Stroke and the provision of on-site inpatient demand (e.g. US) but this is cost prohibitive, with likely costs exceeding £2m.

An increase to outsourcing and clinical workforce is required to provide maximum cover within resource to maintain, and where possible increase, compliance against all MTC standards whilst longer term sustainable solutions are developed.

6. Option Appraisal

Option 1: Do Nothing – The service is unstainable as demand is higher than anticipated in the original programme business case.

The lack of action is considered to be unacceptable both operationally and politically. A clear strategic direction has been recommended in the Welsh Government recent Gateway 5 review (2024). The review acknowledged there is still a business need for investment and that action is undertaken to ensure capacity and demand are aligned as the Network progressess towards its fully mature phase (typically entered in year 5).

There was recognition of the impact the increased demand is having on services/workforce at the Major Trauma Centre, speciifcally in relation to:

- The case for investment to support Radiology, and
- Further resource requirements realting to Orthoplastics, Rehabiliation and Childrens MTC.

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Option 2: The Preferred Commissioning Intention – As described in the CIAG proposal, this investment will enable the Major Trauma Service to support the increased activity of trauma patients in the MTC, manage increasing complexity in a safe and effective manner to deliver high standards of specialised care and flow of patients across the South Wales Trauma Network. Investment will also allow the service to address the serious concerns noted in the recent peer review and close demand/capcity gaps as described above.

7. The Preferred option

Based on the above options, the prefered and recommended way forward is Option 2. This will close the demand/capacity gap, address the serioues concern noted in the recent peer reviews and commission a plastics dressing service for patients closer to home.

Additional Workforce Requirements

Area of Investment	Band	WTE	2024/25 PYE	2025/26 FYE	Comments
Nursing - Plastics	6	1.00	13,602	54,407	To deliver the Plastics Services at C&VUHB
Nursing – Clinical Educator	7	1.5	24,046	96,184	1.00 wte adults plus 0.50 wte in paediatrics
Nursing – Paediatric Emergency Department	7	5.56	108,739	434,957	Maintain appropriate staffing levels
HCSW – Paeds ED	3	5.56	53,045	212,180	To maintain availability of Scribes
Paediatric Major Trauma Practitioner	7	1.00	19,557	78,230	To address peer review concern and equity of service
Adult Major Trauma Practitioner	7	1.5	29,336	117,344	
AHP - Lead Allied Health Professional (uplift)	8A	1.00	18,412	73,649	
Nursing – Adult Pain Service	7	2.00	39,114	156,460	
Radiology – Medical staffing				188,000	A range of solutions to strengthen reporting arrangements
Radiographers to support CT and Emergency Department	6	6.52	108,194	432,778	Additional radiographer for EU CT scanner 24/7

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Increased Radiology Capacity

Additional CT Reporting Capacity	The Major Trauma demand has significantly exceeded what was originally anticipated and therefore there is a requirement to bolster the reporting capacity. The value of £257k is calculated on 60% of current demand (minus baseline), being outsourced. This assumes scheme 1 approved.	£269,000
Staff-related non-pay and other costs		£26,000
	Total Cost	**£295,000**

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7.1 Benefits

Quantifiable benefits	*Non-quantifiable benefits*
Key Performance Indicators: • Maintain compliance against the trauma quality standards. **Patient outcome benefits:** • Improved patient survival, outcomes and experience. • Increase enhanced training provsion to improve the quality of care and clinical outcomes for patients. • Provide an immediate turnaround on imaging reports which will enable treating clinicians to make the most accurate clinical decisions for Major Trauma patients. This could contribute to saving a life or saving limbs or preserving function in otherwise compromised patients. **Patient benefits:** • Improve the availabilty of scribes, this will reinforce appropriate data collection which will subsequently be used for audit and QIP purposes as well as supporting with patient care and transfer of those patients. • Maintaining appropriate staffing levels across the Emergency Department when a major trauma call is activated and ensure resilience in our teams to sustainably run our services.	• Improved patient experience • Less patient travel • Improved staff training and retention • Improved nursing and AHP provision and career progression opportunities • Improved staff morale • Reduction in reputational risk • Reduce staff burnout • Reduced carbon footprint

- Both adult and paediatric major trauma patients have complex care needs requiring expert knowledge and skill to effectively co-ordinate the delivery of specialised care of a large multi-disciplinary team. Every individual major trauma patient should receive a high standard of co-ordinated care and key working. This is essential for ensuring that patients receive care as described by the trauma quality standards to improve patient survival, outcomes and experiences.

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- Without further support for the APS there is a risk that major trauma patients will not receive the current level of service which has clearly demonstrated improvement in outcome measures of LOS, reduced admission to critical care and improved compliance against the standard of time to regional anaesthesia.

- Without supporting funding for an uplift of a band 6 nurse to support the Plastics service within the MTC there will be a risk that the dressings clinic will not be deliverable. This will impact on patient care, outcomes and experiences. There will be difficulty developing the service for plastics patients within the MTC and difficulty developing specialist clinical knowledge within the nursing team.

- A dedicated 1.5 WTE Band 7 Clinical Educator (1.0 WTE for adult and 0.5WTE for Paediatric) would enable the delivery of enhanced training within the Directorate. The postholder would provide nursing staff with Level 1 training to ensure an understanding of how trauma team works in EU, encompassing the use of specialised equipment and delivery of paediatric trauma care. Training would be available promptly for new team members, with regular refresher updates available within the department. This would address the current training deficit and result in a direct improvement in quality of care and clinical outcomes for patients.

- Major Trauma patients are complex and require intensive nursing resources. This results in prolonged depletion of the nursing team in the paediatric emergency unit when delivering major trauma care and a reduction in the standard of care to other patients. Additional resourcing in the form of 5.56 WTE band 7 Nursing will support with maintaining appropriate staffing levels across the department when a major trauma call is activated and ensure resilience in our teams to sustainably run our services.

- The addition of 5.56 WTE Health Care Support Workers will have a significantly positive impact on our services by ensuring there are scribes available, this will reinforce appropriate data collection which will subsequently be used for audit and QIP purposes as well as supporting with patient care and transfer of those patients.

- The ability to provide an immediate turnaround on imaging reports will enable treating clinicians to make the most accurate clinical decisions for Major Trauma patients. This could contribute to saving a life or saving limbs or preserving function in otherwise compromised patients. As well as the immediately evident benefit to the patient, this also has longer term benefit to the health economy.

In summary, recruiting these posts will have a positive impact on activity and performance measures. This represents the necessary service improvement in line with associated learning from Year 1-4 period, as an operational MTC with accurate activity and patient experience data.

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7.1.1 Benefits tracker

Benefit	Metric	Baseline	Target	Timeline / Ambition
Comply with major trauma standard - T16-2B-107 CT Reporting	Number of hot reports produced within five minutes of the scan commencing	TARN data for quarter two 2020/2021 identifies the median time to provisional report is 52 minutes (34 – 76 minutes), which is slightly below the national average of 54 minutes. The median time to final report is 362 minutes (143 – 685), which is above the national average of 260 minutes. **(TARN data quality issues)**	100%	Within 6-12 months of investment
Comply with major trauma standard - T16-2B-203 Emergency Nurse/AHP	There should be a paediatric registered nurse/AHP of band 7 or above available for major trauma 24/7 who has successfully attained the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.	6%	100%	Within 6 – 9 months of investment
Enable patients to be treated closer to home by commissioning a plastics dressing clinic in the MTC	Number of patients treated closer to home.	The PDC at the MTC is a non-commissioned clinic which currently enables patients from South East Wales to be seen closer to home. Inability to offer this service at UHW will increase travel and carbon footprint. Since go live approximately 500 patients from C&V UHB, CTM UHB and AB UHB have not needed to travel to Morriston for their follow up. Inability to deliver the clinic at UHW will therefore impact hugely on our current baseline of minimal travel for patients.	Reduce travel and environmental impact.	Immediately following investment. Formally commission this service.
Comply with major trauma standard – T16-2B-118 24/7 Specialist Acute Pain Service	Early access to regional or epidural analgesia should they require it within six hours	0 - Regional technique is 23.2 hours, far exceeding the required 6-hour standard. No patient since March 2021 has received a block within this six-hour timeframe.	100%	Within 6 months of investment

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Comply with major trauma standard - T16-2D-106 Rehabilitation Prescription	All patients should have a RP initiated within 2 calendar days of admission and first comprehensive RP completed at 4 calendar days following admission. The RP should be updated weekly, and a copy given to the patient	70%	TARN 90%-100%	Within 6-9 months of investment

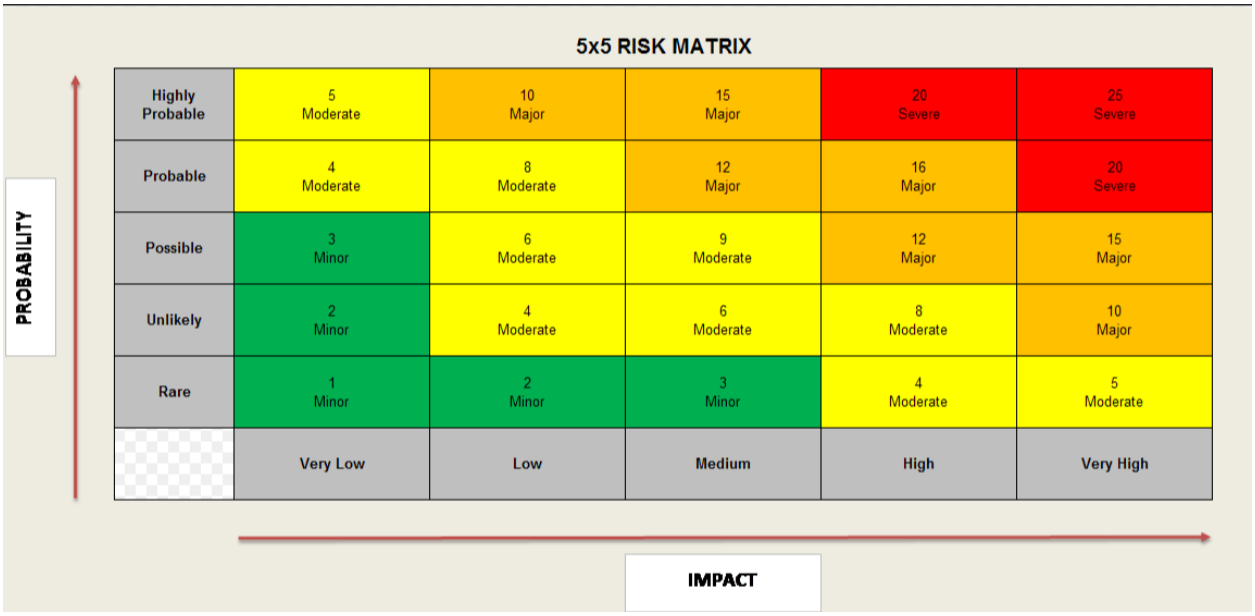
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7.2 Risk

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score (PxI)	Mitigating Action	Owner
Affordability	There is significant revenue requirements which requires a timely release of funding to ensure sufficient workforce can be recruited.	5	4	20	Continue to seek investment	DMT
Affordability	Potential delayed investment with no solution to address the serious concerns ahead of the next peer review and WG Gateway 5 review in Year 5.	5	4	20	Continue to seek investment	DMT
Delayed Nursing Recruitment	Given the proposed WTE required there maybe delays with the nursing recuritment.	3	3	9	Continuous recruitment campaign.	Directorates
Delayed AHP Recruitment	Given the proposed WTE required there maybe delays with the AHP recuritment.	3	3	9	Continuous recruitment campaign.	Directorates
Delay in the implementation of a regional solution for CT reporting	There is significant revenue requirments to fund an regional soultion for CT reporting and delivery of peer review standard.	5	4	20	Ongoing regional discussions re the establishment of the rota	Radiology

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Key: 5x5 risk matrix



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7.3 Total Cost - Resource Implications and Affordability

	Year 1 £	Year 2 £	Year 3 £
TOTAL RECURRENT (not formula driven - complete)	587,848	2,366,401	2,366,401
TOTAL NON-RECURRENT (not formula driven - complete)	0	0	0

Assumed start date	01/01/2025
Funding Source Revenue:	JCC
Funding Source Capital:	N/A

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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**	**£**	**£**	**£**
Nursing - Plastics	1.00	B6	R	13,602	54,407	54,407
Nursing – Clinical Educator	1.50	B7	R	24,046	96,184	96,184
Nursing – Paediatric ED	5.56	B7	R	108,739	434,957	434,957
HCSW – Paediatric ED	5.56	B3	R	53,045	212,180	212,180
Paediatric Major Trauma Practitioner	1.00	B7	R	19,557	78,230	78,230
Adult Major Trauma Practitioner	1.50	B7	R	29,336	117,344	117,344
Lead Allied Health Professional (Uplift)	1.00	B8A	R	18,412	73,649	73,649
Radiology Registrar (Rota)		SpR	R	47,000	188,000	188,000
Radiographers to support CT & ED	6.52	B6	R	108,194	432,778	432,778
Nursing Adult Pain Service	2.00	B7	R	39,114	156,460	156,460
A&C Co-ordinator in Radiology	0.4	B3	R	3,053	12,212	12,212
TOTAL PAY				464,098	1,856,401	1,856,401

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REVENUE	WTE	Band/ Scale	Recurrent/ Non Rec	Cost Year 1 Part Year	Cost Year 2	Cost Year 3
Direct Non Pay	**WTE**		**R / NR**	**£**	**£**	**£**
Drugs						
Medical & surgical/clinical supplies						
Equipment						
Maintenance						
Staff related non-pay - Radiology			R	6,500	26,000	26,000
Other (specify)						
xx						
Impact on Support Departments						
Pharmacy						
Therapies						
Outpatients/Medical Records						
Radiology – additional reporting capacity at 60%			R	64,250	269,000	269,000
Medical Physics						
Laboratory Medicine						
Theatres						
Anaesthetics						
Facilities - catering, domestics, waste, linen						
xx						
Other - specify including overheads (inc finance/HR etc.)			R	53,000	215,000	215,000
xx						
Infrastructure						
Estates Maintenance/Premises						
Utilities						
Rates						
Information Technology/Telecoms						
Revenue Consequence of Capital spend below						
TOTAL				123,750	510,000	510,000

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CAPITAL	Year 1	Year 2	Year 3
	£	£	£
xx			
xx			
xx			
TOTAL	0	0	0

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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 2024-25 this means:

Business Case Submission Deadline	Circulation of Papers to Investment Group	Date of Investment Group Meeting
20 March 2024	27 March 2024	03 April 2024
24 April 2024	01 May 2024	08 May 2024
29 May 2024	05 June 2024	12 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
13 December 2024	02 January 2025	08 January 2025
22 January 2025	29 January 2025	05 February 2025
19 February 2025	26 February 2025	05 March 2025

There is no flexibility without the express permission of the Director of Finance

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Report Title:	Public Health long-term plan			Agenda Item no.	7.6
Meeting:	Board	Public	X	Meeting Date:	28 Nov 2024
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive Title:	Executive Director of Public Health				
Report Author (Title):	Consultant in Public Health Medicine				

Main Report
Background and current situation:

Cardiff and Vale University Health Board Public Health Team have not had a long-term plan before.

The Public Health Team have over recent months developed a vision for the team and have produced a ten-year long-term plan in collaboration with key partners. The long-term public health plan for Cardiff and Vale describes in detail the priorities for our initial phase of the plan (2024-2027) and sets out the longer-term ambitions.

Reducing inequalities, including those linked to deprivation, is a key part of our public health approach in Cardiff and Vale.

Many public health interventions have been shown to be highly cost-effective using NICE thresholds. Return on investment in public health interventions is on average £1 spend producing £4 return on investment. Prevention will be an important part in the Health Board reaching financial sustainability by preventing ill health in the local population.

Preventing ill health is also one of the most impactful ways we can reduce our carbon impact as a Health Board, as secondary and tertiary care services particularly have a large carbon footprint.

The long-term plan can be found in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

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

- The long-term plan includes sections on:
    - Future trends in population health
    - The case for investing in public health
    - Our vision for public health in Cardiff and the Vale
    - Public health principles for planning
    - Detail on our areas of focus for phase 1

- The three main population health priorities are vaccination, smoking and obesity; along with the necessity to consolidate our health protection system
- As part of IMTP planning for 2025/26 we will be including two business cases to support delivery of the long-term plan, for smoking cessation and obesity

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Recommendation:

The Board is requested to:

a) **APPROVE** the long-term plan for Public Health.

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

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

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

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Safety: No
Financial: Yes
Many public health interventions have been shown to be highly cost-effective using NICE thresholds for funding, and in some cases cost-saving.
Workforce: No
Legal: Yes
Health Boards in Wales have a statutory duty to promote and protect health among their residents, as well as treating ill health. The Well-being of Future Generations Act and Social Services and Well-being Act both require the UHB to promote and support prevention of illness.
Reputational: Yes
A Healthier Wales and the NHS Wales Planning Framework set out expectations for Health Boards to shift their local healthcare systems to 'wellness' rather than 'illness' systems, and increase their focus on prevention. Failure to do this could present a reputational risk.
Socio Economic: Yes
Reducing inequalities, including those linked to deprivation, is a key part of our public health approach in Cardiff and Vale.
Equality and Health: Yes
Equality and health will be considered throughout the detailed development of the programmes within the long-term plan, with EHIAs completed as appropriate
Decarbonisation: Yes
Preventing ill health is one of the most impactful ways we can reduce our carbon impact as a Health Board, as secondary and tertiary care services have a large carbon footprint.

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	SLB 07.11.2024

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Report Title:	Hapus: Becoming a Supporter Organisation			Agenda Item no.	7.7
Meeting:	Board	Public	X	Meeting Date:	28/11/2024
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive Title:	Executive Director of Public Health				
Report Author (Title):	Consultant in Public Health Medicine				

Main Report
Background and current situation:

Background:
Mental wellbeing is the cornerstone of all that we do as a Health Board for both staff and patients alike. Definitions of mental wellbeing vary, but the one adopted by Hapus, the national conversation on mental wellbeing is: 'feeling good and functioning well'.

Despite individual, community and organisational efforts, mental wellbeing in Wales has decreased since the COVID-19 pandemic. For example, National Survey for Wales results show that pre-pandemic levels as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) were 51.4 (2018/19), and the most recent results for 2022/23 were 48.2 for Wales. People living in material deprivation have worse mental wellbeing. The average WEMWBS score for people living in material deprivation was 40.8, compared to 49.4 in among the most affluent communities in 2022/23 in Wales.[1] More needs to be done by the UHB and across partner organisations to remedy this.

Current situation:
Hapus, the national conversation on wellbeing was launched on 17 July 2024 by Public Health Wales, in partnership with multiple partner agencies that can influence our wellbeing nationally and locally. Hapus is looking to extend the 'what matters' conversations that usually take place during social prescribing or social care assessments to the general population. The aim is: *To initiate and sustain a national conversation that encourages individuals and communities to prioritise their mental wellbeing and to engage with activities that protect and promote mental wellbeing.'*

The Objectives are as follows:

- to increase population knowledge and understanding of the behaviours that can promote or protect mental wellbeing.
- to increase the proportion of the population who prioritise time for actions that protect and promote mental wellbeing.
- to increase the proportion of the population who adopt regular mental wellbeing promoting behaviours.
- to engage organisations and communities as 'Supporters' and active participants in the national conversation.
- to reduce the inequalities gap between those population groups who engage in mental wellbeing promoting activities and those who do not.

Cardiff and Vale UHB has been invited by Public Health Wales to become a 'Hapus Supporter Organisation'. This could bring benefits to both the staff we employ, and the population that we serve in Cardiff and the Vale of Glamorgan. Hapus was taken to Mental Health Clinical Board Senior Management Team in July 2024, and endorsed as a way forward. There will be webinars and training available for any organisational 'Hapus Champions' to support them in having a wellbeing conversation, and to signpost to eight evidence-based interventions (see Appendix), which will be built up over time across the local area. Currently, the signposting mechanism is via Dewis. There

[1] Mental well-being (National Survey for Wales): April 2022 to March 2023 | GOV.WALES

will also be a forthcoming communications strategy that we can be involved in as an organisation from the Autumn.

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

1. The Hapus national conversation has potential to benefit our population
2. Hapus is a social movement, and by joining it, we would be supporting the national conversation
3. We will be provided with training resources and social media content (via the Hapus website) from Public Health Wales

Recommendation:

The Board is requested to:

a) NOTE the content and ambition of Hapus
b) SUPPORT and APPROVE the motion that Cardiff and Vale UHB become a 'Hapus Supporter Organisation'

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1. Putting People First **Click the objective above to view more detail.**	x	2. Providing Outstanding Quality **Click the objective above to view more detail.**			
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	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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
There is a reputational risk if we do not become a Supporter Organisation.
Safety: No
N/A
Financial: No
N/A
Workforce: Yes
Hapus Champions will need to take time out for training and Lead Champions for Network meetings
Legal: No
N/A
Reputational: Yes
There is a reputational risk if we do not become a Supporter Organisation.

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Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
N/A
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
N/A
Decarbonisation: No
N/A
Welsh Language: Yes
Some staff or population groups may prefer the messages to be in the medium of Welsh.

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:
Senior Leadership Board	21 November 2024

APPENDIX: EIGHT EVIDENCE-BASED ACTIVITIES TO IMPROVE MENTAL WELLBEING



Saunders,Nathan
25/11/2024 13:17:11

Report Title:	Examining antibiotics for Ulcerated skin cancer Surgical Excision (EXCISE) - *Research & Development Grant from the National Institute of Health and Care Research (NIHR)*			Agenda Item no.	7.8
Meeting:	Board Meeting	Public	X	Meeting Date:	28.11.2024
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive (**Title**):	Catherine Phillips, Director of Finance				
Report Author (**Title**):	Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead for C&V				

Main Report

Background and current situation:

Cardiff and Vale University Health Board (CAVUHB) have been awarded a National Institute for Health and Care Research (NIHR) grant to conduct the following project;

- 'Examining antibiotics for Ulcerated skin cancer Surgical Excision'.

This is a 5-year project led by Dr Rachel Abbott, Consultant Dermatologist, CVUHB in collaboration with Cardiff University, Hull York Medical School, University of York, University of Oxford, University of Nottingham and Swansea University. 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.

The costs included in the grant were provided by the finance department within CAV and the relevant finance department from each of the collaborators. These cost are based on NHS pay scales and includes all uplifts for the duration of the grant. The grant includes costs for R&D oversight and contract support to fund the infrastructure costs.

To date the Health Board has signed an agreement with Department of Health and Social Care to receive the £1,513,794.52 grant funding for this project. The grant funding contract was approved by Andrew Gough (In Catherine Philips' absence) in July 2024. As per this agreement the health board is required to distribute the funds to the above mentioned collaborators as per the funding application. Total value of outward payments to all collaborators exceeds £1m and therefore requires board approval in line with the UHB Scheme of Delegation.

The purpose of this board paper is to facilitate the study delivery by ensuring compliance with internal procurement processes and contractual sign off.

Procurement

Grant funding is exempt from Public Contracts Regulations 2015 (PCR) therefore the purpose of this Board Paper is for internal procurement compliance due to the value and the outgoing payments from CAVUHB to the organisations involved in the research project.

Agreements

Numerous agreements with our collaborators will be developed and will require sign off by relevant level of sign off as per the UHB Scheme of Delegation. These agreements are in the process of being developed and will include;

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Agreement	Contracting Organisation	Value
Clinical Trial Unit Agreement	Cardiff University	£945,381

Collaboration Agreement	Hull York Medical School, University of York, University of Oxford, University of Nottingham and Swansea University	£103,769
Investigational Medicinal Product (IMP) Manufacture	Simbec-Orion*	£116,645

*This is subject to confirmation from medicines procurement that it does not conflict with any existing health board agreement

The agreement will be 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. They will be reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.

More information regarding the process and oversight of NIHR grants, grant development and submission, Sponsorship review and decision making can be found on the attached briefing paper

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) **APPROVE** the exemption of PCR and the payment to the organisations involved in the Grant scheme

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		Long term		Integration		Collaboration	X	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)***		*Comment here*

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
Funding has been issued from Department of Health and Social Care which will be paid to CAV as lead organisations to pass on funding to collaborators as per the approved grant. As lead organisations we are required to report annually to the funding body to demonstrate that the funding has been spent appropriately.
Workforce: Yes/No
No
Legal: Yes/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: Yes/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: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No
Welsh Language: Yes/No
No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group /Exec	Date:
Finance & Performance Committee	20.11.2024

Saunders,Nathan
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Briefing Memo

To: Suzanne Rankin, Chief Executive/Catherine Phillips, Executive Director of Finance

Via: Francesca Thomas, Head of Corporate Governance

From: Mital Patel, Contracts/Trials Manager, CVUHB R&D

Date: 15/07/24

Re: Exec sign off on CVUHB grant application submission NIHR160872, Rachel Abbott–EXCISE

Dear Ms Phillips,

I would be most grateful for your assistance in approving and signing-off on a grant award for a study that will be sponsored by CVUHB. The agreement for signature will come to you via email through NIHR's REALMS system. I am sending this briefing via Francesca Thomas, so that you are appraised of the project and so that she can make the necessary arrangements for approval within CVUHB.

Background

The NIHR grant application system has, like most large funding schemes, two or more rounds of application, as funding bids are refined, project design is developed and funder queries and recommendations are addressed whilst the project evolves, up to the point of the final confirmation of the award. Dr Abbott's bid has been successful at stage 1 and stage 2 and now requires sign off the funder letter and Head of Terms. Since the total sum being applied for is large, the request for sign off at this stage has come to you for approval at executive level.

General information about NIHR's HTA funding scheme is available here: https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-technology-assessment.htm

Summary of study see plain English summary in Appendix A of this briefing.

Project title: Examining antibiotics for Ulcerated skin cancer Surgical Excision (EXCISE)

Lead grant applicant: Dr Rachel Abbott, Consultant Dermatologist, CVUHB

Sponsor: CVUHB

Chief Investigator: Dr Rachel Abbott, CVUHB

Saunders Nathan 25/07/2024 15:17:1

Total value of funding payable to CVUHB (see also costing summary at Appendix B of this briefing): £1,513,794.52.

There will be outgoing payments from CVUHB to other organisations for this project and these will be outlined in the funding award.

CVUHB reviews and approvals
The costings have been worked up by Pat Tamplin in the R&D Grants Team and with the Finance Team, approving on behalf of the department/directorate. Colin Dayan has formally approved the application as JRO Director, in line with our usual processes for review, approval and submission of grant bids.

The R&D Dept has followed the relevant national frameworks, local policies and Standard Operating Procedures in reviewing, risk-assessing and approving CVUHB's involvement in this project.

National:
UK Policy Framework for Health and Social Care Research - Health Research Authority (hra.nhs.uk)

Homepage | Health Care Research Wales (healthandcareresearchwales.org)

Local:
For grants/costing:
Attributing the costs of health and social care research - GOV.UK (www.gov.uk)

R&D Resources - Cardiff and Vale University Health Board (nhs.wales)

For CVUHB-sponsored studies:

Please see Appendix C of this Briefing Memo for more details on R&D processes.

Our Joint Research Office Director, Prof Colin Dayan, has signed this Briefing Memo to indicate his approval to proceed.

Contracts
The overarching funding agreement (Head Terms) from NIHR will take the standard national form that we are already familiar with and have signed on multiple occasions. It will not be possible to vary the terms of this agreement if we wish to accept the funding. The standard terms are acceptable to us and pose no issues.

A detailed collaboration agreement will be needed with Cardiff University for their CTU services. A collaboration agreement, or several separate agreements, will be needed with the co-applicant/collaborating organisations, to disseminate the funding and formalise the terms of the collaboration. CVUHB R&D Contracts team will draft these, 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 will need to be reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.
There will be several Participating Sites in the project, recruiting participants in their areas and delivering the project in accordance with the protocol. CVUHB R&D Contracts team will use the standard national template for site agreements (mNCA). The template has been prepared by a consortium of Dept of Health, NHS and university contributors and is in common usage.

Sandra Nathan 21/11/2024 17:21:11

Please do not hesitate to contact me if you have any problems or queries.

Kind regards

Mital Patel
Contracts/Trials Manager, Research & Development
Research & Development Dept
Cardiff & Vale University Health Board
Mital.Patel@wales.nhs.uk

FAO Prof Colin Dayan:

Please sign below to indicate that you have reviewed this project and grant award and are happy to proceed.

Signed: Prof Colin Dayan, Director Cardiff Joint Research Office CVUHB	Date
	15/07/2024

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25/11/2024 13:17:11

Appendix A: Plain English Summary

RESEARCH QUESTION: Is oral flucloxacillin effective in preventing surgical site infection (SSI) in adults who have undergone surgical excision of an ulcerated skin cancer under local anaesthesia?

BACKGROUND: Skin cancers are common with a lifetime risk of 1 in 5 in the UK. Surgical removal is the first line treatment for skin cancers and SSI is a complication of surgery. Oral antibiotics are often prescribed for skin cancer surgery – particularly if the skin cancer is ulcerated – to reduce the risk of SSI. However, to date there is no robust evidence to guide the need for oral antibiotics.
AIMS: To compare the clinical and cost effectiveness of oral flucloxacillin versus no antibiotic (placebo) in adults undergoing ulcerated skin cancer excision under local anaesthetic with planned wound closure.

METHODS: Randomised, double-blind, superiority placebo-controlled trial (with internal pilot). 380 adult patients undergoing surgical excision of ulcerated skin cancer in UK NHS hospitals will be individually randomised to oral flucloxacillin 1g (500mg x 2) pre-operatively. Patients will be followed up by telephone at 5-10 days, 15-20 days and at 30 days. All participants will be asked to monitor their wounds for infection, and should they develop any symptoms suggestive of infection then they will be asked to contact their local recruiting centre to arrange an in-person clinical assessment.

OUTCOMES: The primary outcome will be SSI (using Centers for Disease Control and Prevention criteria) within 30 days. Clinical assessors will be trained in the diagnosis of wound infections and be blinded to the randomised allocation. Secondary outcomes are: adverse events within 30 days; antibiotic resistance in wounds at diagnosis of SSI and after 7 days if no response to treatment; quality of life measured by EQ-5D-5L at 30 days and 3 months; time to return to normal activity/work at 30 days and 3 months, resource use (related to wound complications including SSI); cost of hospital visits/stays and feasibility of ‘Selfi-wound’ photos. We will also explore patient wound burden as a tertiary outcome. A qualitative process evaluation of acceptability, facilitators and barriers will be conducted with patients and healthcare professionals.

TIMELINES: informed by our feasibility trial: Month 1-9: Study set-up, contracts, regulatory approvals, Investigational Medicinal Product manufacture. Month 10-15: Internal pilot, site set-up and recruitment. Month 16: Review of internal pilot. Month 16-24: Complete recruitment. Month 30: Last participant last follow-up. Month 31-36: Data cleaning, analysis, prepare papers and report; stakeholder event.

ANTICIPATED IMPACT AND DISSEMINATION: We anticipate EXCISE will provide high-quality evidence for the clinical and cost effectiveness of perioperative oral flucloxacillin before surgery for ulcerated skin cancers, helping to inform patients, carers and clinicians, mitigate inappropriate prescribing and standardise clinical practice. We will hold a multistakeholder event to ensure findings are widely disseminated and translated into NHS clinical practice. Patient-facing documents will be circulated via charities and other national organisations e.g, UK Dermatology Clinical Trials Network. Results will inform national and international guidelines for skin surgery.

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Appendix B: costings summary

Research costs required from funder

	Direct costs	Indirect costs	Total costs	% costs paid by NIHR	Amount requested
Total Higher Education Institution costs	720,567.20	590,871.43	1,311,438.63	80%	1,049,150.92
Total NHS costs			320,803.31	320,803.31	320,803.31
Total commercial costs				100%	
Total other partnership organisation costs	116,645.00		116,645.00	100%	116,645.00
Total research costs required from funder					**1,486,597.90**

Total support & treatment costs/(savings)

	Total costs
NHS support costs required from networks	25,460.01
NHS Treatment costs requested from NHS	1,736.61
Non-NHS treatment costs	0.00
Total support & treatment cost/(savings)	27,196.62

Total funding required

	Amount requested
Total research costs requested (not including support & treatment costs)	**1,460.582.18**
Support & treatment costs/(savings)	**27,196.62**
Total cost of research (research support costs)	**1,513,794.52**

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Appendix C: CVUHB R&D evaluation, risk assessment and approval processes for new projects

To demonstrate the due diligence and all governance issues are covered when applying for research grant monies and thereafter when grants are awarded to the JRO Cardiff and Vale Local University Health Board, the processes and procedures below are followed.

Grant awards can vary in size from £5k to £2-3 million. At the early application stages, we determine the appropriate sponsor for the research study or clinical trial.

A sponsor is an organisation (or group of organisations) that accepts responsibility for ensuring that there are proper arrangements to initiate, manage, monitor and finance the research. The UK Policy Framework for Health & Social Care Research requires that all research taking place in an NHS or social care context must have sponsor.

The sponsor has responsibility for overall oversight of the research. The role of the Sponsor is to ensure the study/trial is run safely and effectively by requiring the following:

- Proportionate peer review
- Provision of all appropriate, valid supporting documentation at the point of application
- Clear definition of roles and responsibilities of organisations and individuals, signed off prior to the study commencing
- Appropriate level of monitoring and audit
- A risk assessment process to identify any potential risks to the organisation or the health, safety, and well-being of researchers and research participants
- Involvement of patients and/or the public in study design, where appropriate
- The Chief Investigator's suitability to fulfil their role, through relevant experience and appropriate training
- Dissemination of study findings in an appropriate manner
  The Sponsor, through their Research and Development department, has a veto on overall approval for the study.

  The funder's role is to finance the study and to receive a study report.

  Firstly we follow the

  UK Policy Framework for Health and Social Care Research - Health Research Authority (hra.nhs.uk)

  Homepage | Health Care Research Wales (healthandcareresearchwales.org)

  From those two we then follow the

  Research Governance Policy and Procedure Cardiff and Vale as well as the R&D Strategy

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In relation to applying for funding we follow due diligence by ensuring research activities within NHS premises are costed accordingly and all risks have been reviewed and mitigations/ solutions identified.

Attributing the costs of health and social care research - GOV.UK (www.gov.uk)

R&D Resources - Cardiff and Vale University Health Board (nhs.wales)

Internally to ensure grant applications are processed correctly researcher and JRO staff follow the terms & conditions of the specific grant funder. Often these are funding streams from the Department of health, Health and Care research Wales, Welsh Government or occasionally a private sponsor organisation.

Again. a risk profile is created during the application and award process to ensure we can deliver the research proposal once it has been funded.

There are numerous documents used, this process is our Sponsorship process which has a specific SOP and numerous forms for the researchers to complete and for the relevant member of JRO staff to review to ensure fit for purpose and that all risks have been reviewed and resolved or mitigated before research activities commence.

Below are all the titles of all the documents used in this process and if you wish to view any of these, please contact the Research & Development Team (research.governance@wales.nhs.uk)

SOP-001-04 UHB453 Applying for CV UHB Sponsorship SOP v2

FRM-001-05 Cardiff Risk Assessment Form (RAF) v3

FRM-001-06 Assessment of External Subcontractors Service Providers (V3)

FRM-001-13 JRO Sponsorship Request Form (v2)

FRM-001-10 SAM REVIEW TEMPLATE (V5)

FRM-001-11 Setting up new studies where CV UHB are the Sponsor (V3)

FRM-001-12 HRA HCRW Checklist (V4)

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Report Title:	Committee Terms of Reference			Agenda Item no.	7.9
Meeting:	Board	Public	X	Meeting Date:	28 November 2024
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

The Board may and, where directed by the Welsh Ministers must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions.

As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety
- Audit
- Information governance
- Charitable Funds
- Remuneration and Terms of Service
- Mental Health Act requirements

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

Since the Board approved the refreshed strategy in 2023 work has been undertaken to ensure that the architecture of the Board and Committee functions, strategic risk as articulated by the Board assurance framework and the delivery of the strategy through the strategic portfolios are all aligned.

As part of this process, a review of the Board's Committees has been undertaken. The result is the proposed addition to Standing Orders at Schedule 3 which can be seen at the appendix in the supplementary papers.

Previously, there had been standalone terms of reference for each committee, available to access through the website. This allowed a degree of variation between some of the standard powers and responsibilities of the committees

The bellow table sets out the key changes and of those the major ones are the inclusion of infrastructure into what had been Digital and Health Intelligence Committee to make it the Digital and Infrastructure Committee, the inclusion of decarbonisation in the F&P committee and the removal of the H&S committee as a 'formal' committee in light of the switch of public health into Quality and the Infrastructure elements that used to often present as H&S matters into DHIC. H&S matters will continue to be escalated to the People and Culture Committee.

What	Change	Notes
2.1	Table inserted	Sets out alignment of strategy to committee
2.1	Committee Names	Quality encompasses safety and experience Mental Health Legislation to remove the tautology of legislation and mental capacity act
3.1.1	Selection process for IMs removed	Because it is delegated to the Chair to decide by Board
3.1.3	Website to maintain list of attendees	

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3.2.1	Standardised quorum at 2 IMs (weo CFC and RTSC)	There had been variations in this between committees
3.3.1	Removed the stipulation for there to be a programme of development	This is covered at a Board level with the 2 dedicated sessions a year
3.3.1	Meetings between Chairs and Exec leads	Making it DCG's team's responsibility to assist Chairs in setting these up but moving away from it being an agenda setting
3.3.1	Paper publishing changed to 5 days	In anticipation of WG change to the Regs
3.4	Key Chair powers	Reiterating what is in standing orders already for consistency
3.4.3	Head of IA access	Standardising this as it was applicable to some Committees but not others when the reality is we would not refuse
3.4.4	Committee Chair responsibility to the Board Chair	To ensure independence from Execs
3.5.1	Meeting frequency to be published on the website and determined by the Chairs	
3.6.6	Reference to strat portfolios	Putting this in at a high level here rather than being specific in each appendices
3.7.1	Board responsible on all matters	This wasn't entirely clear before
3.8.1	Removed reference to Committees escalating to WG	Any escalation to WG would take place via Board first
All	Removed terms and conditions of appointment	This set out the requirements of IMs but was nugatory duplication
App3	Infrastructure added	Because this committee now has responsibility for Infra as well as digital
App 4	Business cases over £1m not £500k	To reflect the changes made to SOs previously
App 5	Remove format of the agenda: "5.4 The agenda for the meeting will be split into three parts comprising: Mental Health Act 1983; Mental Health Measure (Wales) 2010; and Mental Capacity Act 2005."	The Chair and Exec Lead will determine the forward plan and individual agendas reflect hat.
App 8 2.1	Added a line about specific power to approve appointment of Officer Members to the Board	This already happens and pre-empts the change to regulations anticipated from WG
App 2.3	Removed this line: *Note on an annual basis the engagement of agency workers or individual self-employed contractors into senior posts, as described in the Off Payroll Procurement Process (n.b. This information is reported to the Audit Committee as part of the compliance report and is for noting only)*	Duplicates Audit committee

Recommendation:

The Board is requested to:

Approve the amendment to Standing Orders Schedule 3 as set out at the Appendix with effect 1 January 2025.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1.	Putting People First	X	2.	Providing Outstanding Quality	X

Click the objective above to view more detail.		**Click the objective above to view more detail.**	
3.  **Click the objective above to view more detail.**	X	4.  **Click the objective above to view more detail.**	X

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

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. 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	There is no impact on the Duty of Quality

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Management Executive	14 Nov
Independent Members Meeting	7 Nov

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Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

1. Introduction

1.1 The Board may and, where directed by the Welsh Government, must appoint Committees of the LHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees.

1.2 This Schedule sets out the Committees that the Board has determined to be appropriate to Cardiff and Vale University Health Board, their purpose, focus, delegated powers, composition and link to the Strategy.

2. Committees

2.1 The Board determines that the following committees will be appointed and will align with the strategy as set out in the diagram below:

<table>
<tr><td>Strategy</td><td>Putting People First</td><td colspan="3">Providing Outstanding Quality</td><td>Delivering in the Right Places</td><td>Acting for the Future</td></tr>
<tr><td rowspan="2">Committee</td><td rowspan="2">People and Culture</td><td colspan="3">Quality</td><td rowspan="2">Digital and Infrastructure</td><td rowspan="2">Finance and Performance</td></tr>
<tr><td colspan="3">Mental Health Legislation</td></tr>
<tr><td colspan="6">Audit and Assurance | Charitable Funds | Remuneration and Terms of Service</td></tr>
<tr><td>Strategic Portfolio</td><td>Shaping our People and Culture</td><td>Shaping our Population Health and Place based Partnerships</td><td>Shaping our Quality, Value and Sustainability</td><td>Shaping our Future Clinical Services</td><td>Shaping our Future Infrastructure</td><td>Shaping our Future Generations</td></tr>
<tr><td rowspan="2">Strategic Risk Theme</td><td rowspan="2">People</td><td colspan="3">Quality</td><td>Digital</td><td rowspan="2">Sustainability</td></tr>
<tr><td colspan="3">Health Equity</td><td>Infrastructure</td></tr>
</table>

2.2 Specific terms of reference for each Committee can be found at the Schedule's Appendices.

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3. General Terms of Reference

3.0.1 The following sections will apply to every Committee unless specifically stated otherwise in the relevant appendix.

3.1 Members

3.1.1 Each Committee will comprise a minimum 3 Independent Members and an identified Executive Lead.

3.1.2 Each Committee will have an Independent Member Chair and Vice Chair.

3.1.3 The CAVUHB website will maintain and up to date record of the Independent Members and Officer members required at each Committee.

3.1.4 The Board will determine the above attendees.

3.2 Quorum

3.2.1 Quorum for all Committees will be a minimum 2 Independent Members with the exception of Charitable Funds and Remunerations and Terms of Service Committees.

3.2.2 Substitutions of a Committee's identified Independent Members with any other Independent Member is permitted

3.2.3 Any additional information will be set out in the appendices.

3.3 Support to Committee Members

3.3.1 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

a. arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role; and

b. ensure secretariat support to the Committee not limited to the timely provision of agendas, papers, minutes and decisions and actions and the upkeep of a rolling forward plan of work;

c. arrange a programme of meetings between Committee Chairs and Executive Leads and Strategic Portfolio Leads to enable appropriate coordination of Committee time and focus. The forward plan will reflect these discussions;

d. ensure the publication of all agendas and papers 5 clear days before a meeting.

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3.4 Committee Chairs

3.4.1 Committee Chairs shall have the equivalent powers attribute to the Board Chair by Standing Orders within their committees including but not limited to:

a. a determination on any conflicts of interest or motions;

b. casting vote when required;

c. power to take Chair's Actions within the remit of their Committee's powers.

3.4.2 Chairs will determine attendance at the meetings outlined at 3.3.1.c. as they require.

3.4.3 The Head of Internal Audit shall have unrestricted and confidential access to all Committee Chairs.

3.4.4 Chairs of Committees will ultimately be responsible to the Chair of the Board.

3.5 Frequency

3.5.1 The frequency of meetings will be determined by the Chair and published via the website.

3.6 Powers and Authority

3.6.1 Committees may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.6.2 The Committee may investigate or have investigated any activity within its Terms of Reference. It may seek relevant information from any:

a. employee (and all employees are directed to co-operate with any legitimate request made by the Committee); or

b. other Committee, sub-committee or group set up by the Board to assist in the delivery of its functions.

3.6.3 The Committee may obtain outside legal or other independent professional advice and secure the attendance of advisors with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.6.4 The Committee may consider and approve any policy within the remit of the Committee's business.

3.6.5 The Committee will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

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3.6.6 The Committee will review projects and programmes within the Strategic Portfolio(s) assigned to the Committee.

3.6.7 Committees may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

3.6.8 Committees may co-opt additional, non-voting, independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.7 Relationship and Accountabilities with the Board and other Committees/Groups

3.7.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within this schedule, it retains the overall responsibility and accountability on all matters.

3.7.2 Committees are directly accountable to the Board for their performance in exercising the functions set out in this schedule.

3.7.3 Committees, through Chairs and members, shall work closely with each other and with Sub-Committees and Advisory Groups to provide advice and assurance to the Board through the planning and coordination of Board and Committee business and sharing of information.

3.7.4 In doing so, the Committee will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

3.7.5 The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

3.8 Reporting and Assurance Arrangements

3.8.1 The Committee Chair shall:

a. report to each Board meeting on the Committee's key activities via the Chair's report;

b. ensure the public minutes of each meeting of the Committee are presented to each Board meeting;

c. ensure appropriate escalation arrangements are in place to alert the Board of any urgent/critical matters that may affect the operation and/or reputation of the Health Board;

d. provide a written, annual report to the board on its work.

3.8.2 The Director of Corporate Governance shall support a process of self-assessment and development.

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3.9 Standing Orders

3.9.1 Except where expressly stated in this schedule, the requirements for the conduct of business as set out in these Standing Orders are equally applicable to the operation of the Committees.

Appendices

1. Audit Committee
2. Charitable Funds Committee
3. Digital and Infrastructure Committee
4. Finance and Performance Committee
5. Mental Health Legislation Committee
6. Quality Committee
7. People & Culture Committee
8. Remuneration and Terms of Service Committee

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Appendix 1

Audit Committee

1. Purpose

1.1 The purpose of the Audit Committee ("the Committee") is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the UHB's assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

1.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

2. Specific Powers and Authority

2.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

a. the adequacy of the UHB strategic governance and assurance framework and processes for risk management and internal control designed to support the Accountable Officer's statement on internal control, providing reasonable assurance on:

i. the organisation's ability to achieve its objectives;

ii. compliance with relevant regulatory requirements, standards and other directions and requirements set by the Welsh Government and others;

iii. the reliability, integrity, safety and security of the information collected and used by the organisation;

iv. the efficiency, effectiveness and economic use of resources;

v. the extent to which the organisation safeguards and protects all its assets, including its people;

vi. the adequacy of the arrangements for declaring, registering and handling interests at least annually;

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vii. the adequacy of the arrangements for dealing with offers of gifts or hospitality;

viii. the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);

ix. the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;

x. the Schedule of Losses and Compensation;

xi. the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);

xii. the adequacy of Executive and Managements response to issues identified by Audit, Inspection and other assurance activity;

xiii. anti-fraud policies, whistle-blowing processes and arrangements for special investigations;

xiv. any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

2.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by:

a. reviewing the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and nonclinical;

b. reviewing the reliability and integrity of these assurances; and

c. considering and approving policies as determined by the Board.

2.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

a. there is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;

b. there is an effective Counter Fraud Service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

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c. there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality, Safety and Experience Committee;

d. there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees;

e. the work carried out by key sources of external assurance, in particular, but not limited to the UHB External Auditors (Audit Wales), is appropriately planned and coordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;

f. the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;

g. the systems for financial reporting to the Board, including those of budgetary control, are effective;

h. the results of audit and assurance work specific to the UHB, and the implications of the findings of wider audit and assurance activity relevant to the UHB's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

3. Access

3.1 The Audit Manager of External Audit (Audit Wales) shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.2 The Committee will meet with Internal and External Auditors (Audit Wales) and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

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Appendix 2

Charitable Funds Committee

1. Purpose

1.1 Cardiff and Vale University Health Board was appointed as Corporate Trustee (herein after referred to as Charity Trustee) of its charitable funds and the Board serves as its agent in the administration of the charitable funds held by the UHB.

1.2 The purpose of the Charitable Funds Committee (the Committee) is to:

a. provide advice to the Charity Trustee in the discharge of its duties and responsibilities for charitable funds;

b. discharge delegated responsibilities from the Charity Trustee for the control and management of Charitable Funds;

c. provide advice and assurance to the Charity Trustee on the delivery of the Charitable Funds Strategy, including fundraising, budgets, priorities and spending criteria;

d. within the strategy and budget determined by the Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents and the UHB Charitable Funds Governance Framework;

e. ensure that the policies and procedures for charitable funds investments are followed;

f. make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with all relevant legislation including but not limited to:

i. The Trustee Act 2000;

ii. The Charities Act 1993;

iii. The Charities Act 2006;

iv. The Charities Act 2011;

v. The Charities Act 2016;

vi. terms of the Funds' Governing documents;

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g. receive, at least twice a year, reports for ratification from the Executive Director of Finance on investment decisions and action taken through delegated powers upon the advice of the investment adviser;

h. oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial Instructions;

i. monitor the progress of Charitable Appeals where these are in place and considered to be material;

j. monitor and review the Scheme of Delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds;

k. monitor the work of the Charitable Bids Panel.

2. Delegated Powers and Authority

2.1 The Executive Director of Finance has financial responsibility for Charitable Funds as defined in Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:

a. the administration of all existing charitable funds;

b. the identification of any new charity that may be created (of which the UHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;

c. the provision of guidelines with regard to donations, legacies and bequests, fundraising and trading income;

d. the management of investment of funds held on trust;

e. to ensure appropriate banking services are available;

f. the preparation of reports to the Trustee including the Annual Accounts;

2.2 The Committee is responsible for:

a. overseeing the day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the Trustee and the requirements of Standing Financial Instructions;

b. the appointment of an investment manager to advise it on investment matters; the committee may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:

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i. the scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;

ii. there are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;

iii. the performance of the person or persons exercising the delegated power is regularly reviewed;

iv. where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;

v. acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance;

c. ensuring that the banking arrangements for the charitable funds are kept entirely distinct from the UHB NHS funds;

d. ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;

e. the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;

f. the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the UHB for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;

g. obtaining appropriate professional advice to support its investment activities;

h. regularly reviewing investments to see if other opportunities or investment services offer a better return;

i. overseeing the work of the Charitable Funds Bids Panel.

3. Sub Committees

3.1 The Charity Trustee has approved the following sub-committees of the Charitable Funds Committee:

a. Charitable Funds Bids Panel;

b. Staff Benefits Group.

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4. Quorum

5.1 At least three members must be present to ensure the quorum of the Committee. Of these three, two must be Independent Members (one of whom is the Chair or Vice Chair) and one must be the Executive Lead for Charitable Funds.

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Appendix 3

Digital and Infrastructure Committee

1. Purpose

1.1 The Committee is to provide assurance to the Board that:

a. appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.

b. there is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately;

c. effective communication, engagement and training is in place across the UHB for Information Governance;

d. there is appropriate understanding and awareness of the material state of the UHB's estate and infrastructure at Committee and Executive level;

e. the general infrastructure of the UHB is sufficient to meet the strategic objectives and, where this is challenging, that the risk is articulated and the wider impacts on delivery understood.

1.2 The Committee should seek assurance on:

a. the development and delivery of a Digital Strategic Plan ensuring that:

i. it supports the overarching Strategy and IMTP;

ii. there is an implementation programme;

iii. good partnership working is in place;

iv. the benefits of the plan are understood and there is staff understanding and engagement;

b. the UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards-based processing of data and information to meet legislative responsibilities;

c. recommendations made by internal and external reviewers are considered and acted upon on a timely basis;

d. a risk register is in place and that risks are being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology;

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e. statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

f. the development and delivery of an Infrastructure Strategic Plan.

1.3 The Committee should receive, were appropriate:

a. data breach reports on the following areas:

i. serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government and any near misses that may be informative for the Committee;

ii. sensitive information;

iii. national and local auditing such as NIIAS, freedom of information, subject access requests, data quality and IG risk assessments;

iv. incidents – lessons learned from all recorded / reported incidents.

b. periodic reports on development, procurement and implementation of national and local IM&T systems;

c. the Capital and Estates Risk Register and an assessment on the wider impact on service delivery and resource allocation.

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Appendix 4

Finance and Performance Committee

1. Purpose

1.1 The Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and operational performance and delivery.

1.2 It will achieve this through appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings of:

a. financial plans, including delivery of savings, investment and efficiency programmes;

b. monthly and forecast annual financial performance;

c. business cases over £1m;

d. overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation;

e. detailed focus on specific issues where performance is showing deterioration or where there are issues of concern.

1.3 The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial and operational performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

2. Scope and Duties

2.1 With respect to Finance the Committee will:

a. scrutinise the Health Board's position regarding the achievement of statutory duties and financial targets;

b. seek assurance on the financial planning process and consider Financial Plan proposals;

c. monitor, review and scrutinise the robustness of Cost Reduction Programmes and Financial Tracker Systems for Corporate Departments and Clinical Boards;

d. scrutinise the delegated budgets within the budget plan;

e. review and monitor the IMTP/annual financial plan;

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f. review the monthly Financial Report prior to submission to the Board and scrutinise financial performance and cash management against revenue budgets;

g. receive assurances with regard to the progress and impact/pace of implementation of Cost Reduction Programmes/Savings Plans;

h. monitor and review of agreed dis-investments;

i. review the Board's Scheme of Financial Delegation as and when necessary;

j. receive reports arising from financial reviews, including performance and accountability reviews of Corporate Departments and Clinical Boards.

2.2 With respect to Performance the Committee will:

a. seek assurances on the development and implementation of a comprehensive approach to performance delivery, to incorporate all performance requirements set by the Board, WG, regulators and inspectors;

b. scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations considering associated governance arrangements;

c. review the monthly Integrated Performance Report where available prior to submission to the Board;

d. undertake scrutiny ("deep dives") on areas of concern where the Committee considers it appropriate;

e. monitor performance information against the Board's Objectives and associated outcomes;

f. monitor performance information against National Outcome Frameworks and the Ministerial Priorities for the NHS in Wales;

g. monitor performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services, JCC and NHS Wales Shared Services Partnership;

h. monitor the Regional Partnership Board annual plan.

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2.3 With respect to Business Cases and Capital Investment the Committee will:

a. review business cases over £1m and, where appropriate, recommend approval to the Board;

b. scrutinise submissions to be made for revenue or capital funding and the service implications of such changes, including benefits realisation;

c. monitor the Capital Programme;

d. provide assurance to the Board that all Health Board plans consider decarbonisation impact;

e. provide assurance to the Board that major capital investments are aligned with the Shaping Our Future Wellbeing Strategy and to provide oversight to the prioritisation of investments. The Committee will, where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation;

f. consider, and provide assurance to the Board, when engagement and or consultation is appropriate on various capital build schemes or changes to services provided by the Health Board.

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Appendix 5

Mental Health Legislation Committee

1. Purpose

1.1 The Mental Health Legislation and Mental Capacity Act Committee (the Committee) is to seek and provide assurance to the Board or to escalate areas of concerns and advise on actions to be taken in relation to compliance with:

a. Hospital Managers' duties under the Mental Health Act 1983;

b. the provisions set out in the Mental Capacity Act 2005;

c. in the Mental Health Measure (Wales) 2010;

d. the Mental Health Act 1983 Code of Practice for Wales;

e. the Mental Capacity Act 2005 Code of Practice;

f. the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice;

g. the associated Regulations.

2. Mental Health Act

2.1 The Mental Health Act 1983 covers the detention of people deemed a risk to themselves or others. It sets out the legal framework to allow the care and treatment of mentally disordered persons. It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.

2.2 The MHA introduced the concept of "Hospital Managers" which for hospitals managed by a Local Health Board are the Board Members. The term "Hospital Managers" does not occur in any other legislation.

2.3 Hospital Managers have a central role in operating the provisions of the MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to a Community Treatment Order (CTO), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to CTO - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.

Saunders Natalie
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2.4 Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is dealt with in line with associated legislation.

2.5 With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the UHB Scheme of Delegation.

3. Mental Health Measure

3.1 The Mental Health (Wales) Measure is concerned with:

a. providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;

b. making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;

c. extending mental health advocacy provision.

4. Mental Capacity Act

4.1 The MCA covers three main areas:

a. the process to be followed where there is doubt about a person's decision making abilities and decisions may need to be made for them (e.g. about treatment and care);

b. how people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions;

c. the legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS).

4.2 Thus the scope of MCA extends beyond those patients who have a mental disorder.

5. Scope and Duties

5.1 The Committee will:

a. ensure that those acting on behalf of the Board in relation to the provisions of Mental Health Act and Capacity legislation, have the relevant skills, competencies and knowledge to discharge the Board's responsibilities;

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b. identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;

c. consider and approve relevant policies and control documents in support of the operation of Mental Health and Capacity legislation;

d. monitor the use of the legislation and consider local trends and benchmarks;

e. consider matters arising from the Hospital Managers' Power of Discharge sub-committee;

f. ensure that all other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;

g. consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review Service relating to legislation issues and get assurance that actions identified have been responded to appropriately in particular, issues relating to Mental Health Act 1983;

h. consider any other information, reports related to the legislation that the Committee deems appropriate.

5.2 The Quality Committee will advise the Mental Health Legislation Committee of any complaints in relation to the Mental Health Act and Capacity legislation received from within reports from Public Services Ombudsman for Wales.

6. Sub Committees

6.1 In accordance with Regulation 12 of the Local Health Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003, the Board has appointed the Power of Discharge Sub-Committee.

6.2 Three or more members drawn from the Sub-Committee will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to CTO.

6.3 The Mental Health Legislation and Governance Group is also a sub Committee. The purpose of this group is to monitor use of the MHA and deal with operational issues. Therefore allowing the MHACLC to focus on policy.

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Appendix 6

Quality Committee

1. Purpose

1.1 The Quality Committee will provide:

a. evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to quality, safety and experience of health services;

b. assurance to the Board on the setting of local organisational Quality and Safety standards and supporting an organisational safety culture;

c. evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality, safety and experience of public health, including health improvement, healthcare public health and health protection activities;

d. assurance to the Board in relation to the UHB arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales;

e. assurance to the Board in relation to improving the experience of patients, carers citizens and all those that come into contact with our services including those provided by other organisations or in a partnership arrangement.4

2. Scope and Duties

2.1 The Committee will, in respect of its provision of advice to the Board:

a. oversee the initial development of the UHB plans for the development and delivery of high quality, equitable and safe healthcare and health improvement services consistent with the Board's overall Strategy and any requirements and standards set for NHS bodies in Wales;

b. consider the implications for quality, safety and experience arising from the development of the UHB Strategy, Integrated Medium Term Plan or plans of its stakeholders and partners, including those arising from any Joint Committees of the Board;

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c. consider the implications for population, patient and citizen experience arising from internal and external review/investigation reports and actions arising from the work of external regulators;

d. consider the outcomes for patient feedback methodologies in line with the National Clinical Services Framework: A Learning Health and Care System;

e. review achievement against the Health and Care Standards in Wales to inform the Annual Quality and Annual Governance Statements;

f. consider and approve policies as determined by the Board;

g. review and monitor the implementation of the Health Board's Quality, Safety and Experience Framework and oversee the necessary developments to deliver the eight key areas:

i. organisational safety culture;
ii. leadership and the prioritisation of quality, safety and experience;
iii. patient experience and involvement in quality, safety and experience;
iv. patient safety learning and communication;
v. staff engagement and involvement in safety, quality and experience;
vi. patient safety, quality and experience data and insight;
vii. professionalism of patient safety, quality and experience;
viii. quality governance arrangements;

h. ensure that the Health Boards Framework aligns to the Welsh Government Quality and Safety Framework 2021: Learning and Improving and that the organisation functions as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient centred, timely, efficient and equitable;

i. review and monitor the implementation of an Equity, Equality, Experience and Patient Safety Framework throughout the Health Board.

2.2 The Committee will, in respect of its assurance role, seek assurances that quality governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and improvement services across the whole of the UHB activities and responsibilities.

2.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality, safety and patient and citizen experience:

a. there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;

b. the organisation, at all levels has a citizen centred approach, putting citizens, patients and carers, patient safety and safeguarding above all other considerations;

c. the care planned or provided across the breadth of the organisation's functions is consistently applied, based on public health principles, sound evidence, clinical effectiveness and meets agreed standards;

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d. the organisation, at all levels has the right systems and processes in place to deliver, from a patient, carer and citizen perspective - efficient, effective, timely and safe services;

e. the organisation has effective systems and processes to meet the Health and Care Standards;

f. the workforce is appropriately selected, trained, supported and responsive to ensure safe, quality and patient centred services ensuring that regulatory arrangements, professional standards and registration/revalidation requirements are maintained;

g. there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;

h. there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;

i. risks are actively identified and robustly managed at all levels of the organisation;

j. decisions are based upon valid, accurate, complete and timely data and information including accurate and timely clinical coding;

k. there is continuous improvement in the standard of quality, equity and safety across the whole organisation – continuously monitored through the Health and Care Standards in Wales;

l. all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, equity and safety of care provided, and in particular that:

    i. sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
    ii. recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
    iii. appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims, known collectively as ‘concerns;’
    iv. data quality around the Equality Act and Socio-economic Duty is improved and used routinely in the organisation to drive improvement.

2.4 The Committee will advise the Board on the adoption of a set of key indicators of safety, quality and patient and citizen experience against which the UHB performance will be regularly assessed and reported on through the Annual Quality Statement (if required).

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3. Sub Committees and Groups

3.1 Within the Quality, Safety and Experience Framework the Board has approved the following Sub-Committees shall report into the Quality, Safety and Experience Committee:

a. 7 Clinical Board Quality and Safety Sub-Committees;

b. Clinical Effectiveness Committee;

c. Clinical Safety Group;

d. Learning Committee;

e. Concerns Group;

f. Operational Groups (by exception).

3.2 These Committees will report on a rolling programme as set out in the Forward Plan of the Committee and after each of their respective meetings.

3.3 Other Quality, Safety and Experience Committee related Groups will also report into the Committee, once established, and as and when required.

3.4 The Committee has authority to establish short life task and finish groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

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Appendix 7

People and Culture Committee

1. Purpose

1.1 The role and purpose of the People and Culture Committee is to:

a. advise and assure the Board on:

i. the development, monitoring and delivery of the organisation's People and Culture Plan in the context of the national strategic workforce plan;
ii. the Health Board's values and behaviours and that they are fully applied and adopted;
iii. whether there is effective leadership development at all levels;
iv. staff wellbeing;
v. the delivery of the desired culture throughout the Health Board to deliver safe and continuously improving healthcare.

b. provide assurance to the Board in relation to the direction and delivery of the milestones and key performance indicators identified within the People and Culture Plan;

c. perform certain, specific functions delegated to the Committee on behalf of the Board in line with the Health Boards Standing Orders, Standing Financial Instructions and its Scheme of Delegation.

2. Scope and Duties

2.1 The Committee will, in respect of its provision of advice and assurance to the Board, be responsible for the following areas.

2.2 Culture and Values:

a. seek assurance that the Health Board has a credible process for assessing, measuring and reporting on the culture of the organisation on a consistent basis over time;

b. scrutinise the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications;

c. seek assurance on the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence;

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d. seek assurance that there is positive progress on equality and diversity within the Health Board, including shaping and setting direction, monitoring progress and promoting understanding inside and outside of the Health Board and

compliance with legislative requirements applicable to equality and diversity and with the relevant aspects of the Health Board's Equity, Equality, Experience and Patient Safety Framework;

e. seek assurance regarding the Health Board's approach to promoting staff engagement and partnership working and that staff engagement and communication plans are in place and are being delivered effectively;

f. seek assurance that the organisation has a working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed. Seek assurance that any organisational learning from trends in concerns or incidents are acted upon;

g. seek assurance that collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators are effective and contribute to the delivering the Health Board's strategy.

2.3 Organisational Development and Capacity:

a. ensure the workforce systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:

i. strategic approach to growing the capacity of the workforce;
ii. analysis and use of sound workforce, employment and demographic intelligence;
iii. the planning of current and future workforce capacity;
iv. effective recruitment and retention;
v. new models of care and roles;
vi. agile working;
vii. continuous development of personal and professional skills;
viii. talent management;

b. seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;

c. seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

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2.4 Performance and Assurance:

a. scrutinise workforce and organisational development performance issues and key performance indicators linked to:

i. the NHS Planning Framework;

ii. Ministerial Priorities;
iii. the IMTP/Annual Plan;

b. seek assurances that workforce governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legally compliant and safe workforce practices, processes and procedures;

c. scrutinise risks on the Corporate Risk Register and Board Assurance Framework that fall within the remit of the Committee, including Health and Safety and working environment risks and provide assurance to the Board that controls and assurances are operating effectively;

d. monitor and scrutinise relevant internal and external audit reports and management responses to recommendations;

e. consider and ratify relevant Workforce and Organisational Development policies, procedures and initiatives prior to implementation across the Health Board with the support of the Employment Policy Sub-Group and Local Partnership Forum including the adoption of all-Wales policies;

f. refer people and culture matters which impact on other Board sub-committees to them. Specifically, referring quality and safety concerns to the Quality, Safety & Experience Committee, and vice versa including people and culture related findings and actions from inspections, audits and other forms of scrutiny.

2.5 Statutory Compliance:

a. ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

i. Health and Safety Legislation (via the Health and Safety sub-committee);
ii. Equality and Diversity Legislation;
iii. Welsh Language Standards;
iv. Wellbeing of Future Generations Act (where relevant to the Committee);
v. Socio-economic Duty;
vi. consultation on organisational change;
vii. mandatory and statutory training.

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Appendix 8

Remuneration and Terms of Service Committee

1. Purpose

1.1 The Remuneration and Terms of Service Committee "the Committee" is to provide:

a. advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;

b. assurance to the Board in relation to the UHB arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales

and to perform certain, specific functions on behalf of the Board.

1.2 The Committee shall have no powers to develop or modify existing pay schemes.

2. Delegated Authority

2.1 The Board has delegated the following specific powers to the Committee:

a. to consider and approve Voluntary Early Release scheme applications, redundancy payments and severance payments;

b. to approve any exceptions to the Relocation Expenses Policy;

c. to approve the appointment of Officer Members to the Board;

c. to approve the engagement of any Board members via an agency or as a contractor;

in line with Standing Orders and extant Welsh Government guidance.

2.2 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

a. remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;

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b. objectives for the Chief Executive and Executive Directors and their performance assessment;

c. proposals to make additional payments to medical consultants;

d. proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

3. **Membership**

3.1 The committee will consist of the Chair and Vice Chair of the Board, the Chairs of each of the Committees and the Chief Executive (except where any conflict of interest is applicable).

4. Quorum

4.1 At least 3 Independent Members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

Saunders,Nathan
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Report Title:	Mortuary Refurbishment Project Update			Agenda Item no.	8.1
Meeting:	UHB Board	Public	√	Meeting Date:	28 November 2024
		Private			
Status *(please tick one only):*	Assurance		Approval		Information √
Lead Executive:	**EXECUTIVE DIRECTOR OF FINANCE**				
Report Author (Title):	**DIRECTOR OF CAPITAL, ESTATES AND FACILITIES**				

Main Report
Background and current situation:

The purpose of the paper is to provide an update to the Board on the current cost pressures and time delays associated with the delivery of the Mortuary Refurbishment Scheme at UHW and confirm that additional funding has been received to support the anticipated overspend.

In November 2023, following Welsh Government scrutiny of the Business Justification Case, the UHB received an award of funding of up to £3,385,000 over two financial years, with delivery in 2024-25.

Capital Management Group, at their meeting held 20th May 2024, considered and approved a request for additional funding of £330,000 from the discretionary capital programme. The Director of Capital Estates and Facilities continued liaising with WG on the opportunity to transfer funding from another scheme to support the funding shortfall. The report presented to the group described the unforeseen works and design changes due to the assumptions that had been made in relation to the structure and services being identified within the area during the course of construction and to extend the hire period for the temporary body store areas at the Rookwood site and UHW site.

The design team had not been given access to the mortuary areas to allow for intrusive surveys to assess the structural walls, above the ceilings, as the ceilings were solid in construction, or the construction of the floor areas etc, due to the fact that the area was a licensed operational mortuary facility. Therefore, no physical intrusive site surveys were completed. The assumptions and the “risk” levels of potential unknowns were costed in the form of contingencies and provisional sums.

The report stated that the additional request for costs was based upon information known at the time of the report and no additional contingency for further issues had been included.

Unfortunately, since the last request the project has encountered additional issues, with an anticipated additional cost pressure of £595k and potential 12-week delay to the programme; the issues are:

Existing Services

The position of the existing services has led to a re-design of the proposed locations of the new services being installed. The addition of a new heat exchange unit has had to be considered to reduce the amount of ductwork running through an already restricted area, and reduce the fire compartmentalisation issues.

Fire Proofing

As a result of the level of services running within the area, the number of existing penetrations through fire walls, and the difficulty there is in installing new services in accordance with WHTM-05-20 Fire code, within the restricted void areas, a new fire strategy has had to be developed for the mortuary area. The new fire strategy has been agreed in consultation with the UHB Fire Advisor, NWSSP Shared Services Fire Advisor and the UHB Building Control officer, supporting the mortuary refurbishment. The new proposal satisfies all of the above individuals and will be compliant to Building Regulations Approved Document B

This agreement of the new strategy has meant a redesign of the fire proofing and delays in surveying and agreeing a way forward.

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Drainage

The drainage supporting the new post mortem tables was to run through and under the existing floor slab. The floor slab was estimated to be circa 150mm thick which could easily be core drilled and cut to allow the installation of the new drainage system from the outlet point under each of the tables to the nearest existing man hole. On commencement of the drainage works it became apparent that the concrete slab was, in fact, circa 500mm thick with reinforced bars at the top and lower level of the slab. There was a further 250mm layer of bitumen underneath the slab with what is anticipated a further concrete slab beneath this. The cutting of the slab had to be completed using specialist cutting equipment. The drainage required a complete redesign with drainage routes being changed to reduce drainage runs where possible and falls of the drainage to ensure they stayed within the slab construction. The cutting of the slab to accommodate the installation has taken a considerable amount of time and labour to complete.

Due to the construction of the slab the drainage had to avoid where possible clashes with the reinforcement bars, which led to further design changes. The Structural Engineers have also specified that upon re-instatement of the slab, new reinforcement bars should be added in the drainage trenches and tied into the existing structure.

Design Changes

The implications of the aforementioned challenges have resulted in a number of design changes on the scheme to that originally tendered. This has led to delays, due to the limited time the design team has had to fully assess the implications of the changes, update and issue the relevant information.

The impact of the mitigating works and necessary design changes, have led to an overall delay of the project of circa 19 weeks. As a result of the changes and additional works, the contractor has issued a revised programme, indicating a completion date of 19th March 2025. At the time of preparing this paper the Project Manager had not approved the programme submitted.

The current cash flow projection is showing that the contingency, a large proportion of the provisional sums and the additional funding approved in May 2024 has been absorbed. Not all costs have been incurred, many of the costs have been risk assessed as to their potential outcome with further detail awaited.

The overall estimated cost of the above has resulted in an estimated short fall of circa £594,000 (inclusive of VAT), of the risk allowances made within the contract and the contingency sum allowance. The figure makes allowance for a further contingency sum, of £140,000 to allow for any additional changes.

The figures in this report are based on known items at the time of writing the report, 6 September 2024.

The project has already completed a value engineering exercise to see if future expenditure can be removed. However, the service needs to remain compliant with the HTA requirements and little opportunities appear to exist within the remaining scope.

In addition to the above, the failure of the project to complete within the revised project timescales will put additional pressure on the Mortuary services who will need to extend their additional storage capacity requirements further into the winter months and therefore increased winter pressures. A cost allowance of £110k was included in the additional funding approved in May 2024, but it is estimated that a further £65k will be required, which has been included in the £594k

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

Saunders Nathan
07/11/2024 13:17:11

- CMG previously approved additional funding of £330k in May 2024 and a further £594k in September 2024
- The anticipated revised additional overspend for the project is £924,024.62 including VAT. This is 33% above the original approved budget of £3.385m

- The increased costs are associated with the inability to undertake comprehensive intrusive surveys of the area of refurbishment to inform the design. However, it should be noted that it would have been unlikely that a core sample of the slab would have been undertaken to determine the depth of concrete and substructure design.

- The UHB has received written confirmation from Welsh Government on the 23rd October 2024 that the Cabinet Secretary has approved the additional £930k to support the Mortuary Refurbishment scheme funding shortfall which releases the funding back into the discretionary capital budget.

Recommendation:

The Board are requested to;

- **NOTE:** The anticipated construction completion is currently reported at 28th February 2025, which is circa 19 weeks behind the original programme.

- **NOTE:** the additional £924k of funding which is required to address the unforeseen issues identified throughout the scheme, recognising the significant difficulties the original construction detail has impacted on the buildability of the scheme

- **NOTE:** The additional funding has been provided by Welsh Government as confirmed in their correspondence dated 23rd October 2024.

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

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

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

Prevention	√	Long term	√	Integration		Collaboration		Involvement	

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~~

The scheme has an anticipated overspend of £924k, however, this has been offset by the approval of 2024/25 Year-End Funding from Welsh Government.

Workforce: ~~Yes~~/No

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Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Capital Management Group	16/09/2024
Senior Leadership Board	07/11/2024
Finance & Performance Committee	20/11/2024
Board	28/11/2024

Saunders,Nathan
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Report Title:	**Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board**				Agenda Item no.	8.2	
Meeting:	Public Board	Public	X		Meeting Date:	28th November 2024	
		Private					
Status *(please tick one only):*	Assurance		Approval	X	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. The 2016 Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively.

Section 25A of the Act relates to the Health Boards overarching responsibility, requiring Health Boards to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisation. The process of determining the nurse staffing levels on 25B wards across Cardiff and Vale UHB is well established. In addition, the Executive Nurse Director requests clinical areas outside of 25B to undertake a review of their staffing levels in line with this timetable to provide assurance of compliance with section 25A.

Section 25 B&C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels. The methodology and processes used across the Health Board is described within the body of the report.

Section 25E refers to the reporting requirement of the 2016 Act. It is a requirement that the Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards. This is contained within this report: Annual Presentation of Nurse Staffing Levels to Board for the reporting period 1st October 2023 to 30th September 2024.

This report includes details of the previously agreed nurse staffing establishments, as well as the proposed future establishment. A summary of the establishment review meetings is provided, highlighting the key changes discussed.

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

During the reporting period **1st October 2023- 30th September 2024** Cardiff and Vale UHB continues to face ongoing challenges in maintaining nurse staffing levels due to increasing demand and ongoing workforce challenges. However, substantial progress has been made in enabling real-time operational decisions regarding nurse staffing through the use of SafeCare. This system has facilitated a significant advancement in monitoring and reviewing of nurse staffing levels via dashboards, supporting more informed decisions on efficient rostering. Well-established processes are in place for the bi-annual calculations required to meet the reporting obligations of the 2016 Act. Additionally, across the organisation, there are robust procedures for regularly reviewing changes in patient acuity and adjusting nurse staffing levels accordingly through, out-of-cycle reviews.

Issues Cathan 25/11/24 13:17:11

Highlights of the report includes:

- Significant re-structuring and change has occurred across the health board and has resulted in changes to the nurse staffing levels in some areas and those areas to be reported as 25B wards.
- All 25B wards have had their staffing establishments reviewed, incorporating a 26.9% uplift and a supernumerary Ward Sister/Charge Nurse. Several areas have been identified where an increase in the nursing establishment is required. A business case outlining the need for this increase will need to be prepared and submitted to the Investment Group, in accordance with the organisation's financial processes.
- Efforts of nursing teams to reduce the use of temporary staffing whilst ensuring safe effective care is delivered to patients is an ongoing challenge and a number of metrics are being closely monitored. Continued recruitment and retention strategies of both registered and unregistered staff are in place and overseen by a Director of Nursing.
- Significant work has been undertaken in the Mental Health Clinical Board to review the nursing establishment. There are ongoing challenges to align the mental health establishment with the allocated financial envelope and requires further discussions to achieve this outcome.

Recommendation:

The Board is requested to:

a) Receive and **note** the report and understand the proposed establishments of the Mental Health Nursing workforce.
b) Receive and **note** the Annual Presentation of the Nurse Staffing Levels to board as per the requirements of the Nurse Staffing Levels (Wales) Act 2016.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:

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

Risk: No

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Safety: Yes

Yes-triangulated methodology used to determine nurse staffing levels, quality indicators are reviewed as part of this process. Further details can be found within the report.

Financial: Yes

Potential impact; details included in the report regarding the proposed business case which will follow the organizational financial governance process.
Workforce: Yes
Details included within the report.
Legal: Yes
The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) became law in March 2016. This report forms part of the reporting requirements under the 2016 Act.
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

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Annual Presentation of Nurse Staffing Levels to the Board	
Health Board	**Cardiff and Vale UHB**
Date of annual presentation of Nurse Staffing Levels to Board	28th November 2024
Period Covered	**1st October 2023 to 30th September 2024**
Number and identity of section 25B wards during the reporting period. • **Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards)** • **Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards)** • **<u>Paediatric</u> inpatient wards**	Section 25B of The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) places a duty for LHBs and Trusts in Wales to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of these levels. Currently, this section applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards. The statutory guidance outlines specific areas that are excluded from the definition of wards under Section 25B, such as assessment units, intensive care units, and rehabilitation units. Consequently, these excluded areas are not included in Appendix 1 of this report. In Cardiff and Vale University Health Board (UHB), however, the designated person; the Executive Director of Nursing conducts a biannual review of nurse staffing levels across all areas. This review employs the same methodology used for the wards covered by Section 25B of the 2016 Act, ensuring a comprehensive approach to reviewing nurse staffing levels throughout the organisation. Significant reorganisation of services continues across Cardiff and Vale UHB. Therefore, caution is advised when interpreting and comparing historical data on total nursing staffing establishments. Further details regarding the establishment review meetings are recorded below. **<u>Summary of Establishment Reviews</u>** **Specialist Clinical Board:** Cardiothoracic services has relocated back to the University Hospital Wales (UHW) from the University Hospital Llandough (UHL). Previously located on West 6, the ward is now located in C5, with Cardiac Intensive Care Unit also relocating to UHW. Ward C5 has seen an increase in bed numbers to 35 and the establishment is reflective of this change. Extensive reviews of the nursing establishments across the Specialist Clinical Board have led to minor re-calculations of the nurse staffing levels. As a result, there has been minor amendments to the nurse staffing levels recorded and further details are documented in Appendix 1.

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	Surgery Clinical Board: Within Appendix 1, details are recorded regarding changes to the nursing establishment. In some areas there was a reduction in establishment and this is due to changes to the services required for example: • A reduction in the nurse staffing establishment has been agreed in CAVOC (Cardiff and Vale Orthopaedic Centre). This is in part due to the opening of an enhanced recovery unit, which will provide enhanced levels of care for patients requiring more complex surgery on certain days required during the week. • A new unit, the Surgical Hub at Llandough has opened, this will provide a mixture of day surgery and single overnight stays. This area will receive a high volume of patients similar to the models of care provided on the Short Stay Surgical Unit. Both the Enhanced Recovery Unit and the Surgical Hub will not be considered as 25B wards and hence not included within the nursing establishment calculations below. The development of these units have provided opportunities to remodel the services and review the nursing establishments across the Surgical Clinical Board. **Women's and Children Clinical Board:** There is a proposal to increase the establishment on ward C1. The Early Pregnancy Unit is based on this ward and the ward specialises in gynaecology. More recently the ward has an emergency stream and receives direct admissions. The establishment for this ward has not been agreed, a business case is being developed by the clinical board and a further review to the establishment is required. There were no proposed changes to the 2 inpatient paediatric wards during this review. **Medicine Clinical Board:** During the Spring 2024 establishment reviews, the current nursing establishment for Stroke Rehabilitation Centre was not agreed by the Ward Sister and Lead Nurse. Work has been undertaken by the Medicine Clinical Board in conjunction with the Ward Sister and Lead Nurse to review the required establishment using the established triangulation methodology. Following this an increase in the establishment was professionally agreed in August 2024 and again during this Autumn cycle. This increase is currently outside of the funded establishment and a business case is being prepared inline with the organisational financial governance process. In May 2024, an increase in the establishment for B2 Link was approved to accommodate four additional beds. This increase, which will remain in place, necessitates additional funding, which will be included in the forthcoming business case.

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	Three community wards, classified as 25A areas under the 2016 Act, did not receive professional approval from the Ward Sister/Charge Nurse. The ward team requested an increase in nursing staff, but this was not supported by the professional judgment of the Senior Nurse or the Director of Nursing at the time. During the establishment meeting, it was emphasised that a further review of staffing levels, using a triangulated approach, was necessary. The Clinical Board expressed its commitment to collaborating with the ward teams to conduct this review. East 4 Winter Ward: Additional capacity linked to seasonal demand was previously located on C5 and was closed in May 2024. There are plans in place for a future winter ward, adopting a similar model of care to IACU (Integrated Assessment Care Unit). IACU A and B; a 70 bedded unit is not considered a 25B ward due to the rehabilitation model of care delivered. The East 4 Winter Ward will be considered a 25A area due to the service requirements. An establishment template has been completed by the clinical board and professionally agreed by the Executive Director of Nursing. This ward does not form part of the calculations for 25B wards below however has been included in the Appendix 1 for reference. **Mental Health:** Mental health services do not fall under Section 25B of the 2016 Act and remain classified as a 25A area. Previous board reports have acknowledged the challenges in aligning mental health services with the allocated financial envelope, which has been addressed through staff redeployment and underspends due to vacancies in other areas of the Mental Health Clinical Board. Concerns regarding nurse staffing levels have been highlighted in several reports from Health Inspectorate Wales and the Royal College of Psychiatrists. In response, the Director of Nursing for Mental Health has undertaken a comprehensive review of staffing establishments, analysing previously funded rosters, current rosters (which include the use of temporary staffing), and proposed future rosters that will require additional staffing increases. The Executive Director of Nursing has collaborated with the Senior Nursing Leadership team in Mental Health to assess these establishments and there was professional agreement that those rosters would robustly provide care to patients and meet service user's needs. As this is a significant change to the proposed nursing establishments within Mental Health Clinical Board it was agreed that the organisations governance procedures would be followed. This would require a robust workforce plan to be developed alongside a business case including benefits realisation. This business case would show how the Mental Health Clinical Board proposed to implement the revised roster whilst utilising the opportunities of new roles and the wider workforce availability. The business case was expected to be multi-year and show how this model would be sustainably delivered which would require prioritisation and phased implementation to be

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	shown. The transition of reliance of temporary staff into permanent at no additional cost was supported subject to a proposal being shared with and approved by Board. **Primary Care and Community:** The nursing establishments across Primary Care and Community has been reviewed during the biannual establishment reviews. An additional nurse has been incorporated into the establishments. This decision stems from professional recommendations by the clinical board, which highlighted increasing service demands and raised concerns regarding quality and safety. To manage costs, this addition will be funded non-recurrently through existing vacancies and budgets, pending the approval of the Community Nursing Business Case, which has been deferred for consideration into a broader business case. Financial sign-off has been granted with an understanding of the potential repercussions on secondary care if the additional nurse is not integrated. Should the business case ultimately not be approved, it will be necessary to revisit the staffing model to better align demand, capacity, and establishments to mitigate costs.					
	Adult acute <u>medical</u> inpatient wards		**Adult acute <u>surgical</u> inpatient wards**		**Paediatric inpatient wards**	
	22		18		2	
Required establishment (WTE) calculated (May 2023)	**RN**	**HCSW**	**RN**	**HCSW**	**RN**	**HCSW**
	474.18	386.1	453.76	386.1	106.21	25.02
WTE of required establishment funded (May 2023)	474.18	386.1	453.76	386.1	106.21	25.02
	NB this was reported by clinical boards in May 2023 board paper and significant reorganisation of wards have occurred. Ward Sister/ Charge Nurses included within these figures as required by the template in May 23.					
Staffing requirements following Spring Cycle (October 2023)	**Adult acute <u>medical</u> inpatient wards**		**Adult acute <u>surgical</u> inpatient wards**		**Paediatric inpatient wards**	
	20		18		2	
Required establishment (WTE) calculated (October 2023)	**RN**	**HCSW**	**RN**	**HCSW**	**RN**	**HCSW**
	397.67	362.24	431.42	281.28	106.25	25.02

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WTE of required establishment funded (October 2023)	397.76	362.24	431.42	281.28	106.25	25.02
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	20		18		2	
	NB the above figures are taken from the Nov 2023 board report as wards in 25B at time of writing.					
Staffing requirements at end of reporting period (May 2024)	**Adult acute medical inpatient wards**		**Adult acute surgical inpatient wards**		**Paediatric inpatient wards**	
	21		**18**		2	
Required establishment (WTE) calculated (May 2024)	**RN**	**HCSW**	**RN**	**HCSW**	**RN**	**HCSW**
	398.23	360.14	433.86	282.3	106.24	25.02
WTE of required establishment funded (May 2024)	398.23	360.14	433.86	282.3	106.24	25.02
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	21		18		2	
	NB the above figures are taken from the May 2024 board report as wards in 25B at time of writing.					
Staffing requirements at end of reporting period (October 2024)	**Adult acute medical inpatient wards**		**Adult acute surgical inpatient wards**		**Paediatric inpatient wards**	
	19		**18**		**2**	
Required establishment (WTE) calculated (October 2024)	**RN**	**HCSW**	**RN**	**HCSW**	**RN**	**HCSW**
	376.78	352.86	435.51	273.93	106.24	25.02
WTE of required establishment funded (October 2024)	374.48	344.51	435.51	273.93	106.24	25.02
	As detailed above, a forthcoming business case will be submitted.		Fully Funded		Fully Funded	
WTE Supernumerary band 7 sister/charge nurse at end of	19		18		2	

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reporting period (funded but excluded from planned roster)			
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards	The process for calculating the nurse staffing levels at Cardiff and Vale UHB is well established. Utilising the prescribed method outlined in Section 25C of the 2016 Act, a triangulated approach is employed, captured on the All-Wales recording template. These templates are agreed upon and signed off through the nursing hierarchy, from Ward Sister to Executive Nurse Director. Nurse staffing levels are determined using the following key components: **Professional Judgement:** The Ward Sister/Charge Nurse, along with Lead and Senior Nurses and the Clinical Board Nurse Director, leverage their expertise in the clinical area to inform staffing levels. They consider compliance data related to mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy, and student feedback. This information is presented to the Executive Nurse Director during the bi-annual establishment reviews, facilitating further discussion. **Patient Acuity:** In Cardiff and Vale UHB, patients on wards where section 25B pertains and many other inpatient areas under 25A of the 2016 Act are assigned an acuity score twice every 24 hours using the Welsh Levels of Care acuity tool. The digital platform SafeCare enables live operational decisions regarding nurse staffing and patient acuity. A Power BI dashboard provides monthly updates, allowing for close monitoring of trends and timely responses. SafeCare is utilised in all 25B areas, as well as in additional units such as assessment and critical care, enhancing operational decision-making across the organisation. **Quality Indicators:** During the establishment review process and bi-annual calculations, the Ward Sister/Charge Nurse considers factors impacting patient well-being sensitive to the care provided by nursing staff. Quality indicators include: • **Acute Medical/Surgical Inpatient Wards:** Patient falls, pressure ulcers, and medication errors. • **Paediatric Inpatient Wards:** Pressure ulcers, medication errors, and infiltration/extravasation injuries. Complaints regarding care provided by nursing staff are considered. Before triangulating data, an uplift of 26.9% adjustment is made to account for staff absences on the ward. Ward Sisters and Charge Nurses are considered supernumerary in the planned roster and the approved staffing levels.		

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	However, due to current workforce challenges and last-minute staff unavailability, they are required to work as part of the roster to mitigate risks. These instances occur after other options have been exhausted. Redeployment of Ward Sisters and Charge Nurses is not factored into the roster planning, but monitoring systems are in place to track these situations. Furthermore, in accordance with the All-Wales Standard Operating Procedure for SafeCare, a Red Flag can be raised if a Ward Sister or Charge Nurse is not supernumerary to the planned roster.
Finance and workforce implications	During the biannual review, the Executive Director of Nursing, Executive Director of Finance, Executive Director of People and Culture, and Chief Operating Officer (or their delegates) met with each clinical board to discuss staffing needs using a triangulated approach. This process ensures that the approved staffing establishments are appropriately funded. As outlined in the summary of the establishment reviews, several areas require additional financial support. A comprehensive business case detailing the nurse staffing requirements will be prepared and submitted to the Investment Group, following the organisation's financial governance procedures. **<u>Temporary Staffing</u>** The ongoing financial pressures faced by the Health Board have been well documented, particularly the significant reliance on temporary staffing to address challenges stemming from the pandemic and subsequent workforce constraints. Considerable efforts have been made to reduce this dependency. Notably, agency staff are no longer utilised for Health Care Support Workers, and steps are being taken to minimise agency use for registered nurses as of August 2023. A scheme of delegation has been implemented, requiring authorisation from a Director of Nursing for all agency shifts, with some weekend shifts necessitating approval from the Executive Director of Nursing or their delegate. Additionally, short-notice agency requests must be approved by the Executive on-call. **<u>Workforce Planning</u>** To fulfil statutory obligations under Section 25A of the 2016 Act, particularly in relation to workforce planning, multiple initiatives are currently underway. The Director of Nursing for Strategic Workforce Planning is overseeing efforts related to recruitment, student streamlining, and retention. Recently, the Nurse Internal Movement Scheme was relaunched, allowing Band 2 and Band 5 nursing staff to transfer to vacancies in different areas of the Health

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	Board. This initiative not only enhances workforce flexibility but also supports staff career development while addressing staffing needs across the organisation. The corporate nursing team has held multiple 'Nursing Workforce Efficiency' sessions for Ward Sisters, Charge Nurses, and Senior and Lead Nurses across the organisation. These sessions focused on optimising the use of the 26.9% allocated headroom. To support this, an unavailability dashboard was built, enabling nursing staff to closely monitor sickness, annual leave, and study leave throughout the year. As an outcome of these sessions, a *Rostering Principles and Good Practice* guide has been developed. Ongoing monitoring will be necessary to assess the impact of these sessions.
Conclusion & Recommendations	
	Cardiff and Vale UHB continues to experience significant challenges in maintaining nurse staffing levels. There are well-established processes for the bi- annual calculations to ensure the reporting requirements of the 2016 Act are met. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. **Highlights of the report includes:** • Significant re-structuring and change has occurred across the health board and has resulted in changes to the nurse staffing levels in some areas and those areas to be reported as 25B wards. • All 25B wards have had their establishments reviewed and include a 26.9% uplift and supernumerary Ward Sister/ Charge Nurse. There are a number of areas that require an increase in their nursing establishment. A business case needs to be prepared, detailing this increase and needs to be submitted to the Investment Group, following the organisations financial processes. • Efforts of nursing teams to reduce the use of temporary staffing whilst ensuring safe effective care is delivered to patients is an ongoing challenge and a number of metrics are being closely monitored. Continued recruitment and retention strategies of both registered and unregistered staff is in place and overseen by a Director of Nursing. **The Board is asked to:** • Receive the report and understand the proposed establishments of the Mental Health Nursing workforce.

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	• Receive the Annual Presentation of the Nurse Staffing Levels to board as per the requirements of the Nurse Staffing Levels (Wales) Act 2016.

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Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	Cardiff and Vale UHB
Period of the report	1st October 2023- 30th September 2024
Adult Acute Surgical Inpatient Wards	18

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

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.

Adult Acute Surgical Inpatient Wards

Site	Name of Ward	Reported to the Board in November 2024						Calculated during spring 2024 cycle							Calculated during autumn 2024 cycle								Biannual calculation cycle reviews, and any changes made & rationale during the spring 2024 & autumn 2024 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2023)		Required Establishment as stated within the annual presentation to the Board report (in November 2023) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2024 cycle		Required Establishment as calculated by the designated persons during the spring 2024 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2024 cycle		Required Establishment as calculated by the designated persons during the autumn 2024 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
			RN (band 5	HCSW (bands	TOTAL WTE RN	TOTAL WTE			RN (band 5	HCSW (bands	TOTAL WTE RN	TOTAL WTE				RN (band 5	HCSW (bands	TOTAL WTE RN	TOTAL WTE									
UHL> UHW	West 6-> Ward C5 (Cardiothoracics Specialist Clinical Board)	E	5	2	21.91	8.53	1	E	5	2	22.72	8.53	1	16/04/2024	E	7	3	31.27	13.4	1	29/10/2024	Y	Y	Increase in establishment during Spring 2024 review to increase RNs during the weekend. West 6 relocated to C5 with an increase from 24 to 34 beds and therefore increase in establishments required.	N	NA	NA	NA
		L	5	2				L	5	2					L	7	3											
		LD						LD							LD													
		TW						TW							TW													
		N	3	1				N	3	1					N	4	2											
UHW	PolyTrauma Unit (Specialist Clinical Board)	E	5	4	24.2	19.9	1	E	5	4	24.2	19.9	1	16/04/2024	E	5	4	25.58	19.9	1	29/10/2024	Y	N	No change to planned roster- previously submitted calculations was the funded establishment. Funded 45.1 WTE however requirement for planned roster is 46.48 WTE (funded via clinical	N	NA	NA	NA
		L	4	4				L	5	4					L	5	4											
		LD						LD							LD													
		TW						TW							TW													
		N	4	3				N	4	3					N	4	3											
UHW	B5 (Specialist Clinical Board)	E	7	4	28.89	18.32	1	E	8	4	28.89	18.32	1	16/04/2024	E	7	4	30.86	17.06	1	05/11/2024	Y	N	Previously the ward manager had been included in the planned roster template (despite being supernumerary). Change during this review is due to correction of calculation only.	N	NA	NA	NA
		L	6	4				L	7	4					L	7	4											
		LD						LD							LD													
		TW						TW							TW													
		N	4	2				N	4	2					N	4	2											
UHW	T5 (Specialist Clinical Board)	E	6	3	29.7	13.64	1	E	6	3	29.7	13.64	1	16/04/2024	E	6	3	29.7	13.64	1	29/10/2024	Y	N	NA	N	NA	NA	NA
		L	5	3				L	5	3					L	5	3											
		LD						LD							LD													
		TW						TW							TW													
		N	5	1				N	5	1					N	5	1											
UHW	T4 (Specialist Clinical Board)	E	7	2	37.37	8.53	1	E	7	2	37.37	8.53	1	16/04/2024	E	7	2	38.17	8.53	1	29/10/2024	Y	N	No change to establishment. Calculation error, now corrected.	N	NA	NA	NA
		L	7	2				L	7	2					L	7	2											
		LD						LD							LD													
		TW						TW							TW													
		N	7	1				N	7	1					N	7	1											
UHW	B4 Neuro (Specialist Clinical Board)	E	8	5	35.35	25.18	1	E	8	5	35.35	25.18	1	16/04/2024	E	8	5	36.14	25.58	1	05/11/2024	Y	N	No change to planned roster, calculation error previously recorded.	N	NA	NA	NA
		L	8	5				L	8	5					L	8	5											
		LD						LD							LD													
		TW						TW							TW													
		N	5	4				N	5	4					N	5	4											
UHL	CAVOC	E	7	4	25.99	19.09	1	E	7	4	25.99	19.09	1	10/04/2024	E	7	3	22.74	13.4	1	10/10/2024	Y	Y	Reduction in staffing due to opening of enhanced recovery unit with separate establishment (not 25B Ward).	N	NA	NA	NA
		L	7	4				L	7	4					L	7	3											
		LD						LD							LD													
		TW						TW							TW													
		N	3	3				N	3	3					N	2	2											
UHL	West 1	E	4	4	19.9	19.9	1	E	4	4	19.9	19.9	1	10/04/2024	E	3	3	14.21	17.06	1	10/10/2024	Y	Y	Reduction in bed numbers from 26 beds to 20 beds	N	NA	NA	NA
		L	4	4				L	4	4					L	3	3											
		LD						LD							LD													
		TW						TW							TW													
		N	3	3				N	3	3					N	2	3											
UHL	West 3--> West 4	E	2	3	11.37	14.2	1	E	2	3	11.37	14.2	1	10/04/2024	E	3	2	13.21	11.37	1	10/10/2024	Y	Y	Now located on West 4, increase from 16 to18 beds.	N	NA	NA	NA
		L	2	3				L	2	3					L	3	2											
		LD						LD							LD													
		TW						TW							TW													
		N	2	2				N	2	2					N	2	2											
UHL	West 5	E	3	4	14.21	17.07	1	E	3	4	14.21	17.07	1	10/04/2024	E	3	4	14.21	17.06	1	10/10/2024	Y	N	NA	N	NA	NA	NA
		L	3	4				L	3	4					L	3	4											
		LD						LD							LD													
		TW						TW							TW													
		N	2	2				N	2	2					N	2	2											
UHW	A5N	E	4	3	18.3	14.21	1	E	4	2	16.24	11.37	1	13/04/2023	E	4	2	16.24	11.37	1	10/10/2024	Y	N	NA	N	NA	NA	NA
		L	4	3				L	4	2					L	4	2											
		LD						LD							LD													
		TW						TW							TW													
		N	3	2				N	4	2					N	2	2											
UHW	A5S	E	3	2	14.21	11.37	1	E	3	2	14.21	11.37	1	13/04/2023	E	3	2	14.21	11.37	1	10/12/2023	Y	N	NA	N	NA	NA	NA
		L	3	2				L	3	2					L	3	2											
		LD						LD							LD													
		TW						TW							TW													
		N	2	2				N	2	2					N	2	2											
UHW	A6 South	E	4	2	16.26	11.37	1	E	4	2	16.24	11.37	1	10/04/2024	E	4	2	16.24	11.37	1	10/10/2024	Y	N	NA	N	NA	NA	NA
		L	4	2				L	4	2					L	4	2											
		LD						LD							LD													

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		TW						TW							TW															
		N	2	2				N	2	2					N	2	2												
UHW	B2 Vascular	E	8	4	33.3	19.9	1	E	8	4	33.3	19.9	1	10/04/2024	E	8	4	33.3	19.9	1	10/10/2024	Y	N	NA	N	NA	NA	NA		
		L	8	4				L	8	4					L	8	4												
		LD						LD							LD														
		TW						TW							TW														
		N	4	3				N	4	3					N	4	3												
UHW	A6 North	E	4	2	16.24	11.37	1	E	4	2	16.24	11.37	1	10/04/2024	E	4	2	16.24	11.37	1	10/10/2024	Y	N	NA	N	NA	NA	NA		
		L	4	2				L	4	2					L	4	2												
		LD						LD							LD														
		TW						TW							TW														
		N	2	2				N	2	2					N	2	2												
UHW	C6	E	7	4	30.46	17.06	1	E	7	4	30.46	17.06	1	10/04/2024	E	7	4	30.46	17.06	1	10/10/2024	Y	N	NA	N	NA	NA	NA		
		L	7	4				L	7	4					L	7	4												
		LD						LD							LD														
		TW						TW							TW														
		N	4	2				N	4	2					N	4	2												
UHW	B6	E	7	4	30.46	19.09	1	E	7	4	30.46	19.09	1	10/04/2024	E	7	4	30.46	19.09	1	10/04/2024	Y	N	No change to establishment but to note 6 RN on Saturday-Sunday	N	NA	NA	NA		
		L	7	4				L	7	4					L	7	4												
		LD						LD							LD														
		TW						TW							TW														
		N	4	3				N	4	3					N	4	3												
UHW	C1	E	2	1	22.27	12.55	1	E	2	1	22.27	15.4	1	10/04/2024	E	2	1	22.27	15.4	1	Discussion took place: 10/10/2024	Y	N	Increase in establishment requested due to the gynaecology emergency stream. Previous uplifts have been required and were funded by the clinical board, this now needs a business case to investment group. Further increase has not been professional agreed.	N	NA	NA	NA		
		L						L							L														
		LD	4	3				LD	4	4					LD	4	4												
		TW						TW							TW														
		N	3	1				N	3	1					N	3	1												

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Appendix 1: Annual Presentation of the Nurse Staffing Level to the Board report. A summary of Nurse Staffing Levels for wards where Section 25B applies.

Health board/trust:	Cardiff and Vale UHB
Period of the report	01st October 2023 to 30th September 2024
Adult Acute Medical inpatient wards	19-21

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

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

Site	Name of Ward	Reported to the Board in November 2023					Calculated during spring 2024 cycle						Calculated during autumn 2024 cycle						Biannual calculation cycle reviews, and any changes made & rationale during the spring 2024 & autumn 2024 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2023) RN (band 5 &6)	Planned roster as stated within the annual presentation to the Board report (in November 2023) HCSW (bands 2,3 &4)	Required Establishment as stated within the annual presentation to the Board report (in November 2023) TOTAL WTE RN (bands 5 &6)	Required Establishment as stated within the annual presentation to the Board report (in November 2023) TOTAL WTE HCSW (bands 2,3 &4)	TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2024 cycle RN (band 5 &6)	Planned roster calculated by the designated person during the spring 2024 cycle HCSW (bands 2,3 &4)	Required Establishment as calculated by the designated persons during the spring 2024 cycle including uplift TOTAL WTE RN (bands 5 &6)	Required Establishment as calculated by the designated persons during the spring 2024 cycle including uplift TOTAL WTE HCSW (bands 2,3 &4)	TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2024 cycle RN (band 5 &6)	Planned roster calculated by the designated person during the autumn 2024 cycle HCSW (bands 2,3 &4)	Required Establishment as calculated by the designated persons during the autumn 2024 cycle including uplift TOTAL WTE RN (bands 5 &6)	Required Establishment as calculated by the designated persons during the autumn 2024 cycle including uplift TOTAL WTE HCSW (bands 2,3 &4)	TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
UHW	B7	E	6	5				E	6	5					E	6	5										
		L	6	5				L	6	5					L	6	5										
		LD			34.1	19.9	1	LD			34.12	19.9	1	10/04/2024	LD			34.12	19.9	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	6	2				N	6	2					N	6	2											
UHW	C7	E	7	5				E	7	5					E	7	5										
		L	6	5				L	6	5					L	6	5										
		LD			26.8	22.74	1	LD			26.8	22.74	1	10/04/2024	LD			26.8	22.74	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	3	3				N	3	3					N	3	3											
UHW	C4 Stroke	E	3	4				E	3	4					E	3	4										
		L	3	4				L	3	4					L	3	4										
		LD			17.06	17.06	1	LD			18.06	17.06	1	10/04/2024	LD			17.06	17.06	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	3	2				N	3	2					N	3	2											
UHW	Heulwen North	E	2	2				E	2	2					E	2	2										
		L	2	2				L	2	2					L	2	2										
		LD			11.37	11.37	1	LD			11.38	11.38	1	10/04/2024	LD			11.38	11.38	1	28/10/2024	Y	N	14 bed unit, additional capacity open requiring an increase in nurse staffing. Discussion during review and plan for additional capcity to close.	N	NA	N	NA
		TW						TW							TW													
		N	2	2				N	2	2					N	2	2											
UHW	Lakeside Wing Ward 1	E	3	10				E	3	10					E	3	10										
		L	3	9				L	3	8					L	3	9										
		LD			14.21	35.11	1	LD			14.21	35.11	1	10/04/2024	LD			14.21	35.38	1	28/10/2024	Y	N	Diet Assistants and assistant practtioners included within the establishments. Numerical change only due to calculation.	N	NA	N	NA
		TW						TW							TW													
		N	2	3				N	2	3					N	2	3											
UHW	Lakeside Wing Ward 2	E	2	6				E	2	6					E	2	6										
		L	2	6				L	2	6					L	2	6										
		LD			11.37	22.74	1	LD			11.37	22.74	1	10/04/2024	LD			11.37	22.74	1	28/10/2024	Y	N	Diet Assistants and assistant practtioners included within the establishment.	N	NA	N	NA
		TW						TW							TW													
		N	2	2				N	2	2					N	2	2											
UHW	A7	E	6	4				E	6	4					E	6	4										
		L	6	4				L	6	4					L	6	4										
		LD			28.43	19.9	1	LD			28.43	19.9	1	10/04/2024	LD			28.19	19.9	1	28/10/2024	Y	Y	Change to skill mix and increase in Band 6 RN establishment.	N	NA	N	NA
		TW						TW							TW													
		N	4	3				N	4	3					N	4	3											
UHL	CFU	E	2	1				E	2	1					E	2	1										
		L	2	1				L	2	1					L	2	1										
		LD			11.1	2.78	1	LD			11.1	2.78	1	10/04/2024	LD			11.1	2.78	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	2	0				N	2	0					N	2	0											
																	0											
UHL	East 2	E	4	4				E	4	4					E	4	4										
		L	4	4				L	4	4					L	4	4										
		LD			19.9	17.06	1	LD			19.9	17.06	1	10/04/2024	LD			19.9	17.06	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	3	2				N	3	2					N	3	2											
UHL	East 4	E	4	4				E	4	4					E												
		L	4	4				L	4	4					L												
		LD			19.9	17.06	1	LD			19.9	17.06	1	10/04/2024	LD									Ward Closed in August 2024	N	NA	N	NA
		TW						TW							TW													
		N	3	2				N	3	2					N													
UHL	East 6	E	4	4				E	4	4					E	4	4										
		L	4	4				L	4	4					L	4	4										
		LD			19.9	17.06	1	LD			19.9	17.06	1	10/04/2024	LD			19.9	17.06	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	3	2				N	3	2					N	3	2											
UHL	East 7	E	3	5				E	3	5					E	3	5										
		L	3	5				L	3	5					L	3	5										
		LD			17.06	19.9	1	LD			17.06	19.9	1	10/04/2024	LD			17.06	19.9	1	28/10/2024	Y	N	Band 4 assistant practitioners included in total HCSW WTE as is required in template.	N	NA	N	NA
		TW						TW							TW													
		N	3	2				N	3	2					N	3	2											
UHL	East 8	E	4	4				E	4	4					E	4	4										
		L	4	4				L	4	4					L	4	4										
		LD			19.9	17.06	1	LD			19.9	17.06	1	10/04/2024	LD			19.9	17.06	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	3	2				N	3	2					N	3	2											
UHL	West 2	E	4	4				E	4	4					E	4	4										
		L	4	4				L	4	4					L	4	4										
		LD			19.9	19.9	1	LD			19.9	19.9	1	10/04/2024	LD			19.9	19.9	1	28/10/2024	Y	N	NA	N	NA	N	NA
		TW						TW							TW													
		N	3	3				N	3	3					N	3	3											
		E	4	7				E	4	7					E	4	8										Establishment not agreed by

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UHL	Stroke Rehabilitation Centre	L	3	7	17.6	30.62	1	L	3	7	17.6	30.62	1	13/04/2023	L	4	7	19.9	35.88	1	28/10/2024	Y	Y	Establishment reviewed outside of the biannual calculations and an increased establishment was professionally agreed on 20/08/2024.	Y	20/08/2024	Y	Ward Sister during Spring 2024. Work completed to understand the required establishment and appropriate nurse staffing levels.
		LD						LD							LD														
		TW						TW							TW														
		N	3	4				N	3	4					N	3	5												
UHW	B2 Link	E	3	5	14.21	19.86	1	E	3	6	14.21	22.7	1	10/04/2024	E	3	6	14.21	22.95	1	28/10/2024	Y	N	Increase in establishment to support 4 extra beds in Autumn 2023 (the 4 beds are unfunded). Diet Assistants and PCN (M-F) included within the establishment. No change during this cycle and numerical change only due to calculation.	N	NA	N	NA
		L	3	3				L	3	4					L	3	4												
		LD						LD							LD														
		TW						TW							TW														
		N	2	3				N	2	3					N	2	3												
UHW	B1 (Specialist Clinical Board)	E	7	3	30.46	13.4	1	E	7	3	31.27	14.21	1	16/04/2024	E	7	3	31.27	14.21	1	29/10/2024	Y	Y	Uplift agreed during Spring 2024 establishment in Band 5 and Band 2 to faciliate additional capacity.	N	NA	N	NA
		L	7	3				L	7	3					L	7	3												
		LD						LD							LD														
		TW						TW							TW														
		N	4	2				N	4	2					N	4	2												
UHW	Teenage Cancer Trust (Specialist Clinical Board)	E	3	1	17.22	5.69	1	E	3	1	17.22	5.69	1	16/04/2024	E	3	1	14.22	5.69	1	29/10/2024	Y	N	No change to the establishment- correction of calculation. 14.22 WTE required to appropriately staff planned roster	N	NA	N	NA
		L	3	1				L	3	1					L	3	1												
		LD						LD							LD														
		TW						TW							TW														
		N	2	1				N	2	1					N	2	1												
UHW	B4 Haem (Specialist Clinical Board)	E	7	4	36.6	21.67	1	E	7	4	36.1	15.99	1	16/04/2024	E	7	4	34.92	19.9	1	29/10/2024	Y	N	No change to the establishment and the planned roster. Previous error in the calculation, this has now been updated. Total WTE required is 55.82 and currently funded to 53.09 following increase during COVID. This will be funded within the Clinical Board.	N	NA	N	NA
		L	7	4				L	7	4					L	7	4												
		LD						LD							LD														
		TW						TW							TW														
		N	5	3				N	5	3					N	5	3												
UHW	C4 Neuro (Specialist Clinical Board)	E	2	2	11.37	11.37	1	E	2	2	11.37	11.37	1	16/04/2024	E	2	2	11.37	11.37	1	29/10/2024	Y	N	NA	N	NA	N	NA
		L	2	2				L	2	2					L	2	2												
		LD						LD							LD														
		TW						TW							TW														
		N	2	2				N	2	2					N	2	2												
UHW	Winer Ward East 4														E	4	6	19.44	30.55	1	28/10/2024	Y	Y	Winter ward agreed during the establishment review meetings. Ward is currently not yet open and will be a 25A area due to the model of care delivered.	N	N	N	NA
															L	4	6												
															LD														
															TW														
															N	3	5												
UHW	Ward C5	E						E	4	2	16.24	8.53	1	16/04/2024	E									Winter Ward- ward closed May 2024				
		L						L	4	2					L													
		LD						LD							LD														
		TW						TW							TW														
		N						N	2	1					N														

Appendix: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	Cardiff and Vale UHB
Period of the report	01st October 2023 to 30th September 2024
Paediatric Inpatient Wards	2

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

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

Paediatric Inpatient Wards

Site	Name of Ward	SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2023)		Required Establishment as stated within the annual presentation to the Board report (in		TOTAL WTE Band 7 supernumerary ward sister/Charge	SHIFT	Planned roster calculated by the designated person during the spring 2024		Required Establishment as calculated by the designated		TOTAL WTE Band 7 supernumerary ward sister/Charge	Date designated person calculated the nurse	SHIFT	Planned roster calculated by the designated person during the autumn		Required Establishment as calculated by the designated		TOTAL WTE Band 7 supernumerary ward sister/Charge	Date designated person calculated the nurse	Biannual calculation cycle reviews, and any changes made & rationale during the spring 2024 & autumn 2024 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
UHW	Gwdihiw	E						E							E								Y	Y	Increase in RN due to an increase in bed base and re-organisation of services.	N	NA	N	NA
		L						L							L													
		LD	13	3	55.07	13.65	1	LD	15	3	66.44	13.65	1	09/04/2024	LD	15	3	66.44	13.65	1	10/10/2024							
		TW						TW							TW													
		N	8	2				N	10	2					N	10	2											
UHW	Island	E						E							E								Y	Y	Reduction in establishment due to reduction in bed numbers.	N	NA	N	NA
		L						L							L													
		LD	9	2	51.17	11.37	1	LD	7	2	39.8	11.37	1	09/04/2024	LD	7	2	39.8	11.37	1	10/10/2024							
		TW						TW							TW													
		N	9	2				N	7	2					N	7	2											

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Report Title:	Corporate Risk Register			Agenda Item no.	8.3
Meeting:	Board Meeting	Public	x	Meeting Date:	28 Nov 2024
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	x
Lead Executive (**Title**):	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 RICC Module ("Risk, Incident, Compaint, Compliment") will be released this year on AMaT ("Audit Managment and Tracking") and our Health Board were the early adaptors selected to receive the module during September to trial and tailor the modules functunality, the Corporate Governance team will be attending workshops with AMaT throughout the initial implementation period.

Appendices:

1. Corporate Risk Register
2. CEF – 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 Medicine Clinical Board set up a workshop session on 19 June 2024 and the Team supported the programme by delivering a presentation. The feedback from the Workshop was positive and the team have provided an additional session to Surgery Clinical Board on the 14 Nov 2024. This allowed for a brief demonstration of the intended AMaT system alongside current working practices.

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.

Jonathan Nathan 21/11/2024 13:17:14

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, due to volume these are now provided in a separate appendix.

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.

Notable updates within November 2024 Risk Register

Board/Directorate	New risks added	Risks removed/closed
CD & T	1	
Children & Woman	4	
PCIC	1	1
Special Services	9	2
CEF	7	
AWMGS - All Wales Medical Genomics Service	Risk register now included within the Corporate Register. Further communications required to establish a robust and detailed system of reporting and monitoring. One risk of 20+ carried over from local register and included in appendix 1	

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

Saunders Matthew
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Recommendation:

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

Five Ways of Working (Sustainable Development Principles) considered ***Please place an "X" in the below boxes as relevant***									
Prevention	X	Long term		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***)	X	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
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
Welsh Language: No

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

Saunders Nathan
25/11/2024 13:17:11

APPENDIX 1.
CORPORATE RISK REGISTER NOV 2024

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating: Consequence	Initial Risk Rating: Likelihood	Initial Risk Rating: Total	Controls	Current Risk rating: Consequence	Current Risk rating: Likelihood	Current Risk rating: Total	Actions	Target Risk rating: Consequence	Target Risk rating: Likelihood	Target Risk rating: Total	Date of next review	Assurance Committee	Link to BAF
AWMGS	1		"There is a risk that AWMGS will fail to achieve a validated state of the GLIMS, resulting in the system not going live. This would mean AWMGS remain on the current outdated SHIRE system (MP-GEN-MHSW-1B-38) for an extended period of time, putting the laboratory at increased risk of system failure and resulting on a paper-based results processing and reporting. Failure to implement GLIMS also carries reputational risk and could undermine key relations with funders (WG, WHSSC) and other externals putting AWMGS revenue at risk. It is unlikely that further external grant funded investment could be secured to procure a needed replacement to SHIRE and AWMGS does not have sufficient capital to purchase one. Due to the public funds invested in the project and its relatively high-profile nature across WGP, there is a risk that an audit investigation could be triggered. The project has experienced two major delays, initially in early 2020 due to some IT security/governance issues and then again late 2021 where ongoing connectivity issues have been hampering the progress of the project due to lack of access for SCC developers to build and develop the bespoke system. This continuation of delay to the delivery and implementation of the SCC GLIMS is predominately due to the following causes:1. Ongoing delays with project delivery linked to connectivity (including but not limited to SCC access to TEST environment for all implementation specialists & core delivery team) 2. Inadequate IM&T resource (CAV IM&T and AWMGS IM&T) to support the development and maintenance of a complex LINUX based system (including lack of engagement and collaborative working from CAV IM&T and DHCW)3. Failure to secure timely access to WRRS (WCP) UAT to validate automatic reporting to Welsh Clinical Portal (WCP) due to lack of engagement/poor collaboration with DHCW4. Failure to finish build and development to original deadline to allow progress into system validation.5. Inadequate AWMGS staffing resource available to participate in system build, validation or training associated with developing and implementing the system, due to operational pressures and conflicting service priorities. There are a number of risks associated with both the ongoing delay to the go-live date and continued running of the SHIRE system in the interim:1. Risk: SHIRE stability The running of SHIRE is deemed a high-level risk and was previously subject to the separate risk assessment (QF-GEN-RISKASSESSMENTFORM-SHIRE). SHIRE is now at end of life support from Genial Genetics and they currently only have 1 member of staff with the skills and expertise required to maintain SHIRE support. This could result in prolonged periods of downtime if this resource is unavailable and there is no longer a commitment from Genial to continue high-level of support for SHIRE in light of this. Impact: Full or partial system downtime resulting in the inability to record and process samples and produce results reporting within the required turnaround timescales. Potential for loss or corruption of data. Potential for loss of income from billable services.2. Risk: SHIRE Windows 10 incompatibility UHB's scheduled PC operating system upgrade from Windows 7 to Windows 10 towards the end of 2020 risked the stability of SHIRE (incorporated in QF-GEN-RISKASSESSMENT-SHIRE) as 32- bit SHIRE is not forward compatible with Windows 10. Update: Windows 10 migration occurred as planned and SHIRE continued to run in 2021 on Windows 10.Impact: There was a stability impact during the transition when both systems were double running, however, this impact became negligible once Windows 7 version of SHIRE was phased out.3. Risk: Laboratory relocation The planned relocation of the AWMGS Laboratory to Cardiff Edge will see significant distribution to AWMGS and in particular AWGL BAU operations. The move is currently anticipated during the 2023/24 financial year. A risk assessment associated with the relocation project is held by Genomics Partnership Wales (GPW).Impact: Scheduling and workload conflicts with a GLIMS could see a conflicting demand on the same resources so any delays with either change will need to be communicated and understood, with SLT taking ownership of project priority. This conflicting demand could lead to the unavailability of staff and laboratory equipment resources to fully validate the GLIMS and perform key implementation tasks. 4. Risk: Vendor support of AWMGS GLIMS go-Livescu's schedule of implementation has a number of client's requirements to consider and as such and delays to the implementation of GLIMS will need to be clearly communicated with SCC and agreed at executive sponsor level to ensure availability of adequate SCC resource, particularly for the Live Service Launch Week. Impact: Delays at any of the stages of the project (build & development, validation and training & implementation) could lead to a delayed go-live date for GLIMS. This could lead to a lack of favourable options for a deferral of GLIMS launch causing one of the following scenarios: a. Go-live date deferred by only a couple of months with insufficient time-tolerance to cover existing GLIMS project risks increasing potential for further go-live deferment and implementation delay's. Go-live delayed further into the future at the rear of SCC's implementation schedule as there is no capacity within AWMGS to manage a GLIMS go-live in parallel with the laboratory move. Deferred benefits as contractual system maintenance costs continue being paid against a non-functional, non-implemented system over a longer periodic. Failure to validate SCC GLIMS will prevent go-live and result in AWMGS requiring to re-procure a GLIMS. There is no capital funding available for a GLIMS should SCC GLIMS fail to go-live.5. Risk: Super User competency The majority of the Super User training took place in 2019. Go-live deferment results in the decreased competency of AWMGS Super Users, with the addition of new workflows due to be incorporated into the system presenting additional system knowledge gaps. Impact: Extended/delayed period of validation. Additional staff resource implications for additional services added in the intervening months. System quality issues as bugs/issues are missed during validation due to gaps in system knowledge.6. Risk: Ongoing delays with project delivery linked to connectivity. AWMGS secured ETTF funding from Welsh Government in 2017 to tender for a new GLIMS for the laboratory, resulting in procuring SCC Soft Computer (SCC) GLIMS in October 2017. System build did not commence until October 2018 due to infrastructure requirements needing to be put into place prior to this and substantial delay in resolving adequate connectivity for SCC to enable the build. Following engagement with Operation Security Service Management Board (OSSMB -National Board), DHCW (previously NWIS), and CAV IM&T and on completion of required paperwork Meraki boxes were provided to SCC in October 2018 to enable the system build. System build was at 95% in March 2020 when Meraki access to CAV network was suspended following a breach of the Code of Connection by SCC. The breach investigation by CAV IM&T department concluded 12th August 2020 that only VPN hard token access would be provided. Due to the current contractual DPA between AWMGS and SCC, only staff working in Poland can access the network in this manner. Throughout recommencement of the project in Q2 21/22 to current time of review Q1 23/24 the issues behind access to the system for SCC have remained challenging. Currently access is via a VPN connection into the SCC GLIMS DMZ (firewalled and protect subset of the CAV network) the infrastructure around this is inefficient and not particularly suitable for build and development and will need to be revised before any system go-live. RSA tokens have currently been issued to the core implementation team (with the exception of colleagues from ISD in the Ukraine due to geo- blocks from DHCW. There remain 9-5 mon-Friday restrictions on the use of tokens which we are seeking to remove as this is causing delays during build and development and will ultimately not be workable for live support when we are in BAU. We are also currently looking at utilizing a third-party connection via HSCN which should make the overall connection methodology more sustainable and reliable. At the time of review (April 2023) this was not yet finalised. There are also some upcoming changes to the code of connection (CoCo) renewal procedures meaning that our current CoCo with SoftSystems will need to be revised (if we change the scope of connection from VPN to HSCN) and this will then trigger a 12monthly cycle of review and renewal. Impact: System build ceased in March 2020 was only recommenced January 2023. It is unknown how this will impact validation and implementation timelines, there is a current working timeline of build and development complete by July 2023, validation during July and August 2023 with a projected Go-Live date of 25th September 2023.7. Risk: Inadequate IM&T resource (CAV IM&T and AWMGS IM&T) to support the development and maintenance of a complex CITRIX based systemCAV IM&T resources are currently stretched; networking a new estate in Coryton; and have decreased availability of Linux server trained staff due to vacancy. Throughout the life of the project there has been limited CAV IM&T support and engagement with GLIMS as a result of CAV priorities focusing their staff resource elsewhere. Internal relations have been strained as a consequence of ongoing networking issues heightened through SCC breaching code of connection. AWMGS IM&T resources are under pressure from both a heavy BAU operational workload but also the number of high priority interdependent projects/transformations. GLIMS has been prioritised by MEDGEN IT and where possible this has been spread over a core group of IM&T staff. Networking all instruments and trailing the DMI interface will add additional pressure to the MEDGEN IT team in part due to the above mention lack of engagement and support from CAV IM&T who will need to administer firewalls and policies etc to enable the integration of instruments and software to GLIMS. As the DMI has not been previously networked or trialled the IM&T support required to achieve this is unknown. Due to the tight timescales of the project the pressures on IM&T staff will disproportionately impact on project delivery. Impact: There is insufficient CAV IM&T staff resource to adequately engage and support the continued development of SCC GLIMS, in particular: assisting with firewall requests in a timely manner; assisting with IT governance and security issues in a timely manner; providing networking support; providing adequate Linux support. There is sufficient AWMGS IM&T resource to support the project (albeit with a unknown ongoing pressure from BAU activity and other demands on IM&T resource) so this still poses a significant risk. The major outstanding areas of MEDGEN IM&T work for GLIMS are: DMI equipment networking; label printer configuration, GLIMS software rollout; agile working provision; server upgrades and commission; query agent training and development of queries for KPIs and TAT; user accounts and security profiles as well as SOPs and documentation for ongoing support. and validating the system administration functions.8. Risk: Failure to secure access to WRRS (WCP) Oatcakes to WRRS UAT environment to enable system validation testing will meet the end goal of automatic reporting to Welsh Clinical Portal (WCP). Access to the UAT environment is dependent on a number of critical factors being met by AWMGS in terms of system validation and call handling/escalation for genetic related WCP enquiries. UAT environment will not be granted until an interim validation report is issued from AWMGS. UAT environment testing is anticipated by SCC to take 2-4 months based on previous experience and their outsourcing of related coding with 3-4 week TAT. With the current timelines, access to WRRS UAT will need to be by no later than July 2023 to provide adequate time to validate prior to September 2023 go-live. This means the system is confirmed in a static and stable state with interim validation report issued. The risk in failing to deliver WCP reporting will impact on AWMGS ability to meet ETTF funding requirements and ongoing. Welsh Government monitoring of the project's delivery. Impact: Failure to access UAT environment in a timely fashion could result in SCC go-live without automatic reporting to WCP. WCP reporting would need to be validated separately post go-live. Failure to go-live with WCP reporting may negatively impact on AWMGS relationships with Clinicians throughout Wales, carries a reputational risk, and would remove the current service gains on reducing TAT via PDF uploading results for cancer patients into WCP. Delays in cancer patients' diagnosis or treatment as a result of additional steps in reporting is in contradiction to the Single Cancer Pathways being implemented throughout Wales.9. Risk: Failure to validate the system There is a risk that the procured SCC GLIMS cannot be validated and brought into the service. The risk can be summarised as: a. SCC test scripts are not fit for purpose. The risk is that the system cannot deliver the full range of testing required and therefore cannot be introduced into service. Concern remains about vendor ability to deliver 3 workflows still under development (auto-PCR, auto-Sanger, auto-clonality). Networking laboratory instruments through DMI interface has not been trialled to date – integration and subsequent test scripts still to be trialled. The system cannot go-live without the required networked instruments'. AWMGS fails to sufficiently staff (resource) validation. As a result of COVID19, AWMGS imminent move off UHW site and ongoing recruitment issues staff cannot be made available to carry out required validation activity in a timely manner's. AWMGS and CAV UHB IM&T fail to support the GLIMS infrastructure. See risk 7 above. DHCW refuse to sign-off GLIMS in a validated state. The risk is that without DHCW approval GLIMS will not be able to automate reporting of results for Welsh patients through WRRS into WCP. The system could still go-live, but without results reporting visible in WCP no system efficiency is generated and pressure will remain on AWMGS to improve Single Cancer Pathway diagnostic times'. Genetic testing is always expanding to include new testing methodologies meaning new tests and reporting rules. The risk is that the ensuring a validated state post go-live will require continuous work not currently resourced for within AWMGS (lack of IM&T and Clinical Scientist staff time to undertake test script validation).Impact: The SCC GLIMS cannot be validated and AWMGS remain reliant upon SHIRE for the foreseeable future. Additional capital and revenue funding is required to procure, develop and implement a new GLIMS.10. Risk: Inadequate AWMG staffing resource available to deliver SCC Glisten project is at risk of failing to go-live in September 2023Jas a result of inadequate staff resource to complete system development, validation and implementation activities as a result of: Staff Vacancies (in particular in AWGL); planned redirection of AWMGS staff to carry out GLIMS work requirements is not feasible due to routine service demand on SMEs time and inability of NHSE labs to deliver genetic testing on behalf of Welsh patients; conflicting pressure of the AWMGS move to Coryton and also UKAS accreditation requirements. Impact: The SCC GLIMS system cannot be completed or validated. AWMGS remain reliant upon SHIRE for the foreseeable future.	5	4	20	"1. SHIRE stability: a. Extended basic support has been agreed and purchased (length of contract subject to review)b. Laboratory contingency plan to revert to paper recording in the event of a SHIRE system outage occurring. c. SHIRE system nightly backups of the front-end (S: Drive .mdb files) and back-end (SQL Server DB)d. Previously restoration of backup data was subject to CAV IT Server Team availability to assist, however from September 2021 Med Gen IT have access to 5 day rolling back-ups2. SHIRE Windows 10 incompatibility: Work has now completed on the change from Windows 7 to Windows 10 and 64-bit SHIRE is running as intended.3. Laboratory relocation: Senior AWMGS staff forming part of the GLIMS project board are also members of the GPW Estates Senior team and are responsible for relocation of the respective areas.4. Vendor support of AWMGS GLIMS go-live: AWMGS payment of GLIMS annual maintenance fee contractually obligates SCC to complete the system build within agreed timescales.5. Super User competency: Team of dedicated validation staff in place with expertise in both cytogenetic and molecular workflows. Training materials available and help text incorporated within the SoftGene software. Procured and purchased additional Super User Training (Molecular, Cytogenetics and Genomics Information System Suite (GISS))6. Ongoing delays with project delivery linked to connectivity: Work is ongoing between AWMGS, CAV IM&T and DHCW to delivery all tokens required to the core SCC implementation team and work is ongoing to removed 9-5, Mon-Fri restrictions, as well as ongoing work towards a more sustainable connection methods (HSCN via 3rd party)7. Ongoing delays with project delivery linked to connectivity: Work is ingoing between AWMGS, CAV IM&T and OSSMB to increase SCC generic token access and switch all SCC token access to soft tokens (removing out of hours issues)8. Inadequate IM&T resource (CAV IM&T and AWMGS IM&T): AWMGS IM&T staff will prioritise where possible GLIMS delivery above other project work, but not above BAU/Operational needs. All AWMGS staff are aware of restricted AWMGS IM&T support as a consequence of GLIMS. AWMGS have now recruited into all vacant IM&T positions. CAV IM&T have enabled wider access to national systems to allow AWMGS IM&T Manager to raise national calls and escalate to national service desk, streamlining the process of raising issues.9. Failure to validate the system: STAR system, test script approval process, monthly and checkpoint reporting provide adequate monitoring to track system development. SCC Project lead has compiled a number of monitoring documents and 2-3x a week GLIMS scrums are held to monitor progress. There is also overtime approved to help staff balance workload to ensure completion of GLIMS activity.10. Inadequate AWMG staffing resource available to deliver SCC GLIMS: Internal project management is being established to monitor timelines, milestones and direct project resource to ensure successful completion of governance and UAT testing is completed in line with GLIMS delivery. AWMGS has spread the workload of GLIMS across a wide platform of staff implementing a team of around 40 validation lead users and currently around 25 staff involved in build and development. This will hopefully mean a better spread of resource demand across staff.11. SCC system design inability to meet tender specification: STAR system; test script approval process, monthly and checkpoint reporting; weekly and ad-hoc calls to support investigation and resolution of system errors.12. AWMGS are unable to fund the ongoing development costs or maintenance costs: Work is ongoing with procurement to raise required POs to complete the build.13. GLIMS workflows validated do not reflect the complexity and ever-expanding range of testing delivered within AWMGS: The test plan will be designed with input from across all sections of AWMGS senior staff to reflect a proportionate sample of the range and complexity of work undertaken. AWMGS validation planning for all new tests post go-live will need to include validation testing within the UAT environment and end-to-end testing with WRRS/WCP if reporting rules are impacted.14. Changing service priorities and operational pressures: The risk assessment will be reviewed on a bi-monthly basis due to critical nature of the project."	5	4	20	1. SHIRE stability: a. No disaster recovery plan for managing specific possible outage scenarios and recouping of data, although there is improved knowledge e.g. when data maybe lost from. b. Med Gen IT now access SHIRE back-ups monthly as a proactive check of validity and whether data can be recovered. However, this has not yet been tested in a live environment and there remains an aspect of server team support required if needing to go back longer than 5 days.2. SHIRE Windows 10 incompatibility: 64-bit version SHIRE has not been subject to formal documented Installation Qualification (IQ) and Operational Qualification (OQ) testing on the CAV network. Med Gen IT note that relates to relatively minor changes to the DLL file, comprising a small part of the overall database.3. Laboratory relocation: Resource issues prevent concurrent running of both projects during their completion periods.4. Super User competency: Training materials won't cover newly requested workflows and may refer to past versions of SoftGene5. Ongoing delays with project delivery linked to connectivity: Unclear if soft token connectivity will provide SCC the system access required to continue the system development, validation or to function as required at/go-live. RSA token reliance coupled with current DMZ infrastructure means access is limited to ~10 PCS at maximum allocation (currently at 5 due to server infrastructure changes). The tokens & VPN connection methodology is often patchy and unreliable resulting in delays for those who have been granted access. 6. Inadequate IM&T resource (CAV IM&T and AWMGS IM&T): Ongoing engagement and support issues from CAV IM&T and a lack of ownership from CAV and/or DHCW could affect their ability to support GLIMS activities. SHIRE or other IM&T related emergencies redirect internal support away from GLIMS due to unforeseen circumstance.7. Failure to secure access to WRRS (WCP) UAT: external factors, e.g. COVID19 or SCC TAT for coding changes required to enable WCP reporting; connectivity is not resolved promptly resulting to delay in starting validation. Engagement from relevant DHCW teams needs to be consistent and timely8. Inadequate IM&T resource (CAV IM&T and AWMGS IM&T): Ongoing engagement and support issues from CAV IM&T and a lack of ownership from CAV and/or DHCW could affect their ability to support GLIMS activities. SHIRE or other IM&T related emergencies redirect internal support away from GLIMS due to unforeseen circumstance.9. Failure to validate the system & SCC system inability to meet tender specification: SCC are unable to meet the full tender specification (auto related workflows); DMI integration. Procurement support not available to ensure final system build; GLIMS contract signed without KPIs or implementation plan – lack of contract management throughout the project.10. AWMGS are unable to fund the ongoing development costs or maintenance costs: Procurement support required and not currently in place to assist AWMGS IM&T to develop an enhanced maintenance contract inclusive of meeting additional Oracle costs; revenue stream to ensure long-term funding for GLIMS still to be finalised (operational costs to be covered as part of laboratory revenue/maintenance costs). All future GLIMS developments and upgrades will need to be costed as part of business cases for all new service developments/changes"	4	3	12	NEW PROCESS - No date supplied further comms with AWMGS Required	NEW PROCESS - No committee supplied further comms with AWMGS Required	NEW PROCESS - No BAF Link supplied further comms with AWMGS Required

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APPENDIX 1.
CORPORATE RISK REGISTER NOV 2024

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating: Consequence	Initial Risk Rating: Likelihood	Initial Risk Rating: Total	Controls	Current Risk rating: Consequence	Current Risk rating: Likelihood	Current Risk rating: Total	Actions	Target Risk rating: Consequence	Target Risk rating: Likelihood	Target Risk rating: Total	Date of next review	Assurance Committee	Link to BAF
			Additional capital and revenue funding are required to procure, develop and implement a new GLIMS.11. Risk: SCC system design inability to meet tender specification There is a risk that the system cannot fully meet the tender specification. Of note: a. The systems integration with networked equipment has not been tested and is connected to Windows 10 roll-out to enable stand-alone equipment to integrate with CAV network. The time and resource requirements for DMI integration is unknown's. Auto-PCR, Auto-Clonality, Auto-Sanger workflow developments have not been successful to date. Ongoing delays with the development and refinement of the required workflows are exacerbated by SCC lacking a connection to CAV network. Impact: Delay to the SCC GLIMS implementation and validation. GLIMS cannot begin validation or look to go-live without the workflows and DMI integration functioning as required. If the tender specification cannot be met by AWMGS will need to exit the contrast and seek additional capital and revenue funding is required to procure develop and implement a new GLIMS.12. Risk: AWMGS are unable to fund the ongoing development costs or maintenance costs. There is a risk that the procured system cannot be maintained due to financial pressures. The negotiated contract has an embedded maintenance contract for an agreed £60k pa (per annum). The system build was funded through ETTF and was finite to the design as specified in 2017. Due to the rapidly evolving nature of genomics, additional system requirements have been identified between 2017 – 2020 requiring additional funding for their scoping, development and validation. The maintenance contract does not include: system development or improvement work; or maintenance of the Oracle database (subject to separate £5k pa contract). A revenue funding stream to pay for the remaining build and maintenance post go-live has not been identified to date. Impact: The procured SCC GLIMS cannot complete build due to lack of financial support. The procured SCC GLIMS is not financially sustainable post go-live due to lack of revenue funding. 13. Risk: GLIMS workflows validated do not reflect the complexity and ever-expanding range of testing delivered within AWMGS: The laboratory undertakes a range of complex tests with interconnecting pathways between cyto and molecular equipment, testing result types and reports. There is a risk that as not all sample pathway options are validated, interaction between different test scripts result in an unknown error post go-live. Impact: Genetic testing is always expanding to include new testing methodologies meaning new tests and reporting rules. The risk is that the ensuring a validated state post go-live will require continuous work not currently resourced for within AWMGS (lack of IM&T and Clinical Scientist staff time to undertake test script validation).14. Risk: Changing service priorities and operational pressures: The ever changing nature of genomics from Test Directory updates to new WHO & NICE guidelines to changing BAU operational pressures bring new risks & issues to the project on a regular basis and the mitigations and controls need to be reviewed regularly, currently the GLIMS risk assessment and project change control documents are set for 12month & Quarterly reviews respectively. Impact: With such long periods between review of risks and issues it means there is a chance that a newly presented risk may not be captured, nor control/mitigation adequately discussed and implemented. "													
Clinical Diagnostic & Therapeutics	2	14/11/19 Updated 01/10/2024	**"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. 7. Ageing laboratory equipment in celular pathoology laboratory: stainer, coverslipper and printmates Risk/impact, risk that aged equipment would not be able to be repaired following breakdown, repair contracts will no longer be provided by the supplier and spare parts may be unavialbale to maintain equipment. this would lead to delays in patients diagnosis	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. &5. Engage with TrAMS project for proposed regional solution to sterile production units 6. Procurement for new temperature monitoring solution, supplier identified for Pharmacy, in place final validation and network issues being resolved 7. Capital replacement bid to be submitted, source a new company who would be willing to service and repair ageing equipment	4	2	8	Jan-25	Strategy & Delivery	Capital Estates Patient Safety
	3	14/11/2019	**"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, most significantly Pharmacy in UHW and Radiology UHW 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 8. Insufficient space for New born screening expansion in line with WG requirements Risk/Impact: Risk of inability to deliver the severe combined immunodeficiency and Tyrosinaemia testing. without timely diagnosis and early treatment prognosis for babies is poor 9. Power failure within Peads Radiology-Octopus Risk/Impact If power fails repeat imaging may be required, for childeren requiring anaesthetic for imaging may require repeat anaesthetic"	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. &5. Engage with TrAMS project for proposed regional solution to sterile production units 6. Procurement for new temperature monitoring solution, supplier identified for Pharmacy, in place final validation and network issues being resolved 7. Capital replacement bid to be submitted, source a new company who would be willing to service and repair ageing equipment "	4	2	8	Jan-25	Strategy & Delivery	Capital Estates Patient Safety
	4	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	"1. Limited or no capacity to undertake full range of QMS activities including self-assessment/audit, change control, incident management. 2. Limited mitigation possible to address ageing estate and equipment risks without significant investment, timeframes associated with TrAMS and other regional solutions increases risk of not meeting regulatory standards 3. LIMS delays and repeat UAT alos impacting on QMS" "Lack of a single QMS database to enable oversight of compliance Absence of some regulatory roles (e.g. MR Safety Expert, Head of Ionising Radiation) Corporate Medical Records Operational Group not longer standing"	5	2	10	Nov-24	QSE	Patient Safety

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APPENDIX 1.
CORPORATE RISK REGISTER NOV 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	5	Request date from C&W	**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	3	15	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. Refurbishment commenced on Lift 9 w/c 30th September 2024	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 PARIS training not proceeding due to challenges associated with widespread training. Ongoing datix incidents observed. No change to risk score	4	2	8	Monthly	Quality, Safety and Experience	Patient Safety
	7	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.	4	4	16	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. Streamlining students commenced in post	5	2	10	Monthly	Quality, Safety and Experience	Patient Safety Maternity
	8	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
	9	Request date from C&W	**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. Staff training to support Badgernet transition now underway.	4	1	4	Monthly	Quality, Safety & Experience	Health Inequalities
	10	Request date from C&W	**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
	11	Request date from C&W	**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. Expression of interest received from x2 candidates. Funding in place to recruit. No change to current risk score	4	2	8	Jul-24	Quality, Safety & Experience	Patient Safety Exacerbation of Health Inequalities

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	12	Request date from C&W	**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 Feedback provided on all trial beds. Awaiting further updates from procurement. Ongoing review/risk assessment	3	4	12	Monthly	Quality, Safety and Experience	Patient Safety Planned Care Urgent & Emergency Care
	13	01/09/2024	Issue - Potential cessation of Wales Syndrome Without A Name (SWAN) Service Risk/Impact - There is no method to secure further funding for this service for 2025/2026. No alternative commissioned SWAN service currently exists in the UK for patients to be referred outside of Wales. Significant reputational risk for Wales if SWAN service were to stop as it is seen as an exemplar service in the other UK four nations. Serious consequence for patients in not having an integrated service in Wales which can co-ordinate investigation to provide a diagnosis in patients who have previously not had a diagnosis and have a suspected rare disease. The service has been formally evaluated by external independent organisations and is highly valued by patients and already has shown potential reduction in secondary healthcare utilisation.	4	5	20	Financial plan is within budget to 31.3.2025. 2.Staff contracts are in place to cease before 31.3.2025 – therefore financial risk is minimal. 3. If no funding stream identified reduce routine clinic service (30.11.2024) for clinical governance reasons to ensure investigations, information and findings are communicated to patients and referring Consultants by 31.3.2025 (note these are complex patients and usually one or two patients are seen per clinic requiring detailed correspondence).	4	5	20	Outline case for continuation of funding, as per instructed by the Deputy Chief Medical Officer, Welsh Government, forwarded to the NHS Wales JCC Medical Director. 2.Continued dialogue with Medical Director to confirm process for consideration of the case. 3. C&V to independently discuss with JCC and CIAG process for 2025/2025 funding	0	0	0		Quality, Safety & Experience	
	14	24/09/2024	Issue - Length of Benign Gynaecology Inpatient and Daycase Waiting Lists & Reduced Theatre Capacity Risk/Impact - Risk to patients of worsening symptoms and patient wellbeing and increased risk of missed pathology and unexpected results due to the length of time patients are waiting	5	5	25	Patients are being listed as level 2 urgent when required. Validation of lists as appropriate to ensure list is accurate. Concerns remain at the length of time patients are having to wait in terms of 104 and 156 weeks wait	5	4	20	Additional Theatre capacity required. Patient validation exercise has been completed to determine patients who want to remain on the waiting list (to be undertaken twice per year). Case being made for investment regarding outsourcing and the need for additional consultants and trainees	5	2	10		Quality, Safety & Experience	
	15	24/09/2024	Issue - Lengthy Outpatient Waiting Lists not meeting WG Outpatient Waiting Standards Risk/Impact - There is a risk of harm to patients due to lengthly outpatient waiting lists	5	5	25	Validation undertaken by UHB validation team All clinics are booked as appropriate in respect of expected activity and trainees allocated to clinics where possible to increase throughput	5	4	20	Continue to work with Clinical Board for support for additional nursing and consultant support	5	2	10		Quality, Safety & Experience	
	16	24/09/2024	Issue - Wait for Urgent and Routine OUtpatient Hysteroscopy Procedures (Longest Wait 130weeks - target is 10 weeks) Risk/Impact - there is a risk of patient harm due to missed diagnosis/unexpected result (i.e. cancer) for patients waiting for an urgent and/or routine outpatient hysteroscopy procedure	5	5	25	Patients listed as soon as capacity available Where case is considered USC, patient placed on the single cancer pathway	5	5	25	Continue to work with Clinical Board for support for additional consultant support	5	2	10		Quality, Safety & Experience	
Digital Health	17	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. Oct'24: Cyber team fully recruited and working on Cyber Action Plan to reduce risks and implement mitigations against the known risks.	5	3	15	Mar-24	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
Finance	18	01/04/2024	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
	19	01/04/2024	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
	20		DMT to utilise BIS risk surveillance cube to prioritise patients & reduce potential harm Admin team to send patient risk letters for delayed surveillance cases to manage patient risk DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG 27.04.2022 Update; Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date. Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk 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
	21		There is a risk of patient harm due to overcrowding within the Emergency and Acute Medicine footprint secondary to no flow or lack of UHB capacity. This results in the inability to provide and maintain key quality standards as patients are being nursed in inappropriate areas affecting timely access to treatment and discharge.	5	5	25	UHB and local escalation policy and implementation led by MCB Hub and Patient Access Services working in partnership with the EU Controller and Senior Floor cover to improve flow. Escalation of all constraints to all Directorates. Internal escalation to key clinicians/staff to assist with flow across the department. All vulnerable patients escalated to ensure timely bed allocation. Standard Operating Procedure in place for all ambulatory areas. Clinical Board engaged and supportive of 'on boarding' and FCP to facilitate flow. Change in the Emergency Unit footprint to support flow, eg speciality hub. Lower ground floor and EU footprint re-design.	5	4	20	Appropriate escalation and discussion with MCB HUB, Patient Access Services and OPAT regarding safe and timely patient flow. Introduction of two Band 7 nurses to support flow and patient access.	5	3	15	Feb-24	Quality, Safety & Experience	Patient Safety Capital Estates

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Medicine	22		**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
	23		**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
Mental Health	24	17/08/2023	Severe High Risk Eating Disorders getting timely access to inpatient beds for refeeding or medical stabilisation	4	5	20	SHED servrice 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
	25	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
	26		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
	27		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
	28	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 Risk updated and re-phrased 09/11/2023 UPDATE 12.06.2024: no update to narrative Updated 14.08.2024 18.10.2024 No update to narrative"	4	5	20	1. Relying on good will of community pharmacies to provide medication in MDS/MAR 2. Secondary care and primary care teams working together to negotiate provision of MDS for individual patients if discharge is looking to be delayed 3. Local Authority have produced a Regional medication policy to allow administration and commissioning of medicines by care workers out of original packs with a Medicines Administration Record (MAR) chart	4	**5**	20	Agree funding route for National Community pharmacy MAR service and investment for staff to deliver the other aspects of the LA policy Commissioning of Community pharmacy MAR service from Cardiff and Vale community pharmacies Care workers need to be trained to administer medication from original packs with a MAR chart	4	2	8	Sep-24	Quality Safety and Experience	Patient Safety
	29	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 staffing. This particularly affects the administration of medication, the assessment of new arrivals and the ongoing triage and care of unwell patients. 14.08.2024 No amendment to narrative Updated 17.10.2024"	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.	5	**4**	20	Continue efforts to recruit nursing staff. Explore further skill mix options to diversify workforce.	5	3	15	Sep-24	Quality Safety and Experience	Patient Safety

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PCIC	30	01/07/2024	"111p2 Staffing Levels Risk: High sickness and vacancy rates among all bands Source of Uncertainity/Cause/Event: Due to demand on service and inability to fill core shifts within rota. Shortage of reg nurses nationwide. Consequence/Impact: Possible patient harm, adverse effect on patient safety, failure to meet required standards for the service, reputational risk to UHB."	5	5	25	"Call Handlers to take overflow calls that are waiting/in absence of mental health practitioner GPs to triage mental health calls and support mental health practitioners when working at reduced staffing Raised to PCIC SMT and ongoing work to source outside mental health support Work ongoing with recruitment drive Temporary rota implemented. Reviewing rota with view to go to OCP"	5	4	20	"Continue to work with PCIC SMT and Unions regarding medical triaging staff taking mental health calls Escalate WTD restrictions with bank staff to Jason Roberts Regular meetings with staff to ensure wellbeing Ongoing support and training to call handlers Chase and action all TRAC updates asap Continue to work on temporary rota"	5	2	10	Nov-24	Quality Safety and Experience	Patient Safety
	31	30/10/2024	**Cluster based services interface with GP based patient record systems** Risk Description From 28th December 2024 Cluster based services which interface with GP based IT systems via Vision Shared services (Vision 360 and Vision Anywhere) will no longer be able to utilise this method to view GP records and write back any intervention into the GP patient record. GPs will also no longer be able to use this to directly book into the cluster based predefined clinics. Services affected include cluster based MSK, PCLS, UPCC's and the South East MDT Hub. Currently the only viable solution that has been identified which could provide a partial solution within the required timescale for services to be able to view and write back into patient records is a web-based solution developed by 'BlackPear'. Whilst this solution could provide access to the clinical record and write-back to GP systems, it has no shared clinic functionality for the booking of consultations. Cause/Source/Event There is a National Implementation programme for all GP practices to move to the EMIS patient system. For GP practices currently on the Vision GP system there is a 2-year planned migration programme. Long term Vision as a company is pulling out of Wales and whilst there is a contract for them to continue to support practices remaining with Vision for the time being the contract does not include support to Vision 360/Vision Anywhere which will no longer be available to use from December 2024. Impact/Consequence Patient care Interventions and recommendations may not be available in a timely fashion within their GP records impacting on quality of care. Without the ability to directly book into clinics and to view and write back into patient records alternative methods of communication and booking will need to be explored which will directly impact on resources within the services and the level of activity that will be able to be delivered. With PCIC based services such as MSK which have been demonstrated to reduce referrals to MRI, USS and orthopaedics this is likely to increase referrals and impact on waiting lists across the system. Whilst there may be a workable solution for some services such as the UPCCs utilising generic log-ons to access GP patient records systems, information governance concerns exist with the use of that as a long term or suitable solution"	4	5	20	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	4	16	"1 Identification of funding to support the proposed solution 2 Identification of a viable solution for GP practices to access cluster-based clinics"	4	2	8			
	32	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	Apr-24	Quality, Safety and Experience and People and Culture	Patient Safety Staff Wellbeing Workforce Critical Care
	33	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	Apr-24	Quality, Safety and Experience Finance and Delivery	Patient Safety Critical Care

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	34	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.	1	1	1	Apr-24	Finance and Delivery	Capital Assets Patient Safety Critical Care
	35	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	4	20	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	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
	36	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.	4	1	4	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
	37	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	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience	Patient Safety Urgent & Emergency Care
	38	01/09/2020	**"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	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience	Patient Safety
	39	01/01/2022	**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	Monthly in Directorate DMT/Q&S Meeting	DMT, Diagnostic Delivery Group, Clinical Board performance reviews	Patient Safety Urgent & Emergency Care
	40	01/09/2019	**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	Monthly in Directorate DMT/Q&S Meeting	Specialist Clinical Board & Directorate team	Workforce
	41	01/07/2022	**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	Monthly in Directorate DMT/Q&S Meeting	Capital Estates Cardiothoracic Project Team	Patient Safety
	42	14/06/2021	**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	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience	Patient Safety
	43	05/09/2019	**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
	44	25/03/2019	**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
	45	31/01/2024	**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	May-24	Quality, Safety and Experience	Workforce Patient Safety

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Specialis	46	29/12/2022	**Neuroscience** Large numbers of registered nursing vacancies on West 8 (5.0 WTE Band 5, 2.6 WTE Band 6, 1.0 WTE Band 7). Vacancies at Band 7 Ward manager post too. "	4	5	2	Off ward Clinical Nurse Specialists asked to work on the ward daily to support the area as well as keeping up their workload. Band 6 and 7 positions advertised.	4	5	20	Interim Ward Manager and Deputy in place.	5	1	5			
	47	01/11/2023	**"Cardiothoracic** The relocation of C3N cardiology provision to support return of cardiothoracic services to UHW and relocation of critical care provision. "	5	4	20	Secured discharge lounge to relocate T&R service from B1 to open 4 additional inpatient beds on B1. Retaining 6 beds on C3N to maintain CCU stepdown to minimise clinical risk.	5	4	20	Project team established	5	2	10	Jun-24	Capital estates, Cardiothoracic Project Team	
	48	03/05/2022	**Major Trauma** There is a risk to patient safety and patient flow for those patients with issolated nonoperative brain injury due to lack of agreed speciality ownership.	4	5	20	Impacted MTC TBI patients discussed daily in MTC MDT and a bespoke solution is souhgt on a case by case basis.	4	5	20	ED to develop business case and submit for consideration to MCB. 09/23 repeated escalation by ED via governance processes given clinical risk. Risk reviewed and increased.	2	2	4	Monthly		
	49	06/12/2022	**Major Trauma** There is a risk around paediatric nurisng capacity within ED which may impact the delivery of care given 24/7.	4	3	12	Staff work on a rotatinal basis.	4	5	20	ED to develop business case and submit for consideration to MCB. 09/23 repeated escalation by ED via governance processes given clinical risk. Risk reviewed and increased.	2	1	2	Monthly		
	50	06/02/2024	**Haematology and Immunology** Vacancy for nurse practitioner and insuffuficient medical staff support has resulted in an increased reliance on the nursing team who are already at capacity. There is a need to ideally provide 24/7 NP cover to ensure greater governance and oversight of patient care, delivery of treatments and to support the medical workforce. This would support the sustainable dvelopment of nursing staff, career progression to the ANP role required for the new Haem/BMT facility. Due to the high number of inexperienced staff and high acuity on the ward there is a significant risk to patient care. In particular timmely care, inadequate knowledge/experience impacting on decision making, lack of continuity of care and poor oversight of medical support. No ward sister and inexperienced deputies also increase the risk on B4H.	5	4	20	One post has been advertised, SBAR submitted to CB for consideration however, CB have requested further details inrealtion to roles, responsibilities and impact. Currently there is no funding stream for the additional posts which are required. Finance have agreed to reconfigure funds from existing establishment to create additional band 7 NP post. Tis will provide a limited NP servoce which will significantly reduce the risk for nursing staff and patient care. This would be a bridging support until the new workforce model has been agreed.	4	4	20	To explore models of funding. Lead Nurse to undertake wider benchmarking nationally and review workforce modelling to support the NP roles. Ned to secure CVSP approval to appoint second NP post.	2	3	6	Apr-24	QSPE	
	51	Jun-24	**CARDIOTHORACIC** Ward B1 Central monitoring requiring upgrade, currently capacity to monitor 32 beds. Inadequate level of monitoring to provide required care for an acute Cardiology Ward up to 38 beds. Current monitoring out of support since Dec 2022.	5	4	20	Submission of Capitol bid to increase capacity to monitor up to 38 beds and ensure adequate servicng and maintencance of the mornitring is in place to ensure sustanability of service	5	4	20	Bid to be submitted by clinical engineering following completion	5	1	5			
	52	Aug-24	**CARDIOTHORACIC** Deaths on TAVI waiting list Provision of TAVI Service - including ability to meet 36 week RTT, ability to treat urgent patients, lack of access to inpatient beds leading to increased mortality and morbidity of patients on the WL	5	4	20	Daily validation of TAVI waiting lists by the TAVI Team. Weekly monitoring of booking and scheduling, utilisation and productivity. Standardised communication processes for patients on the waiting list for TAVI. Regular feedback to the consultant body highlighting long waits.	5	4	20	Discussions ongoing in terms of the development of a 4th cardiac catheter lab. Work being undertaken with University to right size cardiology commenced April 24. Appointment of vacant Consultant Interventional/Structural Cardiologist - awaiting start date. recruitment of a locum consultant interventional cardiologist to support acute/elective work whilst we recruit for substantive post. Implementation of a ring-fenced mixed gender bay to mitigate risk of cancelling elective TAVI admissions.	5	3	15	Monthly	Weekly RTT meeting, Directorate performance review, CB& Directorate Q&S meetings, JCC performance meetings	
	53	12/07/2022	**Critical Care** 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	4	20	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board. Seek funding for expansion and refurbishment. Clarify commissioning arrangements.	4	2	8		Future Hospitals	
	54	12/07/2022	**Critical Care** Lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.The lack of a dedicated unit causes great uncertainty about the future viability of the service and this severely affects recruitment. In turn this requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. The service is at risk of closing. This would have a significant effect of Welsh Critical Care capacity and Healthboard reputation.	4	5	20	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider	4	5	20	To build a bespoke 10 bedded LTV facility	1	1	1		Strategy&Delivery	
	55	12/07/2022	**Critical Care** Lack of patient isolation facilities in UHW Critical Care Unit - Due to lack of isolation facilities UHW Critical Care has had to operate a cohorted COVID-19 ward (A3S) for over 2 years. If for example there are 2 patients with COVID-19, this takes a full 9 Critical Care beds out of use for other patients, meaning there has been need to operate in surge Critical Care areas ever since the beginning of the Pandemic. This is very inefficient outside of a major surge of COVID. The same approach would be expected to be employed in an Influenza Pandemic. In 2020, Cardiff & Vale opened a High Consequence Infectious Disease (HCID) Unit at UHW. This is intended to be utilised by non-Critically Ill patients with airborn pathogens such as MERS and TB. Currently there is only 1 room at UHW Critical Care Unit available to treat patients who become Critically Ill in the HCID. Us of this location may potentially mean the 8 beds distal to it are unusable for the duration	4	5	20	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care.	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	
	56	12/07/2022	**Critical Care** Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit - Failure of a hose or connector, in the next 10 years, without appropriate spares could result (in the best case scenario) loss of a single bed space, or (in worst case scenario) loss of 9 bedspaces for an extended period whilst emergency refurbishment occurs. This could be a period of several months as lead times for new Pendants are currently long. This would have a major effect on Tertiary Critical Care Services in South Wales.	5	5	25	No controls	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	1	1	1		QSE	

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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			
	57	12/07/2022	**Critical Care** Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit - Lack of assurance re: protection of staff and patients from airborn pathogens. Lack of assurance re: ability to host key services such as Haematology and HCID. Patient discomfort. Staff discomfort resulting in impaired staff retention. Risk of HCAI due to use of mobile air conditioners Risk of impaired brain outcomes due to difficulty treating pyrexias. Risk of delirium due to over-reliance on blinds to reduce temperature. Risk of ineffectual existing HVAC due to having windows open and risk of air pollution	5	5	25	Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs)	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	
	58	12/07/2022	**Critical Care** Lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit - in 2020 Cardiff and Vale Healthboard built a 10 bed High Consequence infectious Disease Unit at the UHW site. This facility is for airborn High Consequence infectious diseases (eg MERS) as opposed to contact infectious diseases (eg Ebola). Upon opening an assessment of the suitability of the HCID to provide level 2 and 3 Critical Care was made. The conclusion was that although the facility may (like other areas of UHW) be suitable for a Critical Care team to reach out and stabilise and intubate a patient there, it was not suitable for ongoing Critical Care. Patients would need to be transferred to a suitable Critical Care Unit for ongoing care.."	4	5	20	One isolation cubicle capable of receiving these patients with operational disruption due to location	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	

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					Initial Risk Rating					Current Risk rating							Target Risk rating			
Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Consequence	Likelihood	Total	Controls	Assurances	Consequence	Likelihood	Total	Gaps in Control	Gaps in assurance	Actions	Who	When	Consequence	Likelihood	Total	Date of next review
Major Capital																					
None at Present																					
Capital Property																					
None at Present																					
Capital PFI																					
PFI09		##########	**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.	Separate risk register prepared to monitor all associated risks.	4	5	20			Ongoing contract management.	UHB, IMC, Equans.	Performance meetings.	4	1	4	
PFI10		##########	**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.	Separate risk register prepared to monitor all associated risks.	4	5	20			Ongoing contract management.	UHB, Pobl,	Performance meetings.	4	1	4	
Catering 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	Team managers/Supervisors monitoring **weekly priority** given to the 4 hour blast freeze process and the cleaning and enzyme treatments over the production requirements. - Assurance is provided ability to produce and the additional purchase of external meals.	5	4	20	Additional labour funding required to provide designated hygiene cleaning team allowing the current production staff to maximise production. Recognition of the additional cost of purchasing eternally.	SBAR to be submitted to request additional funding.	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	Apr-24

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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.	There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals.	5	4	20	A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is prefered.	Limited funding or Capital monies to invest in an old building where the CFPU is located	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	Apr-24
19		**ADDED 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.	There is limited reassurance due to the fact we have no alternative lift avaiable other than increase the priority level for lift 46 any future repairs.	5	4	20	A location for an additional lift as contingenmcy or a suitable food safe route for food provisions	Limited funding or Capital monies to invest in an old building where the CFPU is located	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	Jun-24
Catering/ Retail																				
None at Present																				
Operations																				
None at Present																				
Security																				
None at Present																				
Portering and Switchboard																				
None at Present																				
Facilities Housekeeping																				
None at Present																				
Estates																				

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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	Inspection results recorded	5	4	20	Doors identified as not been compliant LGF Central link doors 237 x 2, LGF PLANT ROOM 3 No 143 x 2, LGF Dental No 14 x 2, LGF Medical Records No 317 new doors required, LGF Pembroke 330, 341N, 341, 343, 345, 346, 360 all require replacing, LGF Lakeside No 317 x 2, 359, 330, 331, 335A, LGF Outpatients rear exit doors.	Delays in carrying out the replacement of non compliant doors	Quotation required for replacement doors in line with fire legislation requirements -Fire doors have been reclassified around the C&V estate, New PPM to reflect this	Estates	ASAP	5	1	5	
Estates 30	UHW	MGPS Obsolete PRV & 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.	Checks on the equipment.	5	4	20	Possibility of manifold back up and alternate supplies for certain gases.	Unable to isolate equipment supplying critical parts of thehospital.	plan in place to incorporate the difficulties in changing obsolete and live working safety valves and obsolete PRV /GAUGES whilst maintaining the med gas supplies	IF/PG All MGPS	31-Dec-22	5	1	5	21/12/2022
Estates 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.	No incidents recorded and system managed to correct standard using OTIS contractor & BES inspection.	4	5	20	System managed as trained but not appointed formally	Do not follw the HTM standard and autorisation process, hence not compliant	To research and obtain quotes for service of a Lift AE.	Paul George	31-Mar-23	4	1	4	21/12/2022
Estates 76	UHW	**CHW Phase 2 Plant room**	**Risk/Issue:** Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	GW	5	4	20	None Specified	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. Due to chilled circuit being on roof plant room, any temporary chiller options would be very challenging, but not impossible.	5	4	20	Parts availability 6-8 weeks	None specified	None specified	Chris Watts	04/07/2023	5	1	5	31/07/2023
			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						LVAP action plan include - Electrical team providing ongoing weekly checks BMS Alarms to shift pager is being investigated/feasibility to provide early warning of changeover failure											

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Estates 93	UHW	**LV Substation 2A**	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	5	4	20	None Specified	Emergency SOP in place with all Electrical team/shift teams - manual switching of ACB – restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes, maximum time of 40 minutes) potentially without power for this duration Mitigation on attendance timeline: lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration) Panelboard coverage - include life support areas, main theatres, pre-operation, post-operation, ITU, Home Office Essential Areas, Essential Public Heath Wales Labs Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-serviceable	5	4	20	None specified	None specified	Chris Watts	29/07/2023	4	2	8	
Estates 111	UHW	**Main Chiller Pipework**	**Risk/Issue**: External supply and return main chiller plant pipework is 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	No assurances due to level of thickness deterioration to date.	5	4	20	Unknown detail of pipework and duration exposed to the elements.	Suggest inspect further sections to check overall condition of pipework	Both sections of the corroded 2 metre length of supply and return pipework needs to be replaced.	Estates, tbc	2023/24	5	1	5	
Estates 112	DSS4 HV & LV Sub Doors	09/09/2023	**Risk/Issue**: Both DSS4 Maternity HV substation double doors and LV switchroom single door are made from slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	GW	5	4	20	Monitor condition until planned replacement	Due to the risk off not solid fixing and loose fitting plus possible barring open the doors and into the HV/LV rooms No assurances. No issues to date but high possibilty	5	4	20		Obtain quotes and replace asap.	Replace both sets of doors to metal/steel type with securefixing and locks, with CLIQ key system.	P George	2023/24	5	1	5	

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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.	Monthly , quarterly and annual thorough cleaning of the CWST is required and some safe access as a temporary measure until permanent can be installed.	5	4	20	Both contractors and DEL labour require access.	Check with contractor last time inspected and how safe access was achieved?	Design and install a permanent, secure and safe access uregently.	P George	31/12/2023	4	1	4	31/03/2024
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	5	4	20	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration)	Roof sheets in S. West corner of A south will require renewing long term	5	4	20						4	1	4	
Estates 123	Sigma BMS control cards	18/10/2023	**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 **U**HW 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)	GW	5	4	20		Have now been limited to Pass limited USED/second hand BMS cards have now been totally used-up, no further stock or availability in-place, increasing passed assurance, due to factors above– needs to be re RAG rated	5	4	20	Gaps in control **–** Minimal Upgrades have taken part, recent issues with IM&T ports closing down, firewall rules not allowing communication, single points of failure BMS computer, no IT direct support.					5	1	5	
Estates 124	UHW	Main Oxygen VIE Supply	**Risk/Issue:** Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route. Major rosk if tree roots cause unseen damage to pipework which would disrupt oxygen supply to hospital.	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.	Piped system can only be checked from exposed pipe above gound level.	5	4	20	Unsure of general condition of buried oxygen pipework	Planned improvement works to site oxygen from second VIE but long term project and the estates VIE will form part of the improvement plan, therefore needs secure and protected pipework.	Investment and plan to replace and redirect the main oxygen pipework run into the hospital.	P George	31/12/2024	5	1	5	31/01/2024
Estates _145	B & C Motor Room Roof Membr	17/04/2024	Risk/Issue: B Block Motor room membrane is no longer attached to roof and leaks over Lift machinery (motor/Electric panels and into lift car) Whole membrane requires replacing. C Block motor room roof membrane is intact at the moment, but floats up and down in the wind, so is not attached to the roof in the centre		5	4	20		Leak into B Block monitored and catchment pigs set up – Building teams obtaining quotes / funding as high cost. C block is not leaking at present, but without remedy membrane will be damaged over time.	5	4	20	None specified	None specified		Jody Sheppe rd		4	1	4	
Estates _148	Hamadryad	25/09/2024	Risk/Issue:2nd Floor internal damp damage from chimney stacks. Damp issues and mould from poor condition of chimney stacks and vegetation to gutters.		4	5	20	Not possible	Scaffold is needed to access all roof repairs. Quotes have been submitted	4	5	20	None specified	None specified		Mark Wright		4	1	4	
Critical Risk Project																					
			Issue: High voltage load shedding equipment											•Upgrade existing system and associated equipment to latest standard							

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2		**UHW** 20/11/2023	**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		•Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure •Look at simple override function (remote switching) •Possibly move away from BMS control and move to independent system			5	1	5	
7		**UHW** 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		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			4	1	4	

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			Treated water (chlorine dioxide) not supplied in event of total failure Labour intensive to resolve																			
15		**UHW** 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	
28		UHW **01/12/2024 date**	**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	

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38		**UHW** 01/12/2024	**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	4	20		•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	
48		**UHW** 01/12/2024	**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	
			Issue: 2 cold/hot water storage tanks					•Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system.						•Replacement of tanks completely to current standards.						

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50		**UHW** 01/12/2024	**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	•2 tanks normally available for resilience.	5	4	20		•Two independent tanks fitted of the correct size and in line with today's standards •Ensure access ladder upgraded			4	1	4	
79		**UHB** 04/12/2024	**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	
85		**UHW** 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		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	

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			Installation does not allow for easy testing by pharmacist. Old plant uneconomical to run electrically																			
93		UHW 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	
Mechanical																						
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.	System is subject to statutory testing and inspection in line with legislation and HTM	5	4	20	System is currently being maintained but needs replacing	Non complian with HTM	prepare plans to renew the Chiller	DC Team	Sep-20	5	1	5	
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	System has never complied with HTM'S	5	4	20	System isnt suitable and correct maintenance is restricted control measures are not sufficient to reduce the risks significantly	Curernt HTM not being adhered to	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

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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	System has never complied with HTM'S	5	4	20	System isn't suitable and correct maintenance is restricted. Control measures are not sufficient to reduce the risks significantly	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly
M31		Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation. **Impact:** Not compliant	GW	5	4	20	Regular maintenance being carried out	System has never complied with HTM'S	5	4	20	Not compliant with HTM control measures	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly
M32		Apr-22	**Risk/Issue:** Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. **Impact:** Loss of refrigerated drugs causing interuption to service	GW	5	4	20	Regular maintenance being carried out	Fridge is maintained on a regular basis however breakdowns have occurred outside of the service window.	5	4	20	Due to age failure is likely	Parts are currently on a long lead in time if system was to fail	Renewal of Fridge and componenets with run and standby equipment required	DC Team		5	1	5	Bi Monthly
M33		Apr-22	**Risk/Issue:** SPS walk in Drugs fridge in UHW Pharmacy stores GF is old and requires renewing due to being unreliable and parts difficult to obtain. **Impact:** Loss of refrigerated drugs causing interuption to service	GW	5	4	20	Regular maintenance being carried out	Fridge is maintained on a regular basis however breakdowns have occurred outside of the service window.	5	4	20	Due to age failure is likely	Parts are currently on a long lead in time if system was to fail	Renewal of Fridge and componenets with run and standby equipment required	DC Team		5	1	5	Bi Monthly
M34			**Risk/Issue:** Helipad Main Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems. **Impact:** Quality of Air supplied & Not compliant		5	5	25	Regular maintenance being carried out	The medical air plant is maintained on a regular basis however breakdowns have occurred outside of the service window.	5	4	20	System is currently being maintained but needs replacing	Non compliant with HTM	Bid to WG for funding under EFAB schemehas been improved for implimentation 2024/2025	DC Team		5	1	5	Bi Monthly
M35			**Risk/Issue:** Ambulatory Care Medical Air Plant supplied and installed by another with no medical gas certification. Plant components are bespoke items which are not specified for medical gas systems. Plant is non-compliant to the HTM02-01 MGPS Part A: Design, Installation, Validation & Verification Medical Compressed Air Systems. **Impact:** Quality of Air supplied & Not compliant		5	5	25	Regular maintenance being carried out	The medical air plant is maintained on a regular basis however breakdowns have occurred outside of the service window.	5	4	20	System is currently being maintained but needs replacing	Non compliant with HTM	Bid to WG for funding under EFAB schemehas been improved for implimentation 2024/2025	DC Team		5	1	5	Bi Monthly

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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	UHW & UHL would suffer from Equipment Failure due to high pressures	5	4	20	Not compliant with HTM		UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being sourced.			5	1	5	Bi Monthly
M46		Oct-23	**Risk/Issue:** Ventilation verification of critical systems has identified a non compliant plant and airflow serving main recovery at UHW **Impact:** Potential AHU failure leading to loss of main recovery	GW	5	4	20	Regular maintenance being carried out.	System is subject to statutory testing and inspection in line with legislation and HTM	5	4	20	Systems are being maintained to best endeavour	System needs replacing	prepare plans to renew the AHU	DC team		5	1	5	
M49		Oct-23	**Risk/Issue:** Ventilation AHU serving Maternity delivery suites does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. **Impact:** Potential AHU failure leading to loss of service.	GW	4	5	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annualy	4	5	20	replacement of AHU required	Statutory inspections records are kept on a spread sheet and need to be trasnferred to a data base	prepare plans to renew the AUH.	DC Team	01-Aug-20	4	1	4	
M50		Oct-23	**Risk/Issue:** Ventilation AHU serving Obstetrics east and west does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. **Impact:** Potential AHU failure leading to loss of service.	GW	4	5	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annualy	4	5	20	replacement of AHU required	Statutory inspections records are kept on a spread sheet and need to be trasnferred to a data base	prepare plans to renew the AUH.	DC Team	01-Aug-20	4	1	4	
M54			**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	Systems are statutory tested and inspected annualy	4	5	20	replacement of boilers required	statutory inspections records are kept on a spread sheet and need to be trasnferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3	
M61			**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	Systems are statutory tested and inspected annualy	4	5	20	replacement of boiler required	statutory inspections records are kept on a spread sheet and need to be trasnferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3	
Electrical																							

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E1			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. Lifts 1, 2,5,6,12,13,14,15,16,17,18,19,20,21 ,22,23,24 & 27 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	The UHB has an annual testing program in place that inspects all lifts. These lifts require major overhaul and upgrade to latest standards	4	5	20	Some parts are likley to become obsolete whilst waiting for upgrades	Although lifts are annually tested in line with statutory requirements this doesn't control any breakdowns	Put a replacement plan in place for lifts	Senior Electrical engineer	01-Dec-25	4	1	4	
E16			Risk/ issue: during maintenance and testing works for operation POET (power outage emergency test) an issue was encountered in electrical sub station 2A where the automatic changeover system to start the low voltage generator is not functioning. Maintenance and re-testing has been carried out on numerous times however has not resolved the issue. The equipment cannot be 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	Discretionary Capital will start the Design and Tender process to enable funding to be sought from Welsh Government for replacement of the equipment.	5	4	20	Redesign of the electrical infrastructure required to improve reliability and resilience	Obsolete parts unavailable in the short term until replacement project can be undertaken.	Bid to WG for funding under EFAB scheme or BJC funding for 2024	Senior Electrical engineer	01-Dec-24	5	1	5	
Asbestos																					
None at Present							0						0							0	
Assurance and Compliance																					

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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 enter	The site is manned 24hrs per day, both physically and remotely. Lone working protocols are in place. Site visits are carried out by experienced personnel who have a knowledge of the building and its associated risks.	5	4	20	Failure to continue to maintain the 24 hr. site security presence (cost pressures). Ongoing deterioration caused by the present/ changing weather patterns. Determined tresspasser/ thieves to bypass the existing security control measures.	Assurances for the ongoing safety and security of the site are somewhat limited due to the ongoing environmental impact damage to the building, as signifficant thefts of the lead flashing as caused and is causing a signifficant ingress of rain water into the building.	C&VUHB are actively involved in removing Whitchurch Hospital from its property portfolio. Until then the current control measures will remain in place.	CEF discretionary/ major capital teams. CEF assurance and compliance team. CEF security team/ security contractor.	Ongoing	5	1	5	21/03/2024
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 year contract in place. Started 1st Sept 2019. 3 + 1 + 1 year contract end date 1st Sept till 2024. 60% of dampers are being inspected annually.	5	4	20	40% of dampers are not being serviced due to access issues. These range from no access hatches through to existing services prevent damper access.	Some of the dampers can not and will not be able to be access due to the amount of services obstructing the damper access.	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	1	5	Monthly

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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.	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis.	5	4	20	Inspections will only be carried out as and when ceiling voids are made safe of asbestos	Unable to complete until all floors have been made safe of asbestos.	Continue with schemes to made area accessible.			5	3	15	
Building																						
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	Roof is being monitored	5	4	20	No plan at present to address the issues	Monitoring is not recorded formally	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	
B13			UHW Pharmacy - Roof failure - potential that closure of dispensary	GW	5	4	20	Temporary repairs and controls eg rain catchers	When experiencing inclement weather, estates maintenance monitor area and implement reactive controls eg clean up and bunding	5	4	20	Awaiting specialist survey results		Upon receipt of specialist survey implement corrective measures	DC team	01-Dec-24	4	2	8	
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.	Assurances are through monthly reporting and meetings with finance.	5	4	20	None	None at present	None	Head of Energy and Performance	20-May-22	5	4	20	Bi Monthly

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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.	Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy	5	4	20	None at present	None at present	Discussions are in progress with Clarke Energy regarding future options and the provision of an O and M temporary bridging contract until 31/3/23. There will be no warranty/breakdown provisions with this agreement. Risk rating has been upgraded.	Head of Energy and Performance/Head of Discretionary Capital & Compliance/Head of Facilties	Ongoing	5	2	10	

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Report Title:	Stakeholder Reference Group Report				Agenda Item no.		
Meeting:	UHB Board	Public	X		Meeting Date:	28th November 2024	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive Title:	Executive Director of Strategy & Planning						
Report Author (Title):	Lani Tucker, Chair of Stakeholder Refernce Group						

Main Report
Background and current situation:

BACKGROUND
This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT
The SRG considered the following.

Clinical Services Plan
Vicky Le Grys gave a presentation updating the SRG on the development of the Health Board's Clinical Services Plan. The SRG was informed that the Clinical Services Plan would be a ten-year plan and one of several strategic plans underpinning the Health Boards Shaping Our Future Wellbeing Strategy. The SRG was provided with a brief overview of the Plan's scope and content and informed that a considerable amount of work has been undertaken already including:

The next steps in the developed of the Plan were then described. The intention is for the Plan to be approved and launched during summer 2025. The Health Board had, however, taken the decision to go early on developing its Babies, Children and Young People Plan. A technical plan will be produced plus a quality and safety plan. Alongside this a 'public' document will be published which the Health Board's Youth Board will help to develop. Sarah Tipping explained that a 16-week period of engagement had already taken place. A multi-media approach had been taken to the engagement. A range of publicity had been deployed including posters, social media and more targeted publicity. There had been several online engagement sessions plus in-person engagement sessions. Llais had been involved from the outset and existing engagement feedback had been analysed. In total over 1,400 responses had been received. The draft Babies, Children and Young People Plan will be discussed at the UHB Board Development session at the end of October.

The SRG made a number of comments.

- The engagement undertaken on the Babies, Children and Young People Plan has been exemplary.
- It might be helpful for the Health Board to link in with South Wales Police's Youth Voices Forum.
- Superintendent Matthew Lewis' 'Right Care Right Person' approach might be of interest when developing the Mental Health element of the Plan.
- It would be helpful to have more details of the planning assumptions. Vicky Le Grys explained that the planning assumptions had not yet been approved but agreed to share a draft with the SRG.

It was agreed that Vicky Le Grys would return to SRG in November as part of the Clinical Services Plan ongoing engagement.

Development of an Integrated Community Care System in Cardiff and Vale
Alex Bridgeman and Cath Doman provided the SRG with an update on the development of an integrated community care system for Cardiff and Vale. The SRG was informed that WG's Six Goals for Urgent and Emergency Care could be simplified into three core questions:

- How do we keep people safe at home in the community?
- People need safe and effective alternatives to admission. What are they and how do we provide them?
- How do we provide the best care within hospitals and ger people home as soon as possible?

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The @Home Programme seeks to address the first of these questions. It is the RPB programme which co-ordinates the work of its partners to design and deliver an Integrated Community Care System. The @Home governance arrangements and 2024/25 Delivery Plan were then briefly explained.

The SRG made a number of comments and observations.

- There are frequently difficulties in accessing GPs. It is important that people know how and where to access help quickly as early triage is vital. The SRG was informed that the Health Board was working with the NHS111 service to see if some calls to NHS111 could be streamed to CAV24/7 to take advantage of better local knowledge of the services available. There are also plans to further develop CAV24/7 by introducing a single digital point of access and enhancing the clinical time invested in the service.
- How and where will community beds be provided? The SRG was informed that the Health Board had community beds at Barry and St David's Hospitals which are currently used for 'step-down' from acute hospitals. The intention is that over time these will be used increasingly as an alternative to admission to an acute hospital notwithstanding that individuals must always be admitted to the most appropriate place for their needs.
- How will workforce be aligned with the needs of the new system especially given that the number of people of working age is decreasing. Cath Doman acknowledged that securing a sustainable workforce was arguably the most complex part of the programme and a cultural shift and phased approach would be required.
- A single point of access also means a single point of failure. Robust back up plans will be essential.
- Consideration must be given to how people who are digitally excluded can access the single point of access e.g. via their GPs.
- Individuals moving into the area must be able to easily access services.

It was agreed that SRG be provided with an update on the development of the new integrated community care system during 2025.

Partnership Work
Sarah Tipping informed the SRG that earlier that year, Cardiff and Vale of Glamorgan Local Authorities had agreed that a Public Services Engagement Sub-Group of the two Public Service Boards be established. It is anticipated that the inaugural meeting will be held in October at which terms of reference and membership will be agreed. The proposed membership is drawn from the current PSBs but will be reviewed. The SRG will receive regular updates from the Sub-Group and the Terms of Reference and Membership will be brought to the SRG in November.

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

Recommendation:

The Committee is requested to:

a) **NOTE** this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

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Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?:

*Please place an "**X**" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk*

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*

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

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

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ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	19 September 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair's Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- Gareth Hardacre, Director of People, Organisational Development & Employment Services, would be in contact with the members to discuss the Chair's appraisal for this year and the Chair encouraged all partners to participate and provide feedback;
- the Chair participated in the Chair's Peers Group in August and September 2024 meetings;
- the Chair was part of the Managing Director's appraisal meeting with Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive. The review was a very positive one, emphasising the progress and improvement in NWSSP during this year and its significant contribution to the NHS in Wales; and
- the Chair attended a meeting with the new Cabinet Secretary for Health & Social Care, Jeremy Miles. The key messages were to ensure collective effort to deliver the Ministerial priorities to explore in depth how the NHS can be more resilient and sustainable, to invite organisations to collaborate to deliver the Ministerial priorities, to be open to learning about what is going well and to identify obstacles found in the system. The Cabinet Secretary's invitation was to champion the good work undertaken to date and challenge organisations to go further. He stressed the importance of Once for Wales approaches as being fundamental and not contentious.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

A brief report from the Welsh Risk Pool (WRP) was provided in the report and would be a standing feature going forward. An update was provided by Jonathan Webb, Head of Safety and Learning, NWSSP Legal and Risk Services, to the Chief Executives meeting, which was timely in terms of the Annual Reviews, which would be sent out individually to NHS Wales organisations. Discussions included the financial position and the need to continue to learn lessons within and across NHS

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organisations. An invitation was kindly extended to all individual committees within NHS Wales organisations to further explore WRP matters, should they wish to;
- The solar farm in IP5, Newport, received planning permission from Newport City Council. The next stage is to start installing the solar panels to contribute to the Radio Pharmacy project as well as to support the Decarbonisation Plan;
- Work is continuing on the larger South East Wales Hub element of the TrAMs programme;
- Sessions have been running in partnership with colleagues from Aneurin Bevan UHB on employee investigations where members of staff from different organisations are attending to start the journey to deal with investigations the best possible way, to try to reduce any avoidable employee harm in the process;
- We have signed up to the Armed Forces Covenant and have been working with them in areas such as recruitment;
- There was a further meeting recently with Welsh Government regarding PPE stock holding with an aim to reach resolution on the stock that NWSSP would be instructed to hold but further discussions would be required; and
- From 9 September 2024, the Medical Examiner Service became statutory and it has already caused an approximate 20% increase in work carried out during the first week. There were no significant issues in terms of records and the workload is well managed. A letter was sent on 22 August 2024 to Chief Executive Officers regarding the signing of Death Certificates by F1s (Junior Doctors), which legally they are not allowed to do as they are provisionally registered only.

Deep Dive

Developments in Audit & Assurance Services

A comprehensive deep dive was presented to the Committee by the Director of Audit and Assurance Services, Simon Cookson. The Committee received information as regards quality assurance, benchmarking and a new Global Internal Audit Standard to be introduced from 9 January 2025.

Items Requiring SSPC Approval/Endorsement

Audit Committee Terms of Reference

The Audit Committee Terms of Reference were endorsed by the Audit Committee on 25 July 2024 and presented to the Committee for approval, as required by the Standing Orders. The main aspect of the update of the Terms of Reference was to reflect the updated role for Assistant Director of Corporate Services. The Committee **APPROVED** the Terms of Reference.

Armed Forces Covenant

As NWSSP has already been awarded the Armed Forces Bronze Medal the Committee endorsed organisational efforts towards achieving the Silver Medal. The award demonstrates support to the defence and armed forces community and organisations pledge to align their values with the Armed Forces Covenant. The Committee **ENDORSED** the Covenant.

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Items for Noting

Customer Service Excellence Organisational Action Plans (Verbal)

The outcome of the year two assessment of the Customer Service Excellence accreditation was very positive and provides assurance around excellence in the customer services delivered by NWSSP. Assessor feedback detailed exceptional performance, with 12 compliances pluses and 35 compliances overall. There were no areas of partial compliance. Areas of strength included organisational leadership and staff empowerment and areas for improvement included customer service training and the customer charter which would be covered in the Autumn SSPC Development Day. The Committee **NOTED** the Report.

2023/24 Wales Infected Blood Support Scheme (WIBSS) Annual Report

The Report provides an update on the finance and support provided during the financial year of 2023/24 and details the proactive work carried out by WIBSS during the period, looking ahead to priorities relating to 2024/25. The Committee received an update that the UK Infected Blood Compensation Authority (IBCA) would be in place by 1 April 2025 and the NWSSP team is working closely with the Cabinet Office in relation to the transitional arrangements. The Committee **NOTED** the Report.

2023/24 Audit Committee Annual Report

The Report had been discussed and approved by the Audit Committee in July 2024 and was brought to the Committee for discussion and noting, as detailed in the Standing Orders. It highlighted the activities and the performance of the Audit Committee during the previous twelve-month period. There was one limited internal audit review during the course of the year that related to Decarbonisation, which has been reported to Welsh Government. The Committee discussed the risks relating to limitations on capital funding around the affordability and deliverability of the Decarbonisation Action Plan, which was identified as one of the main contributing factors which underpinned the limited assurance rating. The Committee **NOTED** the Report.

Finance, Performance, People, Programme and Governance Updates

Finance – The financial position to the end of 31 August 2024 was a year-to-date surplus of £1.831m. This was reported as a surplus of £1.414m within core operational budgets and £0.417m against the recurrent covid allocation.

NWSSP has incurred £0.300m capital expenditure to date against its current £6.611m Capital Expenditure Limit (CEL). NWSSP is continuing to work on a capital prioritisation exercise to inform the allocation of the remaining £0.218m of discretionary capital funding and reviewing the prioritisation in readiness for any opportunities to bid for year-end capital slippage funding. Some of the capital challenges faced this year had been the medical records storage unit in Mamhilad and the Laundry Service.

Capital schemes are being reviewed and there had been meetings in terms of revenue position with all divisions in NWSSP. The main areas to be discussed were the control processes around the vacancy positions and the variable pay. The Welsh Risk Pool has no overall change to the forecast for the current year, but there will be some changes to the distribution of the risk which will be informed by Linsay Payne, Deputy Director of Finance to the NHS Wales Deputy Directors of Finance. There was good progress on the NWSSP

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'no PO, no Pay' position.

People & Organisational Development Update – Sickness absence had slightly increased to 3.18% from 2.89%, compared to the same period last year, but remains under the NHS target of 3.3%. In e-learning, overall compliance remains very high, with two areas below target being Laundry Services and Welsh Employers Unit. Agency spend has been positively reduced in accordance with Welsh Government's target reduction of 15% until January 2025, seeing NWSSP reduce its overall spend year to date by 87% (£32,622). PADR compliance was above target this month at 85.28%. There had been a questionnaire targeted specifically to Single Lead Employer (SLE) employees regarding the Speaking Up Safely implementation. A deep dive session around the SLE model would be scheduled for a future meeting, together with an update on race equality, once data becomes available.

Performance – The report presented the Key Performance Indicators (KPIs) for April to July 2024. To date, there were no significant areas of concern to be brought to the Committee's attention. The website is going under a major review by the Communications team, and NWSSP are in the process of recruiting for a Head of Communications. Professional influence benefits amount to £111m as at the end of July, and there was a significant reduction in the Time to Hire metrics, which are showing a reduction to 59 days, where the target is 71 days. In accordance with the IMTP cycle, there will be a review of all targets including Time to Hire.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and has a focus on outcomes from the IMTP. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being, noting room for improvement with staff turnover. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Project Management Office Update – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Headquarters relocation project has suffered some delays which are being worked through and SSPC will continue to be informed of developments. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.

Corporate Risk Register – There are six red risks reflected in the Corporate Risk Register. The Primary Care Workforce Intelligence System risk was escalated by the SLG at its last meeting. As it has been detailed and discussed by the SLG, the assurance has been given on the actions to take forward to mitigate the risk and to bring to the Committee any further assurance required. The remainder of the Corporate Risk Register position remains stable.

The Committee **DISCUSSED** and **NOTED** the update Reports

Papers for Information

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The following items were provided for information only and the Committee **NOTED** the reports:

- Personal Protective Equipment (PPE) Report;

• Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25); • NWSSP Audit Committee Assurance Report - July 2024; • Draft Agenda October Development Session; and • Forward Plan.	
Part B (Private Session) *Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960*	
The Minutes the 18th July 2024 Shared Services Partnership Committee meeting Part B were approved.	
Any Other Business (AOB)	
The Committee approved Linsay Payne, Deputy Director of Finance, NWSSP as the Welsh Energy Group Vice Chair.	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	21 November 2024

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	12/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stacey Taylor - JCC Interim Chief Commissioner
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	November 2024	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 12 November 2024.

Key highlights from the meeting are reported in Section 3.

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2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted November 2024 - NHS Wales Joint Commissioning Committee)

Alert / Escalate	• The Chair and Lay Members noted that the Ambulance & 111 Commissioning team had undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio and the legacy ambulance risks of EASC had been amalgamated into two new risks relating to the Commissioning of sufficient Emergency Ambulance Services capacity and the utilisation of Emergency Ambulance Capacity. Lay members expressed concern at the red 25 high scoring risks. Despite the new risks being articulated to provide more of a commissioner focus, the Chair requested that further work be undertaken in relation to mitigating the risks. These risks will be discussed at the next JCC Strategy session on 10 December 2024.

Advise	• The Chair congratulated Stacey Taylor, on her appointment as the new Interim Chief Commissioner and explained that a Chairs Action would be circulated following the meeting in order to seek approval for and increase to the financial delegation limits for the interim Chief Commissioner.
	• The Chair gave an update on the recruitment process for securing a substantive Chief Commissioner.
	• The Chair also welcomed the two new Lay Members to their first JCC meeting, Mandy Rayani and Shameem Nawaz who commenced on 1 November 2024.
	• An update was received from the Interim Chief Commissioner including details on:
	  ○ The development of the Integrated Medium-Term Plan (IMTP) 2025-28;
	  ○ Public Health Input into the JCCs commissioning activities;
	  ○ Update on the JCC transition – progress to date and plan for actions over the remainder of 2024-2025 including priority areas of focus for the Senior Leadership Team.
	• Members received Reports from each of the Commissioning Directors;
	  • The Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups highlighted:

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- The single Commissioner Project for Secure Care has been extended until April 2026 in order to develop service specifications for low and medium secure hospitals;
- Perinatal Mental Health and work on the new Mother and Baby Unit in Chester has commenced with a completion date of October 2025. A review of demand for perinatal care will be completed by March 2025;
- Updates on Adult and Children Gender Identity Disorder Services were provided;
- A request was made for a deep dive into the mental health portfolio to inform future strategy and this will be undertaken and brought back to a JCC meeting in early 2025.

- The Director of Commissioning for Ambulance and 111 provided updates on:
  - Emergency Medical Retrieval and Transfer Service (EMRTS) Review – Judicial Review;
  - Manchester Arena Assessment;
  - Welsh Health Circular on Ambulance Patient Handover guidance WHC/2024/041;
  - Evolution of the Clinical Response Model;
  - Non-Emergency Patient Transport Services (NEPTS) – Future Vision Update; and
  - Key risks.
- The Director of Commissioning for Specialised Services provided updates on:
  - Cancer & Blood - Developments in specialised radiotherapy: Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours, continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales and advanced Therapy Medicinal Products (AMTP) implementation;
  - Cardiac - Transcatheter Aortic Valve Implantation (TAVI) performance, cardiac Review Phase 2, South Wales Trauma Network Annual Conference and repatriation of cardiothoracic surgery to the University Hospital of Wales;
  - Intestinal Failure Financial Position update;
  - Neuroendocrine and Long-Term Conditions - Deep Brain Stimulation service update, North Wales Paediatric Cochlear Implants and progress with repatriating patients from Manchester for their follow up care and South Wales Mechanical

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	Thrombectomy capacity and Phase 1 investment update; ○ Women and Children – Updates on paediatric Strategy Implementation Board, Neonatal Transport Delivery Assurance Group and the Paediatric and Neonatal Escalation Reset meeting; and ○ Commissioning risks across the portfolio were highlighted and a discussion in relation to agreed funding cases not being progressed will be taken up outside of the meeting. • An Emergency Medical Retrieval and Transfer Service (EMRTS) Recommendation 4 update was received on progress with the developments of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas. Members noted that Recommendation 4 was made as part of the EMRTS Review. Recommendation 4 focuses on developing a commissioning proposal for a bespoke road-based enhanced and/or critical care service in rural, remote, and coastal areas. It addresses concerns raised during public engagement about ambulance responses for conditions that do not require EMRTS's specialised pre-hospital critical care. Importantly, it is an additional emergency service development that will work as part of the emergency ambulance service and alongside the air ambulance service for these remote rural and coastal communities.
Assure	• Members endorsed the introduction of rapid clinical screening by the ambulance service as a means of mitigating harm this winter. Item 2.3.2. • Members discussed the findings of the Recommendation 4 Task and Finish Group report and endorsed draft Commissioning Intentions and delivery criteria. These Commissioning Intentions will now be shared with the Welsh Ambulance Services University NHS Trust to develop a comprehensive delivery model for consideration at a future JCC meeting early in 2025 as outlined in item 4.1. • An update on the JCCs sub-committee structure was received. The JCC approved the proposed lay member nominations and acknowledged the advice received from the NHS Wales Directors of Corporate Governance (DoCG) peer group, the Chair proposed that the designation of the CEO members would be amended from attendees to members for the Joint Committee's Planning, Performance

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and Finance sub-committee and the Quality, Safety & Outcomes sub-committee. The Terms of Reference will be amended accordingly and brought back to the JCC in January 2025 for endorsement before seeking final approval from HBs at January 2025 Board meetings.

- The September 2024 JCC risk register was received noting the further work undertaken to consider and benchmark risk appetite. Discussions over the very high risks relating to Ambulance/111 led to a request for further consideration of the ambulance red 25 risks. Members also noted that work on developing a JCC risk appetite was progressing and this will be discussed further at the JCC Development session in December 2024 and also brought back to the JCC meeting on 21 January 2025.
- The Month 6 Financial Performance Report and Financial Plan Update was received noting:
  - £3.776 overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.640;
  - A presentation providing an update on the financial plan for 2024/2025 and options for financial recovery;
  - An update on the Month 7 position was provided, which has remained stable with £3.5m deficit for the year to date and the year end forecast remaining at £5.6;
  - They key risks of the cardiac (TAVI) over-performance circa £2 million;
  - Opportunity costs of £1.5m of funding slippage as well as potential additional funding following the UK budget;
  - The key areas below were discussed in detail as potential opportunities to improve value;
    1. Cardiac (TAVI)
    2. Artificial Limb and Appliance Service (ALAS)
    3. Referral Management
    4. Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals
- The JCC Performance Report for September 2024 was received noting the development of an integrated performance report for the JCC. It was noted that a number of specialised services were on a downward escalation trajectory which was welcomed and the work involved by service providers and the JCC commissioning teams was acknowledged.
- The Committee received the Corporate Governance update report which included matters considered in-committee at the September meeting.

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Inform	• The Chair welcomed Chair of BCUHB, Dyfed Edwards and the CEO of BCUHB, Carol Shillabeer to the meeting who provided an informative update on their experiences of working in partnership with the JCC. Members discussed the importance of creating proactive and accountable partnerships with HBs and BCUHB provided their helpful reflections. • The JCC agreed not to support providing additional funding for the Emergency Medical Technician re-banding case and requested that further information in relation to the costings be brought back to the January 2025 JCC meeting for further consideration. • The JCC noted updates on Implementation of Legacy Plans for Quarter 2. It was noted that this report would also be shared with Welsh Government (WG) for assurance on delivery.
Appendices	None

Note that an "in committee" meeting was also held to provide an update on a judicial review and a quality and safety update. A formal update will be given to the next public JCC meeting on 21 January 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research

Signed: Kevin Ian 21/01/2025 13:17:11

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
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:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
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 for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

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