Public Board Meeting

Thu 30 January 2025, 09:30 - 13:35

Woodland House, Coed Y Bwl

Agenda

09:30 - 09:35
5 min

1. Welcome & Introductions

Charles Janczewski

09:35 - 09:35
0 min

2. Apologies for Absence

Charles Janczewski

09:35 - 09:35
0 min

3. Declarations of Interest

Charles Janczewski

09:35 - 09:35
0 min

4. Minutes of the Board meeting held 28.11.2024

Charles Janczewski

4. Public Board Minutes 28.11.24 (1).pdf (13 pages)

09:35 - 09:40
5 min

5. Actions – following meeting held on: 28.11.2024

Charles Janczewski

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

09:40 - 13:00
200 min

6. Items for Review and Assurance (09:40 – 12:30)

6.1. Patient Story - Exercising My Way Out of Depression (15 MINUTES)

Jason Roberts

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

Charles Janczewski

6.2 Chairs Board Jan 2025 FINAL.pdf (9 pages)

6.3. Chief Executive Officer Report (15 MINUTES)

Suzanne Rankin

6.3 CEO Board Report SR Final JAN 2025 V3.pdf (5 pages)

6.4. Board Assurance Framework (10 MINUTES)

Matt Phillips

6.4 BAF Board Cover Report.pdf (2 pages)

6.4a BAF.pdf (34 pages)

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

Matt Phillips

1. *People & Culture 19.11.2024*
2. *Quality, Safety & Experience 26.11.2024*
3. *Finance & Performance 20.11.2024*
4. *Digital & Health Intelligence 12.11.2024*
5. *Charitable Funds 10.12.2024*

6.5.1 - P&C Chairs Report 19.11.24 ns.pdf (4 pages)
6.5.2 - QSE Chairs Report 26.11.2024.pdf (3 pages)
6.5.3 - F&P Chairs Report 20.11.2024 ns.pdf (5 pages)
6.5.4 - DHIC Chairs Report 12.11.24 ns.pdf (3 pages)
6.5.5 - CFC Chairs Report 10.12.2024.pdf (3 pages)

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

Marie Davies

6.6 Strategic Planning Commissioning and Partnerships (2).pdf (7 pages)
6.6a Annex A - SE Wales Regional Portfolio - Dec 2024.pdf (5 pages)
6.6b Annex B - UHB General Engagement Update Jan 2025.pdf (2 pages)
6.6c Annex C - Charter for Bereaved Families.pdf (1 pages)

6.7. BREAK (10 MINUTES)

6.8. Integrated Performance Report (60 MINUTES):

Executives

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

6.8 CV IPR Corporate Header Jan 2025 DT (2).pdf (16 pages)
6.8a CV Integrated Performance Report Jan 2025 DT (1).pdf (42 pages)

6.9. Infected Blood Inquiry Update - Learning & Recommendations (25 MINUTES)

Richard Skone

6.9 Infected Blood Inquiry Update (1).pdf (8 pages)

6.10. LUNCH (30 MINUTES)

13:00 - 13:35
35 min

7. Items for Approval / Ratification (13:00 – 13:35)

7.1. Director of Public Health Annual Report: Prioritising the Early Years, Investing for the Future (15 MINUTES)

Claire Beynon

*****The full report can be located in the supporting documents folder*****

7.1. Covering Report 2024-25 DPH Report (2).pdf (4 pages)

7.2. Pentyrch Development (10 MINUTES)

Marie Davies

The Procurement Report, the Request for Approval Form & the Form of Agreement can be located in the supporting documents folder

7.2 Pentyrch Surgery's Development (2).pdf (3 pages)

7.3. Joint Commissioning Committee Governance Framework (5 MINUTES)

Matt Phillips

7.3 JCC Governance Framework V2.pdf (7 pages)
7.3a Appendix 1 - ToR Planning Performance Finance.pdf (11 pages)
7.3b Appendix 2 - ToR Quality Safety and Outcomes.pdf (14 pages)

7.4. Next Generation Sequencing (5 MINUTES)

Catherine Phillips

7.4 Novaseq XPlus - Next Generation Sequencing (1).pdf (3 pages)

13:35 - 13:35
0 min

8. Items for Noting and Information

8.1. Operation 'POET' - Lessons Learned 2024

Catherine Phillips

8.1 Operation POET Lessons Learned 2024-25 (1).pdf (6 pages)

8.2. Corporate Risk Register

Matt Phillips

8.2 CRR Board Report - Jan 2025 (1).pdf (3 pages)
8.2a Corporate Risk Register - Jan 2025.pdf (10 pages)
8.2b CEF Corporate Risk Register - Jan 2025.pdf (14 pages)

8.3. Board Self-Assessment

Matt Phillips

8.3. Board Self-assessment Report (1).pdf (3 pages)

8.4. Reports from Advisory Groups and Joint Committees:

Matt Phillips

These reports can be located in the supporting documents folder.

1. *Stakeholder Reference Group Chairs Report*
2. *NWSSP Assurance Report*
3. *Joint Commissioning Committee (JCC)*

8.5. Committee, Advisory Group and Joint Committee Minutes:

Matt Phillips

The minutes can be located in the supporting documents folder

1. *Finance & Performance 23.10.2024*
2. *Quality, Safety & Experience 08.10.2024*
3. *Charitable Funds 17.10.2024*
4. *Stakeholder Reference Group*
5. *Local Partnership Forum*

13:35 - 13:35
0 min

9. Agenda for Private Board Meeting:

1. *Approval of Private Board minutes*
2. *Finance Update*
3. *Legal Update*
4. *Approval of Private Committee minutes*

13:35 - 13:35
0 min

10. Any Other Business

10.1. Review of the meeting

Charles Janczewski

10.2. Date and time of next meeting:

Thursday 27 March 2025 – Woodland House – *Coed Y Bwl*

13:35 - 13:35
0 min

11. Declaration:

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]

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

To view a recording of the meeting, please contact the Corporate Governance Team:
Corporate.MeetingCAV@wales.nhs.uk

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Lauranne Cullen	LC	Regional Director - Llais
Marie Davies	MD	Interim Executive Director of Strategic Planning
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member – Trade Union
Susan Lloyd-Selby	SL	Independent Member – Local Authority
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	University Health Board Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Observers:		
Ethan Evans	EE	Management Graduate Trainee
Emily McCann	EM	Management Graduate Trainee
Emily Webber	EW	Management Graduate Trainee
Members of the Public		
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Akmal Hanuk	AH	Independent Member – Local Community
Steve Riley	SR	Independent Member – University
Lani Tucker	LT	Chair of the Stakeholder Reference Group
John Union	JU	Independent Member – Finance

Ref:	Agenda Item	Action
UHW 24/11/001	**Welcome & Introductions** The UHB Chair welcomed everybody to the meeting in English and Welsh.	
UHW 24/11/002	**Declarations of Interest** No declarations were noted.	
UHW 24/11/003	**Minutes of the Annual General Meeting held 11.09.2024 & Board Meeting held 26.09.2024** The Minutes of the Annual General Meeting held 11.09.2024 & Board Meeting held 26.09.2024 were received. **The Board resolved that:**	

	a) The Minutes of the Annual General Meeting held 11.09.2024 & Board Meeting held 26.09.2024 were **approved** as a true and accurate record.	
UHW 24/11/004	**Actions – Following Meeting held 26.09.2024** The Director of Corporate Governance (DCG) advised the Board that all actions were marked as complete with a number to be discussed during the meeting. **The Board resolved that:** a) The Actions – Following Meeting held 26.09.2024 were **noted.**	
UHW 24/11/005	**Patient Story – Every Day I was Making Good Progress** The Patient Story was received. The video provided the Board with a patient's account of their time in hospital following a stroke and the treatment and care they received. **The Board resolved that:** a) The Patient Story was **noted.**	
UHW 24/11/006	**Chairs Reports & Chairs Action taken since last meeting:** The Chairs Report was received. The UHB Chair advised the Board that he would take the report as read and highlighted key points which included: • Welcoming Dr David Fluck to the Board as the Executive Medical Director • Welcoming Professor Steve Riley who had joined the Board as the Independent Member for University. • The Board Development Session which was held on 31 October 2024 and had provided Board members with the opportunity to consider and discuss a series of significant issues and developments in the organisation. • Diary Highlights such as his visits to the All-Wales Genomics Centre, the Discharge service at University Hospital of Wales and LATCH. The UHB Chair concluded his report by highlighting that the People and Culture team had led the widening access agenda for the Health Board which consisted of a plan to increase not only the numbers of young people entering careers in the Health Board, but also the proportion from under-represented groups. He added that the People Resourcing Team (PRT) had worked closely with a number of public, private and charitable organisations to promote the wide variety of career and job opportunities available within the Health Board and also to support individuals into jobs with the Health Board. It was noted that those groups included but was not limited to: • The homeless • HM Prison and Probation Services • Areas of Deprivation • Project Search • RCN Nursing Cadet Scheme **The Board resolved that:** a) The report was **noted.** b) The Chair's Actions undertaken were **approved** c) The application of the Health Board Seal and completion of the Agreements detailed within the report was **approved.**	
UHW 24/11/007	**Chief Executive Officer (CEO) Report** The CEO Report was received.	

	The CEO advised the Board that she would take the report as read and noted that it outlined a number of elements and levels of assurance of the important work ongoing across the Organisation which included but was not limited to: • Escalation Matters: Confirmation had been received from Welsh Government (WG) that the Health Board remained at level 3 'Enhanced Monitoring' for finance, strategy and planning, and 'Routine Arrangements' for all other areas. It was noted that a discussion would take place later in the meeting around the financial elements of the Health Board. • The importance of the winter planning piece, highlighting the vaccination programme. The CEO expressed concern that only 20% of the team had accessed the COVID vaccination and stressed the need for a big push in that area. • Planned Care Recovery – it was noted that reducing the numbers of patients waiting for assessment, diagnostics and treatment had been a huge focus over the last 12 months and progress was being made in reducing those waiting the longest. Challenges remained 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. The UHB Chair highlighted the Viva Engage information within the report and expressed his gratitude when Executives and others shared comments of praise towards staff members. He also offered praise towards the work undertaken around the Staff Survey and thanked the CEO and Executive Director of People & Culture for the efforts made to promote the survey across the Organisation. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report were **noted.**	
UHW 24/11/008	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The DCG advised the Board that this was the second time they were received the new iteration and the first time with tracked changes. He added that a document had been included to help the Board understand how the BAF worked. The Board were advised of the importance of aligning all strategic risks to committees for assurance and security purposes. It was emphasised that those risks should address all four strategic objectives, noting that organisational goals could not be achieved without considering the people involved. The DCG added that the scoring guide for the BAF was not a precise science but a mechanism for articulating risk in comparison to the strategy and could be used as a vehicle for conversation rather than a definitive measure. The UHB Chair noted that there were no dates of completion for the estates and infrastructure work and asked what the ambitions were. The Executive Director of Finance (EDF) apologised for the lack of dates and explained she had not been confident on the dates when filling in the form and would get those input for the next meeting. She added that following operation 'POET' several electrical issues were identified and would require a 12–24-month programme of work and so those dates would be added on. The Independent Member – Third Sector (IMTS) noted that the sustainability risk had become more acute as an issue as opposed to risk and asked that it be looked at again.	

	The EDF responded that on financial sustainability, she agreed with the IMTS and noted that there had been a 2-year plan in place with a deficit of £15.9m for the current year and a break-even position in the next year. She added that it would need to be looked at again and a plan built with a number of actions added. It was noted that on sustainability more broadly around things like decarbonisation, life sciences and evolving technologies the Health Board needed to adopt and harness. The EDF added that the sustainability section of the report would be worked on more robustly for the next meeting. **The Board resolved that:** a) The risk themes regarding the delivery of Strategic Objectives detailed on the attached BAF were reviewed and **noted.**	
UHW 24/11/009	**Chairs Reports from Committees of the Board:** **1) People & Culture 10.09.2024 –** the IMTS highlighted the deep dives from Clinical Boards on culture, emphasising the need to continue focusing on that area. She praised the efforts of the Executive Director of People & Culture (EDPC) and the team in developing the ability to better assess the organisation's culture, not just locally but also at the Directorate level**.** **2) Quality, Safety & Experience 08.10.2024** – the UHB Vice Chair highlighted the issues with access to dental care for children, noting that the transition to the Welsh Government scheme had been problematic but was now addressed. **3) Finance & Performance 23.10.2024 –** The Independent Member – ICT (IMICT) assured the Board that there was significant focus on finances and performance, both in public and private and mentioned that the financial position and performance would be discussed later on in the meeting. **4) Mental Health Legislation & Mental Capacity Act 29.10.202** – the UHB Vice Chair advised the Board that the Committee discussed the challenges in demand and pressures around mental health and noted significant improvements in compliance with assessments for children, which had risen from 35% to 96% in September 2024. **5) Audit & Assurance 05.11.2024** – The Independent Member – Capital, Estates & Facilities (IMCEF) advised the Board that concerns were raised about the completion rates of audit reports, primarily due to delays in management responses and internal audit resources. The committee received assurance from the internal audit team that the situation was recoverable. **The Board resolved that:** a) The Chairs Reports were **noted**.	
UHW 24/11/010	**Public Services Ombudsman for Wales (PSOW) Annual Letter** The PSOW Annual Letter was received. The Executive Nurse Director (END) provided an overview of the Ombudsman's annual letter, highlighting the increased number of complaints and concerns across Wales, including to the Health Board. He noted that the organisation had sustained good performance in responding to concerns and maintaining working relationships with the Ombudsman. **Complaints Upheld**: A question was raised about the percentage of complaints upheld (7%) and how that compared to previous periods. The END responded that specific details would be brought back to the next Board meeting.	

	It was noted that another concern was the 19% of complaints that were not responded to on time and the EDF provided assurance that the board would be given more detailed information on why those time scales were not met and what mitigation actions were taken. The board agreed to note the report and send a follow-up letter to the Ombudsman's office, ensuring that the actions and responses were appropriately addressed **The Board resolved that:** a) The contents of the report were **noted.**	
UHW 24/11/011	**Strategic Cash Request** The Strategic Case Request was received. The EDF advised the Board that the Health Board needed additional cash due to the planned deficit of £15.9 million. She added that the request was necessary because the organisation did not have the cash resources to cover the deficit. It was noted that the Health Board had a total deficit of £34.5 million, which included the planned deficit. The request for additional cash was to cover the £15.9 million deficit, and there may be a need to ask for more cash if the financial situation worsened. The Board was asked to support and approve the Health Boards application to WG for strategic cash support. The Chief Operating Officer (COO) asked if there was any risk that it would not be approved. The EDF responded that there was the risk that WG might not have the ability to cover the additional deficit, which would require the organisation to manage a £20 million shortfall. **The Board resolved that:** a) 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 was **noted.** b) The UHB's application to Welsh Government for Strategic Cash Support of £15.900m in support of its revised 2024/25 forecast deficit was **approved.** c) It was **noted** that if the month 7 financial forecast is not delivered, the UHB would need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.	
UHW 24/11/012	**Winter Plan** The Winter Plan was received. The COO advised the Board that the report summarised the key discussions around the winter plan, focusing on capacity, financial implications, approval, and the impact on community services. He added that the Health Board was not initially expecting to need a formal winter plan requiring additional investment, however, due to increased demand and operational pressures, a plan was necessary. **Capacity and Demand:** it was noted that the plan included identifying additional capacity to accommodate increased patient demand and that in the current year, the gap in required medical beds was significantly smaller than in previous years, with an estimated need for 60 additional beds compared to 150 two years ago. **Financial Implications:** it was noted that **t**he winter plan would incur an additional cost of approximately £1.7 million, which was not anticipated in the original budget.	

	The COO advised the Board that the cost was due to the need for premium costs associated with the additional capacity. **Risks:** The board was asked to support and note the operational planning and financial consequences associated with the winter plan and noted that the risk of not approving the plan was that patients would still come, leading to unplanned and potentially more expensive solutions. **Community Services:** The COO assured the Board that the plan would not diminish the workforce within the community, as investments in programs like "Safe at Home" had been made to manage patients who might otherwise have been conveyed to the hospital. The UHB Chair advised the Board that the recommendation was to approve and recommended that the word be changed to support instead. The CEO asked if the cost implications were built into the overall financial projections. The EDF responded that they were. **The Board resolved that:** a) The UHB Winter Plan 24/25 was **noted.** b) The operational planning and the financial consequences associated with supporting the plan was noted and **supported.**	
UHW 24/11/013	**Integrated Performance Report** The Integrated Performance Report was received. **Finance** – the EDF provided a brief overview of the financial position at the end of month 7, highlighting a deficit of £22.1 million. The significant challenges included the need to invest in capacity to meet service demands and the ability to deliver the savings plan. She added that further detail would be provided later on in the meeting during the financial update. **Public Health** – the Executive Director of Public Health (EDPH) discussed the low uptake of COVID and flu vaccines, noting efforts to make vaccines more convenient and the national trend of low uptake. She also mentioned the MMR catch-up campaign in schools starting in the new year. The EDPH highlighted the recognition of the Food Cardiff team for their work on healthy weight and the shift to an opt-out model for smoking cessation in maternity services. She emphasised the importance of smoking cessation for reducing health risk. A number of Board Members highlighted the importance of addressing digital exclusion, noting that while digital transformation could improve services and save money, it was crucial to ensure that vulnerable populations, including those with visual impairments or learning disabilities, were not left behind. The CEO added that the current patient administration system lacked the digital maturity needed to connect and verify communications effectively which resulted in over-communication and inefficiencies, which needed to be addressed through improved digital solutions. **Operational** – The COO advised the Board that he would take the report as read and highlighted key areas for noting which included: • Emergency Care: the significant increase in demand through the emergency department was highlighted, which had prevented further improvements in emergency care metrics. Despite this, the Health Board continued to lead in Wales for emergency care performance. • Cancer Performance: a positive outlook on cancer performance was shared, with over 70% performance against the single cancer pathway in September and	

October 2024. It was noted that most sites were now delivering 75% performance, with plans in place to address outliers.

- Planned Care: the COO noted that the Health Board was ahead of its planned care targets, with no patients waiting over four years for treatment and efforts to reduce the number of patients waiting over three years in place. Additional funding from WG was expected to help achieve those targets.

- Diagnostics and Mental Health: Improvements in diagnostics were noted, with a reduction in patients waiting over eight weeks. However, challenges remained in endoscopy capacity. Mental health services were meeting treatment standards, despite struggles with adult assessments.

- Primary Care and Community Services: the COO highlighted the high level of activity in primary care and community services, with significant numbers of appointments and patients supported at home. He emphasised the importance of visibility and oversight of community services.

People & Culture – the EDPC advised the Board that she would take the report as read and highlighted key areas for noting which included:

- Staff Survey: the ongoing efforts to increase participation in the staff survey were noted.

- Workforce Planning: the appointment of a senior post for workforce planning, funded through HEIW was expected to enhance the Health Board's workforce planning capabilities.

- Turnover and Retention: The EDPC reported positive trends in staff turnover, with the overall turnover rate reduced to 9.5% and nursing turnover specifically reduced to 7.5%.

- Welsh Language and Diversity Data: improvements in the collection of Welsh language skills data and equality, diversity, and inclusion data, with significant increases in reporting rates were highlighted.

- Sickness Rates: the issue of sickness rates was addressed, noting that the cumulative 12-month rate was around 6%, with in-month rates around 5.7%.

- Health and Safety: emphasis on the importance of health and safety was noted, and efforts to raise the profile of health and safety culture within the organisation had started.

- Agency and Temporary Workforce: the significant reduction in agency and temporary workforce costs were noted, whilst highlighting the ongoing efforts to further reduce reliance on agency staff.

Quality – the END advised the Board that he would also take the report as read and highlighted key areas for noting which included:

- Infection Prevention and Control (IPC): the END highlighted the trends in infections such as Klebsiella, E. coli, and MRSA, noting that they were generally trending where they had been over the last two years. However, he expressed concern about C. difficile and Pseudomonas, which were moving in the wrong direction. He mentioned that this issue was reflective across Wales and that the Healthcare-Associated Infection (HCAI) Delivery Group had been re-established to address those concerns.

- National Reportable Incidents (NRI): it was identified that 25 national reportable incidents were reported in October, which was within the normal levels. The END also mentioned that 54.2% of the NRIs were open for over 90 days, but 48% of those were allowed an extension. He provided assurance that there was a general trajectory of reducing the number of open NRIs.

- Patient Safety and Complaints: it was noted that the Health Board continued to exceed the government target of responding to 75% of complaints within 30 days,

	achieving 55% closure of complaints within the timeframe. The high levels of patient safety concerns and the efforts to address them were also noted. • Avoidable Harm and Infection Control: the END emphasised the importance of reducing avoidable harm, including hospital-acquired infections. He mentioned that communications would be focused on infection prevention basics, such as hand washing and appropriate use of personal protective equipment (PPE). **The Board resolved that:** a) The contents of the report were **noted.**	
UHW 24/11/014	**Strategic Planning Update** The Strategic Planning Update was received. The Interim Executive Director of Strategic Planning (IEDSP) provided the Board with a comprehensive overview of the strategic planning update, covering several key areas which included: • Strategic Portfolios Development: it was noted that the organisation was working on a portfolio approach for delivering the strategy "Shaping Our Future Well-being." The approach was gaining traction, with key products being developed, particularly under the "Shaping Our Future Clinical Services" portfolio. The first strategic plan launched under the portfolio was the "Children and Young Persons Strategic Plan," which extended to 2035. • Integrated Medium Term Annual Planning: the IEDSP highlighted the current challenging position, which had led to a reflection on the approach, process, and timelines for developing next year's plan. The organisation was working with Executive, Clinical Board, and Service Board colleagues to ensure a robust and engaged approach. The IEDSP advised the Board that it would be discussed further in the Board Development session in December 2024. • Regional Planning: the significant work ongoing in the Southeast Wales regional planning arrangement with Cwm Taf Morgannwg, Aneurin Bevan, and Velindre was discussed. Key areas of focus included cataract surgery, endoscopy planning, and the Llantrisant Health Park programme. It was noted that the organisation was collaborating with regional partners to optimise surgical activity and develop sustainable models for services like orthopaedics and stroke care. • Tertiary Services Development: the IEDSP mentioned the implementation of the Tertiary Services Development Group, which was helping to identify services that would benefit from a partnership approach, those that need strengthening as a provider, and those requiring different commissioning methods. This standardised approach was beginning to show positive results. • Cardiff and Vale Regional Partnership Board: an overview was provided of the Board's focus on various programs and activities, including the "Safe at Home" program under the six-goal urgent care program. They were also addressing bigger system challenges with local authority colleagues. • Commissioning: changes in the commissioning landscape were noted, with the Joint Commissioning Committee (JCC) moving to an Integrated Medium-Term Plan (IMTP) approach. It was noted that the transition was challenging but necessary for aligning planning processes. • Emergency Planning: The IEDSP highlighted the work of the emergency planning team in optimising capability and capacity, despite being a small team. The annual report attached to the update provided an overview of their activities and responsibilities	

	• Engagement Report: it was noted that the service tracker for service change was reviewed monthly to ensure good oversight of significant service changes. **The Board resolved that:** a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was **noted.**	
UHW 24/11/015	**Finance Update** The Finance Update was received. The UHB Chair advised the Board that the financial situation was very challenging noting the high operational overspend and the underachievement in the Health Boards savings target. He noted that all of that meant that the Health Board would be forecasting an increased deficit. The EDF presented to the Board: **Current Financial Position**: The EDF reported that the organisation was facing significant financial pressures, with an operational overspend and underachievement in the savings target. The savings plan was set at £47 million, but only £36 million was expected to be delivered. **Challenges in Savings:** The main areas where savings had not been achieved were capacity optimisation and workforce redesign. Despite efforts to reduce reliance on agency and temporary staff, the anticipated savings from workforce reshaping had not materialised as planned. **Operational Pressures:** The demand for urgent care had been higher than expected, leading to additional costs. The Winter Plan indicated a need for more beds than initially planned, contributing to the financial pressures. **Recovery Actions:** the EDF mentioned that various recovery actions had been taken, including quality impact assessments and identifying nearly £10 million in recovery actions. However, those efforts had only improved the financial position slightly. **Revised Forecast:** The end-of-year financial deficit was now estimated to be £34.5 million, significantly higher than the initial control total of £15.9 million. This revised forecast reflected the current reality and the challenges faced throughout the year. **Future Planning:** the EDF emphasised the need to focus on next year's plan and explore long-term solutions to avoid repeating the current financial situation. This included looking at digital redesign, optimising systems, and reshaping the workforce to achieve better quality, access, and performance. The EDPC highlighted 3 area for noting which included: • Study Leave – it was noted that stopping study leave completely would have a significant impact on staff competencies and skill sets and noted that instead, they were looking at improving the management of study leave, particularly the 3% headroom built into some areas, to ensure it was used effectively. • The Annual leave purchase scheme was also available throughout the year, with the last quarter being more expensive for individuals due to the condensed period. It was noted that the scheme was being promoted to see if it could provide financial benefits. • Voluntary Early Release Scheme: This scheme was in place, but the benefits would not be realised until a year later. They were considering criteria for future releases to ensure it did not lead to backfilling with agency staff, which would negate the financial benefits.	

	The UHB Chair voiced his disappointment with the reduction in the anticipated savings from the workforce-related actions. Specifically, he was concerned that the initial figure of over £8 million in potential savings was reduced to just £2 million. He questioned whether sufficient depth had been explored to release the necessary funds to help reduce the deficit. The CEO provided the Board with some key points which included: • Structural Underfunding: There was a belief that there is a systematic structural underfunding of healthcare, which is a significant challenge. • Operational Reality: There was a need to operate within the allocated budget despite the belief in underfunding and the expectation of a bailout, which had been the norm in the past. • Leadership Challenge: The leadership challenge was to get everyone to recognise the operational reality and the need to deliver high-quality services within the budget constraints. • Benchmarking and Measures: There was a need to find credible benchmarks and measures for efficiency and productivity that the organisation could hold itself to. • Cultural Shift: There was a need for a cultural shift within the organisation to focus on quality improvements and service redesign rather than just savings. The UHB Chairs advised the Board that they were all responsible for making those decisions. The IMICT noted that it would be important for the Board to set longer term targets and documenting that would be useful. Based on the conversation held around finances, the UHB Chair suggested that the recommendations be changed to reflect the Board's position. **The Board resolved that:** a) The key drivers that were likely to influence the decline in the end-of-year position were noted. b) It was noted that the end-of-year financial deficit was currently estimated to be £34.5m as opposed to the financial control total position of £15.9m c) The organisation would continue to identify and take every opportunity to reduce the deficit position as much as possible. d) A request to submit an Accountable Officer letter was agreed.	
UHW 24/11/016	**2024/25 Additional Capital Funding** The 2024/25 Additional Capital Funding was received. The EDF advised the Board that the report provided and update on the capital programme and infrastructure. She added that since the report was written, some of the figures had changed as WG had provided further funding. It was noted that the Health Board had a total of £4.4m of backlog maintenance and that the Health Board had received a request from WG on the 13th of September 2024 to: *'identify a prioritised list of backlog maintenance, infrastructure risks & equipment funding requests for consideration which needed to be deliverable in-year'.* The EDF advised the Board that the intention was to re-allocate the slippage on schemes already returned to the Welsh Government. She added that following discussions with WG, with regards to UHB priorities, a number of works 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 had been accepted by the relevant officers. It was noted that as a result of additional funding received from WG, and VAT recovery, the UHB had identified £4.752m of available discretionary capital funding for allocation for CEF schemes, Medical Equipment and Digital Health & Intelligence Schemes. The EDF advised the Board that all areas submitted a prioritised schedule for consideration by the Capital Management Group which met on the 29th of October 2024 to agree a schedule of schemes / equipment to progress. **The Board resolved that:** a) The content of the paper and the various sources of additional funding being managed by the Health Board was **noted.** b) The confirmation of the additional funding of £7.4m approved by Welsh Government for the ringfenced schemes shown in Fig.3 of the report was **noted.** c) The recommendation of the CMG Sub Group for the allocation of the £4.752m for schemes to be completed in 2024/25 was **supported.** d) The adjustments made to the capital programme, recognising the additional funding provided by WG were **approved**. e) 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 was **approved.** f) 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 was to be delivered in the current financial year was **approved.**	
UHW 24/11/017	**Joint Commissioning Committee (JCC) Major Trauma Case** The Joint Commissioning Committee (JCC) Major Trauma Case was received. The COO advised the Board that the case has been received by the Finance & Performance Committee and was funded by the Joint Commissioning Committee. **The Board resolved that:** a) The submission of the Major Trauma Service Business Case to NHS Wales Joint Commissioning Committee for revenue funding support was **approved.**	
UHW 24/11/018	**Long-Term Plan for Public Health** The Long-Term Plan for Public Health was received. The EDPH advised the Board that the Health Board Public Health Team had not had a long-term plan before and had wanted to look at the next 10 years. She added that the report highlighted, in detail the priorities for the initial phase of the plan and included sections on: • Future trends in population health • The case for investing in public health • The vision for public health in Cardiff and the Vale • Public health principles for planning • Detail on the Health Boards areas of focus for phase 1 **The Board resolved that:** a) The Long-Term Plan for Public Health was **approved.**	
UHW 24/11/019	**Hapus- Becoming a Supporter Organisation** The Hapus- Becoming a Supporter Organisation information was received.	

	The EDPH advised the Board that 'Hapus", a national conversation on wellbeing had launched on 17 July 2024 by Public Health Wales, in partnership with multiple partner agencies that could influence wellbeing nationally and locally. She added that the Health Board had been invited by Public Health Wales to become a 'Hapus Supporter Organisation' which could bring benefits to both the staff employed, and the population that was served. It was noted that Hapus was taken to Mental Health Clinical Board Senior Management Team in July 2024 and endorsed as a way forward. The Independent Member – Local Authority (IMLA) asked how progress would be measured. The EDPH responded that Public Health Wales would hold a national survey. **The Board resolved that:** a) The content and ambition of Hapus was **noted.** b) The motion that Cardiff and Vale UHB become a 'Hapus Supporter Organisation' was **supported** and **approved.**	
UHW 24/11/020	**Research & Development Grant from the National Institute of Health and Care Research (NIHR)** The Research & Development Grant from the National Institute of Health and Care Research (NIHR) was received. The EDF advised the Board that due to the value of the grant, it needed to be received by the Board. **The Board resolved that:** a) The exemption of PCR and the payment to the organisations involved in the Grant scheme was approved.	
UHW 24/11/021	**Committee Terms of Reference** The Committee Terms of Reference were received. The DCG advised the Board that the Committee Terms of Reference had been updated to reflect the changes made to the Committees and included: • Health & Safety Sub-committee would be reworked and incorporated into the People & Culture Committee • The Digital Committee would include infrastructure • Public Health would move into the Quality portfolio and report to the Quality Committee. **The Board resolved that:** a) The amendment to Standing Orders Schedule 3 as set out at the Appendix with effect 1 January 2025 was approved.	
UHW 24/11/022	**Mortuary Refurbishment Project Update** The Mortuary Refurbishment Project Update was received. **The Board resolved that:** a) The anticipated construction completion which was currently reported at 28th February 2025, which was circa 19 weeks behind the original programme was **noted.** b) The additional £924k of funding which was required to address the unforeseen issues identified throughout the scheme, recognising the significant difficulties the	

	original construction detail had impacted on the buildability of the scheme was **noted.** c) The additional funding which had been provided by Welsh Government as confirmed in their correspondence dated 23rd October 2024 was **noted.**	
UHW 24/11/023	**Nurse Staffing Bi-Annual Report** The Nurse Staffing Bi-Annual Report was received. The EDF advised the Board that the paper was for noting and identified a significant challenge with resources. The CEO added that the paper set out the establishment but did not ask for approval. The UHB Chair noted that the information would be worked on outside of the meeting. **The Board resolved that:** a) The report and the proposed establishments of the Mental Health Nursing workforce were **noted** **b)** The Annual Presentation of the Nurse Staffing Levels to board as per the requirements of the Nurse Staffing Levels (Wales) Act 2016 were **noted.**	
UHW 24/11/024	**Corporate Risk Register** The Corporate Risk Register was received. **The Board resolved that:** a) The Corporate Risk Register was **noted.**	
UHW 24/11/025	Reports from Advisory Groups and Joint Committees The 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 24/11/026	**Committee, Advisory Group and Joint Committee Minutes:** a) The Committee, Advisory Group and Joint Committee Minutes were received. **The Board resolved that:** a) The Committee, Advisory Group and Joint Committee Minutes were **noted.**	
UHW 24/11/027	**Any Other Business** No other business was raised.	
	Time & Date of the next Meeting: 30 January 2025 at Woodland House, Coed Y Bwl.	

ACTION LOG

Public Board Meeting

30 January 2025

MINUTE REF	SUBJECT	AGREED ACTION	DATE DUE	LEAD	STATUS / COMMENT
Actions					
UHW 24/11/008	**Board Assurance Framework (BAF)**	More detail required in future BAF around sustainability more broadly. Decarbonisation, life sciences and evolving technologies.	**30.01.2025**	**Director of Corporate Governance (DCG) / Executive Director of Finance (EDF)**	**ONGOING** Part of the review and interim arrangements for departure of Director Strat/plan
UHW 24/11/010	**Public Services Ombudsman for Wales (PSOW) Annual Letter**	The Executive Nurse Director to communicate outside the meeting with The Independent Member – Local Authority to clarify if the 4% complaints referral was an improvement on last year and if are if the UHB were assured around the delays and the reasons for those.	**30.01.2025**	**Executive Nurse Director (END)**	**COMPLETED** Information sent to Independent Member – Local Authority
UHW 24/11/013	**Integrated Performance Report**	More detail around Consultant Job Planning to be provided in the next Integrated Performance Report	**30.01.2025**	**Executive Medical Director (EMD)**	**COMPLETED** Included on the IPR for January's meeting (slide 28)
UHW 24/11/023	**Nurse Staffing Bi-Annual Report**	The END and EDF to discuss the resource challenges outside of the meeting	**30.01.2025**	**END/EDF**	**COMPLETED** Verbal update to be provided by END & EDF to confirm
Actions referred <u>TO</u> Committees of the Board/Board Development					

UHW 24/11/013	**Integrated Performance Report**	Executive Director of People & Culture (EDPC) to take piece of work to People & Culture Committee around the growth of workforce	**11.03.2025**	**EDPC**	**COMPLETED** On Forward Plan for People & Culture Committee
UHW 24/11/014	**Strategic Planning Update**	Provide the Board with a Robust and engaged approach for next year's strategic plan.	**19.12.2024**	**Interim Executive Director of Strategic Planning**	**COMPLETED** Was received at December Board Development session

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2	
Meeting:	**Public Board**	Public	X		Meeting Date:	**30.01.2025**	
		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 announce that the Cabinet Secretary for Health and Social Care has appointed Dr Rachna Upadhya as an Independent Board Member with Cardiff and Vale University Health Board. Dr Upadhya has a unique background combining Finance and Medicine. She also has substantial board-level experience across education, healthcare, and finance, and also serves as a Trustee. She has extensive international experience, equipping her with a global perspective on complex, highly regulated industries. A passionate advocate for transformational change, Dr. Upadhya is focused on improving financial performance and driving innovation. She has a particular interest in the intersection of health and technology, with a commitment to advancing inclusivity and addressing health inequalities. I would like to congratulate Rachna on her appointment and welcome her to the Board.

B. The Board will wish to congratulate Marie Davies who has been appointed to the post of Executive Director of Strategic Planning with Swansea Bay University Health Board. Marie has had a long and very successful association with Cardiff and Vale University Health Board and I am very grateful for her very strong contribution and support over the years. We wish her every success in the future.

2.2 Board Development Session – 19 December 2024

The Board Development Session held on 19th December provided Board members with the opportunity to consider and discuss a series of significant issues and developments including:

- Connected Community Care update – provided by Dr Rachel Lee, Clinical Board Director for Primary, Community and Integrated Care Clinical Board (PCIC) and Dr Karen Pardy, Deputy Clinical Board Director on the Cardiff South West Cluster Transformation Programme.

- Rapid Planning Event Update- Board were provided with an update on the rapid planning event which took place on the 16-18 December 2024 and next steps to submit the annual plan by the end of March 2025.

- Financial update- high level update regarding the financial position

- Key Responsibilities of the Board – presentation from the Health Board's NHS Wales Graduates regarding good governance and responsibilities of Board members.

- Development session – session for the Board to learn and develop from others utilising the Workplace resilience and wellbeing approach (WRAW) relating to Board members.

2.3 Diary Highlights since the last Board Meeting

New Year's Honours List

Board will wish to note the delightful news that four colleagues have received recognition for their work in healthcare in the King's New Year's Honours List for 2025.

Professor Zaheer Raza Yousef, Consultant who has been awarded an Order of the British Empire (OBE) for his services to treatment of heart failure.

Dr Richard Arnold Charles Lea, Consultant in Acute Medicine has been honoured with a Member of the Order of the British Empire (MBE) for his services to acute medicine.

Professor Florence Susan Thim Peck Wong, Professor of Diabetes and Metabolism at Cardiff University and Honorary Consultant Physician in Diabetes at the University of Hospital Wales, has been awarded a Commander of the British Empire (CBE) for her outstanding services to diabetes and metabolism.

Wendy Ansell, Specialist Midwife received a MBE for her services to survivors of harmful practices and to women seeking sanctuary.

This is a remarkable achievement for these colleagues and is a well-deserved testament to their contributions to the NHS, congratulations to all on behalf of the Board.

Cardiff and Vale Health Youth Board

Cardiff And Vale Health Youth Board
Bwrdd Iechyd Ieuenctid Caerdydd A'r Fro

I want to share the great work of the Cardiff and Vale Health Youth Board. This was established in 2016 to fulfil the national recommendations of the Children's Commissioner for Wales to embed a UNCRC Children's Rights approach within all health services across Wales. The Youth Board provide consultation and engage in meaningful participation to develop, improve and evaluate health services across Cardiff and Vale and beyond in the rest of Wales. Cardiff and Vale UHB is only the second Health Board in Wales to have their own Youth Board, one which continues to excel in the health service improvements it influences for all children and young people. The Youth Board has been highly commended by the Children's Commissioner for Wales and we are described as an exemplar of

excellence, being used regularly as an example of best practice in the Children's Commissioners national reports.

Some of the Youth Board actions / ideas/ influence have resulted in (ongoing):

1. The Emotional Wellbeing Website for parents / carers and children and young people. This was designed by them from concept to launch and continues to be populated by them. There are ongoing improvements and changes which they would like to continue to make to improve content and market the website.

2. The Hangout. Six years ago when Youth Board began, they asked for a place for immediate mental health support, somewhere which is accessible, does not look too clinical and which welcomes their individuality. 'The Hangout' came to fruition and opened last year and was launched by members of the Youth Board (old and new) and the Children's Commissioner for Wales. The success of The Hangout, primarily from listening to what children and young people want and need is evident as they are now opening a new venue in Barry to meet demands on the service. Their success comes directly from hearing what is needed from those who use the service, which then impacts positively on financial and treatment success. This case was highlighted as a excellent example of direct impact by the Royal College of Nursing in Wales, gaining Youth Board further celebration across National forums.

3. Immunization consultations with Public Health Wales, HEIW and School Nursing teams from all across Wales, have all resulted in new and innovative ideas on how to educate and reach children and parents with accurate and evidence based information on vaccination. They continue to be a big part of this work which has the potential to save young lives and reduce incidences of disease.

4. The Youth Board has influenced changes in physical environments. The Youth Board recently helped re-design the Children's Emergency department. They helped to design the colours of the décor, the furniture, the games, the activities to combat fear and boredom. Several years before, they did the same for the children's mental health waiting area and consulting rooms. It was expected that children would want bright colour or graffiti but instead, the 30 young people involved all opted for calm neutral colours, plants, bean bags and subtle lighting. By making the environment more welcoming and calm, they have improved the overall experience for every child, parent, carer and staff member who uses the area.

5. Youth board members regularly participate as equal assessors on interview panels and have added a fresh and valuable perspective to the process, whilst ensuring the inclusion of young voices.

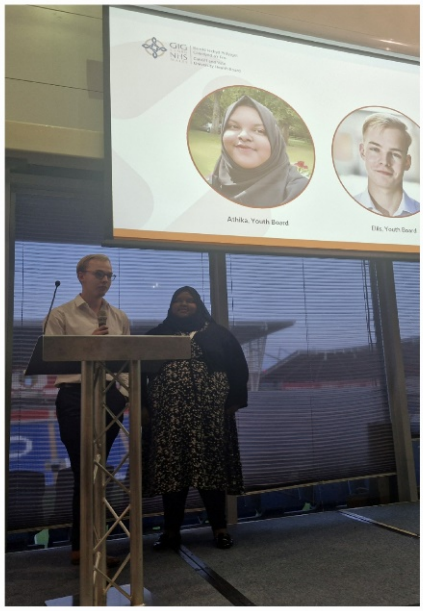
6. Consultations with Youth Board, takes place at all levels, including executive level. Due diligence and quality of projects / new strategic direction / operational or clinical developments are often measured by the engagement and consultation with the Youth Board.

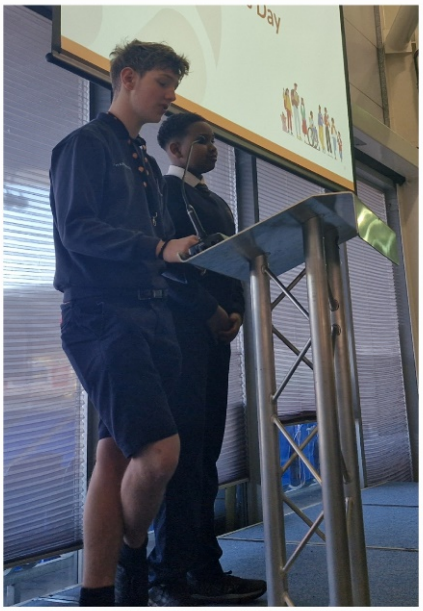
Youth Board Conference

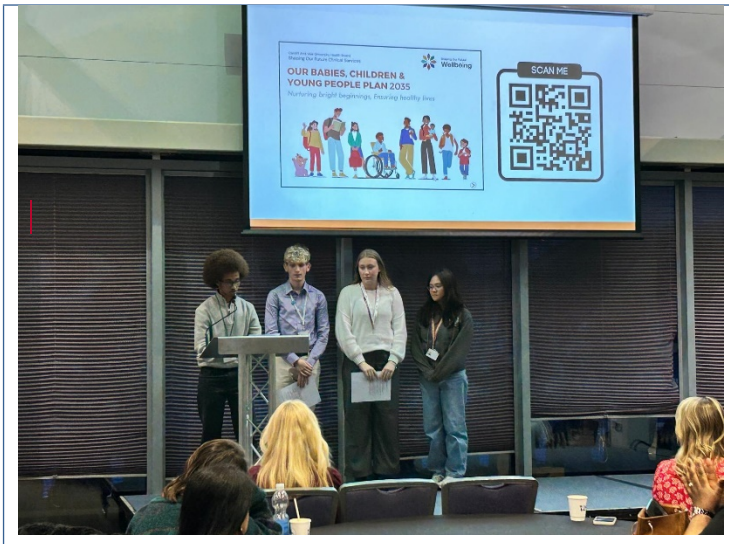
The Youth Board recently hosted a conference to showcase Children's experiences using health services. The opportunity was also taken at this event to launch the Health Boards first plan for the ten year strategy, the 'Babies, Children and Young People's Plan', below are images shared from the event.

Comfort bags for the 16 and 17 year olds who attend the adult emergency Department, were an idea of the Youth Board which came to fruition by a donation made by local industry.

The Youth Board helped Claire Beynon, Executive Director of Public Health with the Director of Public Health Report.







The stories shared at the conference were incredibly powerful. Some very brave young people spoke to a full room about very personal and painful experiences of living with cancer, a brain tumour, sickle cell, mental health needs and diabetes.

There is some truly amazing work undertaken by the Youth Board and I want to express my thanks to Lisa Cordery whose leadership and unstinting dedication to the work of the Youth Board has ensured the successful development of the Youth Board and its members. I also want to express my thanks to all members of the Youth Board, particularly to Athika and Ellis, both played a major part in supporting with the Babies, Children & Young People Strategy Plan.

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 **4** documents since as listed below;

Seal No.	Description of documents	Background Information
1105	DC24071 - CAVOC Chiller	£489,443.31
1106	Lease relating to Unit 1, 3 & 5 Cardiff Medicentre, Heath Park, Cardiff between Cardiff University and Cardiff and Vale University Local Health Board	£38,940.00 per annum (2,596 square feet x £15 per square foot)
1107	Emergency - UHW Lakeside Wing Refurbishment	Refurbish the Lakeside Wing at the University Hospital of Wales (UHW) to increase ITU capacity. This involves moving various departments and converting existing wards. £1,983,124.44 1107 UHB seal applied
1108	DC24063 - HSDU Refurbishment Procurement Report The project involves the design, supply, installation, commissioning, and setting to work of mechanical services for Phase 1 of the HSDU upgrade. This includes replacing two Air Handling Units (AHUs) and a common chiller, while one AHU will remain	£995,126.00 (excluding VAT).

The following **13 x Legal Documents** are reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
18.10.24	Lease units 1 and 2, Bridge Road, Treforest Industrial Estate, Treforest	£22,291.67 per month
18.10.24	Lease Heads of Terms GP Lease of Redlands Surgery	10-year lease Nil value
24.10.24	UHW Drainage System Phase 3	£528,723.99
11.11.24	DC24071 - CAVOC Chiller	£489,443.31
19.11.24	DC24059 - UHL CAVOC Radiology replacement and refurbishment of X-Ray Rooms 3 & 4 at CAVOC, Llandough	£98,037.10 (excluding VAT)
27.11.24	DC24063 - HSDU Refurbishment Procurement Report The project involves the design, supply, installation, commissioning, and setting to work of mechanical services for Phase 1 of the HSDU upgrade. This includes replacing two Air Handling Units (AHUs) and a common chiller, while one AHU will remain	£995,126.00 (excluding VAT).
27.11.24	DC24066 - UHL Ward East 7 & 8 Boiler Replacement Replacement of 4 Hartley & Sugden heating boilers, pumps, and controls, including associated chimney works	£169,732.45 (excluding VAT)

28.11.24	LICENCE TO OCCUPY ON SHORT-TERM BASIS relating to the Podiatry Room at Llanrumney Health Centre Ball Road, Llanrumney, Cardiff CF3 5NP	Licence Fee: a peppercorn (if demanded) Licence Period: 01.08.24 - 31.01.25
28.11.24	Lease relating to Unit 1, 3 & 5 Cardiff Medicentre, Heath Park, Cardiff between Cardiff University and Cardiff and Vale University Local Health Board	£38,940.00 per annum (2,596 square feet x £15 per square foot)
29.11.24	DC24033 - UHW Medical Air Replacement The existing Medical Air plant at UHW is outdated and oversized, leading to energy waste. CVUHB has secured funding to replace it with a modern, energy-efficient system	£610,277.47 (excluding VAT).
03.12.24	DC24090 UHW Car Park (Vanguard) Removal of the existing tarmac surface of Car Park 11. Preparation of the sub-base and installation of a new wearing course. Addition of new line markings and signage to create 71 disabled parking bays.	£96,981.71 (excluding VAT).
17.12.24	Licence to Occupy, Short Term, Cardiff Royal Infirmary SARC agreement between Cardiff and Vale University Local Health Board and the Police and Crime Commissioner for South Wales, allowing the use of rooms 1, 2, and 3 at Cardiff Royal Infirmary	Nil
17.12.24	DC24089 - UHW Pharmacy Roof Covering new roof covering for the Pharmacy Dispensary due to water ingress and a major flood caused by adverse weather in September 2024	£152,957.00 excluding VAT

The following **4 x 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
12.11.24	Diagnostic Funding to replace x4 Radiology Rooms	The project involves the capital purchase of new diagnostic imaging equipment and associated maintenance support for five years post-warranty	27.11.24
27.11.24	Emergency - UHW Lakeside Wing Refurbishment	Refurbish the Lakeside Wing at the University Hospital of Wales (UHW) to increase ITU capacity. This involves moving various departments and converting existing wards. £1,983,124.44	29.11.24

		1107 UHB seal applied	
27.11.24	Emergency - UHW Lakeside Wing Refurbishment	CVUHB needs to refurbish the Lakeside Wing at the University Hospital of Wales (UHW) to increase ITU capacity. This involves moving various departments and converting existing wards.	29.11.24
27.12.24	Managed Services Contract – Medical Biochemistry & Immunology	Proposal is to extend the contract for 8 years, allowing Abbott to negotiate new pricing with third-party providers and include an equipment refresh. This extension aims to ensure continuity, cost savings, and long-term planning.	31.12.24

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

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

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

Prevention		Long term		Integration		Collaboration	X	Involvement	

Saunders,Nathan
24/01/2025 14:23:59

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3
Meeting:	Public Board		Public	x	Meeting Date:	30 January 2025
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					

Main Report

1. EXECUTIVE SUMMARY

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

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

This report is focused on the execution of the Winter Plan thus far, the progress and approach to meeting the financial control total and the Intermediate Medium-Term Plan (IMTP)/Annual Plan 25.26 status.

2.1 Post Festive period update

I start by expressing my thanks to all teams and colleagues who worked hard over the Christmas and New Year period. Colleagues have shown tremendous dedication and professionalism in responding to the health and care needs of patients and the communities we serve during a very busy episode. I want to express my thanks to the Welsh Ambulance Service (WAST), who were particularly challenged. Like many of my colleagues, I was on call during the Christmas period, and it was great to see the strong partnership working between the CAVUHB and WAST teams as we sought to maintain effective ambulance handovers and respond in a timely way to those waiting in the community for assistance. Despite our best endeavors there were some very long delays for an ambulance response across our community, which is a great cause for concern, particularly in relation to amber (serious but not immediately life-threatening) calls. This scenario is not reflective of the ambulance handover performance achieved with a good deal of reliability. It is often the case that ambulances deployed to serve the CAV population are delayed outside other health boards as WAST seeks to maintain a response to those most in need across Southeast Wales and our catchment borders. This issue is raised at the appropriate fora as a risk, and we will continue to work with WAST and local health board colleagues to improve the community response times.

Additionally, we maintain regular communication and promotional messages across a range of media channels to signpost citizens and patients to a range of alternatives for access to care. This supports individuals to make the right choice, first time for their health and wellbeing need and where possible avoid hospital conveyance and admission. More information is available at the link Urgent Care - Cardiff and Vale University Health Board

2.2 Winter Plan

Whilst the winter plan has been delivered and executed effectively, the plan hasn't been as resilient to the challenges arising in recent weeks.

As predicated over Christmas and New Year winter viruses were circulating, however the rate of community transmission was higher than expected and services were impacted by the high levels of Flu (Influenza A and B), Respiratory Syncytial Virus (RSV), Norovirus and COVID-19 that was circulating during the period and causing patients to present to services.

The demand led to the earlier than planned opening of ten additional winter beds alongside the use of ad-hoc escalation areas to deal with the peaks and troughs of patient flow and demand. This approach seeks to prioritise patient and team safety but doesn't give a reliable quality of either patient or team experience. This situation leads to inefficiencies in the pathways of care since to maximise bed utilisation, and ensure hospital care and treatment is facilitated, patients are admitted but not necessarily to the correct specialty bed. Inevitably this approach, whilst pragmatic, does undermine flow across the care system.

At the time of drafting this report, admissions for Flu are accounting for 4% of all hospital admissions and it is expected to remain at this level for a few more weeks continuing to add pressure across primary and community care as well as hospital services.

I have previously advised Board colleagues of my concern at the low uptake in both the community and across the organistation for those eligible to access the Winter Respiratory Virus Vaccination Programme. That concern has now manifested in terms of a challenging winter season and team sickness due to winter viruses. I will work with colleagues to revisit the approach to this really important and powerful preventative and protective measure.

The Staff Vaccination Programme remains active with regular communication to colleagues via platforms such as VivaEngage & SharePoint. I would encourage all of those in the communities we serve, and colleagues not yet protected but who are eligible, to consider getting vaccinated. As we progress into the New Year the season is not yet over, and community transmission and the risk of infection will continue. This will help communities reduce the significant demand on health and social care and maintain access and timely response across all services.

2.3 Planning Ahead for 2025-2026

Board colleagues will be aware of the very challenging financial position and the recent decision to revise the year end forecast to a deficit position of £27.7M. This is extremely disappointing and clearly a failure to meet our statutory duty to achieve financial balance. This situation is largely due to under achievement of the savings programme and over expenditure in the meeting of operational pressures and challenges, alongside the recovery of the planned care backlog. Significant additional pressure is now being brought to bear as a result of the challenges described above over the last few weeks. It is important that the Board is aware of the position although I am able to give substantial assurance that detailed mitigations have been taken and forensic monitoring for effectiveness underway.

In light of the position, and with the support of the Board, I have made WG and NHS Wales aware of the financial position via an Accountable Officer letter. In response, WG have made clear that our position cannot be supported and we must seek to deliver improvement. This will be difficult in light of the range of pressures but I can assure the Board that the Executive Team working with the Senior Leadership Team is working very hard to address the following in order of priority:

1. Secure the current year end forecast.
2. Improve the year end position bettering the forecast.

Board will continue to be kept informed of progress via the routine governance mechanisms and any additional updates as helpful.

As I reflect on the year and the delivery of the Annual Plan 24.25 I think Board colleagues will agree that whilst credible the plan was extremely ambitious. We need to reflect upon the failure to meet our ambitions and seek learning for the future to avoid repetition. A key focus for improvement moving forward will be the need for greater alignment and ownership across the whole organisation of the plan.

So that we can quickly take the learning forward and impact the current planning cycle which will deliver the IMTP/Annual Plan 25.26 a rapid planning event was held just before Christmas. The event has initiated an innovative approach to developing our plans, enabling collective understanding and ownership alongside deeper engagement. In detail, the event brought over two hundred senior leaders together from across all areas of the organisation to generate understanding of the whole organisations purpose, challenges, and opportunities as well as a common understanding of genuine capability and capacity. I anticipate this will enable us to move forward with an emphasis on developing actionable plans to address immediate and medium-term opportunities and challenges.

There was great spirit of collaboration and a genuine enthusiasm for the approach. Many outputs were generated and will be reported more formally in due course but one of the key products was a set of proposed organisational intentions:

- redefining the organisation at a corporate and structural level
- pathway-based care
- stopping harm and improving efficiency
- use the strategic framework as our guide
- year 1 main effort – back to basics/get the basics right.

Clearly these need more detail to illuminate the intended benefits and impacts, but I felt helpful to give Board sight of the early and significant outputs of the rapid planning event. As discussed at Board development in December, the priority now is to maintain momentum and develop a detailed plan that guides activities and the financial model for next year leading to the draft IMTP/Annual Plan 25.26. As per the Board programme the Board will be sighted and have the opportunity to shape the developing plan over the coming weeks leading to submission at the end of March 2025.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

1. Delivery of the forecast year end position as described above alongside the associated mitigation.

2. Delivery of some elements of the Annual Plan 24.25 with regard to performance in Urgent and Emergency Care/ Planned Care and Diagnostics.

Further details of risks and mitigations will be provided as part of the Integrated Performance Report update by the relevant Executive Director.

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*			
Putting People First	X	Providing Outstanding Quality	X
Delivering in the Right Places	X	Acting for the Future	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
Welsh Language: No

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

Report Title:	Board Assurance Framework				Agenda Item no.	6.4
Meeting:	Board		Public	X	Meeting Date:	30 January 2025
			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:

As is routine, all changes (bar the trend graphs) are shown as track changes.

There have been no changes to overall risk scores.

The Board will note the impact the rapid planning event has had on some of the actions as well as the recent Special Board meeting with regards to the financial situation.

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.

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
24/01/2025 14:23:59

Board Assurance Framework

Updated 30 Jan 25

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.

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					

Shaping Our Future Wellbeing

Strategic Objectives

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Cardiff and Vale University Health Board

Strategic Objectives			
Putting People First	**Providing Outstanding Quality**	**Delivering in the Right Places**	**Acting for the Future**
We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.	We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.	By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing. We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.	We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities.
People will feel valued, developed, supported and engaged. We will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations. Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community Deliver outstanding quality of care every time - from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers. Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.	To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services. Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof. With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future. Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.	Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners. Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value. Maximise the Health Board's contribution to the foundational economy Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.

Shaping Our Future Wellbeing

Risk Overview

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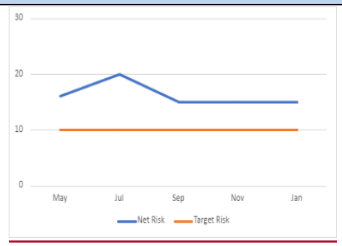
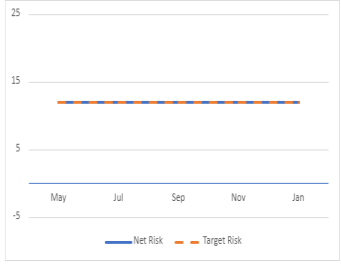
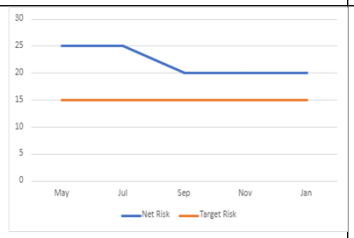
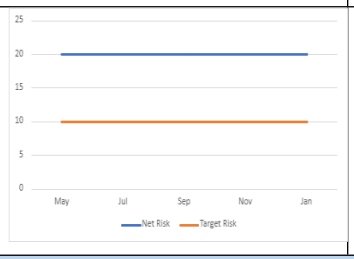
Cardiff and Vale University Health Board

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

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

Risk Overview

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

Risk Appetite

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

Shaping Our Future Wellbeing

Strategic Risks – Quality

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

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 do not 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 24/01/2025 14:23:59	**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 Board 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.	
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.	• Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • Equity, Equality, Experience and Patient Safety Framework and Action Plan at Quality Committee • Assurance of CAVHIS Business Case Implementation in 2024/25

Strategic Risks – Quality

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

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

Strategic Risks – Quality

Actions			
What	**Lead**	**By**	**Update**
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	31/03/25	• Business case approved for stroke model, funding to be released from Q4 2024/25 • Delays in recruitment for agreed stroke post
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~~ • UHB launch of Reducing Time In Hospital in November
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~~ • Additional winter capacity is open in UHL. Significant operational pressures
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~~ • Delivery against revised trajectories is monitored internally and by WG • Challenging position in select specialities including ophthalmology
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 • Plan to develop a first draft by Q1 with digital support by June 2025 • 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~~ second meeting taking place in January 2025 and an agreed focus on the development of a quality management system and IP&C and a third priority relating to follow up of patient care in Q1 ~~September 2024~~
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~~planning • Developemnt of a quality academy • Accredited audit training in place

Strategic Risks – Quality

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. • Early discussions with Public health around equity measures as part of the quality outcome framework
Implementation of the co-production framework in Cardiff and Vale	TBC		

Strategic Risks – Health Inequity

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

Risk

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

Cause	Impact
• People in the most deprived areas die earlier on average and live more of their lives in poor health; this is well recognised and deeply entrenched, but it is preventable. • People living in poverty are getting sicker and accessing services later. For the most deprived groups, EU attendances are nearly twice as high and emergency admissions more than double that the least deprived. • In 2021 the *undiagnosed* diabetes rate was double for those in the bottom Indexed of Multiple Deprivation (IMD) quintile compared to the top. This presents a challenge for the NHS in finding those with an unmet need for healthcare. • Greater illness and poorer access to care (the inverse care law) contribute to worse health outcomes. This impacts directly on the gap in life expectancy between the most and least deprived groups. • Our organisation has set the strategic intention to shift spending from reactive care in hospitals to more prevention and proactive care in the community setting – but secondary care has attracted a greater share of NHS spending, meaning that prevention, primary care and community services have received a smaller share. This must be addressed for the sustainability of ~~the~~ the organisation. Locally we call this left shift, a 'shift 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.

Strategic Risks – Health Inequity

- Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home are the strategic priorities of the organisation as described in the strategy, because they are derived from the changing needs of the population.
- Health inequalities are well documented across the UK, with a recurrent pattern of worsening outcomes linked to factors such as deprivation and ethnicity; these inequalities are evident for many chronic and acute conditions.
- Health inequalities arise in three main ways:
- structural issues, e.g. income, employment, education and housing
- unhealthy behaviours due to the envirnoment, social norms and income levels
- inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to particular needs.
- Differential experience of the wider determinants of health across the life course mean that disadvantage experienced in childhood is often compounded and exacerbated through adult life, and often passes inter-generationally.
- The 'Inverse Care Law' has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan.
- The UHB also has a role as a care provider, employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents and to advocate for improvements to the wider determinants of health with other statutory partners.
- Lack of capacity to deliver evidence-based interventions at scale to tackle health behaviours e.g. smoking, diet, physical activity, alcohol, that drive the huge disparities in health outcomes we see across Cardiff and Vale.
- Lack of capacity to undertake more substantial work on the wider determinants of health with partners.
- Lack of investment in prevention, primary and community services, e.g. health visitors (UK staff shortages) and public health consultants (Faculty recommends 15 for a population of 500,000).

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

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 • The Cardiff and Vale long-term public health plan 2024 – 2035 sets out how the UHB intends to achieve its ambitions of increasing life expectancy, reducing inequity and shifting more focus to prevention • '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 future UHB organisational direction agreed at the recent rapid planning event supports the 'shift upstream' by committing to develop an Integrated Community Health System, underpinned by care pathways that begin with prevention; prevention is a 'brilliant basic' • 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):	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

- 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).	
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.

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. • A Health Improvement Officer has taken up post and is developing an action plan to work to address the health inequalities experienced by ethnic minorities. This is a joint position with Cardiff Council and the UHB. As part of the investment in health protection and immunisation, we 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 was ~~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. The most recent update in November 2024 commented on the successful establishment of face to face antenatal education sessions for non-English speaking families as part of the community of midwifery programme of classes, and highlighted various awards won by teams with respect to the equality agenda such as the 'project search' program, designed to support young adults with learning disability/autism in gaining employment which was recognised with awards at the Project Search awards in Blackpool and the National HR awards in London. Work continues to meet targets in the existing plan, especially in relation to data collection. Additionally, work seeking to identify any additional new actions to add to the plan has begun. A further update will be provided in 6 months time.
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. Patient feedback is essential to improving service quality. Since October 2022, the UHB has collected most routine feedback via electronic surveys, accessed by SMS link, QR code and URL. We currently survey up to 1000 patients who have attended an outpatient appointment or following discharge as an inpatient every day; this includes the Emergency Unit (200), Mental Health (200) and the routine survey which randomly selects from all other clinical areas (600). As part of ongoing development, the routine survey has been translated into the top ten most frequently used languages, including BSL, English and Welsh. All surveys also collect information on protected characteristics, although this is not compulsory.

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Strategic Risks – Health Inequity

			A range of methods is used to gather feedback with the aim of ensuring all patients have the opportunity to contribute, including: • Website hosted surveys • Kiosk surveys • Tablet surveys • Postal surveys and paper-based feedback forms • Telephone surveys • SMS surveys • Focus groups • Patient stories • Bespoke

Shaping Our Future Wellbeing

Strategic Risks – People

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

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

Risk

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

Cause	Impact
1. Attract Recruit Retain • The increased demand across the NHS and Social Care has left a shortage in some professions and the sustained pressures have impacted negatively on wellbeing and retention. • National shortages in some professions have made it difficult to attract people with the right skills/experience and in the numbers required. • Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. The Industrial Action over the last couple of years has not helped the national reputation of the NHS as an employer. • People now think differently about work and what is important to them.	• Higher levels of sickness absence • Lack of management capacity to support staff appropriately; - Higher levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce. - Reduction in uptake of student training places and higher attrition rates, resulting in a reduction of graduates. • Potential negative impact on quality of care & safety. Inability to expand services as required due to lack of staff with the relevant experience, skills, etc.
2. Culture • There is a belief within the organisation that the current climate is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as they are overwhelmed with system pressures, change and ongoing demands. • Staff are not feeling involved in, or understanding the part their role plays for the case for cultural change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.	• Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases / respect and resolution • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employee of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. • Existing inequalities exacerbated • Not realising the opportunities within workforce sustainability

Strategic Risks – People

3. Wellbeing • Lack of integration and understanding of importance of wellbeing amongst managers • Impact upon manager wellbeing of balancing staff and service needs • Conflict between demands of service delivery and staff wellbeing • Exposure to psychological impact of increasingly complex and challenging demands of care • Inability to deliver care to required standard due to short staffing (moral injury / moral distress) • Ongoing demands over an extended period of time • Cost of living • Financial climate	• Values and behaviours of the UHB will not be displayed due to high pressure environments, and potential for exacerbation of existing poor behaviours • Operating on reduced staff levels in clinical areas due to sickness absence and/or staff shortages • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • Increased referrals for higher level psychological support • UHB credibility as an employer of choice may decrease • Potential exacerbation of existing health conditions Impact on retention (negative) and attraction of staff into healthcare

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

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

• 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
Consult, finalise and launch the Widening Access framework.	Jonathan Pritchard	January 2025	• Presentations and consultation undertaken with Staff Representatives and Clinical Board Management Teams. • Follow up meetings with Clinical Board managers arranged to identify work placements/opportunities. • Local areas of deprivation / community hubs identified and programme of visits for 2025 developed. •
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 2025	• 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 for engagement and inputbeginning 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 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 was unsuccessful, post to be reviewed and readvertised February 2025. • We plan to identify leadership and management principles in ~~2024~~/Q4 2025 - partially dependant on recruitment to Leadership and Management post. • All programmes underpinned by compassionate and inclusive leadership principles. • Compassionate Leadership Pledge has been signed by the Board. 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 has been reviewed and updated, to be shared with Stakeholders for comment ~~November~~ January 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 deliver Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.
Inclusion - Nine protected Characteristics Saunders.Nathan 24/01/2025 14:23:59	Claire Whiles	March 2025	• Development of UHB's LGBTQ+ Action Plan, stage one engagement underway with representatives from LGBTQ+ network. • 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. • Follow up meeting with Welsh Government scheduled for February 2025 to discuss next steps with WRES.

Strategic Risks – People

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. • 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). • Internal audit of OH Services planned for Q4 2024/25 • NHS Wales Staff Survey 2024 engagement and completion with increase in participation from 21.4% to 27%., ~~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 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 2025	• 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 2025	• EWS ~~will~~ continue to offer evidence based interventions and review and enhance~~refresh~~ offer, e.g. Spring; EMDR • Evaluation of wellbeing interventions to be improved through implementation of H&WB Framework

Strategic Risks – People

			• Improvement required across UHB to ensure consistency of offer, e.g. Trauma response / psychologist intervention / evidence based practice. • Staff Fast Track Trauma Pathway under review due to increase in waiting times, draft paper for initial consideration February 2025. • Trauma Risk Management (TRiM) proposal presented at Senior Leadership Board for feedback, business case in development for presentation February 2025~~January 2025~~.

Strategic Risks – Digital

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

Risk

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

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

Strategic Risks – Digital

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

Controls	Assurances
• Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 - these will be refreshed by April 2025 • Roadmap to support the strategy shared with DHIC covering 2024/27 - these will be refreshed by April 2025 as part of the Digital Foundations PBC work • Digital components described in IMTP – focussed on in year national and clinical board priorities • £466K is being invested by CAVUHB in the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases. This work will complete in 12 months. • The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS[1] Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The capabilities the PBC and business justification cases will describe are harmonious with and would segue into any nationally agreed and funded EHR solutions through interoperability and concordance with the "All Wales" Infrastructure review. o Work is expected to begin Oct/Nov 2024. o This follows positive discussions with WG IIB and NHS CDIO,	• All Controls are shared and discussed with the DHI Committee which meets quarterly. • The Digital Foundations case was scrutinised and approved by the Investment Group and Strategic Leadership Board. • The Director D&HI shared the intentions of the Digital Foundations investment case and updated WG's chief digital officer, whilst the DoF has discussed with IIB Lead. Both are supportive of approach and our intentions • Recruitment and procurement is underway for the resource to produce the PBC and BJCs • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare (1) • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.

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

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

Strategic Risks – Digital

Actions			
What	**Lead**	**By**	**Update**
Internal investment case to support the Digital Foundations case approved	Director of DHI	Sept 25	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget. Statement of works produced against which a suitable external partner will be sought
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 Both EA and senior PM positions filled internally;
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. The Digital Foundations programme referenced and discussed at the Senior Management Rapid Planning Event held in December; an agreed output is to communicate the programme more widely across the organisation to include all Clinical Boards and Corporate areas to ensure wide understanding of plans to improve digital solutions and the data which is collected, reported and used.

Strategic Risks – Infrastructure

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

Risk

There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB.
The condition of facilities within our main hospitals and some community facilities are impacting on our ability to continue to provide the full range of services and provide the 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

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, 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 internval 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**
A programme of work is underway to ensure an accurate picture of current Estates and Infrastructure risks so that we can be clear on the material risks to delivery of service within the estate.	Geoff Walsh	Completed by ?? January 2025	~~An update on this work was presented to People and Culture Committee and Board in Mar 24.~~ ~~This work will be concluded by ??~~ The Critical risk identification programme has now been completed with over 100 items identified and reviewed by the CEF team. Each item was risk assessed and where appropriate moved across onto the CEF risk register, which ensures that a comprehensive updated document is maintained. The register is used to support any applications for funding either via the UHB Discretionary Capital Programme or WG targeted estates funding and/or slippage.

Strategic Risks – Infrastructure

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	Annual plan	The discretionary capital 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 2025	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 the RPB 10 year capital plan and the Cardiff PSB Asset Management Group.	Marie Davies	Ongoing	The group continues to meet to oversee the priorities and development of a number of business cases that have been prioritised to ensure they progress in a timely way to address significant infrastructure risks.

Strategic Risks – Infrastructure

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. Additional measures implemented IY as set out in actions below

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
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 wide-ranging set of measures applying moratoriums to a wholesale spectrum of expenditure has been implemented. Any derogations from this will require Exec level approval. An Exec programme team has been established and will meet daily for the rest of the FY to oversee this enhanced grip and control/
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	SLB and SPB work and plan delivery issues identified the need to undertake the rapid planning event and work more strategically with the leadership team of the organisation to work on long term sustainability. This will support next years plan and the future model of delivery for the organisation. As part of the annual plan a quality improvement plan will be developed and implemented to deliver the 2025/26 savings programme.
The outcomes of the rapid planning event held Dec 24 will be coalesced into 25/26 savings plan and also longer-term work on financial sustainability	Catherine Phillips	Mar 25 and longer term	

Report Title:	People & Culture Committee – Chair's Report			Agenda Item no.		6.5.1
Meeting:	Board		Public	X	Meeting Date:	30.01.2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the People & Culture Committee meeting held on the 19th of November 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 – International Educated Nurse

The following points were highlighted:

A staff story was shown about an overseas educated nurse highlighting the importance of a diverse workforce and the support provided to international nurses. They highlighted the support provided to international nurses, including the objective structured clinical examination (OSCE) training, accommodation, human contact, and opportunities for progression.

Board Assurance Framework – Wellbeing

The Following points were highlighted:

- Staff sickness posed a risk which could decrease general staff wellbeing
- Trauma risk management – realised all colleagues were exposed to traumatic events which can result in increased sickness absence which would impact patient care
- TRiM is a peer lead system for colleagues exposed to traumatic events
- SLB showed interest in TRiM, and a detailed paper will be presented in January 2025
- It was important to understand staff experience through various data sources, including staff surveys, workforce data, and feedback from trade unions
- The Staff survey was still live and the P&C have supported the clinical boards to help understand priorities and actions required
- From Jan 2025 the data will be co-ordinated by the P&C teams to ensure the information is put together cohesively and will work with DHCW
- The use of WRAW (workplace resilience and well-being) was an approach to support individuals in high pressure roles and included psychometric assessments, workshops and one to one coaching sessions to build resilience and well-being
- .

Key Workforce Performance Indicators

The following points were highlighted:

- **Retention Rates:** There was a significant improvement in retention rates over the last four months, with the current rate shown the lowest number of leavers since June 2020.

Specific improvements were noted in nursing and midwifery, estates and ancillary, and healthcare support workers

- **Sickness Absence:** Although there was a decrease, sickness absence remained higher than desired. The People Services team was aligned with clinical boards to support managers and colleagues to deal with sickness absence
- **Disciplinary Investigations:** There was a rise in formal disciplinary investigations, attributed to cases taking longer to resolve. Efforts were made to close cases quickly, with an expectation of reduced numbers in the coming months
- **Variable Pay and Agency Use:** There was a significant month-on-month reduction in variable pay and agency use, achieved through filling long-standing vacancies on a permanent basis, particularly in medical & dental workforce and registered nursing

Clinical Board Spotlight – Mental Health Clinical Board

The following points were highlighted:

- **Workforce Demographics:** A large proportion of Band 6 practitioners were in community services and Band 5 staff were in inpatient settings meaning there were fewer more senior nurses in highly demanding in-patient settings. The workforce is predominantly female, with a significant number of staff approaching retirement age
- **Staff Survey Results:** The previous staff survey indicated negative experiences in mental health, which included burnout; sexual harassment, and bullying (which could be from patients or staff), but received positive scores in terms of engagement of staff with managers and senior teams
- **Key Performance Indicators:** There was a decrease in sickness absence and turnover in recent months. Statutory mandatory training compliance was at 80%, and there was a focus on improving VBA compliance, which had previously dropped to 55% but improved to over 80% before dropping again to 70%
- **Trauma Support:** The clinical board developed a compassionate response, support, and signposting (CRSS) approach for trauma, along with team immediate meetings (TIM) for post-incident support
- **Cultural Competence:** The clinical board received awards for cultural competence from Diverse Cymru and was working on improving responses to racist incidents and adopting a zero-tolerance approach
- **Lived Experience Professionals:** The clinical board has over 10 lived experience professionals appointed based on their lived experience, with plans to expand this workforce
- **Workforce Redesign:** Efforts were being made to reshape the workforce, including introducing new roles such as peer workers, clinical applied associate psychologists, and AHP pathfinders
- **Staff Engagement:** The clinical board was pushing for higher staff survey participation and implemented drop-in listening sessions and advisory groups for women and black staff members to address specific challenges
- **Recognition and Awards:** The clinical board received nominations for the RCN Nurse of the Year awards and was recognized for its innovative services, such as the Recovery College and the Mental Health University Liaison Service

Notices from the Welsh Language Commissioner and update on Welsh Language Standards

The following points were highlighted:

- **Closed Investigations:** One of the standards enforcement investigations was closed by the Welsh Language Commissioner with no further action required

- **Ongoing Investigations:** Three investigations were ongoing at different stages, but progress was made in addressing the issues
- **Positive Relationship:** The health board continued to enjoy a positive working relationship with the Welsh Language Commissioner's Office, benefiting from a more collaborative approach
- **Reception Areas and Recruitment:** An investigation into reception areas and recruitment processes led to a report with recommendations. A task and finish group has been established to address recruitment processes, and a Welsh language online assessment tool was developed to support managers
- **Automated Telephone Systems:** Work was ongoing to ensure compliance with Welsh language standards for automated telephone systems, with bilingual greetings being implemented
- **Welsh Language Skills and Patient Preferences:** Efforts to record Welsh language skills of staff and patient language preferences was progressed, with over 50% of the workforce now having recorded their Welsh language skills
- **Areas of Focus:** The Health Board is focused on registering Welsh language skills, ensuring initial bilingual communications (greetings, email signatures, and teams' backgrounds), public information (signage), and recruitment processes to improve compliance with Welsh language standards

Health & Safety Update

The following points were highlighted:

- **Plus Size Patient Pathway:** The health and safety update included a discussion on the plus size patient pathway.
- **Health and Safety Culture Plan:** Progress against the Health and Safety Culture Plan, which originated as a response to audit, was reviewed. The plan is nearing the end of its three-year cycle, and the team is planning the next iteration.
- **Progress Tracking:** The tracking document for the Health and Safety Culture Plan was presented, showing significant progress with many items marked as completed (green). The remaining items will be reviewed to determine their relevance and carried forward if necessary
- **Coordination with Estates Team:** working closely with the Estates team to ensure alignment and assurance on various health and safety matters

Primary Care Workforce Plan

The following points were highlighted:

- **Strategic Workforce Plan:** Launched in May 2024, developed in partnership with HIW and other partners. It aims to address workforce challenges in primary care across Wales through 26 key actions over five years
- **Workforce Challenges:** The plan addresses issues such as an aging workforce population, increased acuity, technological developments, and specific problems within Community Pharmacy, General Dental Practice, General Medical Practice, Optometry, and Urgent Primary Care
- **Current Workforce Data:** There is limited access to workforce information for a largely contractor provided service. General Medical Services currently use a national workforce reporting tool, with Community Pharmacy expected to follow
- **Primary Care Academies:** Set up to facilitate local delivery of national programmes, focusing on newly qualified or experienced professionals joining primary care, multi-professional education, and CPD
- **Local Actions:** Cardiff and Vale are focusing on understanding workforce demands, strengthening contractor contributions to education and commissioning, and delivering national programmes

- **Future Steps:** Refreshing workforce analysis, strengthening relationships between ECOS and the Academy, and considering the positioning of academies within the organization

The People Policy was approved and the engagement levels and data was noted.

Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	Not required

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

Committee/Group/ Exec	Date:

Report Title:	Quality, Safety & Experience Committee – Chair's Report			Agenda Item no.		6.5.2
Meeting:	Board	Public		X	Meeting Date:	30.01.2025
		Private				
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality, Safety & Experience Committee meeting held on the 26th of November 2024.

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

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

Mental Health 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 Mental Health Clinical Board.

The Committee was also provided an overview of the invited service review by the Royal College of Psychiatrists (RCP), which focused on inpatient mental health services. The review identified themes such as risk assessments, care planning, therapeutic engagement, continuity of care, diagnosis and treatment, the use of the Mental Health Act (MHA), observation levels, response to concerns raised by families, and serious investigations. The ongoing developmental work required to meet the recommendations was discussed.

The estates risks within the Mental Health wards was flagged, as the remoteness of some of the wards posed a challenge as decay could go unnoticed. The impact this had on staff and patients who were already under stress was highlighted.

Deep Dive – Perinatal Mortality Review Tool (PMRT): - The Committee were presented with the Deep Dive report which provided an overview of the systematic review process for maternal and neonatal deaths. The improvements in neonatal death rates and the ongoing work to address care concerns and improve outcomes was discussed.

It was suggested that more work was needed around health inequity to provide valuable information around understanding regional disparities to identify potential areas for intervention.

Equity, Equality, Experience and Patient Safety Action Plan – Update: - The Committee was presented with a six-month update on the Equity, Equality and Patient Safety Action Plan, and highlighted the progress made in various areas such as Planned Care, Equitable Employee Experience, Unscheduled Care, Maternity Care, Prevention, Analytics, Primary Care, Representation, Mental Health, and Patient Safety. The challenges related to data availability and staffing was also highlighted.

It was noted that the Executive Director of Public Health (EDPH) had regular conversations with the Director of Digital Health & Intelligence (DDHI) around the need for more granular data in relation to inequalities and deprivation. The lack of resources in the central team and the need to connect data more widely was highlighted.

Regulation 28 PFD Improvement Plan: - The Committee were informed that the Improvement Plan addressed the aftermath of a high-profile case involving the death of an inpatient prisoner. The following was highlighted:

1. There was a new Head of Prison Health and Senior Nurse who had experience in mental health and prison care.
2. A gap analysis was being undertaken on the nursing team's ability to identify deteriorating patients.
3. Tendable had started being used to audit the quality metrics within the prison.
4. They had improved GP coverage by collaborating with PCIC and clusters of GPs which provided more robust data.

Sexual Safety: - The Committee were presented with a summary of the new legal duty on employers to prevent sexual harassment in the workplace, and outlined the steps taken by the Health Board to comply with the regulations. This included targeted training, clear reporting pathways, and enhanced wellbeing support for colleagues.

It was noted that a Task & Finish Group had been established to develop an All-Wales Policy which may take time, and therefore a UHB Policy was likely to be finished first.

The Committee were informed that the policy specifically addressed colleague-to-colleague behavior. However, if there was an incident involving patient-to-staff behavior, they would refer to the appropriate process to support colleagues in handling these situations. It was noted that this discussion tied into the broader work on defining a quality management system and eradicating avoidable harm.

Medical Examiners (Wales) Regulations 2024 and Care After Death: - The Committee were presented with the report which summarised the new Medical Examiners (Wales) Regulations 2024, the All Wales Learning from Mortality Review Framework, and the death certification process.

The Committee were informed that feedback had been positive, and that consultant colleagues reported that the volume of emails had significantly decreased and made communication more targeted. Additionally, recent data from the Concerns team indicated there had been a significant reduction in the number of concerns raised.

Controlled Drugs Accountable Officer Annual Update April 2023 – March 2024: - The Committee were presented with the Annual Update which provided a comprehensive overview of the management and use of controlled drugs (CD) within CAVUHB.

The Committee were informed that community pharmacies were registered pharmacies regulation by the General Pharmaceutical Council (GPC) and were exempt from needing a license. Because hospital pharmacies were not registered with the GPC, they needed a separate license from the Home Office.

Actions being undertaken to address the data problem regarding monitoring opioid prescribing would be fed back to the Committee after the meeting.

Director of Public Health Annual Report: - The Committee were presented with the Public Health Annual Report where the theme was child health, which focused on children aged 0-5 years. It highlighted:

- There was a two-pronged approach to address health inequalities and improve health access across CAV
- It covered four themes: childhood vaccination, good food and movement, oral health, and breastfeeding. Each chapter included recommendations.
- The report was independent and applied to multiple organisations.

- It aimed to highlight important health issues such as poverty, tooth decay, and obesity amongst children
- Input from the Youth Board using the Thorn, Bud and Rose model to identify problems and solutions was included.

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

i. UHB 519 – Request for approval of the 'Development and Approval of UHB Procedure Specific Consent Forms Principles and Framework'

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

Joint Commissioning Committee Quality and Patient Safety Committee (QPSC) Chairs Report – 12.11.2024: - The Committee noted the report.

Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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. **Click the objective above to view more detail.**		Acting for the Future 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		n/a

Approval/Scrutiny Route

Committee/Group/Exec	Date:

Report Title:	Finance & Performance – Chair's Report			Agenda Item no.		6.5.3
Meeting:	Board		Public	X	Meeting Date:	30.01.2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Finance and Performance Committee meeting held on the 20th November 2024.

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

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

Financial Report – Month 7 Position & Savings Plan Progress (including Savings Tracker)

The following points were highlighted:

- CAV UHB reported a year to date overspend of £22.4m
- The planned deficit for the year was £15.9m with a proportionate year to date planned deficit of £9.275m
- The financial plan was approved by the CAV UHB Board
- The growth and demand were back to pre-pandemic level
- Cost reduction programme delivered £11.2m less than anticipated
- Expect a deficit of £38m prior to the delivery of any actions
- Children & Women clinical board increased variable medical pay along with additional costs of planned care, along with pressures from sickness within the workforce
- Surgery saw higher than expected theatre consumable costs due to increased activity
- Primary care was impacted from a previous year's error in payments to Pharmacists, resulting in a non-recurrent payment of approx. £400k
- Hafan-y-Coed had ongoing issues with floor defects, leading to out of area patient placements
- CAV have a target of £47.2m savings with £36m of savings identified (76%)
- The delivery of savings was below the required trajectory which contributed to the overspend
- The underlying deficit going into the next Financial year was estimated at £63.9m, including operational pressures, recurrent savings shortfall and the planned deficit
- The UHB anticipated pressure on cash flow due to additional pay awards and the need for adequate allocation form WG
- CAV UHB was on course to utilise the capital resource limits allocated by WG

Operational Performance Update

The following points were highlighted:

- Significant pressure on urgent and emergency care, with October seeing increased one and two-hour ambulance delays. Nearly half of the two-hour delays occurred over a 12-hour period.
- A robust winter plan was in place, constructed across the healthcare system and partner agencies.
- Improvements in the rapid fracture pathway led to decreased median times to get patients to the ward

- Performance remained static for the Stroke pathway at 51.9%, above the All Wales average. The SNAP audit grade improved to a level A in 2023 but recently dropped to a Grade B.
- Fluctuations in the number of beds occupied by long-stay patients, with delays dropped to their lowest level this year in September and October
- Length of stay improvements allowed the closure of approximately 55 beds, but increased demand from EU had mitigated the benefits.
- October performance was the highest ever recorded at just under 71%. Backlogs in pathology reduced, supporting this improvement.
- Several tumor sites, including haematology, lung, brain, sarcoma, and skin, exceeded the single cancer pathway target
- As of August, nearly 4000 patients were waiting two years for treatment, which was an increase but ahead of the forecast trajectory for Welsh Government
- The 4-year wait was eliminated since September, with a commitment to eliminate three-year waits by the end of December, though there was some risk in delivering this, particularly within urology
- The waiting list position for diagnostics had deteriorated, particularly in radiology and endoscopy
- Endoscopy focused on urgent cancer cases and long-waiting surveillance patients, with a robust improvement plan in place. Significant investment was required for core capacity
- Plans were in place with locums regarding the non-obstetric ultra sound, which would commence at the end of the month, with solutions expected towards the end of quarter 4
- Performance was low for adult mental health but plans were in place to recover compliance starting in quarter 4
- Part 1A compliance dropped below 80% for Children and young people due to workforce challenges and complex cases but recovered to 91%. Part 1B compliance improved to around 85%
- Several GP practices were in high escalation levels which reflected system-wide pressures
- Urgent Primary Care Centres saw high utilization, with around 3100 appointments booked per month
- Community Teams saw significant activity, with 17,000 district nursing visits in September, supporting patients out of the hospital.

CVUHB Escalation Framework: Planning Maturity Matrix Initial Assessment

The following points were highlighted:

- WG required an assessment against the planning maturity matrix as part of the de-escalation criteria for Finance & Planning, with CAV UHB currently under enhanced monitoring
- The matrix included several domains such as strategy development, alignment of strategy and IMTP, dynamic and engaged planning, operational planning and others
- CAV UHB achieved a level 3 for strategy & development, which indicated a reasonable level of development
- The UHB scored low on the alignment with the IMTP, but planned to address this through the establishment of portfolio arrangements and strategic plans
- Good practices were identified regarding operational planning but overall assessed at a basic level 2
- Emphasis on a whole system approach to improve strategic and operational planning along with population health improvement planning
- The UHB need to allocate executive leadership across portfolios to ensure collective responsibility for delivery
- Challenges in the operational environment were recognised, with a need for a better balance across performance and financial perspectives
- An integrated planning group was integrated at deputy executive level, which supported engagement across workforce, operations, planning and finance

- CAV UHB was ahead in strategy development but similar or slightly worse in other domains when compared to other HB's in NHS Wales

2024/25 Additional Capital Funding
The following points were highlighted:
In July 2024 CAV UHB were awarded £4.34m from WG for several schemes, mainly for a backlog of maintenance, with many tendered and in the process of sign off
During the review of capital at month six, the overspend totalled at £2.862m were identified across four schemes
CAV UHB received an additional £7.4m from WG in October 2024 which allowed for the reallocation of £4.752m back in to the discretionary capital program
Part of the funding was planned for enabling works for ITU, Cardiology, which included converting Lakeside Wing from a field hospital to a more compliant inpatient area
Over £2m was to be allocated for roof replacements and repairs at UHW & UHL
£1m would be used for the closure of old accommodation blocks
Approval was sought for awarding a contract to Lorne Stewart for £1m for the replacement of the HSDU ventilation chiller plant
Approval was sought for awarding a contract to FP Hurley for £1m for the replacement of the UHB main chiller plant

Research & Development Grant from NIHR
The following points were highlighted:
- CAV UHB received a grant of £1.513m (over 5 years) from the National Institute for Health and Care Research for a project to examine antibiotics for illustrated skin cancer surgical excisions, which will be led by Dr. Rachel Abbot
- The grant will involve collaboration with Cardiff University, Holyoke Medical School, University of York, University of Oxford, University of Nottingham and Swansea University
- Although grant funding was exempt from public contract regulations, internal procurement compliance was required due to the value of the outgoing payments exceeding £1m
- The recommendation is for the committee to endorse the grant and recommend board approval for the exemption from public contract regulations and the payment to the collaborating organizations

JCC Major Trauma Case
The following points were highlighted:
- The major trauma service at Cardiff and Vale UHB went live in 2020. The observed level of activity has significantly exceeded predicted levels
- The business case aims to address two main issues:

1. Right-sizing the service to match the higher-than-expected activity levels.
2. Addressing gaps identified in peer reviews and NHS Wales Gateway reviews, including areas such as plastics, radiology, paediatric pain, etc.

- The business case has been ratified through the internal investment group. 1:11:15
- The committee was asked to endorse the business case and recommend board approval for submission to the NHS Wales Joint Commissioning Committee (JCC) for revenue funding support. The JCC has recognized the need for this funding within their prioritization process.

2024-25 Strategic Cash Request Submission
The following points were highlighted:

- CAV UHB needed to notify Welsh Government of any additional cash requirements over and above the confirmed allocations for the year, which was a standard process at this time of year.

- The UHB has a planned deficit of £15.9 million for the year, which necessitates a request for an equivalent amount of strategic cash support.
- In addition to the planned deficit, there was a working capital movement of approximately £10 million that also needed to be covered.
- There were additional risks related to pay-outs from the Welsh risk pool and capital expenditure from the previous year, which may require further cash support.
- The initial request to Welsh Government would be for the £15.9 million planned deficit and the £10 million working capital movement. If the financial outlook worsens, an additional request will be submitted.

Mortuary Refurbishment Project
The following was highlighted:
The Committee noted this was recognised that it demonstrated an overspend (£930k) and were grateful for WG support by fully funding this project. This was to be commended to the CAV UHB Board for awareness.

The Monthly Monitoring Return for Month 6 was noted.

The RPB Quarterly Update
The following points were highlighted:

- The report provided a quarterly update to Welsh Government on all funding streams managed through the Regional Partnership Board (RPB). The Health Board acts as the banker for the partnership.
- The total funding amounts to just under £20 million, supporting various established programs.
- Delays in recruitment for key posts have impacted progress, but recent recruitment has brought the program back on track.
- A change in contractor for unpaid carers led to initial delays, but new providers are now in place, and progress is improving.
- A small underspend was predicted for the end of the year, which would be used to manage cost pressures, particularly related to the Welsh Community Care Information System (WCCIS) funding, which was not yet been confirmed by Welsh Government.
- Plans were being made for the 2025-26 financial year, including a proposal for a slightly over-committed budget to manage anticipated slippage. 53:58
- The RPB was yet to receive feedback on the quarter 2 reports. Welsh Government has requested light touch reports for quarter 2 onwards, indicating satisfaction with the current reporting processes

Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:
https://shapingourfuturewellbeing.com/

Putting People First 1. **Click the objective above to view more detail.**	X	Providing Outstanding Quality 2. **Click the objective above to view more detail.**	X

 Delivering in the Right Places 3. **Click the objective above to view more detail.**	X	 Acting for the Future 4. **Click the objective above to view more detail.**	X

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	Not required

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

Saunders,Nathan
24/01/2025 14:23:59

Report Title:	Digital Health & Intelligence Committee – Chair's Report			Agenda Item no.		6.5.4
Meeting:	Board		Public	X	Meeting Date:	30.01.2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Digital Health & Intelligence Committee meeting held on the 12th November 2024

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

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

Digital Roadmap and work programme update

The following points were highlighted:

An update was provided on the digital road map and work programme, highlighting the approval of the investment case for the digital foundations programme, which included a £466k investment over 12 months to develop a digital programme business case. The following points were noted:

- A glossary was needed due to the use of acronyms to ensure clarity
- Progressing with work for all staff to have a 365 license
- The 12-month plan has commenced and the team is in the process of finding a partner to help with the programme business case. The focus is on delivering a clear trajectory with costs and plans to achieve digital maturity

Corporate Digital Risk Register

The following points were highlighted:

The two risks discussed in the previous meeting were removed from the risk register. The top risk remained, which is cybersecurity, with a score of 20. Despite ongoing mitigation efforts, the risk level remains high due to the constantly evolving threat landscape.

IG Data Compliance

The following points were highlighted:

- The IG dept resourced to 5 WTE with the new EMD as the Caldicott Guardian
- 153 incidents between July – September 2024 with only 1 of the breaches reported to ICO
- FOI Compliance increased to 94% from 90% in the previous period, with a slight decrease in the number of requests.
- Medical records requests dropped to 317 requests per month but compliance remained at 32%
- NIAS monitoring – National issues were resolved, and monitoring resumed in September. Letters were sent to those potentially breaching internal policy.

- Mandatory Training Compliance dropped to 73%, which may impact the IG toolkit standard and some research studies. Efforts are being made to address this issue.

Digital Services KPI

The following points were highlighted:
There was an increase in the number of overall incidents and requests, highlighting the demand for support and increased use of the self-service portal
The average duration for resolving requests and incidents had decreased, indicating improved efficiency
The service desk saw a significant increase in demand but has managed to reduce resolution times, showing maturity in handling issues
In October, 4197 requests were opened, with 2657 closed, leaving 718 open. For incidents, 1523 were opened, with 1374 closed. The average resolution time for incidents is three to four days
The cost of equipment had reduced due to spending cuts, but an increase is expected with the need for Windows 11 devices.
Automation was implemented for new account requests, significantly reducing processing time to within two hours.

The minutes form the digital directors peer group were noted from June & July 2024.

Recommendation:

The Board are requested to:

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

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	Not required

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

Report Title:	Charitable Funds Committee – Chair's Report			Agenda Item no.		6.5.5
Meeting:	Board		Public	X	Meeting Date:	30.01.2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Charitable Funds Committee meeting held on the 10th December 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.

Health Charity Financial Position & Investment Update: - The Committee were presented with the report which provided information on the year-to-date financial performance of the Health Charity for the period 1st April 2024 to the period 31st October 2024, and assessed the forecast position of the Charity including commitments already made.

The following key issues were highlighted to the Committee:

- The value of the Charitable Funds had decreased by £0.388m from 1st April 2024 to 31st October 2024. This incorporated net expenditure of £0.295m over income and a loss of the Investment Portfolio value of £0.093m.
- The General Reserve was currently in deficit, which with remaining commitments, was forecast to be in deficit by £0.770m at 31st March 2025.

The key financial risks highlighted to the Committee were:

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

Investment Portfolio Update – Presented by Rathbones: - The Committee were given a presentation by Rathbones which provided a comprehensive overview of the investment strategy and performance for the CAVUHB.

The frequency of undertaking regular risk assessments was discussed. The Executive Director of Finance (EDF) noted that she was comfortable with their risk portfolio at present, as the risk rating was agreed the previous time Rathbones presented at the CFC. It was suggested that during their strategy refresh, they should consider the longer-term aspect around how their cash would look over the duration of the strategy to help inform Rathbones' investment strategy. This could provide them with an opportunity to flex their investment portfolio and have an informed conversation about the medium to long term.

Reporting Feedback on Successful CFC Bids – Wales Transplant Games - The Committee were informed that the approved bid was for a maximum of £8000 per year for five years (2020-25), but only £6547.50 had been spent so far. They had written to the Clinical Board Director for more information on how the funds had been used and the benefits to patients attending the transplant games.

The Director of Communications confirmed that the team would forfeit the remaining funds if they had not fully utilized the full £8000 within the five-year timeframe.

Our Health Meadow Change of Status: - The Committee were informed of the proposal to reclassify the Health Meadow from an appeal to a fund which aligned with the Health Charity Strategy.

It was noted that the suggestion on whether to make the Health Meadow a community asset ought to be considered during the strategy refresh, as there were plans to make it a valuable resource for both the community and staff/patients. It would be important to conduct a detailed analysis to decide what was feasible and beneficial.

The proposal to reclassify the Our Health Meadow Appeal to a Fund status from January 2025 was agreed.

Staff Lottery Bids Panel Terms of Reference (ToR) – Update: - the Committee were informed that at the September 2024 CFC meeting, it was agreed that duplicate bids could be considered in exceptional circumstances, and that the ToR should be updated to reflect this change. It was confirmed that sustainability had also been incorporated into the ToR.

The Committee endorsed the amendment to the Terms of Reference.

Charitable Funds Investment Management Services Contract Extension: - The extension of the current investment contract with Rathbone Investment Management Ltd for the term of one year (26th January 2025 to 25th January 2026) was approved by the Committee. The proposal that may utilize the final year of the contract and retender in sufficient time was noted.

Health Charity Fundraising Report: - The Committee was presented the report for noting.

Staff Benefits Group Report: - The Committee was presented the report for noting.

Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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Delivering in the Right Places 3. **Click the objective above to view more detail.**		Acting for the Future 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		n/a

Impact Assessment:
Risk: No
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	
Committee/Group/Exec	Date:

Report Title:	**Strategic Planning, Commissioning and Partnership Update**				Agenda Item no.	6.6	
Meeting:	Public Board	Public	X		Meeting Date:	30.01. 2025	
		Private					
Status *(please tick one only)*:	Assurance	x	Approval	x	Information	x	
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 relevant updates in relation to the following areas:

- Strategy development and delivery, including strategic programmes
- Integrated Medium Term Plan (IMTP)/Annual Planning
- Regional and tertiary services planning work programme.
- Partnership planning
- Engagement for service change
- Emergency Planning
-

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 strategic planning team will are supporting Executive Senior Responsible Officers (SROs) and programme teams to establish the Strategic Portfolios and are working alongside other corporate areas to provide alignment and 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 successfully launched on the 20th November.

The Rapid Planning Events held in December and follow up in January provided some excellent engagement across the wider organisational leadership teams to continue to shape the priorities and KPIs that will further develop the strategic portfolios' programmes.

2. Integrated Medium Term/ Annual Planning
Plan development 25-26:

Some of the outputs of the Rapid Planning Event held in December will inform priorities for the 2025/2026 plan and ensure collective ownership across the Senior Leadership Team.

The National Planning Framework, Cabinet Secretary Deliverables and Performance Expectations and financial allocation were published by Welsh Government on 24th December and provide the planning parameters for 2025/2026. Strategic and Operational Planning, Finance and Workforce Planning leads continue to triangulate and align plan development to this guidance.

The corporate planning process is currently on track to submit the plan to March's Board. A Board Development session is planned for February 2025 for more in-depth discussion on final plan commitments, and the challenges and decisions that will be required.

3. Strategic Plan development
Our UHB Clinical Services Plan to2035 *(to be included in and inform the Shaping our Future Clinical Services Portfolio)*

The foundational information for the Plan including baseline assessment of clinical services, horizon scanning, engagement feedback and draft planning assumptions have been completed and discussed at Board development sessions.

The first of the strategic plans, The Babies, Children and Young Persons Plan, was launched at a World Children's Day event on the 20.11.24 led by our Youth Board. This follows an extensive engagement, and months of work by a multidisciplinary team with representation from across the patient pathway.

Work has now commenced on the remaining areas of the plan with working groups being established 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 – Southeast Wales *(Shaping our Future Clinical Services Portfolio)*

A tri-executive team meeting was held in October 2024 to explore and discuss some of the challenges being experienced across the regional planning agenda. Capacity was identified as one of the key issues impeding the speed of progress. Consequently, in Decembers regional executive oversight board and again in Januarys there has been / is a focused review of a suite of programme 'sit reps' in order to support discussions, and take an agreed position on, where the key

priorities and opportunities for the region exist so that resources can be deployed and focused appropriately. Currently the following has been agreed;

- Llantrisant Health Park Programme- Following approval from Welsh Government to progress to the next phase of planning (including the development of a Business Justification Case) regional work relating to orthopaedics to come within the formal scope of the LHP programme
- As a result, the current regional orthopaedic programme to 'stand down' and instead become a regional network.

In addition, there is a wider strategic piece of work currently being discussed across the partnership about seeking agreement on a regional collaborative commissioning model for the development and ultimate delivery of regional services. This work takes learning and experiences of the planning partnership over the last twenty-four months and if successfully deployed would again likely support moving on the regional planning agenda at a greater pace.

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)*

Regional and Specialised Services Provider Planning Partnership (RSSPPP) continues to meet monthly. Progress across the provider partnership portfolio is summarised below:

- **Hepato-Pancreato-Biliary (HPB) Surgery** – Following the submission of the formal request to the NHS Wales Joint Commissioning Committee (NWJCC) to assume delegated commissioning responsibility for the HPB Shared Delivery Network, the NWJCC team confirmed at the Management Group workshop on December 19th that this request has not been prioritised for inclusion in Year 1 of the 2025-28 Integrated Medium Term Plan (IMTP)

  This will have a significant impact on the delivery of the HPB service model programme, and is likely to perpetuate the existing inequity of access to timely and effective care for those patients, with severe acute pancreatitis, who do not reside within Cardiff and Vale UHB or Swansea Bay UHB.

  A series of contingency options are scheduled for discussion at the next meeting of the RSSPPP on the 21st January.

- **Oesophago-Gastric Cancer Surgery** – A revised holistic pathway has been considered and agreed at a multidisciplinary inter-organisational workshop on the 9th October. Following discussion at the RSSPPP on the support required to adopt and implement the pathway, it has been agreed to transfer the operational planning for this stage to the operational teams in both organisations.

- **Specialised Infectious Diseases Services –** The multidisciplinary inter-organisational workshop, initially scheduled for December 6th, has been postponed due to insufficient attendance. The workshop will be rescheduled for spring 2025.

- **Cardiac Surgery Review –** The Joint Commissioning Committee (JCC) team have identified the Cardiac Surgery Review as a priority for consideration by the Joint Committee for inclusion in the 2025/26 IMTP.

- **Tertiary Services Baseline Assessment** a refresh of the baseline assessment was presented at the January meeting of the Tertiary Service Development Group (TSDG). The baseline assessment has identified that CVUHB currently provides 130 services which fulfil the definition of a tertiary service.

  A thematic analysis of the risks identified by each service will be presented to the next meeting of the TSDG. The output of the baseline assessment in both organisations 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 management of programmes and projects across the Regional and Specialised Services Provider Planning Partnership (RSSPPP) portfolio, including the Cardiff and Vale UHB (CVUHB) Tertiary Service Development Group (TSDG) and the Swansea Bay UHB (SBUHB) Tertiary Service Oversight Group (TSOG).

- **Regional and Specialised Services Provider Planning Partnership** – As part of the management response to the SBUHB internal audit of the tertiary services programmes, several actions have been identified which will have implications for the partnership elements of the programme. This includes amendments to the Memorandum of Understanding to describe the arrangements for funding, risk management and outcome reporting, which are scheduled for discussion at the next meeting of the partnership on the 21st January 2025.

- **Chief Executive Management Team** – The tertiary services team are scheduled to present papers on the following services at the next meeting of the Chief Executive Management Team meeting on the 4th February:
  - **Therapeutic Apheresis** – request to approve a proposal to work with the Welsh Blood Service and Advanced Therapies Wales to hold a series of stakeholder workshops to inform the development of a project plan to create a strategy and service model for therapeutic apheresis.
  - **Clinical Gait Analysis** – request to:
    - Agree formal commissioning arrangements for a permanent service at CVUHB to ensure equitable access to gait analysis for patients resident in South Wales.
  - **Pelvic Exenteration** – request to:
    - Develop a service specification to inform the future commissioning and delivery of Pelvic Exenteration;
    - Formally delegate commissioning responsibility to the NWJCC from 2026/27 onwards; and to
    - Agree interim commissioning arrangements for the Pelvic Exenteration service provided by SBUHB with referring Health Boards to ensure that all patients have timely and equitable access to this effective treatment.
  - **Contact Radiotherapy** – request to:
    - Develop a service specification to inform the future commissioning and delivery of the contact radiotherapy for patients with early rectal cancer who are suitable for surgery;

- Formally delegate commissioning responsibility to the NWJCC from 2026/27 onwards; and to
- Agree interim commissioning arrangements to ensure that patients in South Wales have timely and equitable access to this effective treatment in 2025/26, in line with the Health Technology Wales recommendation.

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 Regional Partnership Board (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 prototype being tested in the Southwest cluster is due to be concluded shortly and recommendations developed for the integration of place planning methodology into Health Board and partner planning arrangements.

- 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. The Investment Group will consider the business case in March. This will provide a key platform from which the Health Board and its partners can build up the ambitions to achieve an integrated community care system.

- 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.

- Partners in Cardiff and Vale have received £2.45m non-recurrent funding to mitigate system pressures this winter. Plans were submitted before Christmas setting out our response to the priority areas of:
  - A Directed Supplementary Service for General Practice to enhance proactive support of frail/complex patients, thus reducing unplanned admissions
  - Additional step-down capacity from acute beds
  - Additional community reablement and domiciliary care capacity

The Health Board and Local Authorities continue to prioritise reducing pathway of care delays to enable people to return home or to the next stage of their care arrangements.

The Minister for Mental Health and Wellbeing was briefed on the progress made as a partnership in our Digital Care Region programme. Cardiff and Vale as a region has made the case for additional devolved funding to support the development of integrated care records and has offered to be a trailblazer for the rest of Wales as the national programme emerges. Despite its early successes, our local programme remains challenged because of limited and unstable funding.

7. 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 B**

8. Emergency Planning

Following the Hillsborough Disaster and Inquiry, Bishop James Jones produced a report, '*The patronising disposition of unaccountable power' A report to ensure the pain and suffering of the Hillsborough families is not repeated.*

One of the specific outcomes of the report was the production of 'The Charter for Families Bereaved by Public Tragedy' - this is attached ay **Annex C**. This was introduced and tested last year through two All Wales Public Services workshops, engaging with survivors and families bereaved by public tragedy as well as public sector category 1 responders. South Wales Police (SWP), through our Local Resilience Forum, are co-ordinating the support for and formal signing of the Charter by all public service bodies in Wales.

The Charter – through its six principles - signals the organisation's commitment to an ethos of compassion and duty of candour which very clearly aligns with the UHB's existing values and statutory duties.

SWP are aiming to launch the Charter, signed by all public service bodies in Wales, at a public event on the 19th of March 2025 to demonstrate the unity across Wales' public sector along with the shared, unwavering commitment to families bereaved by public tragedy.

Recommendation:

The Committee is requested to:

(a) **Note** the progress being made across the Strategic Planning, Commissioning and Partnership portfolio
(b) **Approve** the UHB's commitment to the 'The Charter for Families Bereaved by Public Tragedy' through signing the document (Annex C).

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

Saunders,Nathan 24/01/2025 14:23:59

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	*n/a*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: Yes/No
na
Safety: Yes/No
na
Financial: Yes/No
na
Workforce: Yes/No
na
Legal: Yes/No
na
Reputational: Yes/No
na
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*
na
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)*
na
Decarbonisation: Yes/No
na
Welsh Language: Yes/No
na

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

November/December 2024 board update: South East Wales Region

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

Programme & purpose	Overview	Need to Know	What's new	RAG
Regional Portfolio: Acts as the central 'hub' of intelligence for the design, delivery and assurance of all regional programmes of work. The portfolio seeks to; • Ensure standardisation in approach • Identify, manage and mitigate portfolio levels risks • Identify new opportunities for regional working	Overall portfolio position provides limited assurance, with work to realign programmes, their status, relative priorities and future opportunities to follow	• **Transition of Orthopaedics Programme:** Oversight Board have agreed the recommendation that the Regional Orthopaedics Programme transitions into a clinical network. It was agreed some regional aspects of the former Orthopaedics Programme related entirely to the development of the LHP now move into the Llantrisant Health Park (LHP) Programme. This will have implications for revised governance arrangements and the scope/accountability for LHP, with discussions ongoing • **Realignment of Diagnostic Programme:** January Oversight Board will conduct a deep dive into the Diagnostic Programme. This will likely (a) reshape the purpose of the current programme to reflect key packages of work having bene completed and (b) identify areas of this programme which might likewise also better sit within the governance of the LHP programme.	• **South Wales Vascular Network:** agreed to bring the South Wales Vascular Network into the scope of the portfolio, recognising the current challenges and opportunities facing some of the networks • **High Level Risk Profile:** new issue identified related to the short-term focus on 24/25 year end position - particularly around Ophthalmology and Endoscopy. This has been necessitated by the focus from Welsh Government. This is usurping nearly all available time and resource to consider the longer term. Mitigation to identify what 'support' for the short term looks like so that capacity for longer term strategic planning can be retained	Limited assurance

November/December 2024 board update: cont/…

Programme & purpose	Overview	Need to Know	What's new	RAG

Ophthalmology:
• Sustainable Services
• Regional Centre of Excellence Network Model
• Workforce
• Clinical Research Facility
• Modernised IT
• Reduce waste and clinical variation.
	Reasonable assurance. Programme is currently focused on managing the spend of the additional short term non-recurrent funding awarded by WG	• **Funding:**
		  • Additional non-recurrent year end funding provided from WG to tackle wait lists to the end of the reporting year. Initial commitment to £3m has been raised up to £7.5m
		  • Activity has, therefore, focused on short term planning to quantify, identify options and complete a market exploration of providers. This will inform the commissioning of additional capacity
		  • Rapid tendering process underway. Recognition by the Programme that there is insufficient time and market capacity to eradicate 104-week waits
		• **Planning:** Short term focus from WG is on reducing wait times overall
			• **Programme Risk:** new short term programme risk associated with reprofiling the programme activity in order to spend the additional funding allocation by the end of the financial year, including identifying additional booking and scheduling team capacity	Reasonable Assurance

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 elements of the workstream would likely be moving into the Llantrisant Health Park (LHP) programme. Clinical Directors are supportive of the proposal, pending discussion at Programme Board on 22/11 • **Terms of Reference:** Joanne Hill is developing a ToR and framework for the clinical network, and a critical path to ensure a smooth transition from the current programme	• **Programme Risk:** no new risks or changes in risk scores	Reasonable assurance

November/December 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, with ToR document being refreshed. Review at next programme board in December • **Clinical Advisory Group:** Nick Gidman meeting with Medical Directors and senior clinical and operational colleagues on 09/12, to discuss membership of the Clinical Advisory Group • **Future service model:** Clinical task & finish group to be established to identify the potential options for delivering a regional model	• **System pressure:** CTM's stroke services are currently under pressure with relocation due to the damaged roof at POW Hospital • **Llais Regional Directors:** Briefing held on 27/11 • **Programme Risk:** Programme SRO role vacant from January with a need to identify a suitable replacement as soon as possible	Limited 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	• **Initial work completed:**
		  • Analysis of each organisation and nationally agreed strategies and priorities to identify key themes and requirements.
		  • Mapping of existing regional and bi-lateral programmes and initiatives to ensure appropriate join up
		• **Initial work programme with assigned leads agreed at Programme Board in November 2024 to establish:**
		  • Task & finish Group and develop an initial Project Brief for a Regional Data / Shared PTL Project (enabler)
		  • Task & finish Group and develop an initial Project Brief for a Regional Cancer Workforce Project (enabler)
		  • Task & finish Group and develop an initial Project Brief for a Regional MDT Resourcing & Governance Project (Immediate Issue)
		  • Task & finish Group and develop an initial Project Brief for a Haemato-oncology Project (Immediate Issue)
			• **Informed decision-making:** Framing completed to inform decision, based on initial work as described
			• **Programme Risk:** risk score associated with appropriate resources to support the development of the workstream, has reduced, from 20 to 16. No new risks identified
				Limited assurance

November/December 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	• **Endoscopy Academy and integration with Llantrisant Health Park (LHP):** Clinical Summit on 11/11 reviewed the concept of the Endoscopy Academy and started building the case for change into a regional unit service model. As per the Tri Exec meeting, the bulk of the program will align to LHP, with ongoing work to agree how to proceed with non-LHP elements • **Formal review of the endoscopy programme:** has commenced, to appraise the optimal future model. The bulk of the program will now align to LHP – ongoing work to agree how to proceed with non LHP elements. HBs were requested to feed back on appraisals to inform discussion at December Endoscopy Project Board. • **Business case:** discussions are progressing. HB DoPs, DoFs, and COOs met on 10/12 to discuss next steps to refine the business case to facilitate HB approvals	• **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	• **Future model:** under active consideration for the pathology workstream to become a separate programme. A SitRep to capture this remains under development • **Programme Manager:** Joanne Hill will be moving to support the emerging pathology workstream	• **Project Risk:** no change since last period	No rating provided

November/December 2024 board update: cont/…

Programme & purpose	Overview	Need to Know	What's new	RAG

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 sit within the LHP Programme for CTM. CAV is not looking to utilise the emerging framework agreement
		• **Closure report:** the CDH Project Board will receive a closure report and formal proposals for legacy work structures in January 2025. Confirmed that:
		  • CTM will proceed with developing a CDH at the LHP site
		  • AB will proceed with developing a CDH at YYF
		  • CAV is re-appraising options for CDHs
			• **Project Risk:** the risk associated with the delivery of the programme may change as the project structure is reconsidered	Limited assurance

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:**
		  • CTM was proceeding at risk, with partner Execs invited to the IIB meeting.
		  • Welsh Government funding letter followed from IIB, setting out a list of requirements conditional on releasing funds to close the RIBA 2 and deliver RIBA 3 phases. This has since been confirmed.
		• **Clinical:**
		  • Working through implications and requirements for the transition of certain elements of the Regional Orthopaedic Programme into the LHP Programme.
			• **Programme Risk:** no risk information provided	No status provided

Engagement Update			
Topic of Engagement	**Area of Engagement**	**Approach**	**Outcome**
Shaping our Future Clinical Services – Emergency and Urgent Care	Strategic Planning	A blended online and offline media approach which will include utilising the information already collected on a regular basis by the patient experience team and by Llais.	Currently we are in the planning phase for this piece of engagement activity.
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 now established.	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	Women & Children	In December 2024 we held an engagement event in Grangetown to speak to parents about the possibility of developing a new support group in the area. Following this event, we are going to undertake further engagement to ensure that we can create a group that is inclusive, accessible and provides the support in the right place.	Ongoing
Mental Health GP Liaison Service - Closure	Mental Health	We have developed an engagement plan for this work in partnership with Llais and will be going live in January.	TBC
Place Based Planning	Strategic Planning	Communications and Engagement plan under development with RPB.	TBC
Welsh Government Planning – Monthly Engagement Updates	Whole organisation	Towards the end of 2024 Welsh Government developed a new approach to	Ongoing

		the monthly reporting system for service change. This now includes a new reporting format and bi-monthly meetings with the team to discuss any issues/topics informally.	
Llais	Whole organisation	We continue to meet with Llais colleagues on a monthly basis to update them on engagement activity. In December 2024 we attended a public event in Cardiff Central Library organised by Llais to present on the Clinical Services Plan.	Ongoing

Charter for Families Bereaved through Public Tragedy

In adopting this Charter I am making a public commitment to ensuring that learns the lessons of the Hillsborough disaster. This includes ensuring the perspective of bereaved families is not lost during the response of public organisations to major incidents and that families are always treated with care and compassion.

Through the Charter we will strive to:

1. In the event of a public tragedy, support the activation of emergency plans and deployment of resources to rescue victims, to support the bereaved and to protect the vulnerable.
2. Place the public interest above our own reputation.
3. Approach forms of public scrutiny – including public inquiries and inquests – with candour, in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. Our objective is to assist the search for the truth. We accept that we should learn from the findings of external scrutiny and from past mistakes.
4. Avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.
5. Ensure all members of staff treat members of the public and each other with mutual respect and with courtesy. Where we fall short, we should apologise straightforwardly and genuinely.
6. Recognise that we are accountable and open to challenge. We will ensure that processes are in place to allow the public to hold us to account for the work we do and for the way in which we do it. We do not knowingly mislead the public or the media.

Signed: _____

Report Title:	C&V Integrated Performance Report				Agenda Item no.	6.8
Meeting:	C&V UHB Board		Public	X	Meeting Date:	30/01/2025
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Claire Beynon, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips, David Thomas					
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 Finance & Performance (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

The UHBs initial draft 2024-25 planning deficit was £15.9m.

Following confirmation of the £22.244m overspend at month 7 and a review of the additional unforeseen cost pressures and demand on services in 2024-25, the UHB's projected forecast was revised to a year end deficit of £27.7m as follows:

	2024/25 £m
Draft Planned Financial Position £m	**15.9**
Additional In Year Recurrent Funding	(6.8)
Revised WG Control Target (deficit) £m	**9.1**
Forecast Savings Programme Deficit	11.2
Forecast Operational Deficit	9.5
Further Recovery Actions	(2.1)
Revised Year-End Forecast £m	**27.7**

The UHB relayed an Accountable Officer letter on the 2nd December 2024 to advise Welsh Government of the revision to the UHB's forecast deficit.

At month 9, the UHB is reporting an overspend of £27.501m. This is comprised of £11.126m operational overspend, a savings gap of £9.550m and the revised planned deficit of £6.825m (9 twelfths of the revised planning control deficit of £9.100m) as summarised below:

	Month 9 Position £m	Forecast Year-End Position £m
Revised Planning Control (Deficit)	6.825	9.100
Savings Programme Deficit	9.550	11.200
Operational position (Surplus) / Deficit	11.126	9.500
Further Recovery actions		(2.100)
Financial Position £m (Surplus) / Deficit £m	**27.501**	**27.700**

Public Health

Immunisations

COVID-19 and influenza

- The winter respiratory viruses vaccine autumn booster campaign has commenced, and it has delivered 66,475 Covid-19 vaccines to the eligible population since the 1st of October when the campaign started. The eligible population for COVID-19 is 154,618 in Cardiff and the Vale, with vaccine uptake of 43.0% now only marginally below the national figure of 43.2%
- Influenza vaccine uptake in Cardiff and the Vale in the over 65 is 66.9% which is also slightly below the Welsh average of 67.9%.

Childhood immunisations

- Percentage of children who are **up to date with the scheduled vaccinations by age 5** (4 in 1 preschool booster, the Hib/MenC booster and the second MMR dose): This at 85.2% is below the target of 95%. The Childhood Immunisation Plan agreed in 2022/23 is being implemented to increase uptake which includes communication and awareness raising, actions to improve access, education and information sessions, training of champions with a focus on our minority ethnic communities and the Amplifying Prevention partnership with the local authorities.
- As part of the investment plan in vaccination we have appointed an analyst which will help reinforce our intelligence capability, make our data streams more robust with education and support ongoing efforts to better profile and performance manage primary care provision of vaccines.
- In partnership with Cardiff Council a jointly appointed Health Improvement officer is focusing on the health inequalities experienced by ethnic minorities with the aim to build community profiles to guide and target engagement and health messaging. 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. Further discussions and engagement meetings are underway with representatives of Nigerian cultural associations and with Muslim organisations with the aim to organise educational and direct vaccine delivery opportunities. A Health Fair is planned for the end of February in collaboration with Cardiff Council and Cardiff Third Sector Council (C3SC).
- **Measles, Mumps & Rubella (MMR)** - a catch-up programme has been developed for all schools with lower than 90% uptake for 2 doses of MMR during the spring and early summer 2025 and will use settings other than schools too such as parks and other family-friendly sites. The catch-up programme will restart in the new year when mass imms and school nursing resources are again available 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 are issues with the way this data is reported that disproportionally affect Cardiff and the Vale. The school nursing team has reported a significant percentage increase in uptake this year, from 67% to 76% according to internal data, but this is not reflected in the official data as there have been some reported discrepancies with regards to the denominators used nationally vs those used by the school

nursing team locally. Delivery of vaccination targets mainly year 8, children aged 13, and there we are in line with Welsh average with 69.9% uptake, in subsequent years, year 9 (age 14) and year 10 (age 15), compared to other health boards we see a decline in uptake. This is the product of two factors, firstly, historical uptake which may have been lower. Secondly and most importantly the level of mobility of school children in Cardiff, where a significant number of new unvaccinated children will enter our health board area and vaccinated ones will leave it. This is a phenomenon more pronounced in Cardiff than anywhere else in Wales and it means that our numbers, even while the campaign is running, can drift significantly from start to finish, leading to discrepancies between local and national 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 Public Services Board (PSB) and Cardiff PSB.

Weight management services

- We have developed 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

- The task and finish group for the implementation of no smoking on hospital sites met for the first time on 11th December 2024 and leads were identified. A sub-group has been established to consider the specific issues related to UHL, and a first meeting will take place in January. A detailed communications plan is in development, along with appropriate policies, procedures and governance arrangements. Updates will be provided to Senior Leadership Board and the Quality Committee.
- The targeted communications campaign commissioned from Golley Slater went live on 1st January 2025 and continue until March 2025. This uses messages that resonate with smokers.
- The Internal audit of smoking cessation provision has reported 'reasonable' assurance. Actions have been identified and agreed in relation to joint working between community and hospital services, a future assessment of resourcing and promotions of smoking cessation within the hospital environment.
- Staff changes in Community Pharmacy provide an opportunity to review the way smoking cessation services are provided through this setting.

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 (EU) 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 Chief Operational Officer (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.

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 National Hip Fracture Database (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 Sentinel Stroke National Audit Programme (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

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 Gastrointestinal (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

The numbers of patients waiting on a referral to treatment (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	

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.

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.

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

People and Culture

OD & Culture

- The OD Team supported Board Development in December with a focus on Resilience, continuing work on sustaining a healthy, high performing Board.

Education Commissioning:

- A Strategic Engagement Session between Health Education and Improvement Wales (HEIW) & the UHB took place on 9th December 2024. The purpose of this session was to discuss requirements of the IMTP and education commissioning process.
- An Education Commissioning Workshop was held on 5th December 2024 with Clinical Boards and Heads of Profession Leads. Guidance document has been prepared and circulated following this workshop and further support will be provided as necessary to produce the first draft of the 2026/27 education commissioning submission, by 31st January 2025.

Workforce planning:

- A Strategic Workforce Planning and Transformation Lead was appointed in December via an internal secondment opportunity (12 months period initially). The lead is an experienced Business Partner and will be focusing on the following priorities in the first 6-12 months:

    - Building the workforce planning capability of our managers and our offer, through focused training 'introduction to WP' channelling the HEIW resources through to our teams. Development of a simple toolkit, SharePoint site, etc. Working closely with the wider team and in particular our Heads of People & Culture.
    - Implementation of the Strategic Mental Health Workforce Plan – supporting the Clinical Board and Head of People and Culture.
    - Oversight for all the National Strategic Workforce Plans
    - Develop the Education Commissioning process so that it is aligned with the IMTP process.
    - Oversight and involvement in the Regional Planning Programmes.

  The importance of considering key workforce planning principles and assumptions were reinforced at the Rapid Planning Event that was held in December. The need to build our workforce planning capabilities was also highlighted at the follow up event held in January 2025.

Inclusive Recruitment:

- A 'day in the life' video for Dental Nurses has been produced, which will be help address staffing shortages in this area. This brings the total number of 'Day in the Life' videos to 16, all of which are hosted on our external website to assist individuals seeking information on careers. The Jobs pages on the external website are receiving the highest number of hits across the entire site, indicating a strong interest in working within the UHB.
- New starter surveys were distributed to 52 newly registered nurses to gather feedback on their experience working within the UHB. We received a 20% response rate, with 100% of respondents indicating they would recommend working at Cardiff and Vale UHB to other student nurses.

Workforce Sustainability

- As a UHB we continue to monitor our plan to reduce our over reliance on temporary workforce, including agency. The target for 24/25 was to reduce temporary pay by £7.5m, we are confident that this will be achieved. The reduction has been achieved primarily across our Nursing & Midwifery and Medical workforce.

All Wales Agency Reduction data – as at September 2024
(monitored through All Wales Value & Sustainability Board)

Health Board/Trust	2023/24 Agency Actual (£m)	2024/25 Agency FYF (£m)	Variance (£m)
Aneurin Bevan UHB	42.6	30.9	-11.7
Betsi Cadwaladr UHB	67.5	50.0	-17.5
Cardiff & Vale UHB	**15.3**	**7.7**	**-7.6**
Cwm Taf Morgannwg UHB	49.1	41	-8.2
Hywel Dda UHB	33.1	17.4	-15.7
Powys THB	12.6	11.4	-1.2
Swansea Bay UHB	35.0	18.0	-17.1
Trusts	6.7	4.3	-2.4
Total	**262.0**	**180.6**	**-81.4**

Staff Type	AB	BC	CAV	CTM	HD	Powys	Swansea	Trusts	Total
Admin & Clerical	0.3	0.9	**0.4**	0.6	0.0	0.0	0.9	2.2	5.4
Medical & Dental	13.7	20.1	**0.3**	11.4	4.6	3.6	6.9	0.4	61.0
Nursing & Midwifery	12.3	23.2	**5.7**	21.9	11.4	5.0	3.3	0.0	82.8
Prof Scientific & Tech	0.4	0.2	**0.0**	0.1	0.0	0.4	0.1	0.0	1.2
Add. Clinical Services	0.4	0.3	**0.0**	2.3	0.2	1.6	1.8	0.3	6.9
Healthcare Scientists	0.5	0.1	**0.1**	0.8	0.2	0.0	2.1	0.6	4.4
Estates & Ancillary	1.8	0.1	**0.1**	3.0	0.0	0.0	0.8	0.7	6.4
Students	0	0	**0**	0	0	0	0	0	0
Total	**30.9**	**50.0**	**7.7**	**41.0**	**17.4**	**11.4**	**18.0**	**4.3**	**180.6**

- NHS Planning Guidance for 25/26 has been received and includes Workforce Productivity enabling actions with the objective to maximise productivity and efficiency, strengthening vale and effective deployment of workforce. The enabling actions already feature in the UHB's People & Culture Plan and our Sustainability Plan. The actions are:

1	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
2	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.
3	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025
4	Ensure effective implementation of job planning policy, to include ensuring that >90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.
5	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels

- **Health, Safety and Fire Update January 2024**

Serious Incident Rate
5 RIDDOR's reported since the last report taking the total to 52 financial YTD, maintaining this performance will result in ~70 for the year. This time last year we had reported 80 leading to a total of 96 for the year.

UHB Training Compliance

	Apr-24	Dec-24	Change
Manual Handling - E Learning	89.56%	89.42%	-0.14%
Manual Handling Objects Classroom	69.11%	74.38%	5.27%
Manual Handling Patients	60.65%	60.00%	-0.65%
V & A Module A	87.76%	88.26%	0.50%
V & A Module B	76.10%	77.76%	1.66%
V & A Module C	44.38%	44.02%	-0.36%
V & A Module C+- Control	31.82%	33.95%	2.13%
V & A Module D	54.86%	60.25%	5.39%
Fire Safety	72.82%	69.99%	-2.83%
Health, Safety & Welfare	87.04%	87.39%	0.35%

Case Management
Six custodial sentences FYTD.
Fire Safety
No further fire incidents during the reporting period and the number FYTD remains at 6.

Quality Update

Committee Oversight:
The Quality Committee actively monitors key metrics related to quality, safety, and patient experience. Regular reviews are conducted to evaluate performance and provide strategic recommendations for improvement.
Complaint Resolution:
A stronger focus is being placed on early triaging and prompt resolution of issues to prevent escalation. Following updated 2025 guidance, more inquiries are now resolved on the same day. However, recurring concerns—such as extended wait times and communication challenges—require targeted interventions for improvement.

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2. Duty of Candour
Commitment to Transparency:
Since April 1, 2023, the Duty of Candour has been enacted 225 times, demonstrating a strong commitment to openness and accountability in managing adverse events.

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3. Infection Control Measures
Rising Infection Rates:
An increase in C. difficile and P. aeruginosa cases has prompted executive-led oversight to enhance infection control measures and strengthen outbreak response protocols.
Enhanced Communication:
Efforts to engage both patients and staff have been expanded to raise awareness about infection trends in both community and hospital settings.

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4. Patient Feedback and Engagement

Feedback Collection:
In December, 13,889 SMS feedback requests were sent three days post-discharge or appointment. These requests included options in multiple languages to ensure inclusivity and cater to diverse patient needs.
Civica Activity Growth:
Continuous monthly increases in Civica activity are enhancing the scope and responsiveness of the patient feedback system.

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5. National Reportable Incidents (NRIs)
Open Investigations:
There are currently 103 open NRIs, with 47 overdue for closure.

Action Points

- **Improve Communication:**
  Implement operational measures to address complaints about wait times and enhance the clarity of patient communication.
- **Address Rising Infection Rates:**
  Strengthen infection control protocols and expand staff training to combat the rise in C. difficile and P. aeruginosa cases.
- **Streamline Complaint Handling:**
  Develop strategies to sustain or further improve complaint resolution rates while addressing delays in complex cases.

This structured focus on quality, safety, and experience reflects a proactive commitment to delivering safer, patient-centred care while addressing ongoing challenges.

Shaping Our Future Digital Services

Digital & Health Intelligence

Recognising the importance of digital and data as core enablers to the way we want to work and deliver our services in future, we are including Digital (and data) as part of the set of core services to be included in the Integrated Performance Report.

In line with other areas of the health board's services, it is proposed to develop additional key performance indicators and metrics to reflect the performance of the Digital service and we have included some basic metrics in the main report as captured and produced by the IT service desk tool.

The Digital team have recently focussed on licensing and setting up all CAV staff with an email address and account to ensure that ALL staff are digitally enabled and included. This work has now been completed resulting in an additional 2,500 email accounts created.

CYBER security
Regular updates are reported to the Digital sub-committee of the Board (in private session) and actions reported against the CAV UHB Cyber Action Plan which was agreed following two separate audits of the health board's IT infrastructure and IT operations. Improvements have included a regular patching regime, stringent assessment of third-party suppliers' cyber plans and an active programme of awareness via regular phishing campaigns.

DATA insights

A key priority, this relates to developing data access, usage and reporting via the Data Insights Programme Board which has been established to include all clinical board and corporate functions to oversee capability development, progress against the transition plan and management of the resources necessary to support the organisation's longer-term data insights, analytics and modelling functions.

Digital Governance

In support of the organisation's reliance and drive for Digital improvement, the governance arrangements are focussed on the newly established Digital and Infrastructure committee taking its remit from the "Shaping our Future Wellbeing" strategic objective of Delivering in the Right Places. Reporting into this committee of the Board are a number of internal groups including the Digital Advisory Board, Clinical Design Authority, Technical Design Authority and the Information Governance and Technical & Cyber security groups.

Existing work programme

The table below is an extract from our work programme showing the top 30 projects which the Digital team are managing.

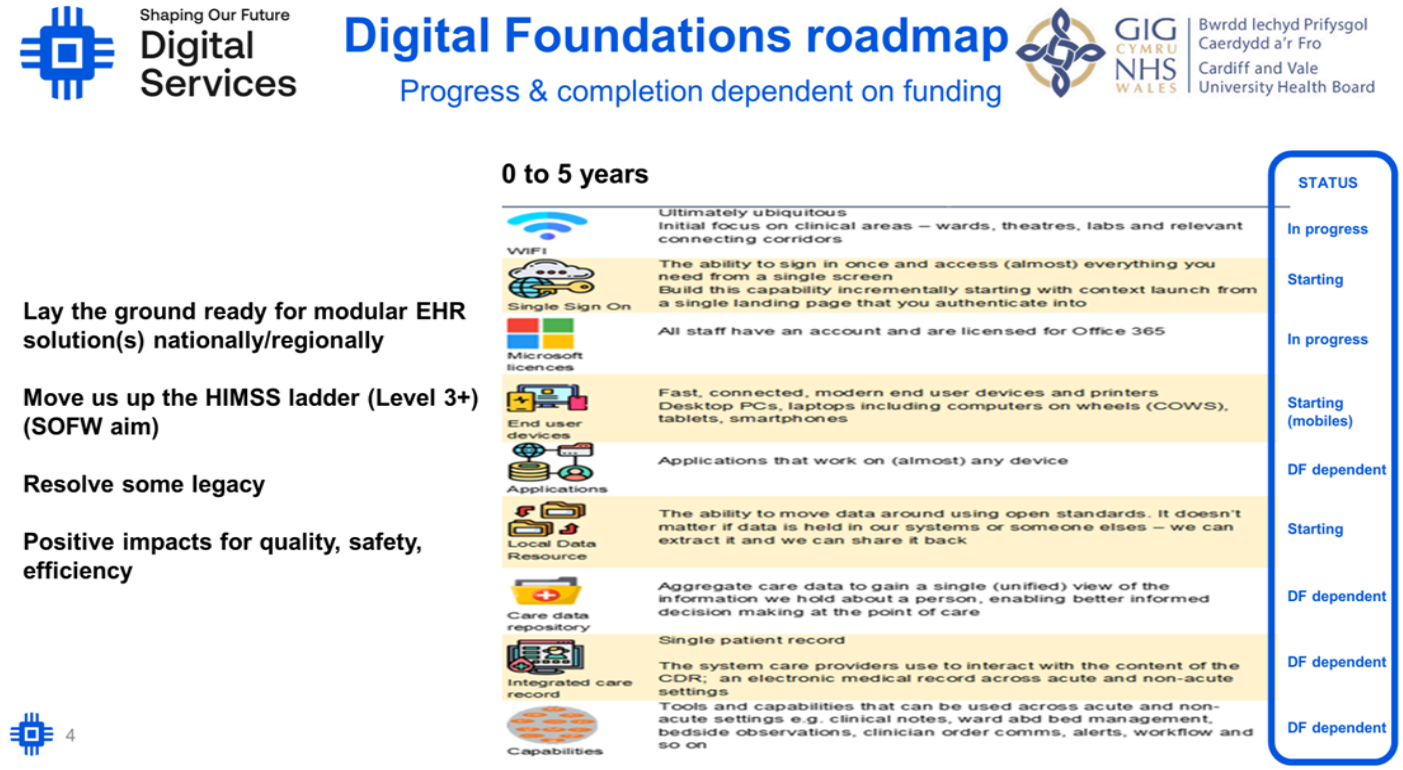
Below is a segment of the top 15 projects out of the 128 projects that are actively being worked on.

Value Score	Programme Name	Project Name	Business Unit
109	DCR - Digital Care Region	DCR - Summary Care View	Primary, Community Intermediate Care
104	Digital Maternity system	Badgernet implementation - urgent replacement for Euroking maternity system	Children and Women
100	Welsh Nursing Care Record	Welsh Nursing Care Record (WNCR)	Medicine
100	Electronic Prescribing and Medicines Administration (ePMA Programme)	ePMA Devices	Corporate and Executive
100	ePMA Programme	ePMA Implementation	Corporate and Executive
100	ePMA Programme	ePMA System Development	Corporate and Executive
100	ePMA Programme	ePMA - User Onboarding	Corporate and Executive
100	Digital enabler	Wi-Fi	Corporate and Executive
100	Paris (Community and Mental Health) system development Programme	PARIS DALs to Welsh Clinical Portal (WCP)	Mental Health
99	Digital enabler	Scan 4 Safety	Corporate and Executive
91	Radiology	Interventional Radiology Room Replacement	Clinical, Diagnostics & Therapeutics
86	Cancer	Palliative Care - Canisc replacement options	
85	Digital/Data enabler	Patient Level Costing System Replacement	Corporate and Executive
80		BloodTrack for Transfusion laboratories	Specialist Services

80		EEG Medical Device Installation	Clinical, Diagnostics & Therapeutics
80	Theatres	Theatreman Upgrade to Theatreman AQUA	Surgical Services
80	Prehab 2 Rehab	Prehab2rehab - Phase 1 Promapp	Primary, Community Intermediate Care
80	PROMS - Patient Reported Outcome Measures	PROMS - Promptly Implementation	Corporate and Executive

Digital strategic programme

Our Digital Foundations are described in the roadmap below. The programme has been funded for a 12-month period and will deliver a Programme Business Case to address the digital basics and implement the right foundations for implementing an Electronic Health Record solution across the organisation over the next 3-10 years.



Recommendation:
The Board / Committee are requested to: **A) NOTE the contents of this report**

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
Putting People First **Click the objective above to view more detail.**		Providing Outstanding Quality **Click the objective above to view more detail.**	X
Delivering in the Right Places **Click the objective above to view more detail.**	X	Acting for the Future **Click the objective above to view more detail.**	

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
Welsh Language: Yes/No
N.A

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

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Cardiff and Vale
Integrated Performance Report

2024/25

January 2025

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

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

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

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

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

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

Section 1: Cabinet Secretary Priorities

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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**	**154** Nov-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**	**61%** (Apr-24 to Oct-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**	**953** Dec-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**	**493** Dec-24	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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**	**99%** Nov-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%** Nov-24	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	**Measure:** Number of patients waiting more than 52 weeks for a new outpatient appointment **National standard/ambition:** 40% reduction by end of September 2024, 0 by end of March 2025 **Reporting period:** Monthly	**16,004** Sep-24 **15,925** Mar-25	**No**		**16,598** Nov-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**		**3,866** Nov-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	**72.5%** Oct-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**		**16,556** Nov-24	Hyperlink to section

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

Section 2: Cardiff and Vale Performance Report

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

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

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

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

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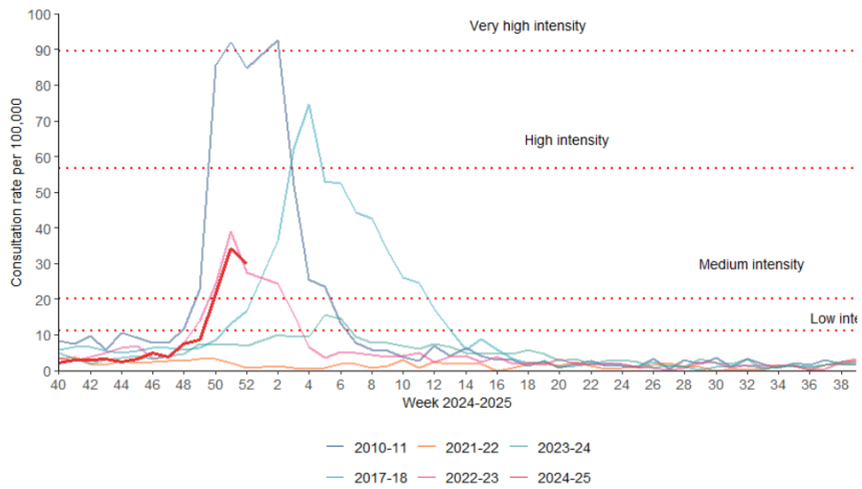
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Seasonal respiratory infections** **Immunisation** – COVID-19 and influenza • The Covid-19 autumn winter booster campaign is underway, with vaccine uptake among the eligible population in Cardiff and Vale of 43.0% at 2 January, compared with 43.2% for all Wales. • Influenza vaccine uptake is 66.9% for eligible over 65s (67.9% all Wales) and 31.1% for at-risk individuals (33.8% all Wales). Staff uptake is 29% (27.6% all Wales) **Surveillance** • Influenza is circulating with activity now at “medium” intensity levels and the peak of the season likely imminent • The number of confirmed cases of community acquired Covid-19 admitted to hospital across Wales decreased to 27 in the most recent week. • The overall proportion of samples testing positive decreased to 2.8% in hospital and non-sentinel GP practices. Confirmed cases of Covid-19 in sentinel GP patients are decreasing • KP.3, a sub-variant of both Omicron and JN.1, remains the most prevalent variant in Wales. XEC, another derivative of JN.1, is increasing in prevalence • There are currently **3** Covid-19 outbreaks and **1** incident in hospitals in C&V UHB; and **1** influenza outbreak and **6** incidents. • Since the start of April 2024, in C&V UHB there have been **49** influenza incidents or outbreaks, with **138** bed days lost. In the same period there have been **143** Covid-19 incidents or outbreaks, with **625** bed days lost. Combined, influenza and Covid-19 incidents and outbreaks represent an estimated opportunity cost of **£381,500** to the UHB since 1 April 2024 • Updated figures for staff sickness due to Covid-19 and flu are awaited • Respiratory Syncytial Virus (RSV) is circulating, activity has decreased in the most recent week and is now at Medium intensity levels.	Week 52	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)

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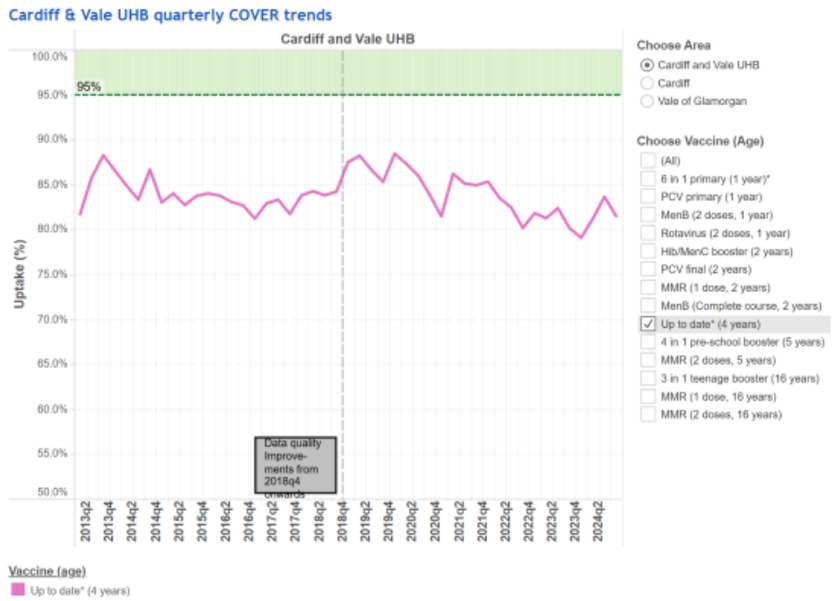
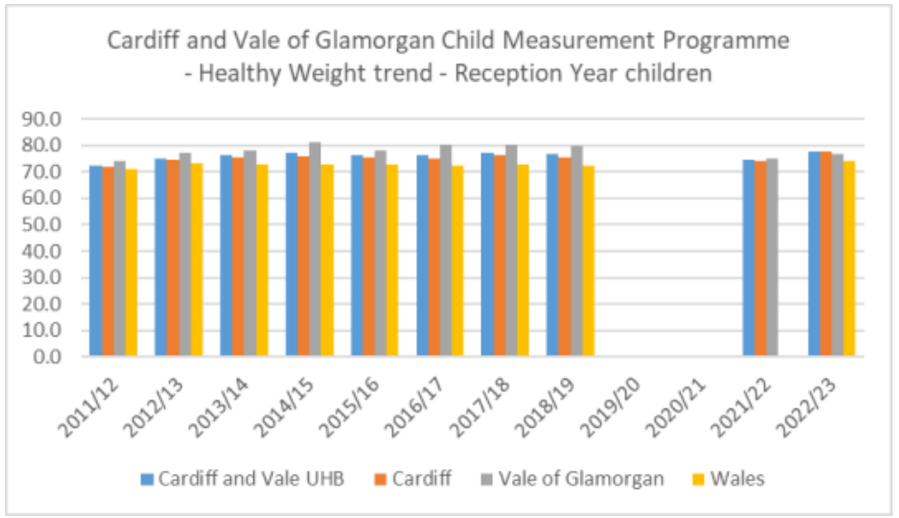
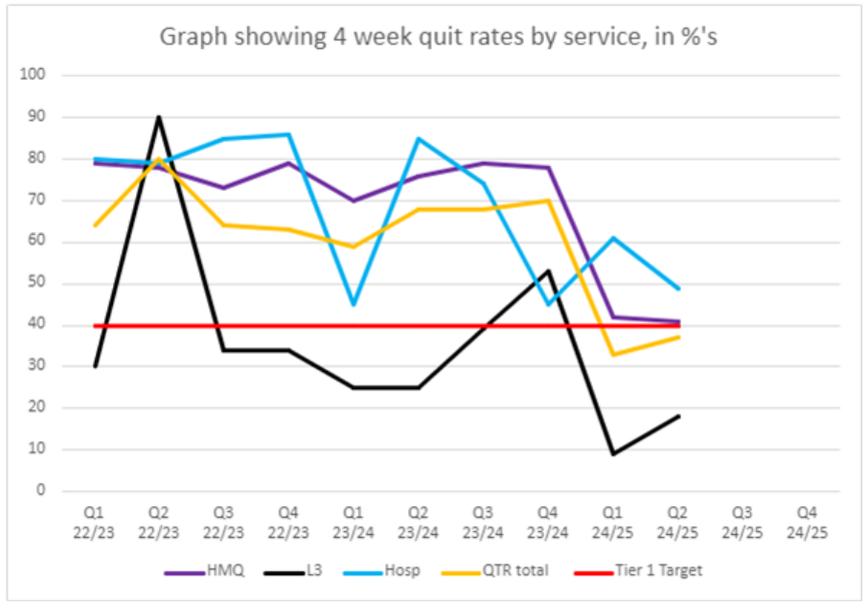
For areas of underperformance please see cover paper for details on actions being taken

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** • 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 85.2% which is still below the Welsh average of 87.8% • 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.	Jul-Sep 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.	Q3 2024/25	On target	*n/a*

Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Healthy weight:** • 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23). Cardiff and Vale have the highest proportion of healthy weight children compared to other Health Board areas based on the latest available data; the English average for 2022/23 was also 77.5%). The healthy weight local target for 2022/23 was 75%, which we met. Data produced annually. • 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. • Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. **Weight management services** • We have developed an Investment Plan to outline how the 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

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 2- 24/25 (the most up to date data received) 0.5 % of smokers set a firm quit date. This is below target. 37 % 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) . Although still below target, this is an improvement from the previous quarter. This breaks down by service as follows:
	  • HMQ community – 41% of Treated Smokers had quit smoking at 4 weeks.
	  • Level 3 Pharmacy –18% of Treated Smokers had quit smoking at 4 weeks.
	  • Hospital Service - 49% of Treated Smokers had quit smoking at 4 weeks.
	• CO validation was re introduced for quits in April 24 by Welsh Gov. This has resulted in a drop in recorded 4 week quits. In Q2 there were an additional 31 self reported quits that have not been included in reporting across all services. For example Pharmacy L3 have reported 16 self reported quits that have not been recorded. Communications have been shared with all services to publicise this change, and CO monitors supplied where necessary.
	
	• 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 have been **higher** in 2024 with a decrease towards the end of the year
	  • For pregnant smokers, numbers are small but currently consistently **lower** than in 2024
	  • Once they commence in post, it is anticipated that the dedicated maternity smoking cessation advisor will lead to numbers increasing.
		Q2 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)
				• October 94 (114)
				• November 93 (105)

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%	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%	37%		
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%	94% Below target Average for 23/24: 90%	**Q1**	**Q2**	**Q3**	**Q4**
					92%	94%		
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	15% Below target Average for 23/24: 46%	**Q1**	**Q2**	**Q3**	**Q4**
					16%	15%		

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	**Jan-Mar**	**Apr-Jun**	**Jul-Sept**	**Oct-Dec**
					84.1%	85.8%	85.2%	
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%	66.9% Below target	**29/10/24**	**26/11/24**	**31/12/24**	
					41.6%	61.2%	66.9%	
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%	43.0% Below target	**31/10/24**	**28/11/24**	**2/1/25**	
					12.63%	30.89%	43.0%	

Weight Management Services

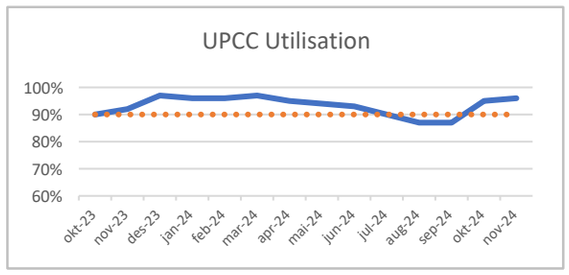
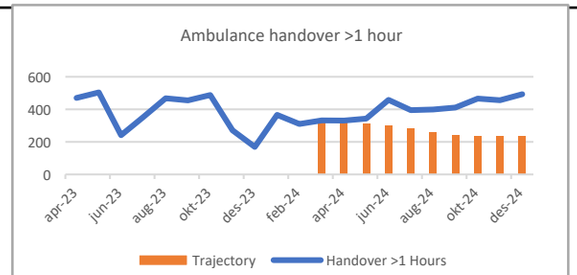
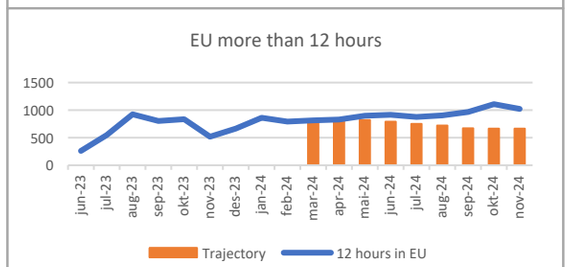
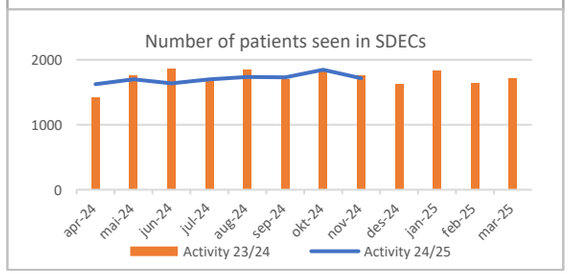
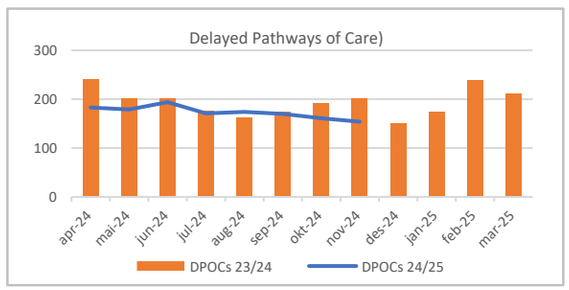
Chair's objectives – ***to note measures updated for 24/25***

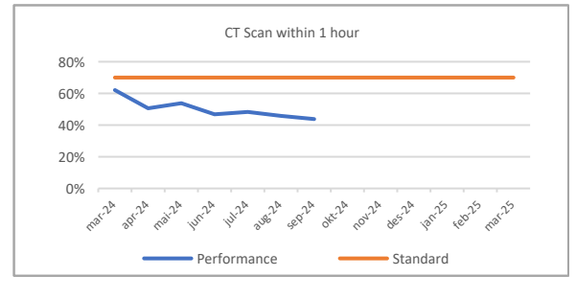
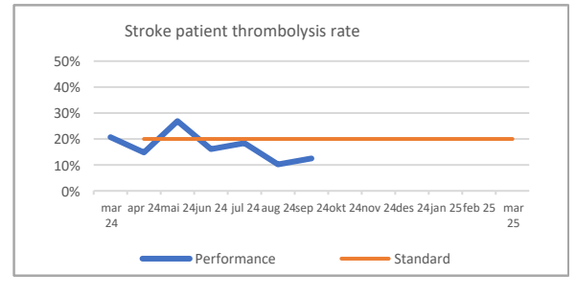
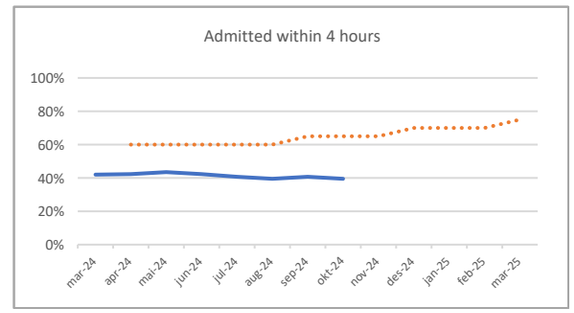
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Increase L2 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=1,584)	n/a	**Q1**	**Q2**		
					1440	1680		
n/a	Increase L3 service 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**	**Q2**		
					160	160		

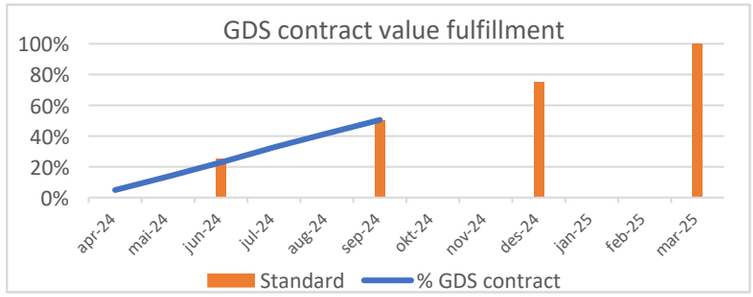
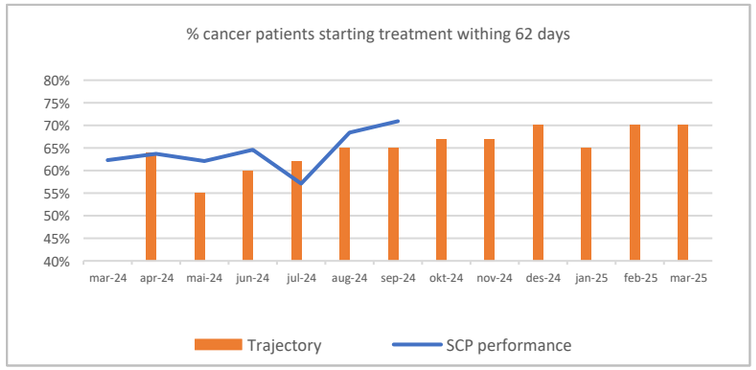
Screening

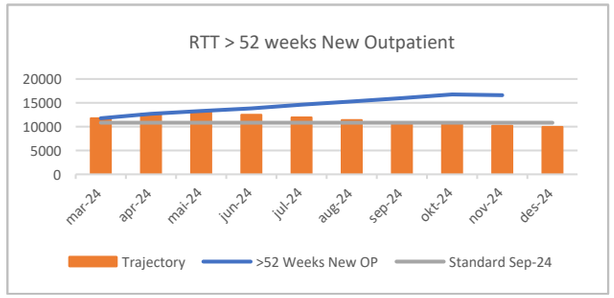
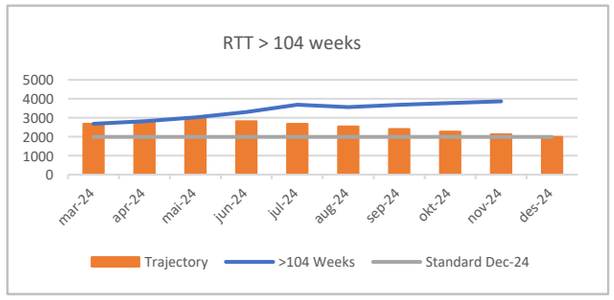
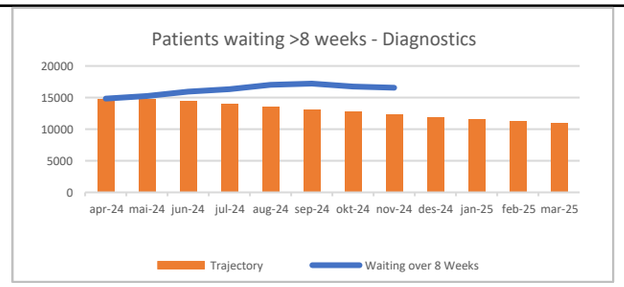
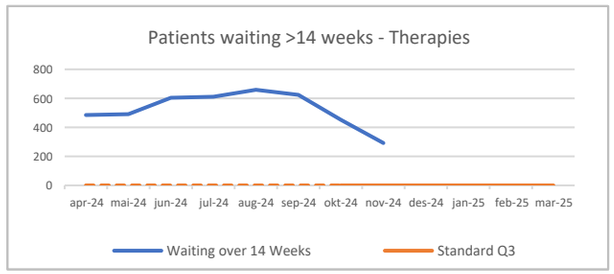
NHS Wales Performance Framework measures

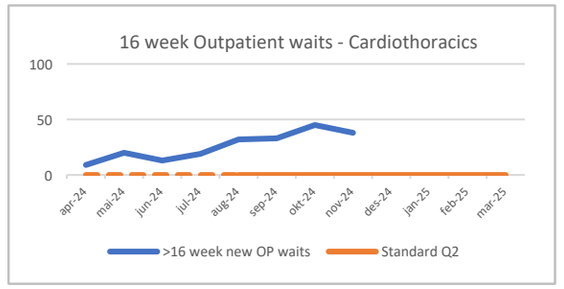
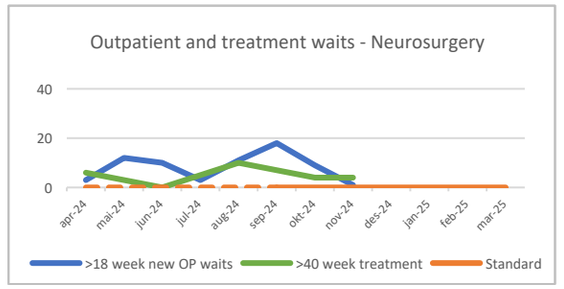
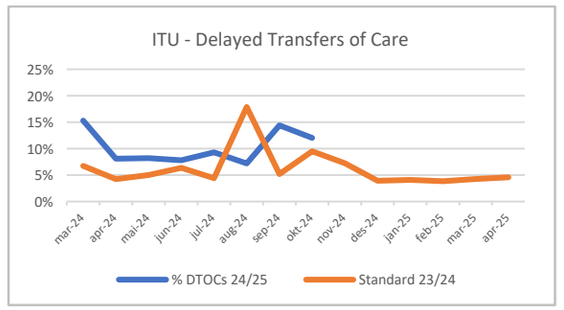
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Oct-24	90%	**23.7%** Below standard	Jul-24: 17.86%; Aug-24: 17.30%; Sep-24: 19.00%; Oct-24: 23.70%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Sep-24	90%	**99.2%** Above standard	Jun-24: 93.39%; Jul-24: 97.90%; Aug-24: 98.20%; Sep-24: 99.20%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Nov-24	95%	**96.7%** Above standard	Aug-24: 98.08%; Sep-24: 95.70%; Oct-24: 95.50%; Nov-24: 96.70%

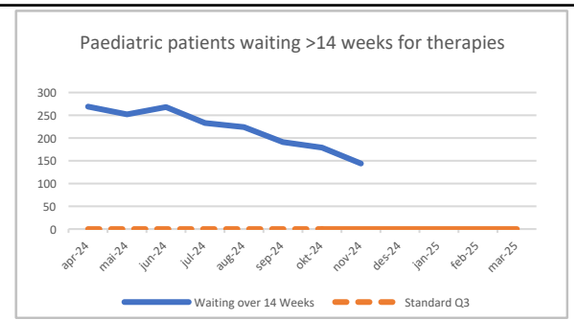
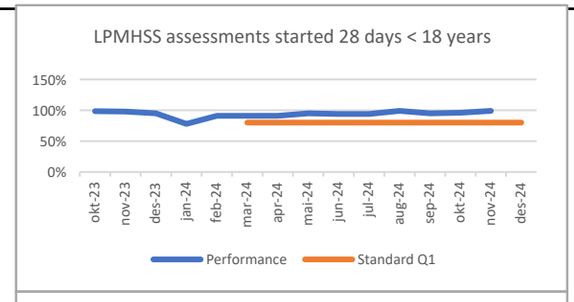
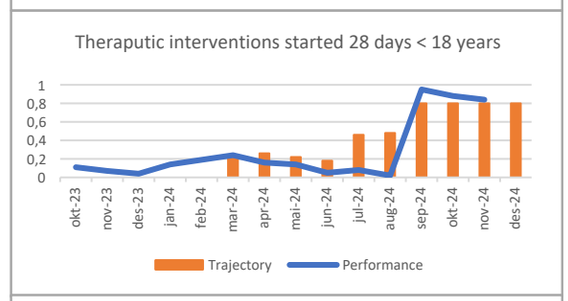
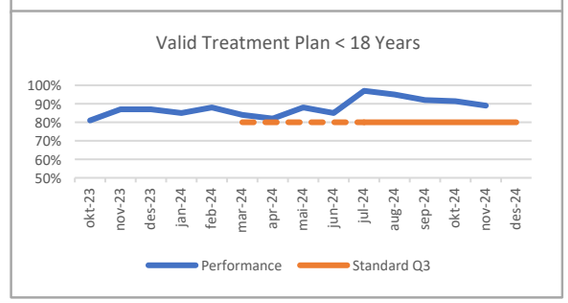
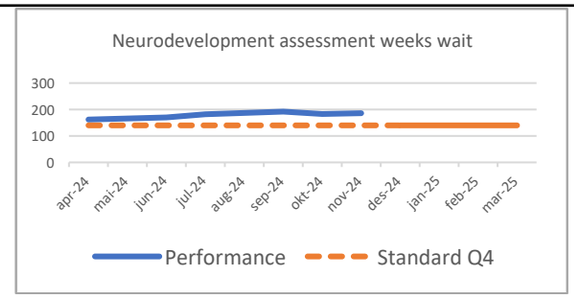
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In November utilisation was 96% , this is below our commitment – work taken to right size the capacity across 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	Nov-24 Q1 Nov-24	96% utilisation Below standard 200 accepted referrals Q1 Below standard 97% 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 December we reported 49 2-hour ambulance delays, above our ambition of 0 In December we reported 493 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In December lost minutes per arrival increased to 27 **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 November we reported an increase in patients waiting 12-hours in EU compared to October. This equates to 91.4% 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 November we reported a decrease in activity compared to October, and slightly below our November 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	Dec-24 Dec-24 Nov-24	49 2-hour delays Above standard 456 1-hour delays Above standard 27 minutes lost/arrival Above standard 91.7% patients <12h Below standard 1716 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end off December 62.3% of patients in acute beds had a LOS of >7 days, 35.5% >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**	Dec-24 Nov-24	62.3% >7d Above standard 35.5% >21d Above standard 154 Below standard	

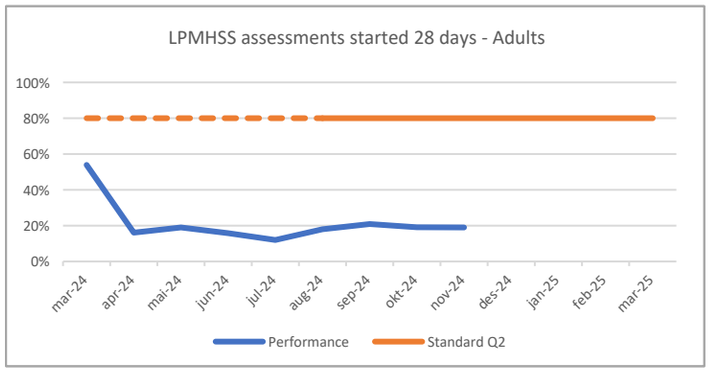
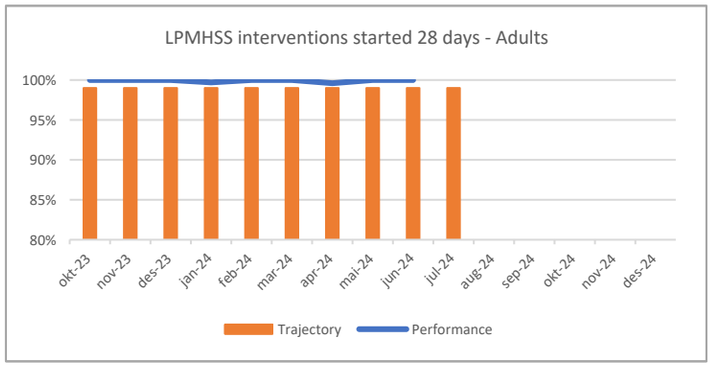
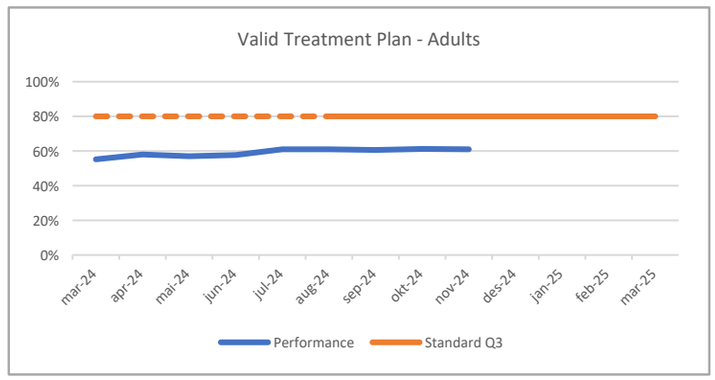
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In September 43.8% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition. **Thrombolysis – 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. The SSNAP dataset has been updated and will be presented here when the data has been validated and released for October and November	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 October our annualised compliance showed 39.5% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national 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.	Oct-24	39.5% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In September 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** At the end of 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	Sept-24 Sept-24	100% At standard 61% At standard (Apr-24 - Oct-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 October 72.5% 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.	Sep-24	72.5% At standard, but below SCP standard of 75%	

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 November there were 16,598 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 November there were 3,866 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 and additional funding released by Welsh Government to further reduce the number of patients waiting over 104 weeks	Nov-24	16,598 patients Above standard 3,866 patients Above standard	 
Diagnostics and Therapies Saunders Nathan 24/01/2025 14:23:59	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In November 16,556 patients were waiting over 8 weeks for a specified diagnostic, A decrease from October but above our trajectory, A diagnostic update was brought to the most recent Board development session and the key specialties and actions are outlined in the cover paper **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In November 292 patients were waiting over 14 weeks for therapies, a decrease from October 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. Physiotherapy has seen a significant reduction in waits over the past two months	Nov-24	16,556 patients Diagnostics Above standard 292 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 November there were 38 patients waiting over 16 weeks for a new outpatient appointment and 26 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 November there were 4 patients waiting over 18 weeks for a new outpatient appointment and 4 patients waiting over 40 weeks for surgery	Nov-24	38 Outpatients Above standard (Q2) 26 patients Treatment Above standard (Q3) 4 patients Treatment Above standard (Q4)	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.	Oct-24	12.0% Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In November 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 November there were 144 paediatric patients waiting over 14 weeks for Therapies (45 in Dietetics and 99 in Occupational Therapy)	Nov-24	0 Meeting standard 144 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 November 99% 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 November 84% 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 November 89% of patients had a valid Care and Treatment Plan, above our ambition	Nov-24	99% Part 1a Above standard 84% Part 1b Above standard 89% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In November the longest wait for a neurodevelopment assessment was 186 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24	Nov-24	186 Above standard (Q4)	

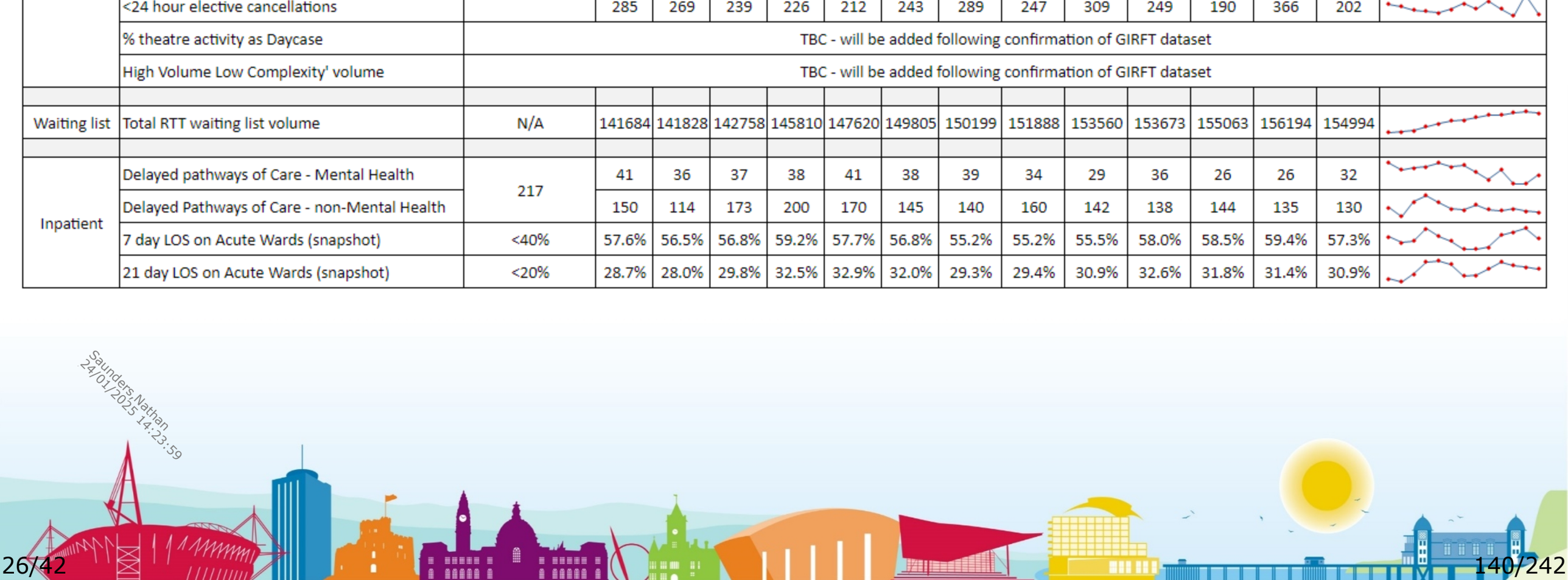
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In November 22% 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.	Nov-24	22% 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 November 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Nov-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 November 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	Nov-24	61% Part 2 Below standard (Q3)	

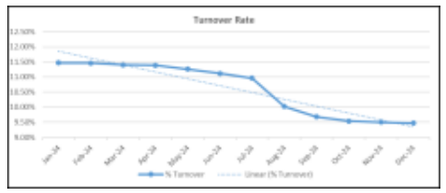
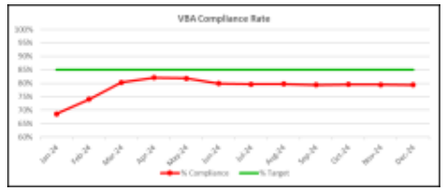
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** Above standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Sep-24	Improvement compared to the same month in the previous year	**46.9%** Above standard	Jun-24: 47.30%; Jul-24: 47.30%; Aug-24: 47.10%; Sep-24: 46.90%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Oct-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**61%** Above standard	Jul-24: 32.70%; Aug-24: 41.70%; Sep-24: 50.50%; Oct-24: 61.00%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Oct-24	Increase compared to the same month in the previous year	**2,070** Above standard	Jul-24: 1877; Aug-24: 1803; Sep-24: 1777; Oct-24: 2070
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	Nov-24	80%	**99%** Above standard	Aug-24: 99%; Sep-24: 95%; Oct-24: 96%; Nov-24: 99%
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	Nov-24	80%	**84%** Above standard	Aug-24: 2%; Sep-24: 95%; Oct-24: 88%; Nov-24: 84%
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	Nov-24	80%	**19%** Below standard	Aug-24: 18.0%; Sep-24: 20.9%; Oct-24: 19.1%; Nov-24: 18.6%
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	Nov-24	80%	**100%** Above standard	Aug-24: 100.0%; Sep-24: 99.6%; Oct-24: 100.0%; Nov-24: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Dec-24	65%	**49%** Below standard	Sep-24: 48%; Oct-24: 50%; Nov-24: 43%; Dec-24: 49%
20.	Median emergency response time to amber calls	Oct-24	12 month reduction trend	**01:54:59** Above standard	Jul-24: 01:23:17; Aug-24: 01:07:42; Sep-24: 01:50:05; Oct-24: 01:54:59

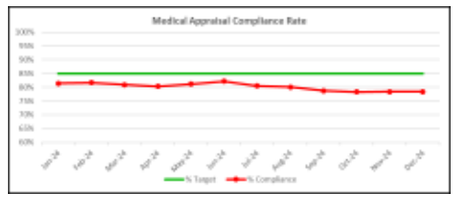
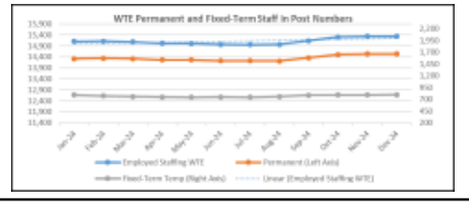
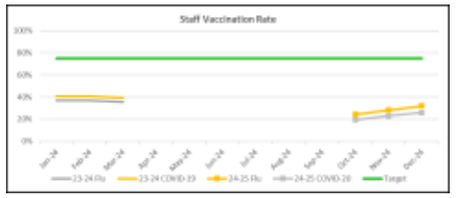
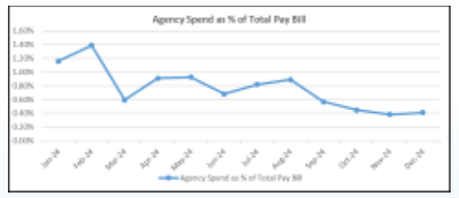
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Oct-24	15 minutes or less	**9** Below standard	Jul-24: 4; Aug-24: 9; Sep-24: 15; Oct-24: 9
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Oct-24	60 minutes or less	**71** Above standard	Jul-24: 73; Aug-24: 72; Sep-24: 75; Oct-24: 71
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	Dec-24	Improvement compared to the same month in the previous year, towards the national target of 95%	**60.1%** Below standard	Sep-24: 60.8%; Oct-24: 61.4%; Nov-24: 58.9%; Dec-24: 60.1%
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	Dec-24	Reduction compared to the same month in the previous year, towards the national target of zero	**953** Above standard	Sep-24: 966; Oct-24: 1108; Nov-24: 1022; Dec-24: 953
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Oct-24	12 month improvement trend towards a national target of 80% by 31 March 2026	**72.5%** Below standard	Jun-24: 64.6%; Jul-24: 57.1%; Aug-24: 68.4%; Sep-24: 70.9%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-24	0	**16,556** Above standard	Aug-24: 17016; Sep-24: 17210; Oct-24: 16744; Nov-24: 16556
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Nov-24	100%	**87.97%** Below standard	Aug-24: 82.67%; Sep-24: 85.60%; Oct-24: 85.90%; Nov-24: 87.97%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-24	0	**292** Above standard	Aug-24: 659; Sep-24: 624; Oct-24: 452; Nov-24: 292
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Nov-24	0	**52** Above standard	Aug-24: 59; Sep-24: 15; Oct-24: 48; Nov-24: 52

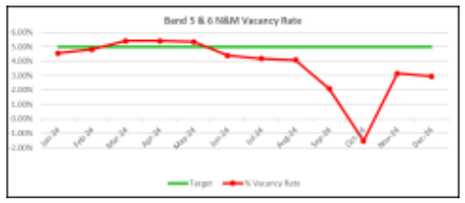
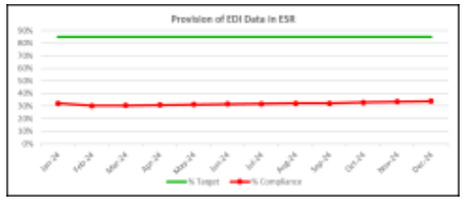
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Nov-24	0	**16,598** Above standard	Aug-24: 15280; Sep-24: 15983; Oct-24: 16757; Nov-24: 16598
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-24	Reduction compared to the same month in the previous year	**18,940** Below standard	Aug-24: 21500; Sep-24: 20806; Oct-24: 19526; Nov-24: 18940
32.	Number of patients waiting more than 104 weeks for referral to treatment	Nov-24	0	**3,866** Above standard	Aug-24: 3561; Sep-24: 3683; Oct-24: 3776; Nov-24: 3866
33.	Number of patients waiting more than 52 weeks for referral to treatment	Nov-24	Month on month reduction towards the national target of zero by 30 June 2025	**36,377** Above standard	Aug-24: 36204; Sep-24: 36738; Oct-24: 37078; Nov-24: 36377
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Oct-24	80%	**15%** Below standard	Jul-24: 17%; Aug-24: 17%; Sep-24: 16%; Oct-24: 15%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Oct-24	80%	**71%** Below standard	Jul-24: 68%; Aug-24: 68%; Sep-24: 67%; Oct-24: 71%

Measure		Internal standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Outpatients	% DNAs - New appointments	5%	10.4%	10.1%	10.1%	9.9%	10.9%	9.6%	9.2%	9.7%	9.8%	10.1%	10.1%	9.9%	10.4%	
	% DNAs - Follow-up appointments	5%	11.6%	12.7%	12.3%	11.7%	13.0%	11.7%	11.9%	12.0%	11.5%	11.9%	12.0%	11.7%	11.9%	
Endoscopy	% room utilisation	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	68%	78%	
	% utilisation (activity points available)	95%								84%	81%	80%	83%	85%	87%	
Theatres	Average turnaround time (minutes)	10	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	
	% of theatre session utilisation	95%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	83%	84%	
	% in session utilisation	85%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	80%	82%	
	<24 hour elective cancellations		285	269	239	226	212	243	289	247	309	249	190	366	202	
	% 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	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	155063	156194	154994	
Inpatient	Delayed pathways of Care - Mental Health	217	41	36	37	38	41	38	39	34	29	36	26	26	32	
	Delayed Pathways of Care - non-Mental Health		150	114	173	200	170	145	140	160	142	138	144	135	130	
	7 day LOS on Acute Wards (snapshot)	<40%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	

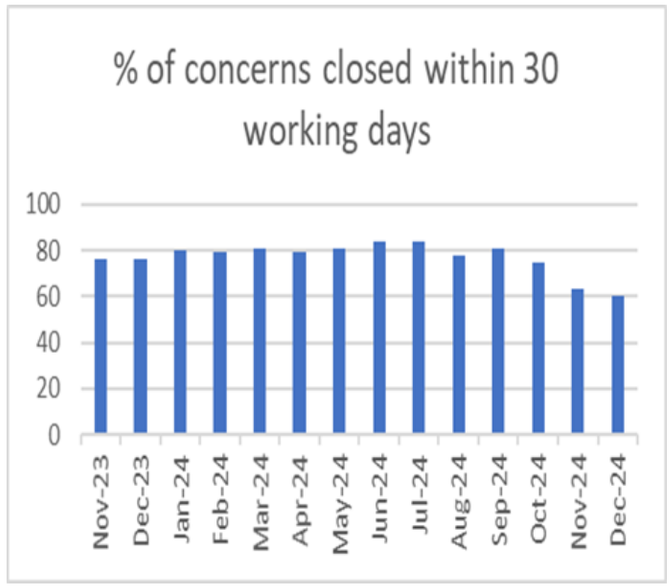
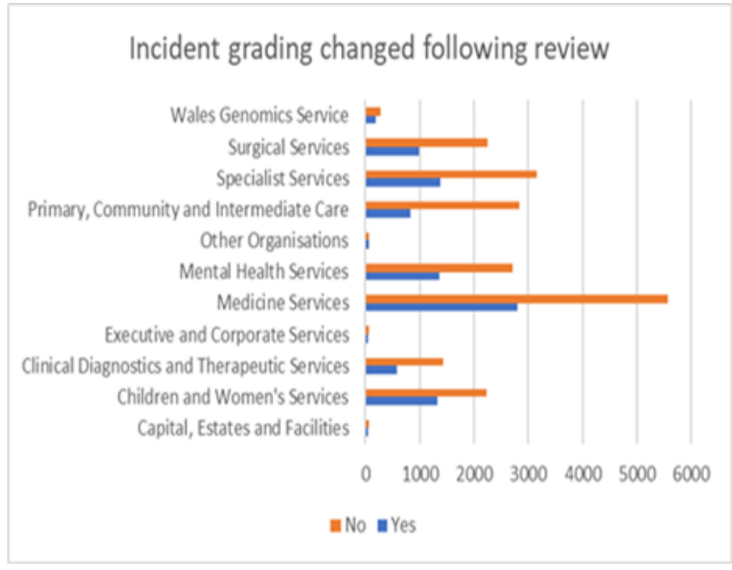


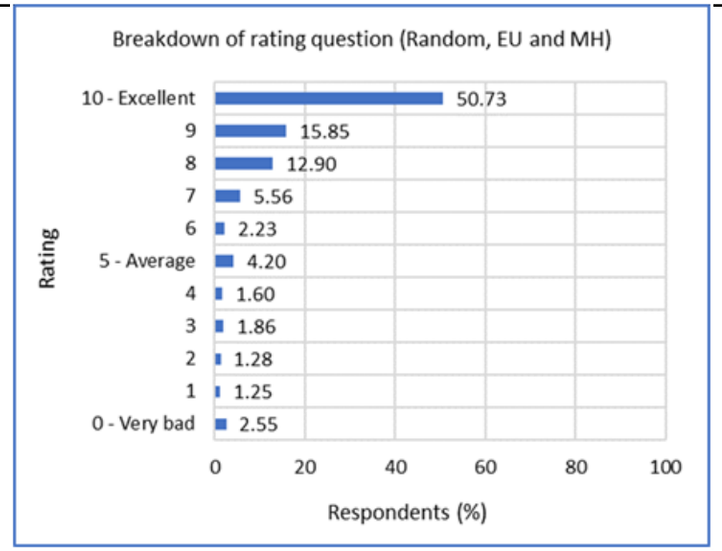
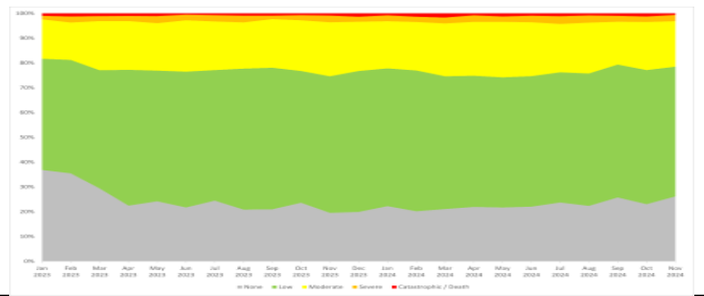
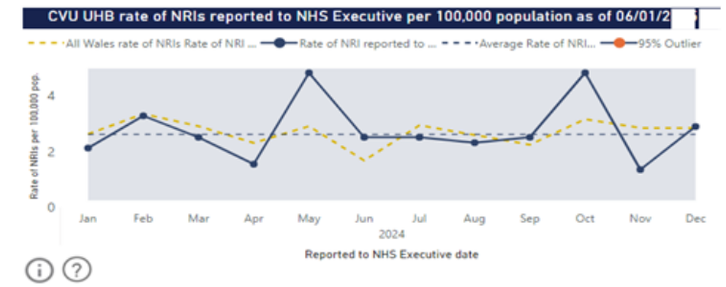
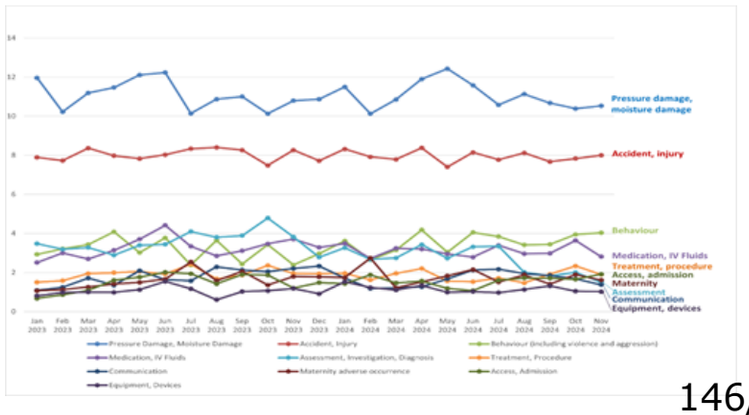
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Jan-24; the rates have fallen from 11.47% at Jan-24 to 9.47% in Dec-24 UHB wide. This is a net 2.00% decrease, which represents 294 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and Voluntary Resignation - Work Life Balance'.	December 2024	
Sickness Absence	The monthly sickness rate for Dec-24 was 6.42%. The 12-month cumulative rate has settled over the past year, and is 6.23% at Dec-24 (the same as for Dec-23).	December 2024	
Statutory and Mandatory Training	The overall compliance rates rose marginally for Dec-24 to 81.33%, 3.67% 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 PCIC are above 80% compliance. The compliance with Fire training has fallen to 70.22% for Dec-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.	December 2024	 
Values Based Appraisal	VBA compliance has fallen marginally for Dec-24 to 79.36%. Capital, Estates & Facilities and All-Wales Genomics Services are the only Clinical Boards to exceed the 85% target. Clinical Diagnostics & Therapeutics and Children & Women's are above 80%.	December 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.	December 2024	

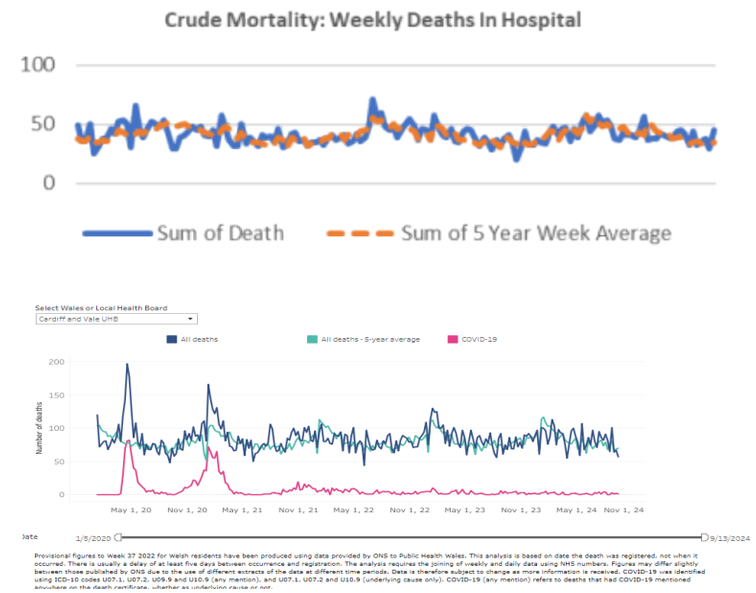
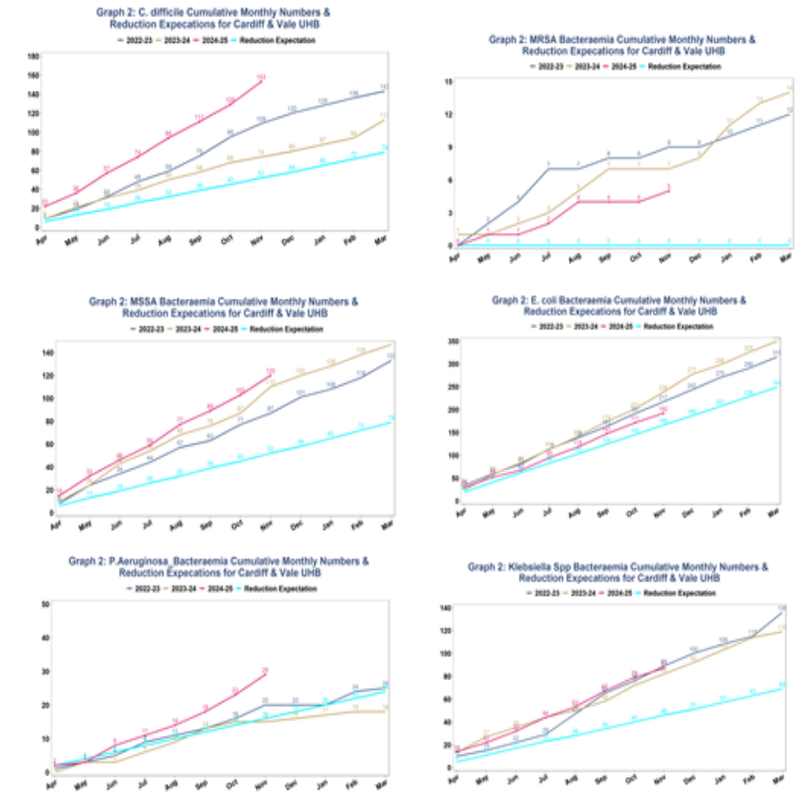
Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 44.71% have an agreed job plan that has been signed off within the past 12 months. A further 19.45% have an agreed job plan that was last reviewed and signed off before Jan-24.	December 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal fell marginally; to 78.39% for Dec-24, and remains below the 85% target.	December 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 231 WTE, to 15,339.72 WTE at Dec-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 remained steady during the past 12 months.	December 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 Jan-24 the percentage was 9.55% of the total spend on pay, but in Dec-24 had fallen to 7.60%. It must however be borne in mind that the total pay bill is increasing.	December 2024	
Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. By the end of Dec-24 31.90% of staff have received the flu vaccine, and 25.87% of staff have received the COVID-19 vaccine.	December 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 Jan-24 the percentage was 1.16% of the total spend on pay, but in Dec-24 had fallen to 0.41%. It must however be borne in mind that the total pay bill is increasing.	December 2024	

Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 59.3 days. The figure for Cardiff & Vale uHB for Dec-24 was 74.5 days, and over the past 12 months the trend is broadly downwards.	December 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 6.0 days. The figure for Cardiff & Vale uHB for Oct-24 was 6.8 days.	December 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 Nov-24 the return rate was 25%.	November 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 Dec-24 the rate was 2.96%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	December 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 Dec-24 33.84% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	December 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). 48% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Dec-24 6.61% of staff have identified their Welsh Skills as between level 2 and level 5.	December 2024	

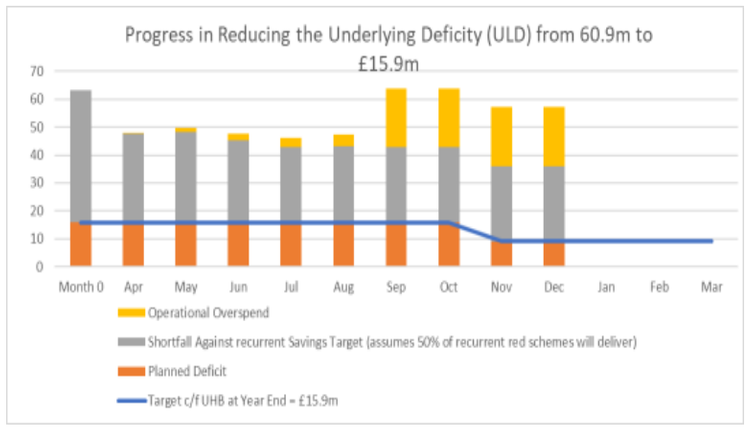
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Dec-24	12 month reduction trend (6%)	**6.42%** Below standard	Sep-24: 6.16%; Oct--24: 6.73%; Nov-24: 6.54%; Dec-24: 6.42%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Dec-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	**9.47%** Above standard	Sep-24: 9.68%; Oct-24: 9.54%; Nov-24: 9.50%; Dec-24: 9.47%
38.	Agency spend as a percentage of the total pay bill	Dec-24	12 month reduction trend	**0.41%** Below standard	Sep-24: 0.57%; Oct-24: 0.45%; Nov-24: 0.38%; Dec-24: 0.41%
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)	Dec-24	85%	**79.30%** Below standard	Sep-24: 79.37%; Oct-24: 79.44%; Nov-24: 79.40%; Dec-24: 79.30%

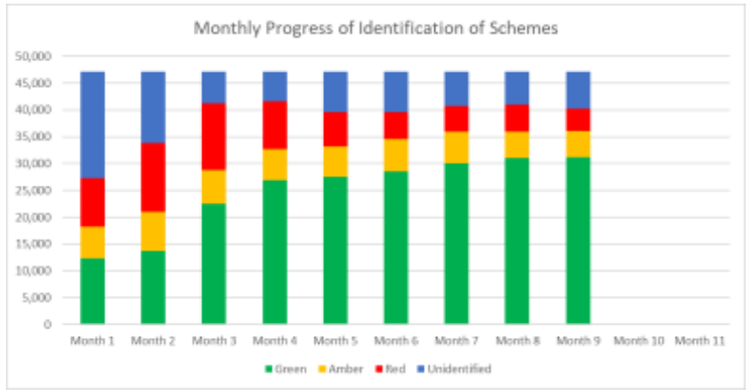
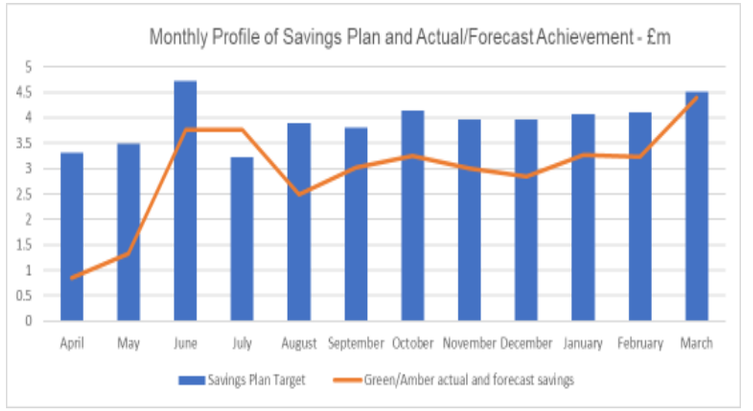
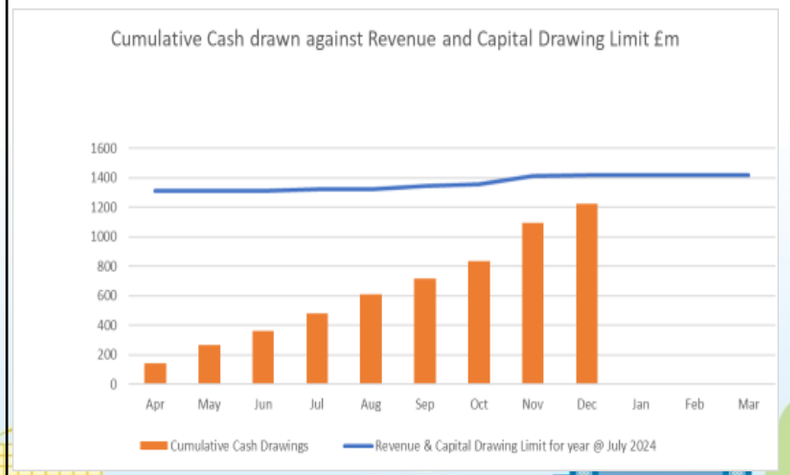
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30 day performance	**Welsh Government target for responding to concerns is 75% within 30 working days** **During November and December 24, the Health Board received :** • Received 365 Concerns • Closed 338 concerns • 203 closed within 30 working days (including Early Resolution) • Received 425 Enquiries • Received 50 Compliments • We currently have 277 active concerns • **Top 3 themes and trends** • Communication • Concerns around appointments (waiting times/cancellations) • Clinical Treatment and Assessment	Nov/Dec 2024	60 %	
Duty of Candour	**Key Updates:** • Since April 1, 2023, **42,161 incidents** have been reported by staff across the Health Board. • Since April 1, 2023, the **DOC has been triggered on 225 occasions**. **Themes and Trends for Triggered Duty of Candour:** • Avoidable pressure damage. • Avoidable falls. • Patients lost to follow-up. • Failure to prescribe or administer appropriate medication. • Administration of incorrect medication. • Missed opportunities to diagnose	Nov 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 175,000 texts** and are seeing a response of 16%. In December, we sent 13,889 texts and had 1,989 completions (14% response). Of those respondents who were discharged during November/December and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 85% were satisfied with our service. Currently, our response rate overall is 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.	Nov/Dec 2024		
Patient Safety	Cardiff and Vale reported 5 NRIs in December 2024a rate of 2.61 per 100000 population comparable to a national rate of 2.84 There were 103 open NRIs across all clinical areas of which 27 are reporting pf perinatal mortality review tools ((intrauterine deaths from 24 weeks gestation and perinatal deaths up to 28 days after birth) . 47 NRIs are overdue for closure. There are five Never Events, that continue to be reviewed. There are 7327 open patient safety incidents, 1712 new patient safety incidents were reported in November 2024 of these 79% were reported as having caused no or low harm. Pressure damage followed by falls are the highest reported patient safety incident category. 	Jan 2025		 

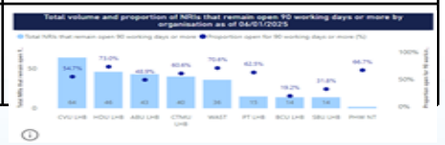
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Inpatient Mortality Crude Mortality remains in line with the five year average. Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking All Cause Mortality 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	***C'diff*** **-** numbers have been higher than in recent years and the reason for this is unknown. Whole Genome sequencing data demonstrates that most cases are not linked. Most areas in the UHK are also experiencing a rise in numbers of cases. We continue to review the RCA data to identify trends **MRSA** – the number of MRSA cases is lower than in previous areas and at present CAVUHB have the lowest rate per 100,000 population. Adherence to ANTT continues to be promoted particularly to medical teams as compliance is poor in that staff group **MSSA –** Number of cases remains elevated; CAV has the highest rate at 35.80 cases per 100,000 population. Executive review of hospital acquired cases is taking place along with promotion of ANTT compliance. RCA reviews are undertaken on all cases to identify if there is any learning. Approximately 34% of cases have been acquired in hospital ***E.coli*** - CAVUHB continues to have the lowest rate per 100,000 population across all acute Health Boards in Wales ***Klebsiella sp***. - monthly number of cases remain variable and there are slightly more cases to the equivalent period last year **Paer** – The numbers of cases continues to rise compared to the same period last year and CAVUHB currently has the highest rate per 100,000 across all acute Health Boards.. All cases are fully investigated but no link between cases has been identified	Apr-September 24		

Financial Performance

Priority	Performance Summary	Reported Period	Data
Deliver 2024/25 Draft Financial Plan	**Financial Plan Approved by Board and submitted to Welsh Government** The UHBs initial draft 2024-25 planning deficit was £15.9m. Following a review and recognition of the additional unforeseen cost pressures and demand on services in 2024-25, the UHB relayed an Accountable Officer letter on the 2nd December 2024 to advise Welsh Government of a revised forecast deficit of £34.5m. Welsh Government issued a revised control target letter dated the 25th November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. On this basis the UHB's revised year end forecast is £27.7m as follows: **Draft Planned Financial Position £m** 15.9 Additional In Year Recurrent Funding (6.8) **Revised WG Control Target (deficit) £m** 9.1 Forecast Savings Programme Deficit 11.2 Forecast Operational Deficit 9.5 Further Recovery Actions (2.1) **Revised Year-End Forecast £m** 27.7 The reported position at month 9 is an overspend of £27.501m per the table opposite.	Dec 2024	| | Month 9 Position £m | Forecast Year-End Position £m | |---|---|---| | Revised Planning Control (Deficit) | 6.825 | 9.100 | | Savings Programme Deficit | 9.550 | 11.200 | | Operational position (Surplus) / Deficit | 11.126 | 9.500 | | Further Recovery actions | | (2.100) | | **Financial Position £m (Surplus) / Deficit £m** | **27.501** | **27.700** |
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 £26.9m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1m. The additional costs are abated by the additional £6.8m recurrent funding provided in 2024/25. This projects an underlying deficit for 2025-26 of £57.1m before the assessment of new year cost pressures and any additional funding available.	Dec. 24	
Management of operational budget pressures	The UHB reported a £11.126m operational overspend at month 9, which is a deterioration of £2.670m from the £8.456m reported at month 8.	Dec. 24	

	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £47.2m savings target	£36.062m Green and Amber schemes identified at month 9 of which £20.386m 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.	Dec. 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 strategic cash support is provided for the original and revised planned forecast deficit, that all anticipated allocations are fully funded and that working capital cash is provided for movement in working balances. A formal response from Welsh Government to the UHB's request for Strategic Cash Support will be provided in due course The UHB has developed a plan of mitigating actions to manage cash in the final quarter of the year.	Dec. 24	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Sep-24	12 month improvement trend	**67.9%** Below standard	Jun-24: 68.80%; Jul-24: 67.20%; Aug-24: 66.40%; Sep-24: 67.90%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Oct-24	90%	**59.6%** Below standard	Jul-24: 70.30%; Aug-24: 14.30%; Sep-24: 71.60%; Oct-24: 59.60%
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	Nov-24	12 month reduction trend	**154** Above standard	Aug-24: 174; Sep-24: 170; Oct-24: 161; Nov-24: 154
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	Nov-24	90%	**89.2%** Below standard	Aug-24: 94.6%; Sep-24: 92.1%; Oct-24: 91.4%; Nov-24: 89.2%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Nov-24	90%	**61.0%** Below standard	Aug-24: 60.8%; Sep-24: 60.6%; Oct-24: 61.2%; Nov-24: 61.0%
46.	Number of service user feedback experience responses completed and recorded on CIVICA,figures lower for this period due to system failure.	Nov/Dec 24	(Some system issues)	↑ **5175**	In November we send over 15,500 / December 13,800 SMS

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*	Nov-24	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**86** **29** 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)	Nov-24	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**56.81 cases per 100,000 population** **36.98 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	Nov-24	25 cases per 100,000 population	**45.27 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)	Nov-24	Reduction compared to the same month in the previous year	**30.3%** On standard	Aug-24: 35.00%; Sep-24: 31.70%; Oct-24: 25.60%; Nov-24: 30.30%
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-24	12 month improvement trend towards national target of 95%	**67.0%** Below standard	Aug-24: 63.00%; Sep-24: 63.00%; Oct-24: 66.00%; Nov-24: 67.00%
52	Number of ambulance patient handovers over one hour	Dec-24	0	**493** Over standard	Sep-24: 411; Oct-24: 466; Nov-24: 456; Dec-24: 493
53.	Percentage of ambulance patient handovers within 15 minutes	Dec-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**12.10%** Below standard	Sep-24: 12.43%; Oct-24: 12.80%; Nov-24: 13.45%; Dec-24: 12.10%
54.	Number of National Reportable incidents that remain open 90 days or more	Dec -24	12 month reduction trend	**64**	

Shaping Our Future
Digital
Services

Digital & Health Intelligence

Service Desk Statistics – January 2025

Shaping Our Future
Digital Services

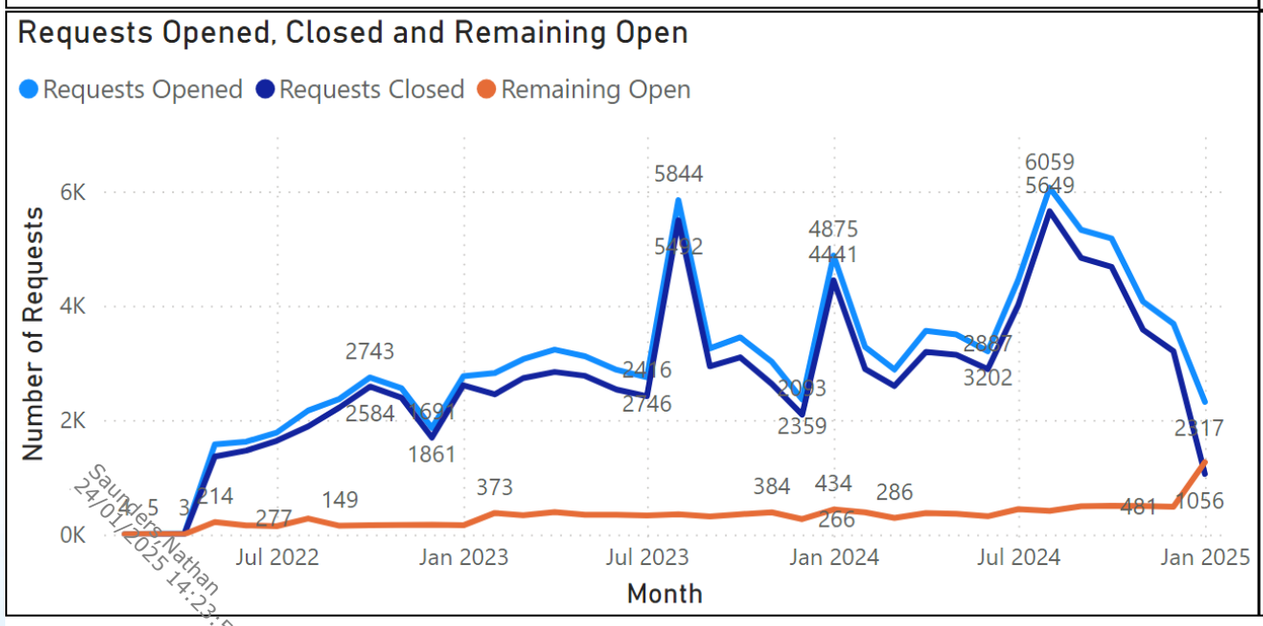
Executive Scorecard

Year 2024		Current Year		Current Month	
Incidents	**Requests**	**Incidents**	**Requests**	**Incidents**	**Requests**
39321	50046	1337	2317	1337	2317
Incidents Opened	Requests Opened	Incidents Opened	Requests Opened	Incidents Opened	Requests Opened
38573	45086	1157	1056	1157	1056
Incidents Closed	Closed Requests	Incidents Closed	Closed Requests	Incidents Closed	Closed Requests
748	4960	180	1261	180	1261
Remaining Open	Remaining Open	Remaining Open	Remaining Open	Remaining Open	Remaining Open
3.10	4.61	0.38	0.64	0.38	0.64
Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)

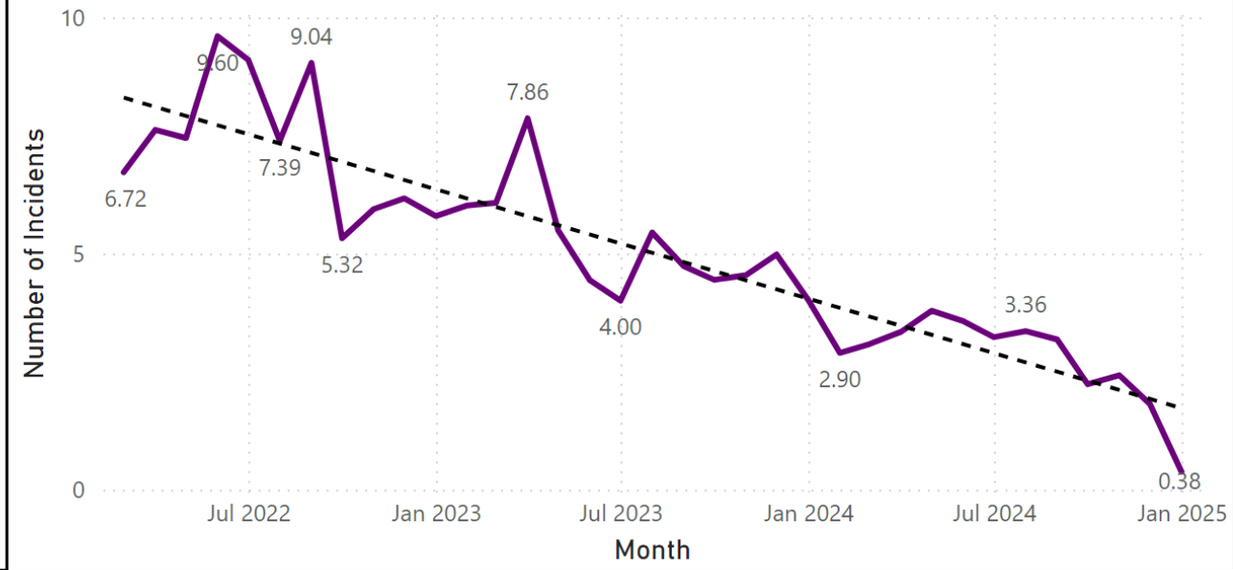
Shaping Our Future
Digital Services

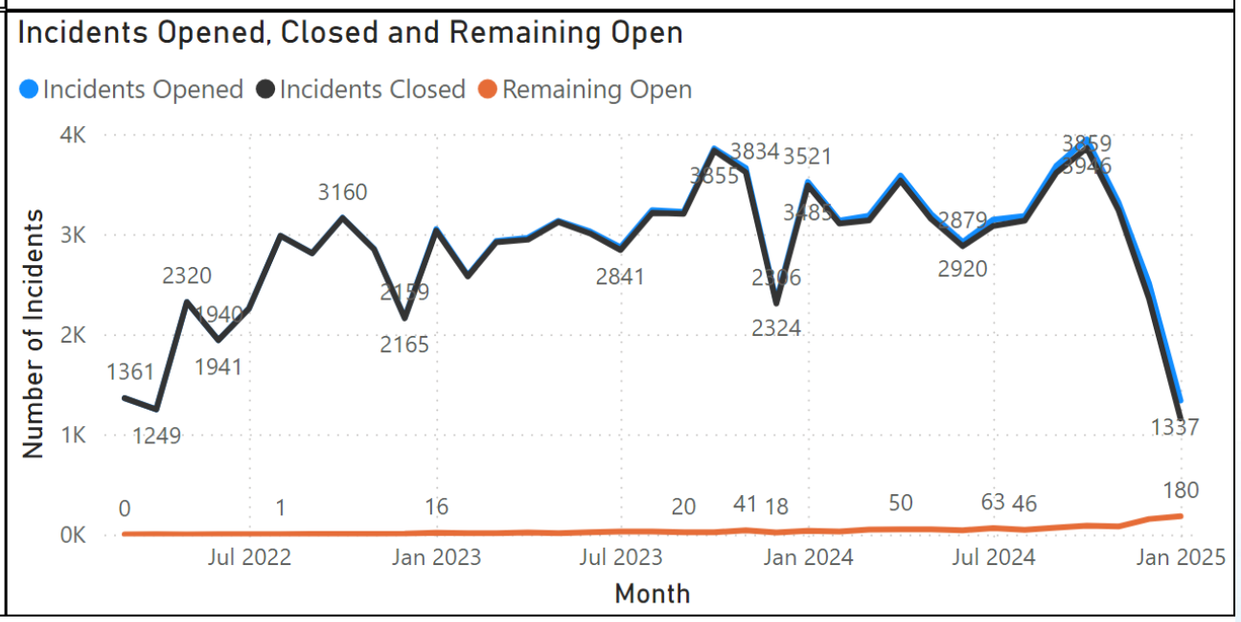
Executive Trending

Requests



Incidents





Shaping Our Future
Digital Services

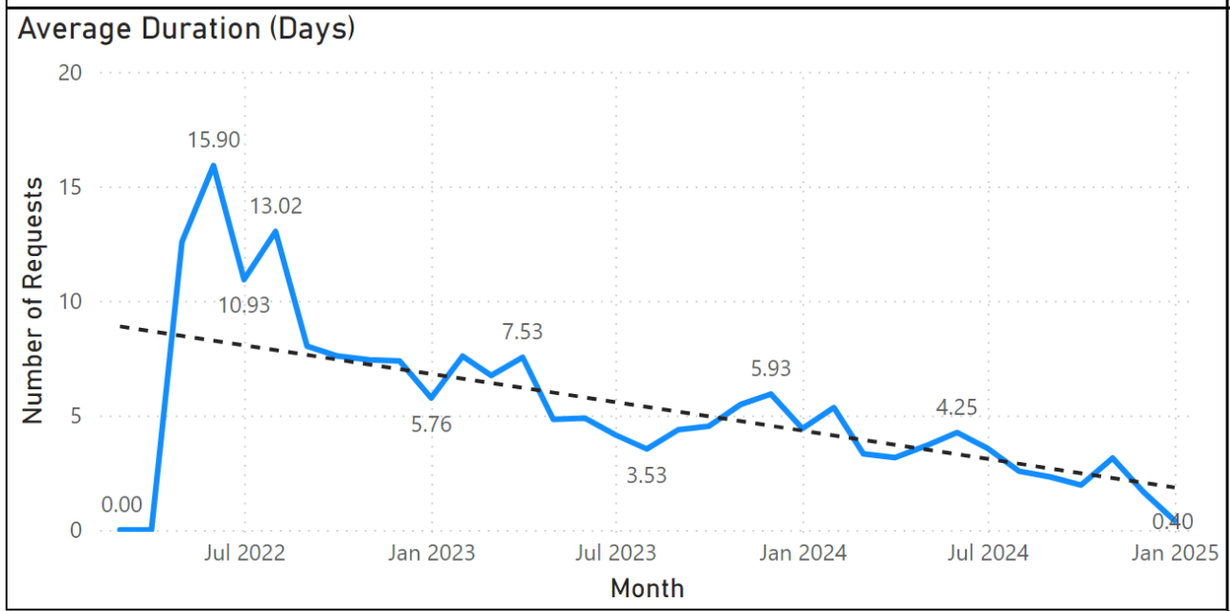
Service Desk Scorecard

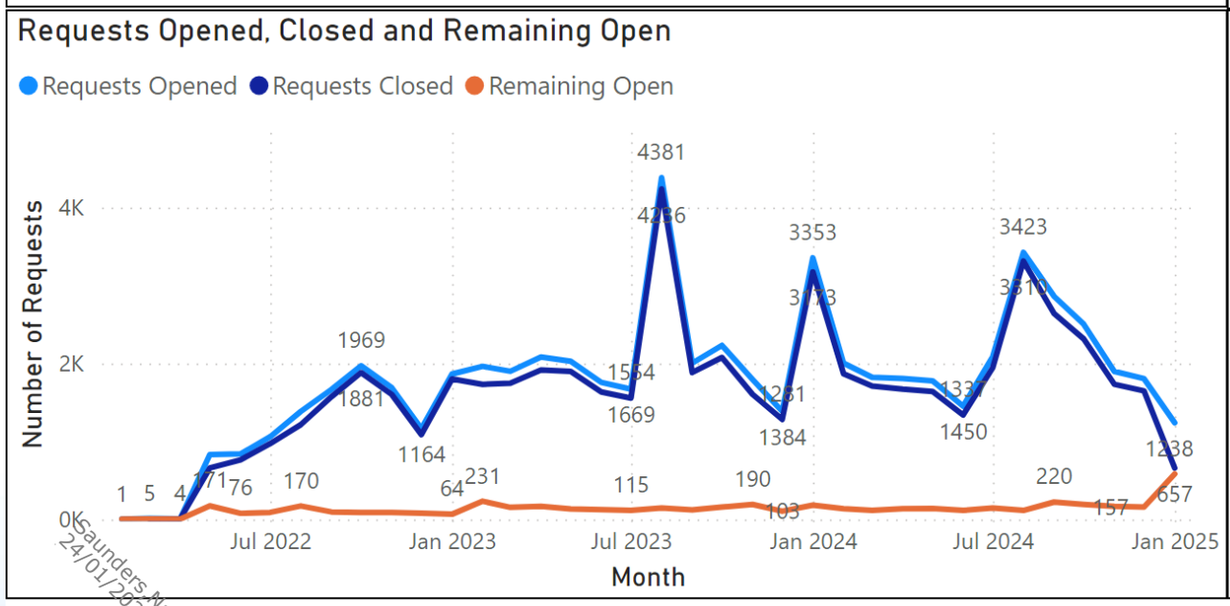
Year 2024		Current Year		Current Month	
Incidents	**Requests**	**Incidents**	**Requests**	**Incidents**	**Requests**
18227 Incidents Opened	26776 Requests Opened	565 Incidents Opened	1238 Requests Opened	565 Incidents Opened	1238 Requests Opened
18113 Incidents Closed	24975 Closed Requests	478 Incidents Closed	657 Closed Requests	478 Incidents Closed	657 Closed Requests
114 Remaining Open	1801 Remaining Open	87 Remaining Open	581 Remaining Open	87 Remaining Open	581 Remaining Open
3.70 Avg Duration (Days)	3.23 Avg Duration (Days)	0.32 Avg Duration (Days)	0.40 Avg Duration (Days)	0.32 Avg Duration (Days)	0.40 Avg Duration (Days)

Shaping Our Future
Digital Services

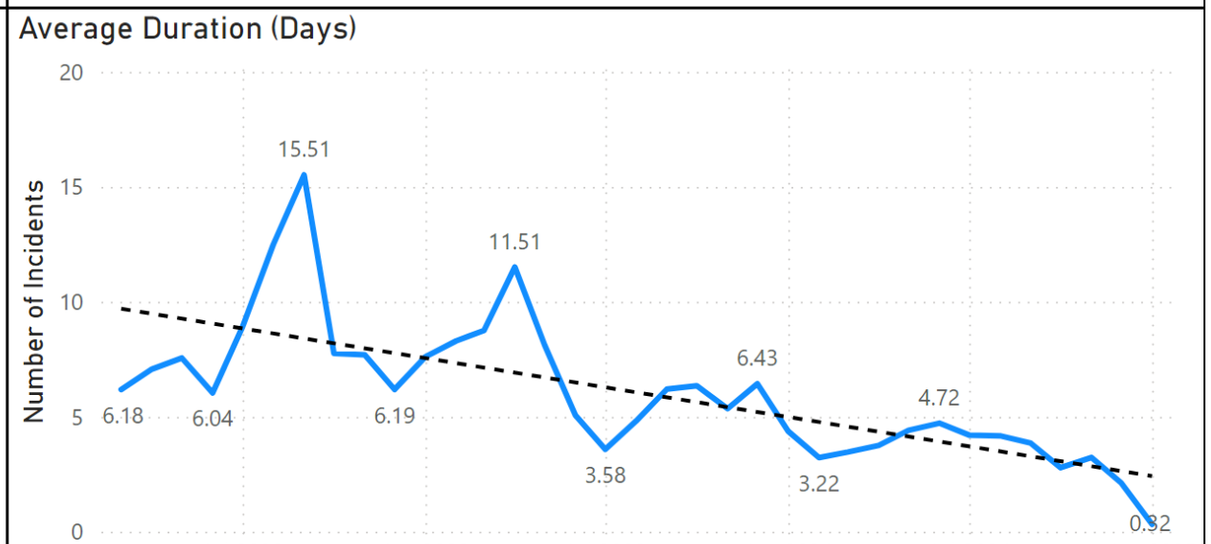
Service Desk Trending

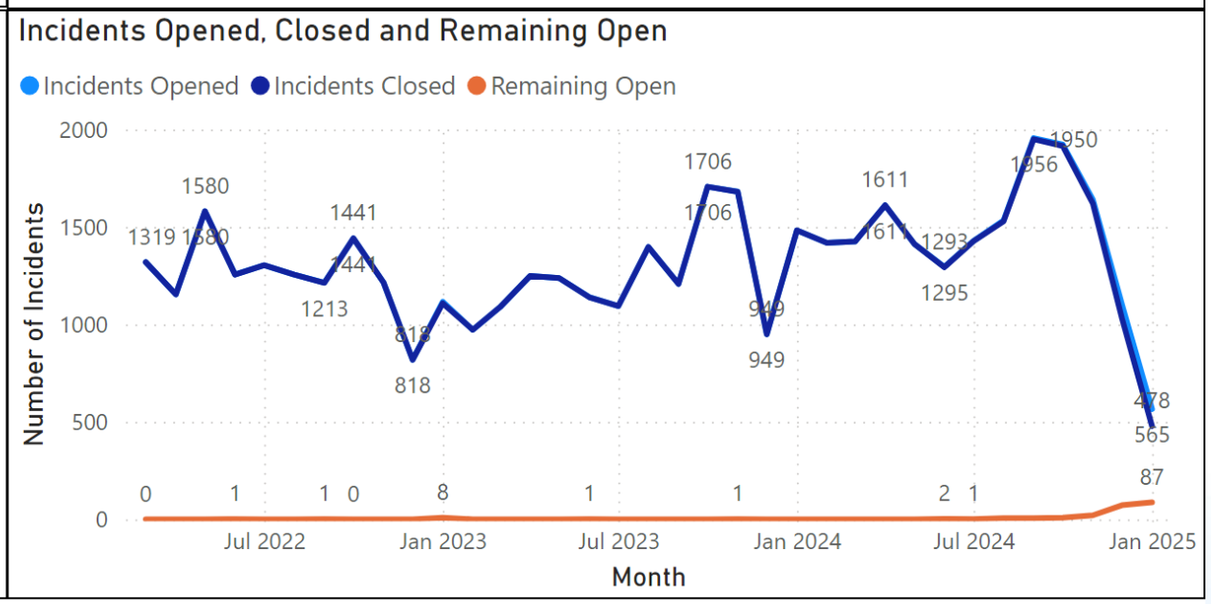
Requests





Incidents





Report Title:	Infected Blood Inquiry Update					Agenda Item no.	6.9
Meeting:	Public Board		Public	x		Meeting Date:	30.01.25
			Private				
Status *(please tick one only):*	Assurance	X	Approval			Information	x
Lead Executive (**Title**):	Dr David Fluck (EMD)						
Report Author (**Title**):	Dr Richard Skone						

Main Report
Background and current situation:

The Infected Blood Inquiry (IBI) in the UK investigated the use of contaminated blood products in the NHS, which led to thousands of people being infected with HIV and Hepatitis C (HCV). The key findings of the inquiry were:

1. **Widespread Infection**: Approximately 30,000 people were infected with HIV and Hepatitis C due to contaminated blood products
2. **Government and NHS Failures**: The inquiry found that both the government and the NHS were aware of the risks but failed to take adequate action to prevent the infections
3. **Cover-Up and Destruction of Evidence**: There was evidence of a cover-up, including the destruction of documents central to the HIV litigation of 1989

The impact of the IBI has been felt particularly in Cardiff and Vale UHB due to its longstanding involvement in the management of people with hereditary bleeding disorders. The inquiry revealed that around 400 people in Wales were infected with HIV or Hepatitis C due to contaminated blood products. The number infected with Hepatitis B is not known. Individuals, including children's, lives were changed irrevocably due to infection with HIV, and Hepatitis B.

Cardiff has benefited from maintaining close links with people affected by the IBI scandal who continue to use our services. It is in a unique position to learn from them, as well as from staff who worked with the individuals named in the IBI.

The Infected Blood Inquiry in the UK highlighted several key action points whereby Trusts and Health Boards will be expected to produce evidence of reform and learning from the findings of the IBI. In particular we will be expected to report on the following key areas:

1. **Patient Safety Measures**
2. **Transparency and Accountability**
3. **Support for Affected Individuals**
4. **Compliance with Recommendations**

This paper sets out how CAVUHB has set out to respond to these 4 areas.

1. **Patient Safety Measures**:

For anyone who has spoken to survivors and clinicians from the period examined by the IBI, one of the most inescapable questions is, *'could this happen again'?*

CAVUHB is a tertiary care provider staffed by incredible teams who are constantly pushing the frontiers of modern medicine. An example of this is the current genetic treatment that we are offering Haemophilia A patients in CAVUHB.

We have to make sure that decisions taken at this time, with the best of intentions, do not lead to problems for our patients in the future. CAVUHB will be doing this in the following way:

Testing and Traceability of blood products

In the UK, all donated blood is rigorously tested for a range of infections to ensure safety for recipients. The infections tested for include Hepatitis B, C and E, Human Immunodeficiency Virus (HIV), Syphilis and Human T-lymphotropic Virus (HTLV) (tested for first-time donors).

Some of these, such as Hepatitis C and HIV, had not been identified at the beginning of the period covered by the IBI. It is possible that complications that we are not aware of at present may develop again. Our mitigation of the risk and response should this happen is vital.

The main safeguards against future incidents are:

1. **Regulatory Oversight**
2. **Traceability Protocols**
3. **Training and Competency**
4. **Local Policies**

Collectively these measures ensure that blood products in Wales are handled with the highest standards of safety and quality. It also ensures that any complication experienced by a patient can be traced back to source. This is of particular importance for pooled blood products which may contain donations from multiple donors.

Consent

The Health Board has mandated consent training which all members of staff in clinical roles must undertake consent training every 3 years. We are also educating clinicians about the use of EIDO leaflets as gold standard for information giving.

As with patient records electronic consent is being evaluated in the hope that it can provide greater access to information and timely consent processes.

Patient Identification

In June 2021 a full business case and associated investment were approved in Wales as the first steps to embedding Scan4Safety principles and practices. As this programme extends through Wales, the ultimate aim will be for all patients to have identifiable codes on bracelets which can be used to ensure that the correct patient receives the correct medication, while also providing a clear 'paper trail' and record of what has been given.

Research and the future – preventing a repeat

Perhaps the most relevant area of work within CAVUHB with respect to the IBI is within research . The Health Board conducts 'first in man' trials, as well as being an early adopter for many novel therapies. These therapies form part of our treatment of individuals, but carry the highest risk of 'as yet unknowable' complications. The mitigation of these unknowable risks has become the driver for tight regulation and ethics oversight of research.

All research within CAVUHB aims to be undertaken with the oversight of the Joint Research Office (JRO), run in conjunction with Cardiff University. The JRO ensures that all necessary ethical and practical formalities have been addressed as well as providing continuous oversight of studies when adverse events happen. The JRO will also be coming under the oversight of the Joint Academic Health Sciences group in the near future in order to coordinate its work with Velindre Cancer Centre.

This process of centralisation of research work governance will ensure that no 'research' can be undertaken that is unethical or without the explicit knowledge and consent of individuals.

Ethics

There is work being done at a national and HB level to formalise the process of seeking ethical advice where needed. Current changes to job planning will ensure that an ethichs lead is identified and given time to carry out this vital role. A multiproffesional approach is being explored also.

Ongoing challenges

Von Willebrand's disease is an hereditary condition that causes excessive bleeding. Recombinant VW (rVWF) factor is only licensed for treatment of bleeds/surgery in adults (and used for children in Wales). This means that there are still instances, for the purpose of prophylaxis where pooled plasma rVWF is used. It is estimated that the bleeding disorders service have 15 adults and children total where rVWF is not licensed and there is limited evidence. The risk of transmission is small given the rigorous testing of blood products prior to administration, the national IBI group is in the process of ratifying the use of rVWF for all patients.

Peer review

In multiple peer reviews over the last 15 years the single biggest concern which has also been raised by haemophilia Wales is around inappropriateness of facilities especially for children. The challenges faced by the Health Board regarding infrastructure is well documented. At present, a request has been made for more space to be allocated to the department through our operational management team, but the challenge is not insignificant.

2. **Transparency and Accountability**:

Although Cardiff UHB was named as one of the better organisations for keeping and providing notes to the IBI, there is more work to do. The CAVUHB acute health record group has responded to the findings of the IBI. It has done the following:

- Learning from a collaborative process developed between the Patient Safety team and the likes of Health Records, in relation to identification and retrieval of relevant medical records response to investigations and inquiries
- Filing libraries are now fully restricted to a specific section of the Health Records team
- Clinical Information Triage -records that are required for outpatient appointments can be scanned and viewed electronically, as well as encouraging the recording of consultations electronically
- There is also improved governance for records keeping, driven in part through internal and external audits

One of the problems identified in patient note keeping within CAVUHB is variation in practice. A wide array of digital and paper-based practices for note keeping has developed organically through incremental developments. It is well recognised that the health board aspires towards a single Electronic Patient Record as a means of ensuring that all information is available on request from a single site and subject to all information governance regulation.

3. **Support for Affected Individuals**:

As well as preventing future scandals, the care we offer patients who were exposed to the infected blood will form a key part of our response to the IBI. Importantly the clinically led UHB response to the publication of the IBI report focused on understanding the ask from the patient group and their families. The priorities identified were:

- **Advice and signposting re. testing and compensation claims**
- **Psychology, and counselling support**
- **Clinical explanation**
- **Social work support**

Simplify point of access, advice and signposting

The Bleeding Disorder Network Wales (BDNW) team at the Haemophilia Centre in Cardiff set up a new dedicated phone line and email address for patients and families infected or affected by contaminated blood products in Wales in their psychosocial office. A rota of deployed clinical staff, predominantly members of the social worker and psychology team was devised to man the lines.

In order to promote awareness of and access to this service, this information was disseminated to key advocacy groups to include Haemophilia Wales and shared on their website by Lynn Kelly. An external website was also developed by the CAV UHB Communications Team to include a key landing page detailing how access to the dedicated BDNW team for support. It also outlined the IBI, further information to include FAQs, Patient Information Leaflets, a Padlet and other useful links.

Infected Blood Inquiry - Cardiff and Vale University Health Board

Calls are filtered to the service/ support they require to manage their query and/ or concern, for example to the Welsh Infected Blood Support Scheme (WIBBS) or Medical Records. This service remains available and mobile phones have also been sourced to allow the ability to maintain provision of the service as indicated working outside of the office.

Social worker input has been longstanding, and psychological care has also been available to IBI victims since 2012 but for understandable reasons there has been mistrust and a reluctance to access this service with only a small number of those affected choosing to access psychological support.

The Counselling Room in the Haemophillia Centre was refurbished in advance of report publication to provide the best possible environment for individuals to meet with the clinical team. Facility in a local Well-being Hub was also arranged for a Tuesday afternoon for patients that wanted well-being support but did not feel comfortable coming into the hospital.

An arrangement was made with medical records to prioritise sourcing notes requested to assist with support of these patients and their families.

Ongoing management of the health of those affected

There were six specific recommendations in the IBI report for health boards to take forward for the future management of patients who have contracted hepatitis via a blood transfusion or blood products. Each one corresponds to the degree of clinical presentation e.g. level of liver fibrosis. Cardiff complies with these recommendations.

In C&V UHB a joint hepatology and haematology clinic was set up and has consistently been running since 2016 for this very purpose. It is currently scheduled quarterly although not all patients choose to engage. While recommendations vary according to the degree of liver disease suffered, all patients are offered monitoring of their condition.

4. National response

The Welsh Government has a response group to the Infected Blood Inquiry, chaired by the Deputy Chief Medical Officer. This group will prepare a response on behalf of the Welsh Government to the IBI and monitor progress against recommendations. At present all four nations are responding and Welsh Government feels that our performance as a nation is in line with expectation (in advance of others in some areas and behind in others). The aim is for the group to be in a position to report back in May 2025.

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

The Infected Blood Inquiry is a seminal event in healthcare. We will never be able to undo what has happened to the victims of the infected blood scandal, but it does provide an opportunity to reflect on where we have done things wrongly in the past and to ensure that we adapt and change going forward.

The work to respond to the recommendations of the report is ongoing at a Health Board and Government level. It is work which is making progress but still has some way to go. We will continue to drive forward the improvements and report to Board at regular intervals.

Recommendation:

The Committee is requested to:

a) Note the report
b) Agree to accept reports at regular intervals as specified by the board.

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.**	x	Providing Outstanding Quality 2. **Click the objective above to view more detail.**	x
Delivering in the Right Places 3. **Click the objective above to view more detail.**	x	Acting for the Future 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		Long term	x	Integration		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)***		*Not applicable*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: Yes/No
The paper highlights ways of minimising risk to the organisation
Safety: Yes/No
The paper highlights ways of maximising patient safety
Financial: Yes/No
No. Recombinant VWF mentioned in the paper is funded by WG
Workforce: Yes/No
Workforce are already in place
Legal: Yes/No
Yes. Duty to report to the IBI
Reputational: Yes/No
Yes. Discussed in the paper
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*
The strategic decisions are made by the IBI and WG
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)*
As above
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:

Report Title:	*Director of Public Health Annual Report: Prioritising the early years- Investing for the future*			Agenda Item no.	7.1
Meeting:	Public Board Meeting	Public	X	Meeting Date:	30/01/25
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive (**Title**):	Executive Director of Public Health				
Report Author (**Title**):	Executive Director of Public Health				

Main Report
Background and current situation:

This theme of this year's Director of Public Health's Annual Report is on the health of children aged 0-5 years. It is a response to a recent report by the Academy of Medical Sciences, which sets out the rationale and scientific basis for a strong, sustained policy focus on improving health in the early years.

Health in the early years forms the basis for mental and physical health and wellbeing through the rest of the life course with consequent benefits to population health, national productivity, innovation and the prosperity of the nation. The early years provide a crucial window of opportunity to improve children's health in the short and long term, providing cumulative benefits, and avoiding the greater challenge and expense of intervening later in life. However, the importance of the early years is not always recognised or prioritised.

The DPH report focuses on four key areas where action could be taken quickly to improve outcomes, including:

- Childhood vaccinations
- Good food and movement
- Oral health
- Supporting breastfeeding

The report identifies the current situation in C&V, celebrates case studies of innovative and collaborative approaches to improve the health of our young children, and identifies recommendations for each of the four themes.

The current situation in Cardiff and Vale of Glamorgan:

- 31,492 0-5-year-olds living in Cardiff and the Vale of Glamorgan (2022).
- Adjusting for local housing costs, 29.4% of children (0-15 years) in Cardiff, and 23.9% in Vale are living in relative poverty (2022/23)
- 32.2% children aged 5 have tooth decay, and this is higher in our disadvantaged communities
- 21.2% of children aged 4 or 5 are overweight or obese, and this rises in our disadvantaged communities.
- Less than 40% of babies are breastfed at six weeks old.
- 80.5% of children at age 4 are up-to-date with all scheduled vaccines, with fewer vaccinated in our disadvantaged communities.

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

The Director of Public Health report is a tool to shine a light on important health issues for the whole system, it is not just a report for the Health Board. Some of the key recommendations are highlighted here:

- Provide community-based vaccination opportunities, to make it easier for families to access children's vaccinations conveniently.
- Ensure the gelatine-free flu vaccine is equally available at all vaccination opportunities for our early years (GP, and schools settings).
- Review local strategic plans and policies to identify opportunities to maximise support for good food and movement, for example, strengthening strategic policies within the Local Development Plan (LDP).
- Develop a shared understanding of current resource and training available and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.
- Collaborate with communities and partners to identify and improve public spaces for play in targeted areas.
- Undertake insight work to develop a public campaign on the importance of outdoor play
- Advocate for 'Healthy Start' vouchers to be automatically provided, rather than needing to apply for them
- Explore reasons for eligible primary schools and nurseries for not participating in the Designed to Smile programme.
- Increase opportunities to provide proactive support to breastfeeding mothers including those who may struggle with breastfeeding due to circumstances such as additional medical needs

The full Director of Public Health Annual Report: Prioritising the early years- investing for the future can be located in the supporting documents folder.

Recommendation:

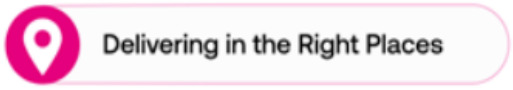
The Committee is requested to:

a) **NOTE** this year's Director of Public Health Annual Report: Prioritising the early years- investing for the future.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Putting People First 1.	x	Providing Outstanding Quality 2.	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	

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

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

Report Title:	Pentyrch Development			Agenda Item no.	7.2
Meeting:	Board Meeting	Public	X	Meeting Date:	30.01.25
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Director of Finance				
Report Author (Title):	Assistant Director of Procurement Services and Executive Procurement Lead - CVUHB				

Main Report
Background and current situation:

This Procurement is for the appointment of a contractors to complete the works for Pentyrch Development

The need for a long-term accommodation solution to the temporary accommodation of Pentyrch Surgery has been a priority for a significant period and has been included as a priority scheme within the Cardiff and Vale University Health Board Primary Care Estates Strategy. This Strategy sets out the proposals the health Board plans to progress, to ensure the provision of high-quality primary care estate to address both current capacity/infrastructure pressures and to provide sufficient capacity to respond to the significant population growth within Local Development Plans planned to take place by 2026**.**

Scope of Works:

The project comprises the construction of a new two-storey Medical Centre for Cardiff and Vale University Health Board with a GIFA of 612m2 together with a 75m2 Pharmacy (Shell only) with associated external works and underground drainage.

Procurement Approach:

The scheme was tendered via the local building framework Lot 2 – Medium Works / Schemes - £500,000.00 - £4,000,000.00 and a Tender was received from each of the five Contractors on the lot. Following the tender opening at the Procurement Office of CVUHB, the tender information was forwarded to the Quantity Surveyor on the scheme CDA on the 8th May 2024 to enable CDA to begin the tender adjudication process.

The tender sums received from the five tendering contractors ranged from circa £3.2m to £3.7m. Due to this wide spread of tenders received, it was agreed with CVUHB to only review the two most competitive tenderers in detail, namely BECT Building Contractors Limited and 2D Building Contractors Limited.

A detailed analysis of the two lowest tenders was undertaken by CDA. This analysis is summarised in the table below.

Bidders	Bid	Bond	Programme	Overheads & Profit	Qualifications received
BECT Building Contractors Ltd	£3,220,538.94	N/A	54 weeks	6%	Yes
2d Building Contractors Limited	£3,321,529.43	N/A	46 weeks	12%	Yes
John Weaver Contractors Limited	£3,412,635.47	N/A	62 weeks	N/A	Yes

Knox and Wells Limited	£3,479,866.38	N/A	52 weeks	N/A	Yes
ET&S Construction	£3,716,584.39	N/A	48 weeks	N/A	Yes

Summary of Tender Adjudication:

In conclusion, BECT Building Contractors Limited submitted the lowest compliant tender. Their proposal included no additional qualifications or exclusions beyond those stated in the Adjudication Summary. After correcting arithmetical errors and revising sections of the Bill of Quantities, the tender amount was adjusted from £3,220,538.94 plus VAT to a final sum of £3,262,152.30 plus VAT.

BECT's tender consistently came in at a lower price compared to 2D Building Contractors Limited across all categories, except for preliminaries. Appendix Three provides a comparison of both tender Main Summaries, showing that the rates used by BECT appear to be generally reasonable.

CDA reviewed BECT's fully compliant tender and deemed it competitive and genuine, recommending it to CVUHB for approval. All contractors involved in the tender process are part of CVUHB's Framework, and CVUHB has verified the financial stability and suitability of these contractors for the required work.

Value to be Approved:

Works Value: £3,262,152.30 + VAT
Contingency Value: £225,000.00 + VAT
Total Contract Value: £3,481,565.38 + VAT

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

The need for a long-term solution for Pentyrch Surgery's temporary accommodation has been a longstanding priority. It is highlighted in the Cardiff and Vale University Health Board Primary Care Estates Strategy, which outlines plans to ensure high-quality primary care facilities. This includes addressing current capacity challenges and preparing for population growth projected in Local Development Plans by 2026 and failure to move forward with this scheme could increase the risks on patients.

The procurement report, Request for Approval document and Form of Agreement document can be located in the supporting documents folder.

Recommendation:

The Board / Committee are requested to:

- **APPROVE** the award of this contract for Pentyrch Surgery's Development to BECT Building Contractors Ltd for a value of £3,481,565.38 + VAT

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

Putting People First **Click the objective above to view more detail.**		Providing Outstanding Quality **Click the objective above to view more detail.**	X

Delivering in the Right Places **Click the objective above to view more detail.**	X	Acting for the Future **Click the objective above to view more detail.**	X

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

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

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

Saunders,Nathan
24/01/2025 14:23:59

Agenda Item
7.3

Joint Commissioning Committee

Joint Commissioning Committee Governance Framework

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
Noddwr yr Adroddiad / Report Sponsor	Ian Green, Chair of the JCC

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
Joint Commissioning Committee	21 January 2025	The JCC endorsed the updated ToR.
Joint Commissioning Committee	12 November 2024	Agreed to amend ToR to reflect CEO members as members of sub-committees.
JCC Strategy Workshop	10 December 2024	CEOs discussed nominations for CEO members on sub-committees.
Sub Committee Structure NHS Wales Joint Commissioning Committee (JCC)	17 September 2024	Endorsed
Health Board Meeting	September 2024	Approved

Engagement Chair of the JCC Chief Commissioner JCC SLT Working Group of NHS Wales DoCG / Board Secretaries SLT Development Day JCC Development Day NHS Wales Directors of Corporate Governance (DoCG) peer group	August 2024	Feedback assisted in developing the drafts.

Acronyms / Glossary of Terms	
HBs	Health Boards
JCC	NHS Wales Joint Commissioning Committee
MoA	Memorandum of Agreement
PP&F	Planning, Performance and Finance Sub-committee
QS&O	Quality, Safety and Outcomes Sub-committee
SoD	Scheme of Delegation
SOs	Standing Orders
ToR	Terms of Reference

1. SITUATION/BACKGROUND

Further to the 7 x Health Boards (HBs) approving the final elements of the NHS Wales Joint Commissioning Committee's (JCC) *("Joint Committee"*) governance framework at their September 2024 Board meetings, the purpose of this report is present updated Terms of reference (ToR) for the JCC's sub committees which have been updated to reflect that CEO's are designated as members of sub-committees.

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.

Since then following discussions with the JCC members at the JCC meeting on 12 November and at the JCC Strategy workshop on 10 December 2024 it was agreed to include CEOs as members of the sub committees.

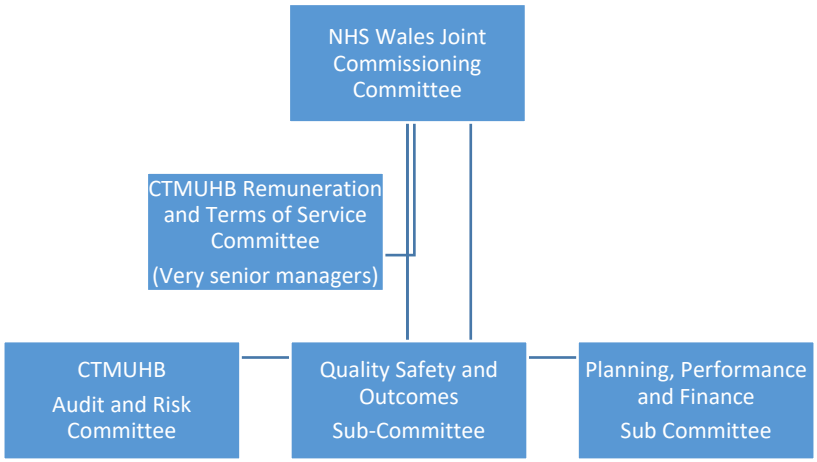
The NHS Wales Directors of Corporate Governance (DoCG) peer group have been consulted on this change and are aware of the JCCs decision to include CEOS as members and not attendees.

2. SUB COMMITTEE TERMS OF REFERENCE (TOR) AND MEMBERSHIP

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs.

On the 17 September 2024 the Joint Committee endorsed the proposed sub-committee structure for the JCC – see **Figure 1** and the 7 x individual HB Board meetings formally approved the structure and the documents at their Board meetings in September 2024.

Figure 1 – Approved JCC Sub-Committee Structure



Following a request from the JCC to update the Terms of Reference (ToR) for the Quality, Safety and outcomes (QS&O) Sub-Committee and the Planning, Performance and Finance (PP&F) Sub-Committee to reflect the designation of a CEO representative as a member and not attendee, the ToR have been updated and are presented ***Appendices 1*** and ***2*** for approval, following endorsement at the JCC meeting on 21 January 2025.

The first meetings of each Sub-Committee will be held in February 2025 and Sub-Committee highlight reports will be provided to the JCC meeting by way of assurance and escalation in March 2025. Sub-Committee cycles of business will also be presented to ensure JCC oversight.

The membership and attendance for the sub committees is outlined in **Tables 1 & 2** below:

Table 1 – Membership/Attendance Quality and Safety and Outcomes Sub-Committee

Quality and Safety and Outcomes Sub-Committee	
Designation	**Lay Member/Attendee**
Chair	Susan Elsmore
Vice Chair	Mandy Rayani
Member	Shameem Nawaz
One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)	Phil Kloer, CEO HDdUHB
Llais Representative	Angela Mutlow
Staff Side Representative	tbc

Table 2 –Membership/Attendance Planning, Performance and Finance Sub Committee

Planning, Performance and Finance Sub Committee	
Designation	**Lay Member/Attendee**
Chair	Paul Worthington
Vice Chair	Nia Roberts
Member	Ian Green
One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)	Abigail Harris, CEO, SBUHB Deputy - Hayley Thomas, CEO PtHB
Staff Side Representative	tbc

Now that the sub-committees have been established each sub-committee will report formally into the JCC via highlight reports from the sub-committee chairs. In addition, discussions are ongoing with the NHS Wales Directors of Nursing peer group and the NHS Wales Directors of Corporate Governance peer group to consider the most appropriate assurance reporting to HB sub committees and Boards to ensure effective governance.

Objectives / Strategy	
Dolen i Nod(au) Strategol BIP CTM /Link to JCC Strategic Goal(s)	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the

	September Joint Committee Meeting.
Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
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:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places

		Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
Cyfreithiol / Legal	In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework terms of reference is reserved to HBs. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

3. RECOMMENDATIONS

Board Members are asked to **Approve:**

- the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee; and
- the updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee.

4. NEXT STEPS

4.1 Review

A formal review of the governance framework for the JCC will be undertaken in April 2025 in collaboration with the HB DoCGs following a full year of operation as the new JCC.

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE (PPFSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Directors	Director of Finance and Information Director of Planning and Performance
Endorsed By	Joint Commissioning Committee 17 September 2024
Approved By	Health Boards – 25 and 26 September 2024 Board Meetings
Issue Date	1 December 2024
Review Date	~~1 June 2025~~ 12 January 2025
Version	2

Contents

Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at HB September Board meetings	1 June 2025

Sub-Committee Arrangements:
This schedule forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

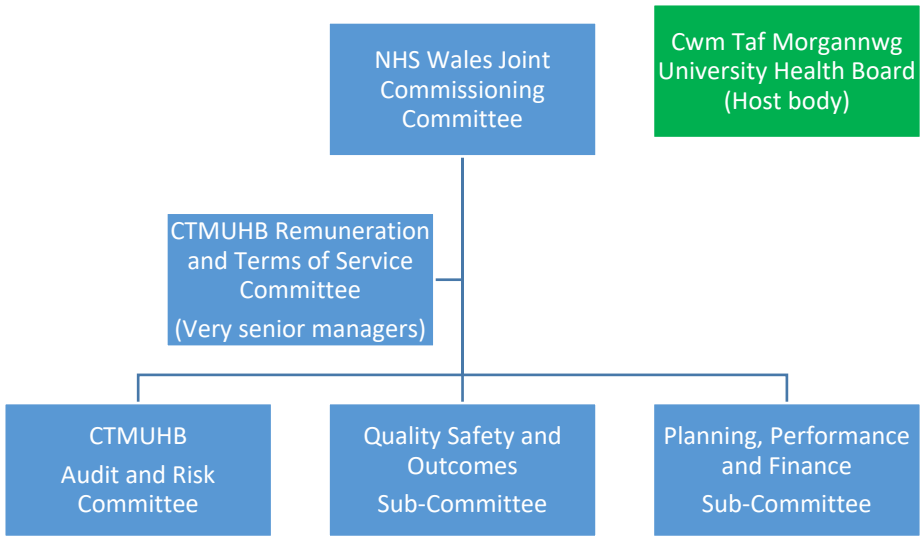
1.1 In accordance with JCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (JCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the JCC either to undertake specific functions on the JCC's behalf or to provide advice and assurance to others (whether directly to the JCC or on behalf of the JCC to each LHB Board and/or its other sub-committees). The JCC shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Planning, Performance and Finance Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. Purpose

2.1 The purpose of the Planning, Performance and Finance Sub-Committee is to be assured that the Joint Committee is effectively managing the strategic planning, performance and financial duties outlined in the Joint Committees SOs and Standing Financial Instructions (SFIs) relating to planning, securing and commissioning the services delegated to the JCC.

Figure 1 – JCC Sub Committee Structure



3. Scope and Duties

The Sub-Committee will provide scrutiny and assurance in relation to the duties below:

3.1 **Planning**

- Monitor the process for the development of the Integrated Medium Term Plan (IMTP) in line with the relevant SOs, SFIs and the NHS Wales Planning Framework
- Receive assurance on the delivery of the IMTP
- Scrutinise the alignment of service, workforce, digital and financial commissioning plans in the IMTP (as appropriate to the business of the JCC)
- Scrutinise the development and delivery of strategic or major service plans through the agreed Service Transformation Programme in the IMTP.

3.2 **Performance**

- Advise on and assure the development and implementation of the JCC's Performance Management Framework
- Monitor in-year performance against the financial plan and activity targets that support the relevant metrics agreed by the Joint Committee
- Monitor overall performance of commissioned services against the JCC's IMTP and the national targets for NHS Wales (Ministerial Priorities).

3.3 **Organisational Risk Register**

- Regularly review the planning, performance and finance risks included on the JCC Risk Register and assigned to the Sub-Committee by the JCC.

3.4 **Finance**

- Monitor delivery of financial plans and savings programmes
- Monitor risk to financial delivery including mitigating actions to appropriately manage the risks
- Robustly challenge and support progress against delivery of
- savings plans including consideration of impact on services
- Scrutinise investments in line with the Standing Financial Instructions (SFIs) and the Scheme of Delegation prior to submission to the Joint Committee for approval
- Monitor activity and productivity including operational efficiency and effectiveness
- Report on significant financial variances and issues, including potential mitigation decisions.

3.5 **Sub-Committee Programme of work**

Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's IMTP and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that

these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

3.6 The Sub-Committee, in monitoring and scrutinising the above areas, will discuss and recommend corrective action where necessary. This will include the transformation, recommissioning and value in health care approach.

3.7 The Sub-Committee will monitor the development of appropriate Key Performance Indicators (KPIs) across all parts of the organisation.

3.8 Where necessary, the Sub-Committee will undertake detailed "deep dives" of specific areas. These reviews will be supported by appropriate benchmarking information to ensure all of the JCCs commissioned services are striving to achieve "best in class" in relation to planning, performance and finance.

4. Membership

Members

4.1 The Membership of the PPFSC Sub-Committee is as follows:

Chair	Lay (Independent) Member of the JCC
Vice Chair	Lay (Independent) Member of the JCC
Member	One further Lay (Independent) Member of the JCC
Member	One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, will receive a nomination from the CEOs of Local Health Boards as outlined below.

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:

- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and

- Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 **In Attendance**

JCC Director of Planning and Performance (co-lead JCC Director)
JCC Director of Finance & Information (co-lead JCC Director)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Sub-Committee Chair
Staff side representative.

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.

4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.

5.2 For effective governance, the Director of Finance and Information and the Director of Planning and Performance are required to attend all meetings.

6 Meeting Secretariat

6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.

7.3 Additional meetings may be held with the chairs of the LHBs Planning, Performance and Finance Committees where there is requirement.

7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.

7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Business.

8 Withdrawal of Individuals in Attendance

8.1 The Sub-Committee 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.

9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.

9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.

9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

10.1 The Chair of the Planning, Performance and Finance Sub-Committee shall work closely with the Director of Finance and Information and the Director of Planning and Performance and have reasonable access to the Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board

retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the JCC that Planning, Performance and Finance are being managed appropriately within the commissioning cycles.

Authority

11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference. The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other policy requirements.

Sub Groups

11.4 The Sub-Committee may, subject to the approval of the JCC establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Delegated Powers

11.5 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

Dealing with Members interests during meetings

11.6 Declarations of interest will be a standing agenda item for all meetings.

11.7 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.8 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Sub-Committee's activities. This includes:
  - Assurance that Planning, Performance and Finance are being managed appropriately
  - oral updates on recent activity
  - submission of written Sub-Committee highlight reports throughout the year

- to receive annual reports, which will incorporate key information on planning, performance and finance
- Bring to the Joint Committee's specific attention any significant matters under consideration by the Sub-Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.

12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.

12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Planning, Performance and Finance are being managed appropriately, for inclusion on suitable HB Sub-Committee agendas.

12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee's assurance role relates to a joint or shared responsibility.

12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

12.6 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the effective planning, performance and financial management of healthcare for commissioned services through the effective governance of its organisation.

12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.

12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub-Committees to provide advice and assurance to the JCC through the:

- joint planning and co-ordination of JCC and Committee business; and
- sharing of information.

12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Planning, Performance and Finance Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub-Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the sub-committee Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16 Review

16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

QUALITY SAFETY AND OUTCOMES SUB-COMMITTEE (QSOSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Director	Director of Nursing and Quality
Endorsed By	Joint Commissioning Committee 17 September 2024
Approved By	Health Boards – 25 and 26 September 2024 Board Meetings
Issue Date	1 December 2024
Review Date	~~1 June 2025~~ 12 January 2025
Version	2

Contents

Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at HB September Board meetings	1 June 2025

Sub-Committee Arrangements:

This schedule forms part of and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

1.1 In accordance with JCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (JCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee or on behalf of the Joint Committee to each LHB Board and/or its other committees). The Joint Committee shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Quality, Safety and Outcomes Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

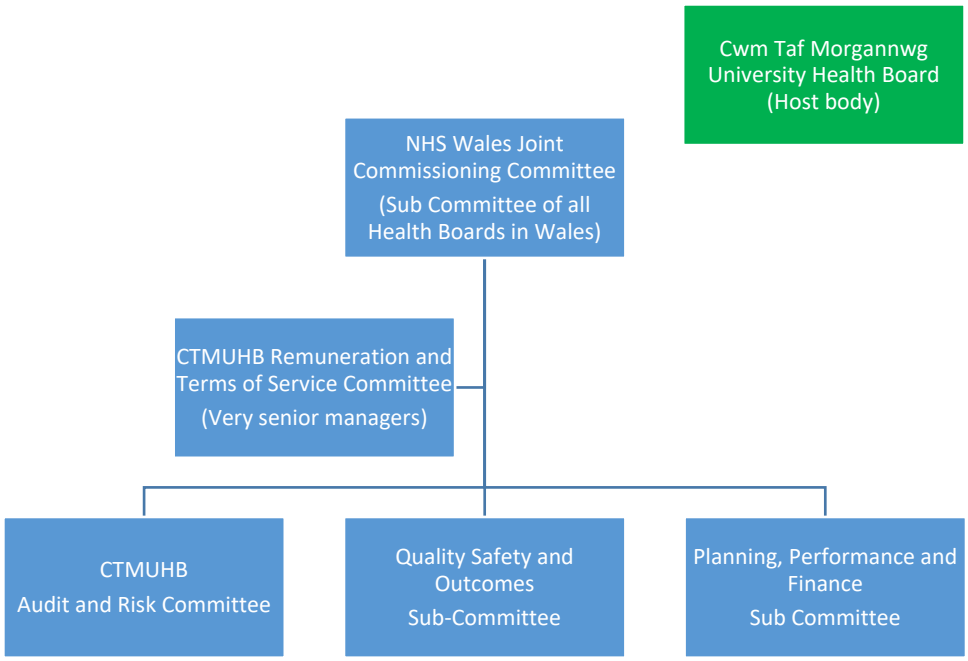
2. Purpose

2.1 The purpose of the Quality, Safety and Outcomes Sub-Committee "the Sub-Committee" is to be assured that the Joint Committee is commissioning appropriate, high quality and safe services from providers (Health boards, Trusts and private sector providers) on behalf of health boards in Wales.

This will be achieved by:

- Providing scrutiny and assurance to the Joint Committee for the Quality Safety and Outcomes of services commissioned from providers including health boards, NHS Trusts and private providers who are accountable for the provision of safe, quality services)
- Reporting to and providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the JCC
- Addressing concerns delegated by the Joint Committee ensuring that individual LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of the services commissioned may impact on primary and secondary and vice versa (whole pathway) and contribute to the achievement of the Duty of Candour; and
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with the services commissioned by the JCC.

Figure 1 – JCC Sub-Committee Structure



3. Scope and Duties

3.1 The Sub-Committee will provide scrutiny and assurance in and will, in respect of its provision of advice to the Joint Committee:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable services for the people of Wales
- Consider the quality, patient safety and outcome implications arising from the development of commissioning strategies, including developments outlined in the agreed JCC Integrated Medium Term Plan (IMTP)
- Ensure that all aspects of commissioning activity, through regular reporting to the sub-committee consider quality, safety and outcomes as part of the commissioning of services
- Receive, when required, items for urgent consideration and escalation
- Ensure a robust process is in place for the development and approval of evidence-based service specifications, focussed on quality and safety of service provision, for all services commissioned by the JCC
- Have responsibility for the commissioning risks designated to the Sub-Committee for monitoring ensuring that quality, safety and outcomes of services commissioned are a priority for the organisation

- Monitor and scrutinise risk management and assurance arrangements for the risks designated to the Sub-Committee for monitoring from the perspective of clinical and patient safety risks
- receive assurance from provider organisations that concerns management arrangements are robust and reported through the appropriate governance routes; and
- Receive assurance that patient safety incidents, complaints and claims (relating to the services commissioned by the JCC) are routinely monitored and are considered a critical part of the evaluation of services in the JCC commissioning cycle.

Sub-Committee Programme of work

3.2 Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's Commissioning Assurance Framework and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

4. Membership

Members

4.1 The Membership of the QS&O Sub-Committee is as follows:

Chair	Lay (Independent) Member of the Joint Committee
Vice Chair	Lay (Independent) Member of the Joint Committee
Member	One further Lay (Independent) Member of the Joint Committee
Member	One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the subcommittee's remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, receive from nominations from the CEOs of Local Health Boards

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 **In Attendance**

JCC Director of Nursing and Quality (Lead Director for the Committee)
JCC Medical Director
JCC Director of Commissioning for Specialised Services
JCC Director of Commissioning for Ambulance and 111
JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Committee Chair
Llais Representative
Staff side representative.

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.

4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.

5.2 For effective governance, at least two JCC Team directors, one of which must be a Clinical Director should be in attendance at the meeting.

6 Meeting Secretariat

6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.

7.3 Additional meetings may be held with the chairs of the LHBs Quality and Safety Committees where there is requirement.

7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.

7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Committee Business.

8 Withdrawal of Individuals in Attendance

8.1 The Sub-Committee 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.

9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.

9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.

9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

10.1 The Chair of the Quality, Safety and Outcomes Sub-Committee shall work closely with the Director of Nursing and Quality and have reasonable access to the JCC Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the commissioning cycles.

Authority

11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

11.4 The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the JCCs procurement, budgetary and other requirements.

11.5 The Sub-Committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Healthcare Inspectorate Wales, Care Quality Commission, National Audit Office and Audit Wales, that relate to the commissioning of services.

Sub Groups

11.6 The Sub-Committee may, subject to the approval of the Joint Committee establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Strategy

11.7 Oversee and monitor the development and implementation of the JCCs Strategies for patient quality, safety and outcomes:

- **Patient Quality, Safety and Outcomes**

- Provide assurance to Joint Committee on implementation of the Quality aspects within the Integrated Medium Term Plan (IMTP) for the Joint Committee
- Provide assurance to the Joint Committee in relation to the Commissioning Assurance Framework.
- Contribute to and oversee the development of effectiveness of the Joint Committee's Annual Quality Statement and the Annual Governance Statement
- Monitor quality via the Quality Dashboard.

- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Quality Standards
- Ensure arrangements are in place to review and act on clinical audit activity which responds to national and local priorities applicable to the business and services commissioned by the JCC as part of the commissioning cycle.
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response.

Organisational Risk

11.8 Regularly review and provide assurance to the Joint Committee on the risks included on the organisational Risk Register and assigned to the Sub-Committee by the Joint Committee.

Quality Improvement activities

11.9 The Commissioning Assurance Framework provides the framework for quality improvement projects supporting compliance with the Duty of Quality. The Quality, Safety and Outcomes Sub-Committee will:

- Provide scrutiny and assurance to the Joint Committee that priorities relating to quality, safety and outcomes are progressing.

11.10 **Patient Experience**

- Receive and review progress reports relating to Patient Experience and the requirements identified in the Commissioning Assurance Framework
- Ensure that the JCC engages with and co-operates with representatives of Llais as appropriate on ongoing patient engagement or major service change. (S.O. 7.7)

11.11 **Concerns**

- Receive as presented within the quarterly quality report, reports on Concerns relating to the services commissioned by the JCC (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with emphasis on ensuring that lessons are learnt and are built into the evaluation of services as part of the JCC commissioning cycle.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) relating to commissioned

services from across NHS Wales, in accordance with the legislation under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) contributing to HB approaches providing information related to the services commissioned to support them in complying with their have legal and contractual requirements.

Delegated Powers

11.12 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

11.13 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the evaluation of services as part of the JCC commissioning cycle.

The Sub-Committee will:

- Seek assurance that the JCC's **Commissioning Assurance Framework** remains appropriate, is aligned to the Duty of Quality and is embedded in practice.
- Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:

    - Seek assurance on the delivery of the Patient Experience Plan within the Commissioning Assurance Framework; and
    - Contribute information from the commissioning perspective to HBs in their implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned through the commissioned service lens.

- Seek assurance that arrangements for the **provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
    - the Commissioning Assurance Framework arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services
    - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities
    - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response
    - the development of the Joint Committee's Annual Quality Statement including annual quality priorities; and

- performance against key quality focussed performance indicators and metrics.

- Seek assurance on the arrangements in place to support **improvement and innovation**, including:
  - an overview of the research and development activity for commissioning within the organisation
  - alignment of the commissioning of services with the national objectives published by Health and Care Research Wales (HCRW);
  - an overview of the quality improvement activity for commissioned services within the organisation.

- Seek assurance that arrangements for commissioned services are **compliant with mental health legislation** are sufficient, effective and robust, including:
  - the Mental Health Act 1983
  - Mental Health Act Code of Practice for Wales and associated regulations (2016);
  - the Mental Capacity Act 2005 Code of Practice and associated regulations;
  - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
  - the Mental Health Measure (Wales) 2010.

11.14 The Sub-Committee will seek assurances on the management of strategic risks delegated to the Sub-Committee by the Joint Committee, from the JCC Risk Register.

Dealing with Members interests during meetings

11.15 Declarations of interest will be a standing agenda item for all meetings.

11.16 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.17 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Committee's activities. This includes:
  - Assurance that Quality, Safety and Outcomes are being managed appropriately
  - oral updates on recent activity
  - submission of written Sub-Committee highlight reports throughout the year

- to receive annual reports, which will incorporate key information on quality, safety and outcomes.
- Bring to the Joint Committee's specific attention any significant matters under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.

12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.

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12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.

12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub- Committees to provide advice and assurance to the JCC through the:
- joint planning and co-ordination of Joint Committee business; and
- sharing of information.

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15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

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16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

Report Title:	Next Generation Sequencing			Agenda Item no.	7.4
Meeting:	UHB Board	Public	√	Meeting Date:	30.01.2025
		Private			
Status *(please tick one only):*	Assurance		Approval √	Information	
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Captial, Estates and Facilities				

Main Report
Background and current situation:

The purpose of this report is to request that the Board support a submission to Welsh Government by the All-Wales Medical Genomics Service (AWMGS) for funding of £1,115,627 (one million, one hundred and fifteen thousand, six hundred and twenty-seven pounds) inclusive of VAT to procure a NovaSeq X-Plus genomic Sequencer.

This state of the art, equipment is a critical dependency to enable the, AWMGS to increase Next Generation Sequencing (NGS) to deliver the growing demand for genomics testing driven by the expansion of the NHS England National Test Directory and the Welsh Government's Genomics Delivery Plan.

The NovaSeq X-Plus has developed enhanced digital technology and chemistry providing higher analytical sensitivity, faster time to answer, and a more streamlined workflow. This increase in speed & capacity, combined with a lower consumable cost means that utilising a Novaseq X-Plus on AWGL's current annual sequencing output would result in a saving of **£333,024** and create an additional **960 hours** of sequencing time on the machine.

There is also the potential for further efficiency savings as the Novaseq X-Plus has a larger flowcell, this can handle 128 samples per run rather than the current 48 on a NovaSeq 6000, potentially reducing consumable costs even further.

The AWMGS has worked with NWSSP Procurement Services and the supplier to confirm the availability of the new unit and seek assurance that delivery is achievable by 31st March 2025. This will be subject to approval of the funding from WG at the earliest opportunity.

The supplier has confirmed that there are currently 3 NovaSeq X-Plus machines available for delivery which will be released on the receipt of a Purchase Order, which is a risk for the service.

The revenue associated with operating the new sequencer is £374k over 3years but this will be offset from the savings resultant form the aforementioned reduction in consumables.

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

- The benefits associated with the procurement of the proposed sequencer
- The revenue savings largely offsets the revenue costs associated with the new sequencer
- The risk identified should a purchase order not be issued at the earliest possible opportunity

Recommendation:

The Board are requested to:

1. **APPROVE:** the procurement of the NovaSeq X Plus sequencer at a cost of £1,115,627 inclusive of VAT subject to confirmation of the availability of the capital funding by WG.

2. **NOTE:** the limited availability of the NovaSeq X Plus sequencer and the urgency to raise the necessary purchase order to secure delivery within the current financial year.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
Putting People First **Click the objective above to view more detail.**	X	Providing Outstanding Quality **Click the objective above to view more detail.**	X
Delivering in the Right Places **Click the objective above to view more detail.**	X	Acting for the Future **Click the objective above to view more detail.**	X

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
Inability to deliver the growing demand for genomic testing
Safety: No
Financial: Yes
Increase in revenue offset by savings realized from reduced consumable costs
Workforce: No
Legal: Yes
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.
Reputational: No
Socio Economic: No
Equality and Health: Yes
Increased capacity to meet demand
Decarbonisation: Yes
Although not been specifically, new equipment installed will be more energy efficient.
Welsh Laguage:
n/a

Approval/Scrutiny Route:	

Saunders,Nathan
24/01/2025 14:23:59

Report Title:	Operation 'POET' Lessons Learned 2024			Agenda Item no.	8.1
Meeting:	UHB Board	Public	X	Meeting Date:	30.01.25
		Private			
Status *(please tick one only):*	Assurance		Approval	Information	√
Lead Executive Title:	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 provide the Board with the outcomes of the lessons learned exercise following a full site Power Outage Electrical Test (POET) which was successfully undertaken at University Hospital Llandough (UHL) on Thursday 19th September 2024 and University Hospital Wales (UHW) on Friday 18th October 2024.

In accordance with the Health Technical Memorandum guidance 06-02, it is the UHB's intention to complete the test on an annual basis, across sites, to test the resilience of the electrical infrastructure and to mitigate any significant risk to patient activity in the event of potential extensive loss of power supply to the site.

The dedicated project team, which consisted of Operational Leads for the Clinical Boards, Digital Health Intelligence, Clinical Engineering, Emergency Preparedness and Corporate Health and Safety and Capital, Estates and Facilities met on a monthly basis during the planning stages and has continued to subsequent to the main event exercises to undertake a review of key areas including:

- Planning stage - was sufficient information available, was the communication with the wider organisation and departments sufficient, were the governance arrangements appropriate
- Phased testing arrangements –
    - At UHW 18 local generator tests were undertaken, some of which impacted on critical areas. Following each of these the team considered any lessons learned which were then implemented to ensure that on each occasion the process improved all leading to the main event.
    - At UHL, regular generators tests are undertaken on a monthly basis
- The main event - reflecting on the arrangements, communication, reinstatement process etc.
- Post event – hot debrief, reflection and lessons learned and actions required

Appendix 1 & 2, details the key issues identified and the associated action / recommendation for both events, 2023 & 2024.

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

- Operation POET was successfully completed for a second year at UHW and introduced at UHL in 2024, which was also deemed a success.

- The exercise continues to provide improved knowledge of the site infrastructure for the teams involved, whilst also ensuring that the appropriate business continuity plans are in place

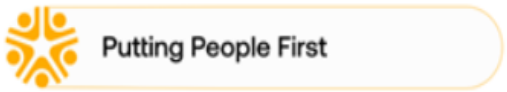
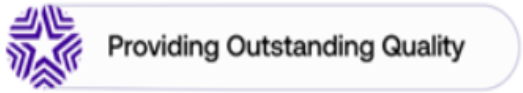
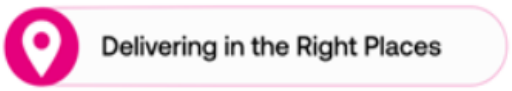
Recommendation:

The Board is requested to:

a) **NOTE:** the content of the report and the action plans available, Appendix 1 & 2, and **SUPPORT** the works necessary to address the actions / recommendations to improve resilience and minimise any impact to patients, staff and visitors, in the event of a power outage

b) **NOTE:** the continued detailed investigation and preparatory work which is undertaken to proceed with the main event

c) **NOTE:** the intention to undertake the operation POET exercise on an annual basis across all of our sites with the results reported via the appropriate governance route.

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.**		2.  **Click the objective above to view more detail.**	√
3.  **Click the objective above to view more detail.**		4.  **Click the objective above to view more detail.**	√

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

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

Impact Assessment: *Please state **yes** or **no** for each category. **If yes please provide further details.***
Risk: Yes
Risks resulting from the exercises have been added to the respective risk registers
Safety: Yes
Failure of generator back up can impact upon the ability of the UHB to deliver services
Financial: Yes
A number of the actions identified as part of the lessons learned exercise will have capital funding implications which will need to be developed
Workforce: No
Legal: Yes
Failure of our back up supplies could, in the extreme, cause harm which could bring personal claims
Reputational: Yes
Failure of our back up supplies could impact on services and prevent access by patients
Socio-Economic: No
Equality and Health: No
Decarbonisation: No

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

SLB	05.12.2024

APPENDIX 1 2023-24 Operation POET Actions / Recommendations

No.	Issue Identified	Recommendation / Action to be undertaken	Status	Owner	Anticipated completion	Comments (Constraints for delivery)
01	Tertiary Tower back up supply. The generator supporting the Tertiary Tower could not support the full load of this building	Whilst this will be addressed within the delivery of the Tertiary Tower Electrical Infrastructure Upgrade Scheme which has received All Wales Capital Funding, there is a requirement to ***develop a Business Continuity Plan for this building in the interim.***	Ongoing	Head of Discretionary Capital	**20.12.2024**	**Understanding the available electrical load** **The installation of a new generator to feed tertiary tower is ongoing and is due for completion in Q1 2025/26.**
02	Reliance on HV generator for critical services – radiology, pharmacy, critical care, CCU, Respiratory Ward, Dialysis Units.	Consider options to provide generator back-up in addition to the HV generator for critical services currently support by HV only.	Ongoing	Head of Discretionary Capital	**Q2 2025/26**	Detailed electrical design works are required to provide emergency connections points on the LV network to support the system in the event of a main HV failure. To be added to the electrical design programme for 2025.
03	Maternity - Limited essential supply sockets for medical equipment devices such as monitoring machines	Increase essential power supply to maternity services.	Feasibility	Head of Discretionary Capital	**Q2 2025/26**	Detailed electrical design works are required to ensure there is sufficient capacity on the network not to risk overloading the current system. To be added to the electrical design programme for 2025.
04	Dialysis services water supply not supported by UPS resulting in temporary loss of water supply	One or both ROs should be support by UPS.	Tendered	Head of Discretionary Capital	**Q4 2024/25**	**Scheme has been tendered, confirmation of funding source required, £96k inc. of VAT**
05	Tower Block 2 Labs - Option to provide either a local device-based UPS or CEF to supply and maintain UPS for the area.	Agreement of approach to UPS for Tower Block 2	Feasibility	Head of Discretionary Capital	**Q2 2025/26**	**Requirement to scope areas that require UPS and identify the options available**
06	Loss of neutral circuit within the BMS controls impacted on the load shedding and re-energising power at the Ward Blocks and Tower Block 1	Review and upgrade the Building Management System to ensure reliability as the current system failed and required manual intervention	Feasibility	Head of Discretionary Capital	**Q2 2025/26**	Detailed electrical design works are required to provide a replacement High Voltage load shedding and switching system. To be added to the electrical design programme for 2025.

APPENDIX 2 - 2024-25 Operation POET Actions / Recommendations

Ref.	Issue Identified	Recommendation / Action to be undertaken	Site	Owner	Anticipated completion	Comments (Constraints for delivery)
01	TDSi across sites, 'fail open' however, will require to be 'fail shut' in critical areas / areas that have a legal requirement to secure	Exercise to be undertaken with CEF & Ops to review the maintenance contract and battery replacement for specifically agreed areas.	UHW & UHL	Operational Lead UHW /UHL Head of Disc. Capital (DC)	**Dec – 2024** **Feb - 2024**	**Ops to confirm areas which require continuity of operation** **CEF to identify doors within the areas to establish scope of work required and potential solutions**
02	Identification of any service location changes since the latest main event to ensure that they are familiarised with what to expect during a power outage in that area.	Existing exploded diagram of UHW to be issued to Director of Operational Planning (DoP) DoP to review / update if required Develop drawings of UHL and issue to UHL Managing Director (MD) UHL MD to confirm services in areas Exploded diagrams of the sites to be centralised for the planning preparatory works and a review of any service location changes across both hospital sites	UHW & UHL	Head of DC DoP Head of DC UHL-MD Head of DC	**Nov-2024** **Dec-2024**	
03	Comms / Two way radio's	Improved system to be identified with the Head of security and EPRR	UHW & UHL		**Mar-2025**	**Discussion with EPRR and Security to identify areas of poor coverage.**
04	Sensor operated WC's and Scrub sinks will not operate without electricity	Sensor operated WC's to be added on essential supply	UHW & UHL	Head of Estates	**Q4 2024/25**	**Manual taps to be fitted as an alternative to sensor taps in theatres etc.** **WC's to be connected to essential circuits.**
05	RO Plant – Dialysis Water became available; however, issues were identified with the indicator light which impacted on patient activity	CEF to contact 'Baxter' to attend site and investigate	UHW	Head of Estates	**Q4 2024/25**	
06	RO Plant requires UPS	UPS to RO Plant to be prioritised	UHW		**Q4 2024/25**	**Scheme has been tendered, confirmation of funding source required, £96k inc. of VAT**

07	IT issues identified with Maternity equipment which is supported by Hub-41	UPS for Hub41 required due to the criticality of the 'Omniview' machines	UHW	Head of DC	**Q1 2025/26**	**Design, tender and funding to be included in the draft capital programme 2025/26.**
08	Potential for UPS to be added to hubs that support critical clinical system to mitigate loss	Identification of critical clinical systems that require IT and Estate response	UHW UHL	RK	**Q1 2025/26**	**RK to confirm with Ops leads the requirements**
10	Differences identified in 'change over' to HV generator and 'change back' to mains power	Load shedding control	UHW	Head of DC	**Q2 2025/26**	**CEF to review current system and develop a design proposal**
11	Main switch board breakers did not operate as expected	Review to be undertaken to establish the potential cause	UHL	Head of Estates	**Dec - 2024**	**Specialist contractors to review the switch**
12	Essential equipment on non-essential supply	Undertake a comprehensive survey of the areas with Ops, Estates, Clinical Engineering and IT	UHL	Head of Estates	**Q1 2025/26**	**Detailed site inspection of all areas to identify equipment and supplies**
12	Site wide communication channels	Improved communications strategy prior to any shutdown	UHW UHL	Director of Comms	**Ongoing**	**Improved and targeted communications to ensure maximum awareness across all areas.**
13	Requirement to undertake routine tests of the generators at UHW	Establish a plan for the routine testing of generators, on load.	UHW	Head of Estates	**Q3 2024/25**	**Plan to be agreed with Ops colleagues to minimise disruption**
14						

Report Title:	Corporate Risk Register				Agenda Item no.	8.2	
Meeting:	Board Meeting		Public	x	Meeting Date:	30 Jan 2025	
			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.

Our risk registers have traditionally been managed using an Excel spreadsheet. However, the Corporate Governance team is working to streamline and digitise this process across the Health Board by implementing a new Risk module within the AMaT (Audit Management and Tracking) system. As early adopters of this evolving module, we have had the opportunity to trial its functionality and participate in regular workshops to provide valuable feedback for system enhancements. These improvements will help create a more robust system for all Clinical Boards and Directorates.

In parallel, comprehensive project plans and implementation schedules have been developed in collaboration with the Shaping Change Team and the Medicine Clinical Board to ensure a smooth transition throughout the Health Board. Our goal is to make the transition as seamless and manageable as possible, while minimizing any impact on workloads.

Appendices:

1. Corporate Risk Register
2. Capital, Estates & Facilities (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 (BAF) 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 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.

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 January 2025 Risk Register

Board/Directorate	New risks added	Risks removed/closed
Children & Woman		3
CEF	4	4
Mental Health	2	
PCIC	2	

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards (CB) and the Corporate Directorates regarding the scoring of risk.
- The presence of risk registers in CB and Corporate planning functions e.g. Capital and Investment decisions.
- The Corporate Governance Team's 'check and challenge' of Clinical Board/Corporate Directorate candidate risks.
- The programme of education and training that is being implemented by the Corporate Governance team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.
- The Reasonable Assurance rating provided by Internal Audit for the Health Board's Risk Management processes.
- Mapping of risk across departments and directorates and aligning it to the evolving strategy and planning work.
- Imminent introduction of digitalised platform to track and manage all risks ratings providing increased awareness through dashboards and data reports

Recommendation:

The 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:

CORPORATE RISK REGISTER JAN 2025

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			
AWMGS	CRR1		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 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 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	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. 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	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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Clinical Board/ Corporate Directorate	Risk Reference	Date risk added		Initial Risk Rating				Current Risk rating				Target Risk rating					
			Risk	Consequence	Likelihood	Total	Controls	Consequence	Likelihood	Total	Actions	Consequence	Likelihood	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	CRR2	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	Mar-25	Strategy & Delivery	Capital Estates Patient Safety
	CRR3	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. Mortuary refurbishment project,commenced, planned completion time February 2025, temporary arrnagements in place 2. Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies. Accommodation rqeuest submitted to use some space vacated by Cardiff Uni 3. Put in place recommendations from internal audit of medical records storage and security 4-7.Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. Raise requests through accommodations working group 7. Engage with TRaMS project for proposed regional solution to Radiopharmacy and aspetics, progressing following recent MHRA inspection and cessation of Radiopharmaceutical production. 8. Laboratory space identified, a/w funding agreement from WG for refurbishment works required 9. Estates colleagues and external engineers need to attend site together to work through where the fault lies "	4	2	8	Mar-25	Strategy & Delivery	Capital Estates Patient Safety

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	CRR4	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	Develop plan to address shortfall in non-ionising radiation safety governance Follow up actions from inspections and assessments	5	2	10	Mar-25	QSE	Patient Safety
Children and Women	CRR5	Pre 2020	**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	20	Due to repetitive faults and requirement for refurbishment, risk rating remains at 20. Refurbishment still awaited, risk rating remains unchanged in view of this. Maintenance contract has moved to OTIS from Thyssen. Review a system to best instigate a method for calling lifts for high risk patients which would have to be controlled by the Estates function. Conduct a 24-hour walk-through survey of lift operations to determine any specific times when certain tasks are more likely to be undertaken such as waste management or housekeeping (Action: Estates team) Continue to be escalated to Clinical Board.The contractor has been instructed and they are mobilising (ordering equipment etc) with a view to start on site in March (providing lift 7 is sorted)/ tertiary tower so always 2 lifts in action. The installation will take 3 months for lifts 8 install. 1 month settle period for lift to bed in.The 3 month install of lift 9. Initial risk rating increased in view of recent incident where all lifts were out of action. Estates now send SLT lift report daily. Lift 73 was back in action but is now out of action again. Risk initially reduced from 25 as no lifts out of action with 3/4 working consistently within the last month. Additional DATIX due to staff lift entrapment - no harm caused. Refurbishment commenced on Lift 9 w/c 30th September 2024 Lift Failure SOP available via WISDOM	5	2	10	Monthly	Finance and Delivery Quality, Safety and Experience	Patient Safety Maternity Capital Assets
	CRR8	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
	CRR9	14/11/2023	**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
	CRR10	13/02/2024	**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. 6. Paper-based clinic record in Abortion care: A) abortion is a criminal offence unless carried out within the 1967 abortion act: two separate doctors must sign abortion document (HSA1). B) Most abortion service data kept on S-Drive in conventional EXCEL files - C) Records kept in CRI. D) Records shipped between CRI and UHW for in-patient treatment. E) Statutory duty to report each abortion treatment to DHSS via online HSA4 within two weeks 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. 3. close collaboration with Emergency Gynae team for managing complications 4. hand-checking of records entered 5. referral to BPAS in case of delay into second trimester 6. e-mails and phone calls from either end to ensure receipt of paper files across sites (not working after 4 pm) 7. overtime paid to admin staff to catch up with HSA4 report	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. New USS ordered and received- in view of requirement to perform USS for all reasonable cases, concerns raised by staff regarding capacity. Reduced DATIX for ruptured ectopics observed. There is a newly appointed Lead Consultant for PAS service, additional clinic frequency awaited, no update regarding PAS movement. PST aware of challenges associated with OG24. HM to send PAS Service Risk Assessment to Obstetric Consultant for PAS. PARIS training not proceeding due to challenges associated with wide-spread training.	4	1	4	Monthly	Quality, Safety & Experience	Planned Care Patient Safety Maternity Wellbeing of Staff
	CRR12	01/03/2024	**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

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				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
	CRR13	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	
	CRR14	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	
	CRR15	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	
	CRR16	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	CRR17	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	CRR18	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 milti-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
	CRR19	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 revised deficit of £9.1m.	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
ne	CRR20		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
	CRR21		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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Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Medicine	CRR22		**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
	CRR23		**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	CRR24	17/08/2023	Severe High Risk Eating Disorders getting timely access to inpatient beds for refeeding or medical stabilisation	4	5	20	SHED sesrvice working with this group and escalating concerns	4	5	20	Escalated to COO	4	2	8	1.01.2024	Quality Safety and Experience	Patient Safety
	CRR25	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. 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.	5	4	20	Escalated to COO	5	2	10	1.01.2024	Health & Safety	Patient Safety
	CRR26		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		4	5	20	Transfer unit to UHL site is ideal solution	4	1	4	1.01.2025	Health & Safety	Health and Safety
	CRR27		Currently there is CCTV in Hafan y Coed and Llanfair, however, this can only be accessed through central security at present which leaves ward staff unable to observe blindspots, who is at the front door and observe areas at higher risk of incident and fire. This puts staff and patients at risk of incidents of harm and delayed emergency responses.	5	5	25	1.Staff to supervise patients who needs support with personal care. 2.Staff to report any issues to Estate in relation to water temperature 3.Escalate to senior management as appropriate 4.Estates ordering replacement TMV's and will replace as to liaise with maintenance company	5	5	25	1.More permanent fix for temperature regulating system 2.Replacement Pressurised Unit fitted 3.Contractors to carry out regular maintenance and fixes on regular agreed schedule	2	2	4	8.1.24	Health & Safety	Health and Safety
	CRR59	10/09/2024	A broken pressurised unit in Hafan y Coed- will affect water flow on occasions, as well as underfloor heating. A replacement has been ordered with no confirmed lead time. In addition, there is a risk of superficial burns as a result of faulty thermostatic mixing valves (TMV's) across the site. The valves basically mix hot water with cold water to ensure safe shower and bath water temperatures, and prevent scalding. These are supposed to shut off rapidly, but in some areas of HYC, these have been failing. There is a contract with an external company to maintain the valves, and conversations are taking place between Estates leads and them to look at why this hasn't been done recently. In the meantime, all water issues are being reported, but there is still a high risk of water temperature fluctuating from high temperature to cold water or vice versa even if running the shower for a period of time. There are days where there is no hot water available for patients to have a shower or to meet their personal care needs due to the broken pressurised unit,	5	5	25	1.Staff to supervise patients who needs support with personal care. 2.Staff to report any issues to Estate in relation to water temperature 3.Escalate to senior management as appropriate 4.Estates ordering replacement TMV's and will replace as to liaise with maintenance company	5	5	25	1.More permanent fix for temperature regulating system 2.Replacement Pressurised Unit fitted 3.Contractors to carry out regular maintenance and fixes on regular agreed schedule	2	2	4	8.1.24	Health & Safety	Health and Safety
	CRR60	25/03/2024	Security- risk of serious incidents due to inadequate security on Hafan Y Coed site. The front doors to the unit can be forced open, police changes in procedure with Right Care Right Person mean that staff may be left with highly agitated patients brought in on Section 136 without police presence remaining, no CCTV outside of security to monitor corridors.	5	5	25	1 - Cardiff and Vale UHB Security off site. 2 - HYC CCTV can be viewed centrally by Security. 3 - Emergency response system (pinpoint/emergency responders/Vocera). 4 - Ferrous metal scanning devices. 5 - Vexatious visitor's policy. 6. SIMA team for advice and traiing during daytime hours only. 7. Secure lobbies. 8. Perimeter fencing. 9. Shift Coordinator on site. Significant gaps in controls: less than 50% of staff SIMA trained at last review September 2023, inconsistent security respsonse, Shift Coordinartor can only provide individual capacity to respond. Electronic systems have potential to fail. Inconsistent use of ferrous scanners, blanket scanning cannot be used, staff vulnerable in locked lobby with scanner and patient. No coverage of gardens for PinPoint system. Ward intercoms not working. Keys missing from Trakka system.	5	5	25	1. Costed Security provision for Hafan Y Coed. 2. Exploring front door solution with Estates, interrim solution not working as doors have been forced open. 3. CCTV solution being requested. Option to explore security by night only as some daytime mitigation in place. Exploring whether all traffic of staff and patients through single entry point in Hafan Y Coed.	3	4	12	8.1.24	Health & Safety	Health and Safety

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PCIC	CRR28	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 11.12.24 No update to narrative Remains on Vale RR with former narrative Also on Community Pharmacy RR.	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
	CRR29	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. UPDATE 12.06.2024 - no update to narrative. UPDATE 14.08.2024 - no update to narrative. Is this consolidated with the overall workforce risk? 17.10.2024 No update to narrative. Showing on Vale RR?? 11.12.24 No update to narrative.	5	5	25	Senior management colleagues are working clinically. Clinicians are being drawn from the in-house mental health, substance misuse and pharmacy teams to support the administration of medication. Efforts to recruit to vacant posts are ongoing. A recruitment event was recently held. Agency nurses have been utilised. Pharmacy Technicians have been recruited to dispense medication. Overtime payments are offered to staff. Regular support is being provided by PPDNs to train and support new staff.	5	**4**	**20**	Continue efforts to recruit nursing staff. Explore further skill mix options to diversify workforce.	5	3	**15**	Jan-25	Quality Safety and Experience	Patient Safety
	CRR30	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. 11.12.2024 Actions updated.	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 Trial 3 month rota with 12 hour shifts as requested by and agreed with staff	5	2	**10**	Nov-24	Quality Safety and Experience	Patient Safety
	CRR31	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 Updated 11.12.2024	4	5	20	1 Service specific contingency plans being developed for how or if they will be able to deliver their clinics and communicate with practices with respect to patient care in the absence of a viable alternative within the required timescale e.g. call centre, MS forms solution. This will lead to fewer patients being seen, though the extent of the reduction cannot be quantified at this stage, but will at least provide some level of continuity of service. 2 Proactive liaison is taking place with 'BlackPear' to procure/commission a web-based solution which will allow services to be able to view and write back into GP based patient record systems 3 Engagement with the UHB's M365 Team to explore a local solution to allow GP practices to link to services to book into cluster-based clinics. Options to bolster this team with specialist external consultancy resources are being explored given the very short timescales. 4 Engagement with DCHW Centre of Excellence Team to explore options for the development of a viable 'Power app' solution to allow GP practices to link to services to book into cluster-based clinics.	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 02Jan2025 Update: Funding identified from existing Vision contract as part of MSK/PCLS funding model, top up required which will need to be budgeted for from April 2025. Support requested from Strategic Programme Team for Primary Care on any funding slippage which could be utilised to support CAV as a pathfinder for this solution across Wales. Viable solution developed via M365 Power App, however technical support is needed from Centre of Excellence Team at DHCW to support implementation/roll out. This has been escalated to DHCW, bwith a disucssion planned for 06/01. To maintain some access to PCLS/MSK services for Primary Care an interim booking solution via a shared excel spreadsheet will be needed, and may limit accessibility to clinics to cetain EMIS practice sites for w/c 06/01. Successful intgeration between Black Pear and EMIS Practice initiated, tested and accepted. Integration with Vision practices outstanding - Test to be requested 03/01. Deployment of full solution planned for w/c 13/01, but this is subject to receiving support from DHCW.	4	2	**8**			

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	CRR61	01/05/2019	**GMS Sustainability** **(Risk reviewed and updated from June 2024; risk score increased December 2024)** Risk: Concerns around GMS sustainability will result in GP contractors considering whether they can continue to deliver their contract. Due to: - Recruitment and retention of staff - Perceived increase in workload - Condition and size of GP premises, and security of ownership or tenure of GP premises. - Perceived lack of investment in GMS Resulting in; - Increased demand on remaining contractors will also adversely impact on patient access by making waiting times longer, place increased demand on telephone lines, etc. - GPs making decisions to cap activity a ""safe operating levels"" resulting in risk of patient harm and subsequent risk of increased demand on unscheduled services e.g. A&E and OOH services if people can't register with or access GMS services. - Potential hand back of contracts To ensure the provision of general medical services, the Health Board may decide to disperse lists (hence putting pressure on neighbouring practices), or takes over the direct management of services (with an impact on increased finances and also on patient care). The primary care team could potentially be dealing with a number of terminations at one time which impacts on the capacity of the current team to support effectively.	5	4	20	1. Opportunities for practices to discuss potential issues or concerns with CDs for Primary Care Improvement. 2. Practice Nurse Trainee Scheme offering support to nurses moving from secondary to primary care or as a first career choice 3. Development of CAVGP – website supporting GP recruitment. 4. Workforce data established to provide a baseline and ability to track changes moving forward. 5. 3 stage model for practice intervention - diagnostic, evaluation, improvement implementation. 6. Practice have ongoing access to funds to support additional capacity initiatives in practice, i.e. recruitment to posts to provide service resilience. 7. Compendium of practice resources developed to support recruitment and retention, patient management, communications, care navigation, etc. 8. Email sent to contractors emphasising support and discussion available from the Primary CareTeam (although noting that the Health Board cannot influence negotiations) 9. National Escalation Process in place to pre-empt struggling practices 10.Vacant Practice Process in place 11.GMS performance dashboard reviewed regularly and locality structure in place to understand detail/be proactive/maintain close relationships relating to practices and escalation through OPM as appropriate 12.Financial support for practice mergers/list dispersal	5	**4**	**20**	1. Continue to consider risks and potential solutions with LMC and other stakeholders. 2. Maximise funding opportunities where presented. 3. To explore additional resources required to improve the added value of health board support to practices 4. Continue to explore opportunity to fund practices who take on significant list growth in short space of time (pump priming). 5.Review of GMS Escalation Framework completed 6.Continued improvement of GMS Dashboard and data sources including prioritisation of red flag practices 7. Review offer of support to practicee and improved information support 8. Ensure visiblity of escalation issues at Exec level and presentation of activity data"	4	2	**8**	Jan-25	Q&S experience Strategy and Delivery	
	CRR62	27.11.23	**MVC Accommodation** Vaccination programme is run out of 3 sites, 2 being temporary Cardiff sites (Barry Hospital - permanent, Maelfa wellbeing hub - temporary and Rookwood Hospital - temporary). If: Alternative sites, of similar capacity and access, cannot be identified Then: There is a risk that the service will not be able to function under its current delivery model for the Spring 2024 Booster Programme or WRVP 2024/25. Resulting in: Failure to meet national performance targets Revenue pressure if an alternative delivery model requires additional workforce or Primary Care delivery Reduced equity of access across the UHB population Failure to retain current, skilled workforce that are contracted to work at specific MVCs UPDATED 14.08.2024 18.10.2024 No update to narrative 11.12.2024 no update to narrative	4	5	20	1. Maelfa MVC stood down December 2023, to be stepped up as a pop up model 2. Good communication with People & Culture Team and NHS Delivery Unit 3. Proactive & Effective planning by SMT	4	**5**	20	1. Establish Recommissioning Group to include Estates, Planning & Finance 2. Identify alternative delivery site that offer same/similar capacity in similar location 3. Continue delivery of Spring booster and plan for autumn assuming Rookwood is operational 4. Engage People & Culture re Organisation Change/ Change of Base of Workforce	4	2	**8**	May-24	PCIC QS&E	
	CRR32	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	25	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.	1	1	**1**	Apr-24	Quality, Safety and Experience and People and Culture	Patient Safety Staff Wellbeing Workforce Critical Care
	CRR33	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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	CRR34	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
	CRR35	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
	CRR36	27/08/2021	**Neurosciences** High level of registered nursing vacancies which potentially will risk sustainability and provision of services	4	5	20	Several active recruitment 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
	CRR37	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
	CRR38	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
	CRR39	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
	CRR40	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
	CRR41	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
	CRR42	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
	CRR43	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
	CRR44	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
Services	CRR45	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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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			
Specialist S	CRR46	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	20	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			
	CRR47	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	
	CRR48	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	MTC DMT to chase response by w/e 6th May 2022. Meeting with MTS and Neurosurgery 07/22 and then further meeting facilitated by Medical Director 08/22. 01/06/23 ED have submitted BC for X6 additional trolley spaces for CDU.	2	2	4	Monthly		
	CRR49	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 rotational 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		
	CRR50	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	
	CRR51	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			
	CRR52	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	
	CRR53	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	
	CRR54	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	
	CRR55	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	
	CRR56	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			
	CRR57	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	
	CRR58	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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Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Initial Risk Rating: Consequence	Likelihood	Total	Controls	Assurances	Current Risk rating: Consequence	Likelihood	Total	Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating: Consequence	Likelihood	Total	Date of next review
Major Capital																					
None at Present																					
Capital Property																					
None at Present																					
Capital PFI																					
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
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

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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
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																					
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

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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
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
Estates 93	UHW	LV Substation 2A	**Risk/Issue:** Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through Gaps in control – Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Failure to provide on distribution strategies standby generators resilience of N+1 automatically Switch Panelboard in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2	GW	5	4	20	None Specified	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 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	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	

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Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total	
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	
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) Known outstations failures have increased due to the start-up of heating session instigation across	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 F	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	5	4	20	None specified	None specified		Jody Shepperd		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	

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					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total	
Estates _149	CRI	02/12/2024	Risk/Issue:The boilers in Main plantroom CRI are suffered from high levels of corroding, the leak was suspected to be from rain water. Upon investigation the general opinion from X2 contractors was that this is due to compromised gaskets in the double skin of the flue itself. The boilers are set at 72, but running at 82, with a question mark around the speeds being too high resulting in damaging the joints with the temp being too high hardening them over time causing them to be compromised. The leak on the flue is also a concern for the offering of a source of combustion in the plantroom. (Due to fears around the integrity of the flue). The Report has been submitted to Dis/Capital around the cause and recommendations required to put it right. .		4	5	20	Leak diversion set up	The only assurance that can be offered is protecting the boilers as best as we can. Without significant investment the issue will remain. The recommendations are to have them changed and the flue replaced.	4	5	20	None specified	None specified		Tom Gerrett		4	1	4	
Estates _150	UHL	02/12/2024	Risk/Issue:The pipework supplying the cold-water feed for theatres, Spinal, Cavoc. The pipework on 54mm appears to be pin holed possibly in multiple areas, we are unable to strip the lagging investigate further due to the number of leaks with potentially some 20+ meters needing stripping in the ramp adjacent to the canteen and workshops. The lagging would then constitute licensed removal with substantial cost and probability the old pipework is heavily rotten anyway.		4	5	20	A cost is raised and we are awaiting authorisation from senior management on the bypassing work at the far end of the duct. The diversion of the leaks is only a temporary measure and obviously in the long term this is a significant risk to operation of llandough theatres, cavoc and spinal.	The only assurance is a temporary bypass to keep the areas above mentioned operating, and a long-term plan to replace some 200M of 54mm pipework.	4	5	20	The bypass is only seen as option to buy us time in how we wish to proceed and should not be seen as a suitable alternative in the long-term.	Potential loss of the areas mentioned due to failure on the cold-water feed.		Tom Gerrett		4	1	4	
Critical Risk Project																					

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2		**UHW** 20/11/2023	**Issue: High voltage load shedding equipment** **Risk/Potential Impact :** •The system relies on external data from the building management system which is now old and newer systems available •The system age is now not compatible with latest BMS installed •Failure of the system could result in no power being distributed to site. •Failure could result in overload of generator and no power available •External parts could fail and not work correctly causing loss of power •There is only one system no N+1 •No simple override system •Only know it's working when required to do so •Only Authorised people high voltage (APs) able to remedy		5	5	25	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system.		5	5	25			•Upgrade existing system and associated equipment to latest standard •Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure •Look at simple override function (remote switching) •Possibly move away from BMS control and move to independent system			5	1	5	
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 •Treated water (chlorine dioxide) not supplied in event of total failure •Labour intensive to resolve		5	4	20	•N+1 installed one can supply the site •Contractors usually effect repair within 2 days •Pipes separated for most of run minimizing accidental damage, or subsidence. •+1 installed within 20 years •Alternative supply available in LGF (untreated)		5	4	20			•Plan to replace original pipe with modern materials and jointing techniques. •Look at secondary riser either full bore or emergency capacity. •Look at life cycle of +1 and plan replacement			4	1	4	

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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	

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50		**UHW** 01/12/2024	**Issue:** 2 cold/hot water storage tanks **Risk/Potential Impact:** •Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1. •Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance. •Tanks serve both services hot and cold any issues result in both services being affected. •Tanks 24 years old life expectancy is 25 years •Tanks physically joined together and not wholly independent. •Access ladder non-compliant		5	4	20	•Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system. •2 tanks normally available for resilience.		5	4	20			•Replacement of tanks completely to current standards. •Two independent tanks fitted of the correct size and in line with today's standards •Ensure access ladder upgraded			4	1	4	
79		**UHB** 04/12/2024	**Issue**: Cast Iron above ground drainage pipes **Risk/Potentional Issue**: •Due to age leaks due to cracking have occurred. •Sewerage outfall at failure of pipes causing disruption to departments. •Internal bore restricted causing blockages •Damage to equipment and departments •Expensive repairs and clean ups to revenue budget		5	4	20	•Replacement program for main ward blocks •Repairs can be carried out at point of failure		5	4	20			•Conduct conditional survey and highlight areas in need of replacement in priority order. •Extend replacement program to cover essential areas or problematic areas by priority.			4	1	4	
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 •Installation does not allow for easy testing by pharmacist. •Old plant uneconomical to run electrically		5	4	20	•Unable to mitigate against non-compliance •Maintenance contract in place for repairs to plant		5	4	20			•Remove plant completely when new A&E med air plant installed and rationalize pipework and distribution supply pipe work			4	1	4	

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					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total	
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																					Bi Monthly
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	Bi Monthly
M29		Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. **Impact:** Not compliant	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
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

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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	
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	
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	

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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																					
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	
E17			Risk/issue:Reliance on HV generator for critical services		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 installation of secondary LV generators to essential loads	5	4	20	Redesign of the electrical infrastructure required to improve reliability and resilience	none	Bid to WG for funding under EFAB scheme or BJC funding for 2025	Senior Electrical engineer	01-Dec-25	5	1	5	
Asbestos																					
None at Present																					
Assurance and Compliance																					
None at Present																					

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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	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	
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	Bi Monthly
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	
19		Saunders,Nathan 24/01/2025 14:23:59	**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	

CEF - CORPORATE RISK REGISTER JAN 2025

					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
20			**Risk/Issue UHW CHP Plant** current O and M contract with Clarke Energy will expire in April 2025. Current CHP plant has exceeded 90,000 run hours requiring major overhaul / upgrade or plant replacment. As the CHP plant provides significant revenue savings and forms a significant element of the heating and electricity infrastructure, plant failure will result in operational difficulties. Current contract states that plant failure risk lies with the UHB	GW	5	4	20	Current O and M contract is in place until April 2025. 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	CHP plant upgrade/replacement is required.	CHP Plant upgrade/replacement is required	Discussions are in progress with Clarke Energy regarding future options. Paper has been prepared detailing available options. If preferred option not progressed then an intermediate plant upgrade, service and other works will reduce operational risk. EstImated cost of these works is £1.1 million inc VAT.	Head of Energy and Performance/ Head of Discretionary Capital & Compliance/ Head of Facilities	Ongoing	4	4	16	

Report Title:	Board Self-Assessment			Agenda Item no.	8.3
Meeting:	Board	Public	X	Meeting Date:	30.01.25
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

Standing Orders articulates good practice with regard to Board self-assessment and evaluation and the requirement therein for such a process.

There is an architecture within and around the Board and Committees that facilitates this practice as part of business as usual. Examples of this include:

- there is a standing agenda item on each Board and Committee agenda that seeks feedback on the conduct of the meeting and the wider purview of the forum and encourages feedback both within and outside of the meeting;

- the Chair holds monthly Independent Member (IM) information meetings where there is an opportunity for the IMs to discuss the conduct of their business as well as take the opportunity to invite Officer or other attendees where it is felt a deeper exploration of a matter would be helpful;

- the Chair also holds a meeting with the IMs and Director of Corporate Governance (DCG) one or 2 days prior to each Board meeting where there is the opportunity to reflect on the needs of the Board environment and coordinate or explore matters contained within the upcoming agenda and potentially beyond;

- Committee Chairs have standing meetings with their lead Executives or Strategic Portfolio Executives where they will also engage in a critical review of the conduct and content of the Committee meetings and seek advice, training, additional information, deeper dives, or any other future agenda items as required to ensure the proper and effective running of the Committee;

- Corporate Governance Officers will act in support of their respective Committee Chairs as required for the improvement of the meetings and the broader conduct of Board and Committee business;

- the Chair has weekly 1-1 meetings with the CEO and the DCG which provides an opportunity to reflect on Board effectiveness as required;

- additionally, the Chair meets with other Executives where the same opportunity arises;

- finally, Board Development sessions provide an opportunity to discuss and review the conduct of Board business at each meeting.

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

In addition to the Standing Orders requirement for self-assessment and evaluation, the Board have a longstanding intent that their activity should go beyond self-assessment and that there should be dedicated sessions given to investing in themselves as individuals, as a team, and with the improvement of both.

Accordingly, the June and December Board meetings are ring-fenced not only to self-assessment but to that wider improvement activity.

In December 2023, a session was conducted to enable the Board to compare and contrast its conduct and culture with examples from other similar organisations, taking this comparative work and then focusing internally and enabling Members to engage with each other in order to identify strengths and weakness in their interaction and collective performance.

In June 2024, the session dealt with the structure and purpose of the Committees, using the Board Assurance Framework as a conduit for linking that discussion to the strategy, and then spent time developing a better understanding of individual resilience and the optimum point of resilience and stretch that produces the best performance.

December 2024 continued to build on this base of resilience and the Board conducted a Workplace Resilience and Wellbeing assessment that provided a perspective to each individual but for the purpose of the session on the collective standing of the Board as a team, using comparative data with high functioning, large, complex and successful organisations and Boards to assist in the process of self-assessment.

This report is submitted as a means of capturing as a matter of record the methodology to the Board's self-assessment and evaluation and, crucially, development work throughout the year.

Recommendation:

The Board is requested to:

- **Note** the description of the Board Self-Assessment process as a fair reflection of the intent and content of its activities.
-

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):*	
	Board Only