

Public Finance & Performance Committee Meeting

Wed 19 April 2023, 14:00 - 16:00

Agenda

1. Standing Items

Michael Imperato

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes:

1.4.1. Strategy and Delivery meeting – 14th March 2023

 1.4.1 Public SD Minutes March.pdf (13 pages)

1.4.2. Finance Committee meeting – 22nd March 2023

1.5. Action logs:

1.5.1. Following the Strategy and Delivery meeting held on 14th March 2023

 1.5.1 Public SD Action Log.pdf (2 pages)

1.5.2. Following the Finance meeting held on 22nd March 2023

1.6. Chair's Actions since previous meeting

2. Items for Review and Assurance

2.1. Financial Report – Month 12

Catherine Phillips Robert Mahoney

 2.1 Finance Position Report for Month 12.pdf (8 pages)

2.2. Unforeseen Cost Pressures Lessons Learnt Exercise

Catherine Phillips Robert Mahoney

2.3. Finance Committee Self Effectiveness Survey

James Quance

 2.3 Committee Effective Survery Cover Report.pdf (3 pages)

 2.3a ANNUAL_BOARD_EFFECTIVENESS_SURVEY_FINANCE(2).pdf (7 pages)

2.4. Key Operational Performance Indicators Report

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Paul Bostock

📄 2.4 Key Operational Performance Indicators.pdf (11 pages)

2.5. Integrated Performance Report

Executives

📄 2.5 Integrated Performance Report April 2023.pdf (35 pages)

3. Items for Approval / Ratification

3.1. Finance and Performance Committee Terms of Reference and Workplan 2023-24

James Quance

📄 3.1 Finance & Performance Committee – Draft Terms of Reference and Workplan.pdf (3 pages)

📄 3.1a Finance and Performance Committee Terms of Reference.pdf (7 pages)

📄 3.1b Finance and Performance Draft Workplan 202324.pdf (1 pages)

4. Items for Information and Noting

No items

5. Agenda for Private Finance and Performance Committee Meeting

5.1. Approval of Private Strategy and Delivery Committee Minutes – 14.3.2023

5.2. Approval of Private Finance Committee Minutes – 22.3.2023

5.3. IMTP Financial Plan Update (Confidential discussion)

6. AOB

7. Review and Final Closure

7.1. Items to be deferred to Board / Committee

7.2. Date, time and venue of the next Committee meeting:

Wednesday 17th May 2023 at 2pm via MS Teams

8. 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]

Saunders-Nathan
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**Unconfirmed Minutes of the Public Strategy and Delivery Committee Meeting
Held On 14th March 2023 at 09:00am
Via MS Teams**

Chair:		
Michael Imperato	MI	Independent Member – Legal/ Committee Chair
Present:		
Rhian Thomas	RT	Independent Member - Capital & Estates
Sara Moseley	SM	Independent Member - Third Sector
In Attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Ceri Phillips	CP	Vice Chair of the UHB
Jason Roberts	JR	Executive Director of Nursing
Rachel Gidman	RG	Executive Director of People and Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Ed Hunt	ED	Programme Director – Redevelopment
James Quance	JQ	Interim Director of Corporate Governance
Richard Skone	RS	Critical Care Consultant
Andrew Hall	AH	Performance and Planning Manager
Mitchell Jones	MJ	Equity & Inclusion Senior Manager
Observers:		
Timothy Davies	TD	Head of Corporate Business
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Meriel Jenney	MJ	Executive Medical Director
Lianne Morse	LM	Assistant Director of Workforce
Paul Bostock	PO	Chief Operating Officer

Item No	Agenda Item	Action
S&D 14/03/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 14/03/002	Apologies for Absence Apologies for absence were noted.	
S&D 14/03/003	Declarations of Interest There were no Declarations of Interest.	
S&D 14/03/004	Minutes of the Meeting Held on 24 January 2023 The minutes of the Committee meeting held on 24 January 2023 were received.	

	<p>The Executive Director of People and Culture (EDPC) commented that she would like to make changes to page 6. She would send the amendments to the Corporate Governance team.</p> <p>The Independent Member – Third Sector (IMTS) requested information on the Stroke situation.</p> <p>The Performance and Planning Manager (PPM) responded that he would provide an update on that within the operational update later in the meeting.</p> <p>The Executive Director of Strategic Planning (EDSP) requested that the fourth bullet point on page 7 should read “The recommendations from the Kings Fund Report would allow the Health Board to continue to further integrate across health and social care and work more closely with the third sector.”</p> <p>The Executive Director of Public Health (EDPH) requested that page 8 was amended to “The report was commissioned to find scrutiny of the status of the Health Board with regards to prevention, early intervention and strengthened integrated social care.”</p> <p>The Committee resolved that:</p> <p>a) Pending the above amendments, the minutes of the Committee meeting held on 24 January 2023, were approved as a true and accurate record of the meeting.</p>	
<p>S&D 14/03/005</p>	<p>Action Log following the Meeting held on 24 January 2023</p> <p>The Action Log was received.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 24 January 2023 was noted.</p>	
<p>S&D 14/03/006</p>	<p>Chairs Action</p> <p>There were no Chairs Action taken.</p>	
<p>Items for Review and Assurance</p>		
<p>S&D 14/03/007</p> <p style="transform: rotate(-45deg); font-size: small; opacity: 0.5;">Saunders, Nathan 17/04/2023 14:10:50</p>	<p>Shaping Our Future Wellbeing Strategy</p> <p>2.1.1 – Strategic Portfolio Update</p> <p>The EDSP presented the Strategic Portfolio Update and highlighted the following:</p> <ul style="list-style-type: none"> • The flash reports were reviewed by the Management Executive Strategic Meeting a few weeks ago. • The Shaping Our Future Population Health had a green status. • The Shaping Our Future Community Services also had a green status. The activities were being completed in a timely manner. 	

- The Shaping Our Future Clinical Services had an amber status. Due to capacity issues, the programme had been reshaped. Additional resource had been requested to prepare the Strategic Outline Case for submission to Welsh Government (WG).
 - The Shaping our Future Hospitals had an Amber status.
- The Minister wanted to be assured of the clinical models described in the programme business cases.
 - It had been discovered that a hospital programme would take a long time to deliver and running a Clinical services plan alongside it was appropriate. The challenge would be making sure that it was flexible because things could change.
 - The Minister had received advice on the request for resources.
 - The Strategic Planning team was preparing to develop an Outline Strategic Case and was going to tender for a strategic partner who would work all the way through the programme.
 - Since the Programme Business Case had been completed, interest rates had gone up. However, the funding aspect was a WG issue.
- The EDSP advised that the Health Board would need to think about strategy programmes that would drive longer term strategy delivery and consider operating models during the Strategy refresh.

The IMTS queried the link between the Shaping Our Future Clinical Services and the new hospital. A lack of clarity was identified which caused confusion and there seemed to be a lack of engagement with the programme. The IMTS stated that was concerning and requested assurance that more attention would be given to that.

The EDSP responded that she would bring an update to the Board Development session and would work with the Interim Director of Corporate Governance (IDCG) and the UHB Chair to attend to that.

The EDSP added that she was hoping to receive a positive response from the Minister. She had agreed a series of workshops with Clinicians to shape the plan with the Chief Operating Officer (COO) and the Executive Medical Director (EMD). A programme which would include the work done to date by Grant Thornton, had been agreed. There had also been learning from national pieces of work that had been completed.

2.1.2 - Strategy Refresh Update

The EDSP presented the Strategy Refresh Update and highlighted the following:

- The update was written a few weeks ago and was therefore slightly out of date.
- The Strategic Planning team was working towards a launch date to coincide with the Health Board's Annual General Meeting.
- The engagement process was currently a month behind.

EDSP/IDCG

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	<ul style="list-style-type: none"> • A number of online staff events had been completed. The feedback was instantaneous and anonymous. • The CEO and the Deputy Director of Planning (DDP) had completed a staff session in UHL and another session was completed at UHW. • A series of public sessions had also been completed. • The Strategy refresh would need to take account of the feedback contained in the 400 completed surveys received. An analysis of the data would also need to be completed. <p>The Independent Member - Capital & Estates (IMCE) queried what role the Youth Forum played. The IMCE also queried how the volunteers and staff network groups were being included in the Strategy refresh.</p> <p>The EDSP responded that her team was small and she would expect others to cascade the Strategy refresh out to their staff and other key groups. She also hoped that the networks were having the relevant conversations. The EDSP added that funding was provided to the Third Sector to allow engagement with groups in the community. A range of sessions had been held and the feedback had now been received.</p> <p>The UHB Vice Chair commented that he sat on the working group for the Strategy refresh and the Strategic Planning team had done a really good job, considering the constraints. The working group had highlighted new groups to reach out to and the process had been rigorous. He added that a lot of good work had been completed under the radar.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The progress and risks described in the Strategic Portfolio Flash Report were noted. b) The progress and risks described above and the proposed Strategy Launch date of 18th July 2023 subject to formal Board approval at 27th July Board meeting, were noted. 	
<p>S&D 14/03/008</p> <p style="transform: rotate(-45deg); font-size: small;">Saunders, Nathan 17/04/2023 14:10:50</p>	<p>Key Workforce Performance Indicators</p> <p>The EDPC presented the Key Workforce Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • The People and Culture team (the P&C team) would be maturing the data to highlight both the Health Board and Clinical Boards' KPIs. • The team was still focusing on benchmarking against larger Health Trusts nationally. • There had been a slight reduction in turnover rates. The current rate was 13%. The ideal turnover rate was 7-9%. The team was obtaining the themes that had arisen from the exit and starter questionnaires. • Turnover rates had risen for all of the Clinical Boards in the last year, with the exception of Capital, Estates & Facilities (CEF), 	

where the rate had fallen from 15.19% in January 2022 to 14.49% in January 2023.

- The P&C team have supported Value Based Appraisals (VBAs). A meeting had taken place with the Head of Capital Planning to discuss KPIs..
- The PCIC turnover rates had fallen from 28.44% to 23.12%. There had been a lot of fixed term contracts as a result of the Mass Vaccinations Programme. There would be a new redeployment model going forward which meant that all roles would not be retained. The P&C team was actively helping individuals regarding their choices for redeployment.
- The District Nursing turnover rates was at 16%. A reason for that was that a lot of the workforce were from an aging cohort.
- The turnover rate was improving in the Specialist and Mental Health Clinical Boards. It had decreased by 1%. Those Clinical Boards were not in the “green area”, but there was a focus to help and support them in those areas.
- Sickness absence rates remained high. All areas had seen a significant reduction between December and January. Since the papers were published, the sickness rates have come down even further to 5.8%.
- There had been conversations with Clinical Boards regarding performance reviews/ trajectories in relation to sickness rates and VBAs.
- Clinical boards had been asked to get to 60% by the end of March and to hit a target of 85% by June. CEP had reached 74.2% already. CD&T was at 65% and PCIC was at 59%.
- The EDPC advised that it was mainly about checking in and having conversations with employees rather than the exercise.
- There was a real focus on achieving statutory and mandatory training. The compliance rate had risen to 76.06% in January 2023 which was 8.94% below the overall target.

The IMTS queried the hotspot areas which were problematic and the reasons for that. The IMTS also queried whether different roles and grades within the organisation made a difference.

The EDPC responded that the P&C team was working with PCIC to complete a deep dive. The data would be brought back to the new People and Culture Committee..

The EDPH added that a number of high-grade vaccination staff were made permanent. A number of lower grade staff were not made permanent. A proposal for health protection services had gone to the Investment Group and the Senior Leadership Board (SLB) to create a permanent sustainable model.

The EDPH added that there would be more stability going forward. Her team was going through the process to ensure that all staff in mass vaccination centres, including lower banded staff, were made permanent.

EDPC

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	<p>The Vice UHB Chair commented that the variable pay trend seemed to be static. The paper stated there was a reduction in Corporate areas and PCIC which implied that other Clinical Boards were seeing an increase. He queried whether that could be attributed to the turnover and sickness issues or were there other factors.</p> <p>The EDPC responded that a piece of work was being completed with each Clinical Board to reduce the requirement for agency and locum staff and to increase workforce sustainability. The EDPC added that there was a workforce efficiency group in place.</p> <p>The EDPC added that the P&C team had carried out some benchmarking in relation to staff wellbeing. The P&C team had found that a traditional method of using Counsellors and lower level practitioners to support staff was used pre-pandemic. That structure would be kept through the wellbeing service.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report were discussed and noted.</p>	
<p>14/03/009</p>	<p>Key Operational Performance Indicators</p> <p>The PPM presented the Key Operational Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • In February, there had been a small drop in attendances. • There were improvements in the 12-hour breaches and the 4-hour compliance performance. • There were still pressures in high occupancy and delayed discharges. That had continued to be monitored and the Winter Plan was still progressing to address discharges and additional beds. • The number of ambulance handovers more than 4 hours had reduced from 230 in September to 33 in December and 12 in January. • There had been a small improvement in the fractured neck of femur admissions. In December 2022, 1.7% of patients were admitted to a specialist ward with a nerve block within 4 hours. • Since the last meeting, there was a summit with the surgery team and Emergency Unit (EU) team to improve that pathway. • In December, 59.2% of patients had received surgery within 36 hours. That was reflective of the general trend during 2022 but was a reduction when compared to October 2021 performance (64.6%). The performance was above the national average of 56% over the last 12 months. • The Health Board had held two internal Stroke summits and a number of improvements to the Stroke pathway were now being implemented. • There continued to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. 	

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- December had seen another improvement of 4% compared with October with 58.5% of patients receiving treatments within 62 days. Since December, 55% had been reported to WG.
 - There would be a focus on work to treat the longest waiting patients.
 - There were currently 69 patients as of Monday who have waited over 104 days for treatment to begin and 235 patients who have waited over 62 days.
- The waiting list for the total number of patients waiting for planned care and treatment was 121,687 at January 2023. The Urgent Primary Care Centres were now operating in Cardiff and the Vale.
 - The volume of greater than eight-week Diagnostic waits had increased to 5,247 at the end of January 2023 from 3,654 in November 2022, largely driven by increased waits in Radiology (MRI).
 - The number of patients waiting over 14 weeks for Therapy had slightly increased to 1,220 from 1,209 in November 2022, as reported at the December Board Meeting.
 - The Health Board was 100% compliant in January 2023 against the standard of 100% for 'Emergency' GP out of hours patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour.
 - The percentage of Mental Health assessments undertaken within 28 days was 98.1% in January 2023. That had reduced from 98.5% in December 2022. For CAMHs services, compliance reduced from 93.2% in December to 90.7% in January.

The IMCE queried what measures had been taken to reduce the ambulance handover from 230 in September to 12 in January.

The PPM responded that performance had been improving over the past few months. The measures taken included ring fencing of beds in EU, consultant reviews regarding bringing patients into the EU. There was also an escalation policy of 3 hours of search beds. That had been a real area of focus.

The EDPH responded that it was also a result of the strategic and operational leadership approach taken. It was not acceptable to have that level of risk in the community. There was also a constant mix of movement in the inpatient setting. The COO would have balanced the risk internally with the desire to decrease the community risk.

The EDSP stated it was a combination of actions undertaken. Taking a zero-tolerance approach towards the issue and working with Clinical teams had been vital.

The UHB Vice Chair stated that it was not about just getting patients out of hospital but enhancing their quality of life.

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	<p>The Committee Resolved that:</p> <p>a) The year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes was noted.</p>	
<p>S&D 14/03/010</p>	<p>Strategic Equality Plan Update</p> <p>The Equity & Inclusion Senior Manager (EISM) presented the Strategic Equality Plan Update and highlighted the following:</p> <ul style="list-style-type: none"> • The Health Board achieved a Disability Confident Level 3 status. A lot of work had gone into that and it could now be added onto the Health Board website. • Activity around LGBTQ+ inclusion had resulted in the Health Board maintaining its Gold Award as part of Stonewalls Workplace Equality Index (WEI) and being ranked as the 80th most LGBTQ+ inclusive employer in the UK by the charity. • The organisation had continued to support the three staff networks. • Progress had been made in organisational compliance with the Welsh Language Standards and the Health Board reported compliance with 81 out of the 121 standards. The use of translation memory software led to an 11% increase in the number of words translated in 2022 in comparison with 2021, with the Welsh Translation team translating 1,158,688 words last year. • There would be a focus on improving data collection and compliance. <p>The IMTS commented that she was glad to see the disability status. She queried the Anti-Racist Wales Action Plan and queried whether the Health Board had the right data collection in place. Also, was enough being done to value and support the staff networks and was there more that could be done.</p> <p>The EISM responded that the workforce equality standards were used as a workforce indicator measure in England. WG was currently scoping that for Wales and it was anticipated that the final version would be received towards the end of the year. His team did have sight of the proposals and have started to map the Health Board against the indicators. There are gaps and some of the information would be collected through the NHS Staff Survey. The EISM also added that more could be done to support the staff networks.</p> <p>The EDPC stated that part 2 of the Anti-racist Wales Action Plan would be discussed in Board Development to understand what more could be done.</p> <p>The IML queried how would they know whether the Health Board was on the right trajectory based on the outcomes.</p> <p>The EISM responded that the objectives sat under the outcomes and the objectives would need to be met. Some of these objectives rolled on</p>	

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	<p>annually. As long as they were meeting the objectives under the plan, the Health Board could demonstrate that it was working towards meeting the outcomes.</p> <p>The EDPH stated that outcome 3 was about the interfaces between equality, equity, safety and patient experience. The specific actions would be worked on.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report were noted and discussed.</p>	
<p>S&D 14/03/011</p>	<p>Board Assurance Framework</p> <p>The IDCG presented the Board Assurance Framework (BAF) and highlighted the following:</p> <ul style="list-style-type: none"> • There were two risks reported at today’s meeting: <ul style="list-style-type: none"> - Urgent and Emergency Care - Exacerbation of Health Inequalities • Those risks were last reported to the Board at the end of November 2022 and agreed, along with other risks on the BAF, to be the risks to the Strategic Objectives. • The risks would go to the Board meeting at the end of month. <p>The Committee resolved that:</p> <p>a) the attached risks in relation to Urgent and Emergency Care and Exacerbation of Health Inequalities were reviewed.</p> <p>b) Assurance could be provided to the Board on 30th March 2023 on the management /mitigation of these risks.</p>	
<p>S&D 14/03/012</p> <p style="transform: rotate(-45deg); font-size: small;">Saunders, Nathan 17/04/2023 14:10:50</p>	<p>Anti-Racist Wales Action Plan Update</p> <p>The EISM presented the Anti-racist Wales Action Plan Update and highlighted the following:</p> <ul style="list-style-type: none"> • The Anti-Racist Wales Action Plan was published in June 2022. • The aim was to create an anti-racist Wales by 2030. • One of the primary actions was to develop an organisational Anti-Racist Action Plan in Cardiff and Wales. • A draft version had been completed alongside the One Voice Staff Network and Trade Union partners and was due to go to SLB on the 19th of April. • The Health Board’s approach was presented to the WG steering group responsible for the delivery of health actions under the Anti-racist Wales Action Plan. The group was pleased with the Health Board’s proactive approach. • It was intended that the action plan would go to Board for approval in May 2023. 	<p>EDPC</p>

	<ul style="list-style-type: none"> • In the meantime, work had already begun to take forward some of the key actions with plans in place to progress others. Some of the key areas of focus over the coming months would be: <ul style="list-style-type: none"> - Improving data collection - Continuing to develop the Inclusion Ambassador programme - Continuing to deliver anti-racist sessions for Board through Race Equality First - Supporting the One Voice Staff Network - Undertaking an organisational listening exercise to better understand the experiences of colleagues from ethnic minority communities - Developing a Health Equality, Equity, Safety and Experience Framework <p>The IMTS stated that on previous listening exercises, people had shared very painful experiences. It was important to communicate how the Health Board would address those experiences.</p> <p>The EDSP stated that there were a high number of still birth rates across the BME population and it was important to understand the reasons for that.</p> <p>The EDPH advised that the issues around mortality had been discussed at the Quality, Safety and Experience (QSE) Committee meetings and one of the elements was that the Health Board had delivered a lot of complex births in Wales. There was further work to do in relation to this issue.</p> <p>The END advised that women from BAME backgrounds go through more maternity issues, which included a lack of translation facilities. The END added that his department was in the process of employing midwives to lead on that. That issued had been picked up in the HIW report which would be taken to the QSE Committee meeting and then to Board.</p> <p>The EDPC stated it was about everyone “owning” the Anti-Racist Wales Action Plan. There were plans to co-produce a workshop with the Clinical Boards so that they understood it. There was also work to be done in supporting the international nurses.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report were noted and discussed.</p>	
<p>S&D 14/03/013</p> <p style="font-size: small; transform: rotate(-45deg); opacity: 0.5;">Nathan 17/04/2023 14:10:50</p>	<p>Decarbonisation Plan</p> <p>The EDSP presented the Decarbonisation Plan and highlighted the following:</p> <ul style="list-style-type: none"> • The Board had declared a climate emergency in January 2020. Since then two Sustainability Action Plans have been implemented. The third action plan was now being developed. 	

	<ul style="list-style-type: none"> • NHS Wales had set a target of a 16% reduction in emissions by 2025 and a 34% reduction by 2030, from a 2018/19 baseline. • The plan had been developed by a working group which included key departments across the organisation. That work was overseen by a Decarbonisation Delivery Group which included key Executives. • The largest contributor to the carbon footprint was procurement. • The plan described what needed to be done at Board level, what needed to be done at Clinical Board level and actions that every front-line team could be taking. • Any future estates development would need to have carbon zero built into it from the start. • At the moment there was no line of sight for the 2030 target and there was a lot to be done. • WG was currently reviewing the targets. The Health Board was required to submit the plan after Board approval. <p>The UHB Vice Chair stated more could be done about the way the plan was being developed. For example, integrated working and the way District Nurses were avoiding patients coming to hospital and being managed in the community could be factored in. Clinicians running clinics in communities instead of patients attending outpatient appointments could also be considered.</p> <p>The EDSP responded that the sustainable travel element and doing as much as possible digitally was really important and would be included in the action plan.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The 2023/24 Decarbonization Action Plan was reviewed. b) The 2023/24 Decarbonization Action Plan was recommended to Board for approval. 	
<p>S&D 14/03/014</p>	<p>Committee Self Effectiveness Survey</p> <p>The IDCG presented the Committee Self Effectiveness Survey.</p> <p>It was noted that there were three responses to the survey. One of the key feedbacks was the timeliness of papers which would be taken away and incorporated into the team and organisation.</p> <p>The IDCG commented that it was important to ensure that everything was at the right level and flowed properly.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The results of the Annual Board Effectiveness Survey 2022-2023 relating to the Strategy and Delivery Committee were noted. 	
	<p>Items for Approval / Ratification</p>	

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<p>S&D 14/03/015</p>	<p>Annual Equality Report 2021/22</p> <p>The EISM presented the Annual Equality Report 2021/22 and highlighted the following:</p> <ul style="list-style-type: none"> • The report discharged the Health Board’s legislative duty under the Equality Act 2010. • The report covered the period April 2021 – March 2022. • The report would be published in the Summer. • The final version would go to Medical Illustration team to reformat and it would also be translated into Welsh. <p>The IMTS stated that the gender pay gap was worrying and queried how that would be resolved. The IMCE also queried whether men undertaking more overtime compared to women was a factor.</p> <p>The EISM responded that it was disappointing. He would need to collect the information and create an action plan to address the gender pay gap.</p> <p>The EDPC stated that would be looked into more as part of the People and Culture Committee.</p> <p>The UHB Vice Chair suggested that the percentage of males within the Medical and Dental sectors was higher than the percentage of women. The earnings in that area could be higher.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted and approved.</p>	<p>EDPC</p>
<p>S&D 14/03/016</p>	<p>Strategy & Delivery Committee Annual Report 2022-23</p> <p>The IDCG presented the Strategy & Delivery Committee Annual Report 2022-23.</p> <p>The report was produced to demonstrate that the Committee had undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that was the case.</p> <p>The Committee Resolved that:</p> <p>a) The draft Annual Report 2022/23 of the Strategy and Delivery Committee was reviewed and recommended to the Board for approval.</p>	
<p>Items for Information and Noting</p>		
<p>S&D 14/03/017</p>	<p>Corporate Risk Register</p> <p>The IDCG presented the Corporate Risk Register.</p>	

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	<p>It was noted that the register highlighted the risks which were in the Committee's remit to oversee.</p> <p>The Committee resolved that:</p> <p>a) The Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, was noted.</p>	
Review and Final Closure		
	<p>Any Other Business</p> <p>It was noted that this was the last Strategy and Delivery Committee meeting.</p> <p>The Committee thanked the Chair.</p>	

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Public Action Log

Following Strategy & Delivery Committee
Held on 14 March 2023 (for the Finance and Performance Committee on 19 April 2023)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 24/01/010	2023/24 Decarbonisation Action Plan	Ed and James to discuss how decarbonisation fits into the current governance structure.	14.03.23	Ed Hunt/James Quance	Complete Update provided on 14 March 2023.
Actions in Progress					
Actions referred to Board and/or Committees of the Board					
S&D 15/11/007	Shaping Our Future Wellbeing Strategy	Final strategy to go to Board in March 2023.	March 2023	Abigail Harris	Completed Update provided in March 2023.
S&D 15/11/011	Shaping Our Future Wellbeing – IMTP 2023-2026	Final IMTP to go to Board in March 2023.	March 2023	Abigail Harris	Completed Update provided in March 2023.
S&D 14/03/007	Shaping our Future Hospitals	An update on the programme to be provided in the Board Development session.	June 2023	Abigail Harris	Update to be provided in Board Development session in June.

Speaker's Nathan
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S&D 14/03/008	PCIC deep dive on performance review trajectories	Deep dive on performance review trajectories around sickness rates and VBAs within PCIC.	May 2023	Rachel Gidman	Update to be provided in People and Culture Committee in May.
S&D 14/03/012	Anti-racist Wales Action Plan	Action plan to go to Board for approval in May 2023.	May 2023	Rachel Gidman	Action Plan is scheduled to go to Board for approval in May 2023
S&D 14/03/015	Annual Equality Report 2021/22 - Gender Pay Gap	To collect more information and create an action plan on how to reduce the gender pay gap.	July 2023	Rachel Gidman	Action Plan to be discussed in People and Culture Committee in July 2023

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Report Title:	Finance Report for the Period Ended 31 st March 2023		Agenda Item no.	2.1
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date: 19 th April 2023
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Deputy Director of Finance (Operational)			
Main Report				
Background and current situation:				

Summary

At month 12 the UHB has reported to Welsh government that it will meet its control target of a £26.9m deficit for the end of 2022-23 as outlined in table 1 below.

Table 1: Month 12 Financial Position 2022/23

	Forecast
	Year-End Position £m
Planned deficit	17.100
Operational position (Surplus) / Deficit	9.800
Financial Position £m (Surplus) / Deficit £m	26.900

The UHB's provisional year end revenue outturn is broadly in line with its 26.9m forecast deficit, which in turn is consistent with the UHBs control total agreed with Welsh Government. The UHB is reporting that it stayed within its Capital Resource Limit. Creditor payment compliance met the 95% target.

The Committee is asked to note that the reported performance is provisional at this stage as the draft accounts have not yet been finalised and will be subject to Audit Wales scrutiny. The year-end reported position is, however, not expected to materially change.

The actual and provisional performance against the 3 year break even duty on revenue is shown in Table 2 below.

Table 2: Performance against the 3 year financial break even duty

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	Actual / Forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass or fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.058	(36.667)	Fail
2020/21	0.090	(9.724)	Fail
2021/22	0.232	0.380	Pass
2022/23	(26.900)	(26.578)	Fail

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. The table above shows the UHB did not meet its financial duty in 2022/23. The tables also outline that the UHB breached its statutory financial duty from 2016/17 to 2020/21 and met the duty in 2021/22.

Financial Plan Approved by Board and submitted to Welsh Government

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2022 and a revised plan on 30 June 2022. The plan was structured in three parts, in line with Welsh Government discussions, as follows:

- Core Financial Plan including recovery
- Exceptional inflationary cost increases
- Ongoing COVID response costs (Local and Welsh Government Covid Programmes)

This resulted in an initial 2022-23 planning deficit of £20.8m. The revised plan submitted in June incorporated additional savings totaling £3.7m, resulting in a revised planning deficit of £17.1m.

Core Financial Plan – Month 12 Cumulative Position

The UHB forecasted a deficit of £26.900m for 2022/23. £17.100m of the year end deficit was planned as part of the underlying financial deficit. A further forecast deficit of £9.800m was unplanned, as an overspend in delegated and central positions.

A number of cost pressures emerged or increased in the year to date which were not foreseen in the original financial plan. These placed the UHB's ability to remain within the revised plan's forecast £17.1m deficit under severe pressure causing the UHB to reassess the most likely year end out-turn.

These concerns were shared with Welsh Government colleagues in the mid-year review meeting with the Financial Delivery Unit on the 10th November 2022 and were discussed through the UHB's governance structure, including the Finance Committee and Board, during November. The UHB agreed a revised forecast deficit of £26.9m.

The Adverse operational overspend in year has been driven by the following pressures:

- Unfunded Medical Staffing inc. Agency & Premium costs
- Nursing Staff Agency & Premium costs
- Children's CHC Placements

- WHSSC LTA performance
- Patient Catering to EU and food price rises
- Prescribing
- Mental Health CHC Placements
- Community Pharmacy increased product and practice payment costs
- Security at Rookwood & Whitchurch
- Footfall impact on Aroma Sales/Concourse Leases

Table 3: Finance - Key Performance Indicator Dashboard at March 2023

Measure	STATUS REPORT				
	February 2023	RAG Rating	Latest Trend	Target	Time Period
Deliver 2022/23 Draft Financial Plan	Performance in line with the forecast £26.900m deficit at month 12. £17.1m planned deficit and £9.800m operational deficit	R	↓	Deliver 2022/23 £17.1m Planned Deficit	M12 2022-23
Remain within capital resource limits.	Expenditure at the end of March was in line with the £55.410m Capital Resource Limit	G	↻	Remain within approved planned expenditure £55.410m	M12 2022-23
Delivery of recurrent £15.400m savings target	£12.721m identified at month 12.	R	↻	£15.400m	M12 2022-23
Delivery of £4m non recurrent savings target	£6.622m identified at month 12.	G	↻	£4.000m	M12 2022-23
Creditor payments compliance 30 day Non NHS	Cumulative 95.2% at the end of March	G	↑	95% of invoices paid within 30 days	M12 2022-23
Remain within Cash Limit	The UHB remained within the 2022-23 Cash Limit following receipt of £26.9m strategic cash support from Welsh Government in line with the UHbs forecast deficit.	A	↻	To remain within Cash Limit	M12 2022-23
Maintain Positive Cash Balance	Cash balance = £2.845m	G	↻	To Maintain Positive Cash Balance	End of March 2023

Exceptional Costs

In line with guidance from Welsh Government, the UHB's plan anticipated Welsh Government funding for the three National Inflationary Pressure exceptional costs:

- 1) **Increased** energy costs of £20.9m for 2022-23. Additional energy costs of £14.119m, were incurred in year.
- 2) Employers NI costs of £6.9m. Following the announcement of the discontinuation of the levy from November 6th 2022 the forecast was revised down to £3.345m and the same level of funding has been confirmed.

3) The impact of paying Real Living Wage (RLW) for staff working within social care and the Third Sector remains at the original estimated level of a £2.9m increase in annual costs.

A summary of reported exceptional costs is outlined in Table 4 below:

Table 4 – Exceptional Costs 2022-23

	Month 12
Incremental costs in 2022/23	£m
Energy/Fuel	14.119
National Insurance Levy	3.345
Living Wage - Social Care	2.658
Total Exceptional Costs Expenditure £m	20.123
Sub Total Exceptional Cost funding confirmed/assumed £m	20.123

Welsh Government funding to support the National Insurance Levy, Energy Costs and Social Care Providers has been confirmed.

COVID 19 Expenditure and Funding

The expenditure for the year is in line with Welsh Government COVID 19 funding summarised in Table 5 below.

Table 5: Summary of Year To Date COVID 19 Funding

	Funding £m
COVID 19 Testing	1.191
COVID 19 Tracing	4.486
COVID 19 Vaccination	7.831
Extended Flu Vaccination	1.243
PPE	2.978
Sub Total National Programmes	17.729
Cleaning Standards	2.800
COVID 19 Local Response	32.706
Sub Total Local response including Cleaning Standards	35.506
Dental Income; Long Covid; Anti-Viral; Allergy Advice and Nosocomial	3.562
Total COVID Expenditure £m	56.797

Savings Programme

At month 12, the UHB had identified £19.343m of savings to deliver against the revised £19.400m savings target leaving a further £0.057m schemes unidentified.

Overall performance in the identification of savings schemes is outlined in table 9 below:

Table 9: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	19.400	19.343	(0.057)

Cash Flow Forecast

The closing cash balance at the end of March, was £2.845m.

£26.9m strategic cash support was provided by Welsh Government to cover the cash shortfall arising from the forecast deficit.

Public Sector Payment Compliance

The UHB's public sector payment compliance performance has met the annual target of 95%. Performance for the 12 months to the end of March was 95.2% following an in month improvement of 0.9%.

The improvement in performance, was in part, a result of a number of adjustments identified by the NWSSP Procurement Team, from across the year, which in turn have led to an improvement in reported performance

Capital Resource Limit (CRL)

The UHBs approved capital resource limit is £55.410m in line with the latest CRL received from Welsh Government on the 31st March 2023 comprising of £10.097m discretionary funding and £45.313m towards specific projects (including Maelfa Primary Care Pipeline, the National Imaging Programme, Developing Genomics Partnership Wales, UHL Electrical infrastructure, Endoscopy Unit UHL & Refit - Phase 2).

The UHB is reporting that it operated within its Capital Resource limit.

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

The UHB is reporting a provisional year end deficit in line with its 26.9m forecast deficit. As a result, the UHB has not met its 3 year financial break even duty in 2022/23.

The UHB position in 2022/23 has been supported by Welsh Government funding for local Covid response, central Covid programmes and exceptional costs.

Recommendation:

At Month 12 the Committee are requested to:

- **NOTE** that the reported year end deficit is broadly in line with £26.900m.
- **NOTE** the financial impact of forecast COVID 19 costs which has been covered by Welsh Government funding of £56.797m.
- **NOTE** the financial impact of year to date Exceptional Inflationary Pressures which is assessed at £20.123m with assumed Welsh Government funding of £20.123m.
- **NOTE** the reported revenue position which is broadly in line forecast deficit of £26.900m, which comprises of the £17.1m planned deficit identified in the Final Financial plan and £9.800m of additional operational pressures recognised by the UHB Board.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes

No

Safety: Yes/No

No

Financial: Yes

As detailed in the report.

Workforce: Yes/No	
No	
Legal: Yes/No	
No	
Reputational: Yes/No	
Yes, if forecast financial position is not delivered.	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Finance and Performance Committee	Date: 19 th April 2023

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Saunders, Nathan
17/04/2023 14:10:50

Report Title:	Finance Committee Self Effectiveness Survey 2022/23		Agenda Item no.	2.3
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date: 19 April 2023
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Lead Executive:	Director of Corporate Governance			
Report Author (Title):	Head of Corporate Governance			
Main Report				
Background and current situation:				
<p>Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.</p> <p>The Health Board undertook an annual review of the effectiveness of its Board and its Committees in February to March 2023 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:</p> <ul style="list-style-type: none"> • the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives; • the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions; • maximising the value of the input from non-executive directors, given their limited time commitment; and • supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda. <p>For the 2022-2023 self-assessment, surveys were disseminated via Microsoft Forms to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.</p> <p>The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2022-2023, which relate to the Finance Committee (attached as Appendix 1).</p> <p>This year, as part of the annual review, it is proposed that a workshop will take place with the Board Committee Chairs to discuss any common themes and Committee wider learning from the Committees' survey results. Any actions flowing from the same will be set out in the action plan to be presented to the Audit and Assurance Committee on 11 May 2023.</p>				
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:				
<ul style="list-style-type: none"> • The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2022-2023 were issued in February 2023. 				

- The individual findings of the Annual Board Committee Effectiveness Survey 2022-2023 relating to the Finance Committee are presented at Appendix 1 for information. There were no areas identified for improvement.
- Overall the findings were positive and that provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committee is effectively supporting the Board in fulfilling its role.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

To ensure effective governance the Board Committee Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2024 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2023-2024.

Recommendation:

The Committee is requested to:

- (a) **Note** the results of the Annual Board Effectiveness Survey 2022-2023 relating to the Finance Committee.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

n/a

Safety: Yes/No

n/a

Financial: Yes/No

n/a

Workforce: Yes/No	
n/a	
Legal: Yes/No	
n/a	
Reputational: Yes/No	
n/a	
Socio Economic: Yes/No	
n/a	
Equality and Health: Yes/No	
n/a	
Decarbonisation: Yes/No	
n/a	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit and Assurance Committee	11 May 2023




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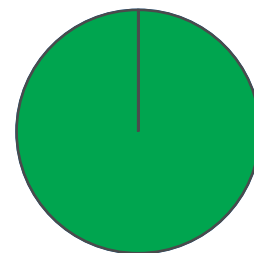
Annual Board Effectiveness Survey

Finance




Responses: 5

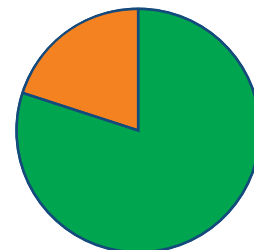
1. The Committee terms of reference clearly, adequately & realistically set out the Committee’s role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

 Strong	5
 Adequate	0
 Needs Improvements	0



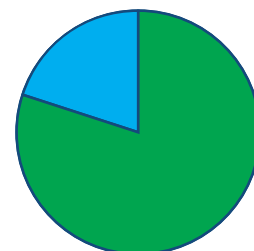
2. The Board was active in its consideration of Committee composition.

 Strong	4
 Adequate	1
 Needs Improvement	0



3. Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?

 Yes	4
 No	0
 Unsure	1



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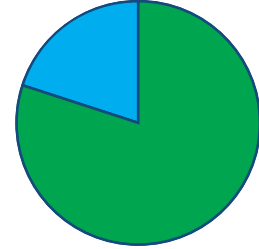


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WALES

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

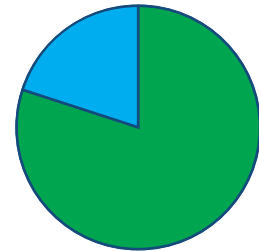
4. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

 Yes	4
 No	0
 Unsure	1






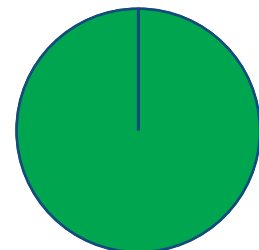
5. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

 Yes	4
 No	0
 Unsure	1






6. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

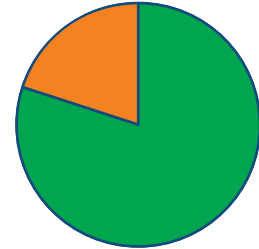
 Strong	5
 Adequate	0
 Needs Improvement	0






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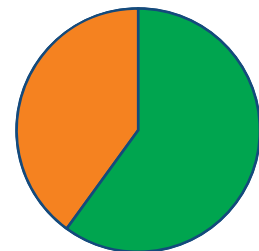
7. The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

 Strong	4
 Adequate	1
 Needs Improvement	0






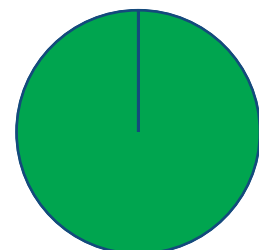
8. The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

 Strong	3
 Adequate	2
 Needs Improvement	0






9. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.

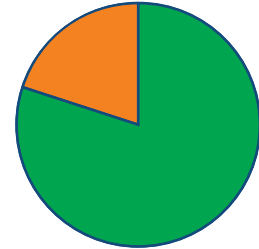
 Strong	5
 Adequate	0
 Needs Improvement	0






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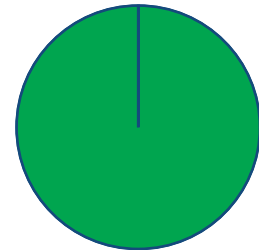
10. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

 Strong	4
 Adequate	1
 Needs Improvement	0



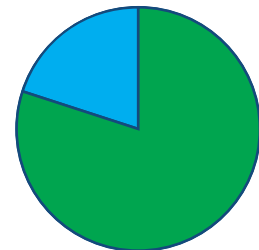
11. The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

 Strong	5
 Adequate	0
 Needs Improvement	0






12. Are changes to the Committee's current and future workload discussed and approved at Board level?

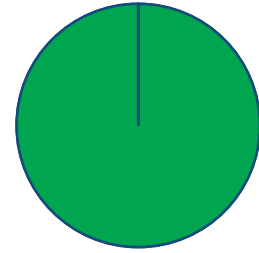
 Yes	4
 No	0
 Unsure	1






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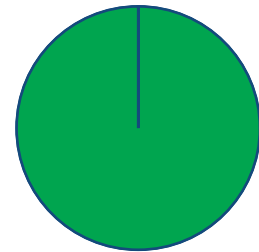
13. Are Committee members independent of the management team?

 Yes	5
 No	0
 Unsure	0



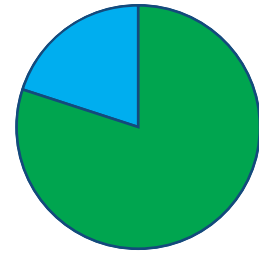
14. The Committee agenda-setting process is thorough and led by the Committee Chair.

 Strong	5
 Adequate	0
 Needs Improvement	0



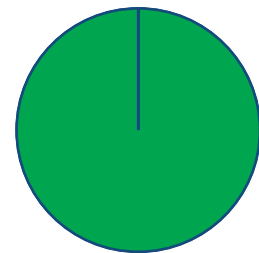
15. Has the Committee established a plan for the conduct of its work across the year?

 Yes	4
 No	0
 Unsure	1



16. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?

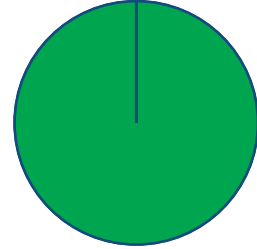
 Yes	5
 No	0
 Unsure	0






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12/04/2024 14:10:50

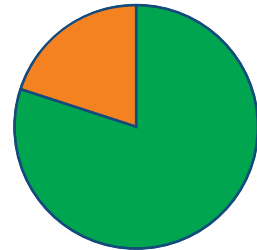
17. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

 Yes	5
 No	0
 Unsure	0



18. The Committee's self-evaluation process is in place and effective.

 Strong	4
 Adequate	1
 Needs Improvement	0



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19. The Committee's self-evaluation process is in place and effective

- Strong
- The Finance Committee is well run and meets regularly. It has the required range of experience when the composition of the committee is considered.
- The Committee has the appropriate expertise to provide adequate scrutiny and support. The relationship between IMs and Executives is collegiate but with appropriate independence to provide professional scrutiny.
- Appropriate level of scrutiny achieved. Members independent to management team.
- Is capable of generating good and analytical discussions.

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Report Title:	Key Operational Performance Indicators		Agenda Item no.	2.4
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	19/04/2023
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Performance and Planning Manager – Operations			

Main Report

Background and current situation:

Background and current situation:

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care and Our programme for transforming and modernising planned care and reducing waiting lists in Wales

Whilst the Health Board is making good progress against its Operational plan, system-wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

The Health Board submitted our final IMTP to Welsh Government at the end of June 2022. In this, the Health Board has set out its Delivery ambitions for 2022/23.

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

Operational Performance update

Urgent and Emergency Care:

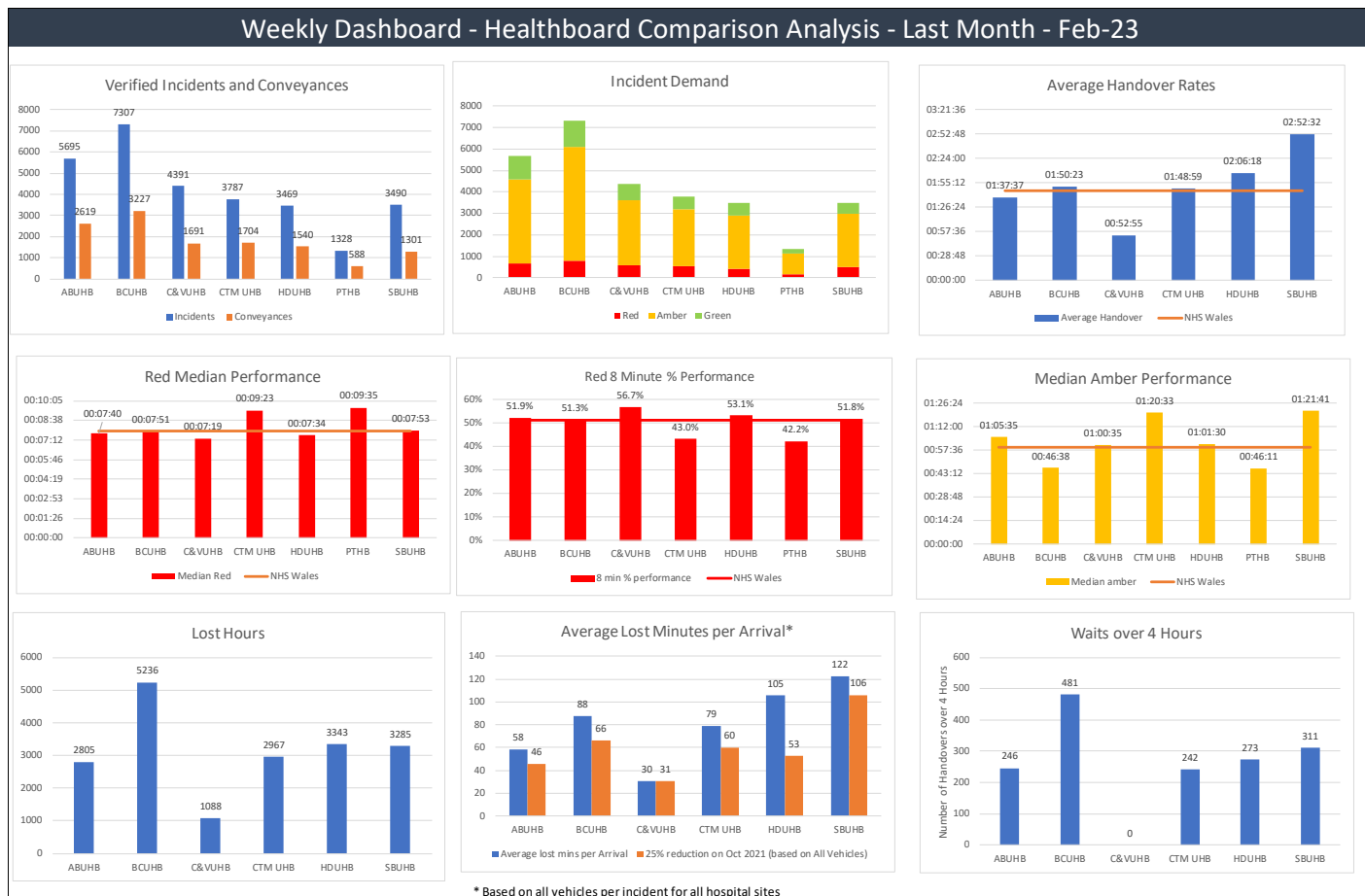
- Reportable Emergency Unit attendances reduced in February (10,979) compared with those reported in January (11,218), November (12,439) and December 2022 (12,699).
- 4-hour performance in EU was 70.87% in February, improved from 66.8% in January
- 12-hour EU waits remain high, but reduced in February with 715 reported in February 2023 compared to 876 reported in January
- No Ambulance handovers took place in over 4 hours during February 2023
- The percentage of red calls responded to within 8 minutes increased to from 56.7% in February from 50.2% in January

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 12-hour EU waits, ambulance response and handover times are shown above.

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver some improvements.

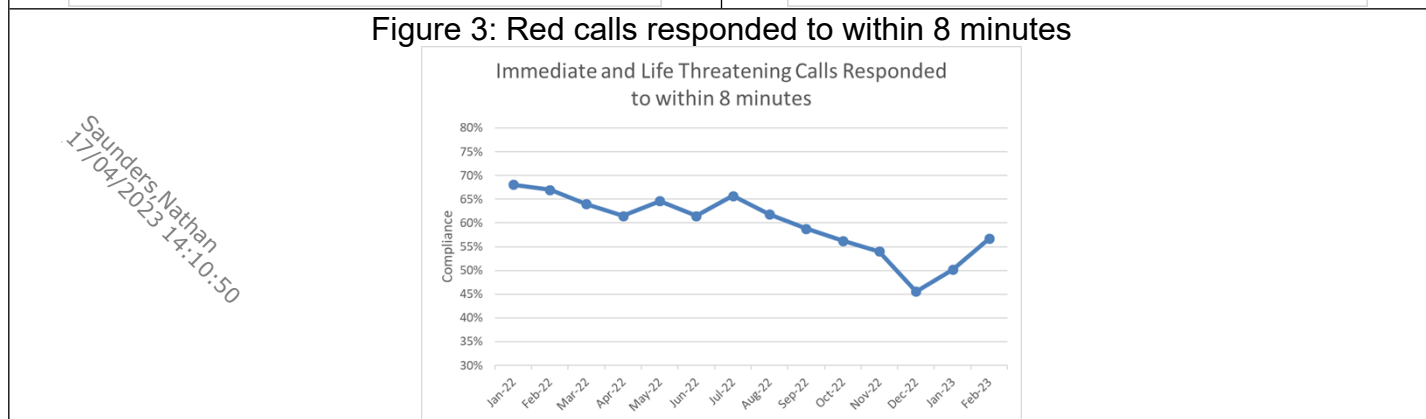
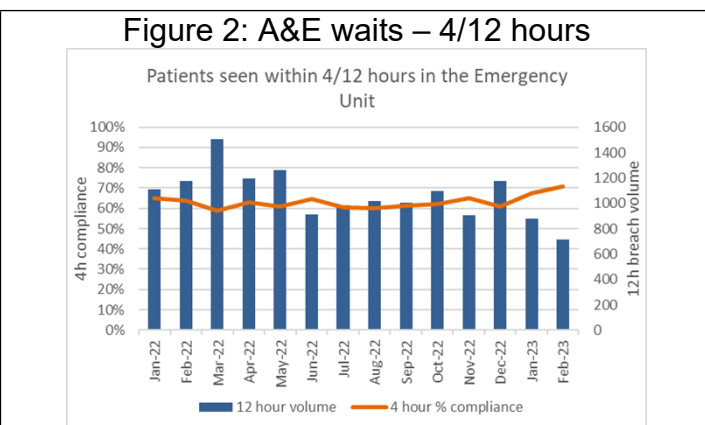
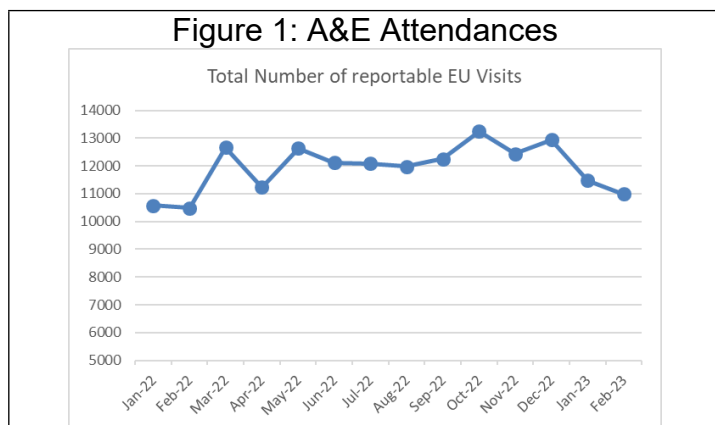
There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to in February 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover.



Disclaimer
The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

Source: National Collaborative Commissioning Unit (NCCU) weekly dashboard – For operational purposes only, not for public release.

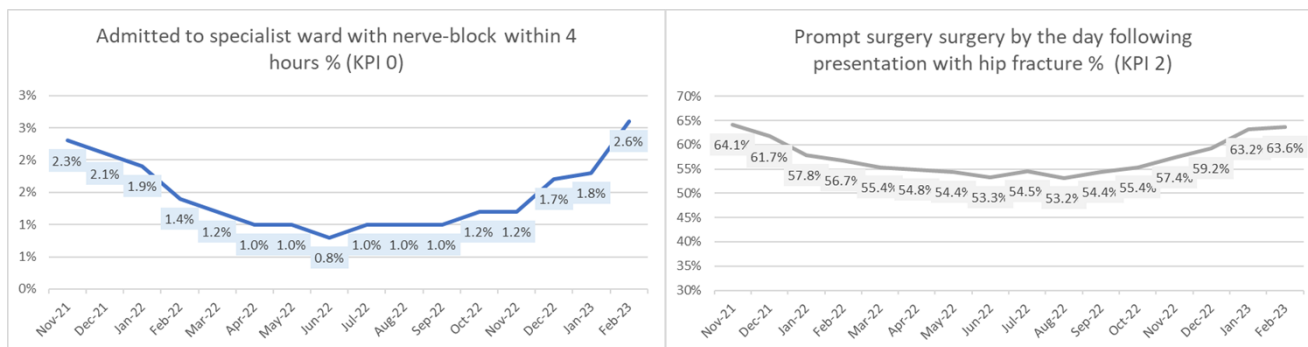


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Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In February 2023, 2.6% of patients were admitted to a specialist ward with a nerve block within 4 hours, with a significant reduction in the median time patients are waiting to move to the ward.

In February, 63.6% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



A summit with key stakeholders was held in March with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. A follow-up session is planned for April to review the actions taken.

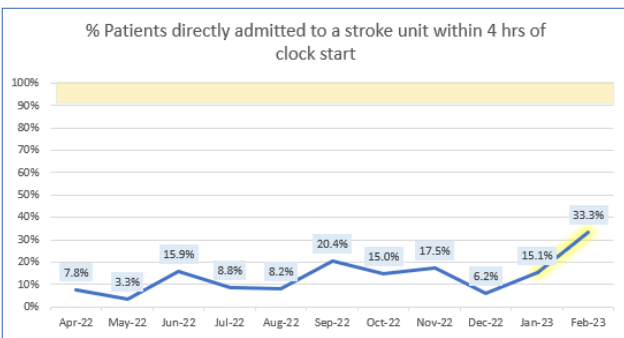
Stroke

Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February saw an improvement in the thrombolysis rate and door to ward performance. In February:

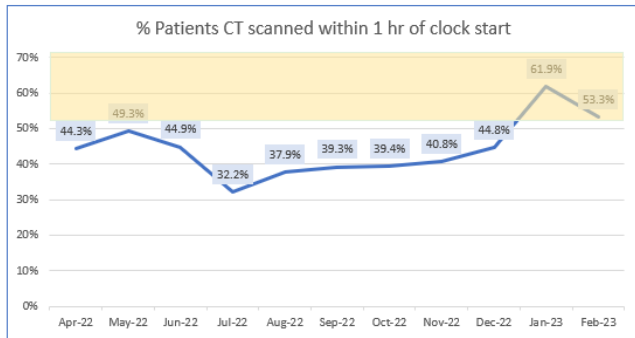
- 8.3% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 14.3%. The percentage of patients given thrombolysis improved to 20%, above the All Wales Average of 15.9%
- The percentage of CT scans that were started within 1 hour in February was 53.3%, the All Wales average was 59.7%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours saw improvement to 33.3% in February, the All Wales average was 22.8%

The UHB has held three internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:

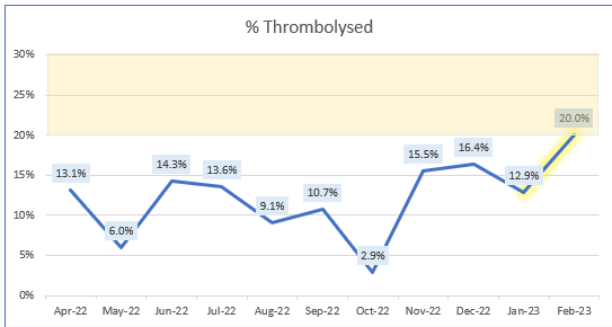
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SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



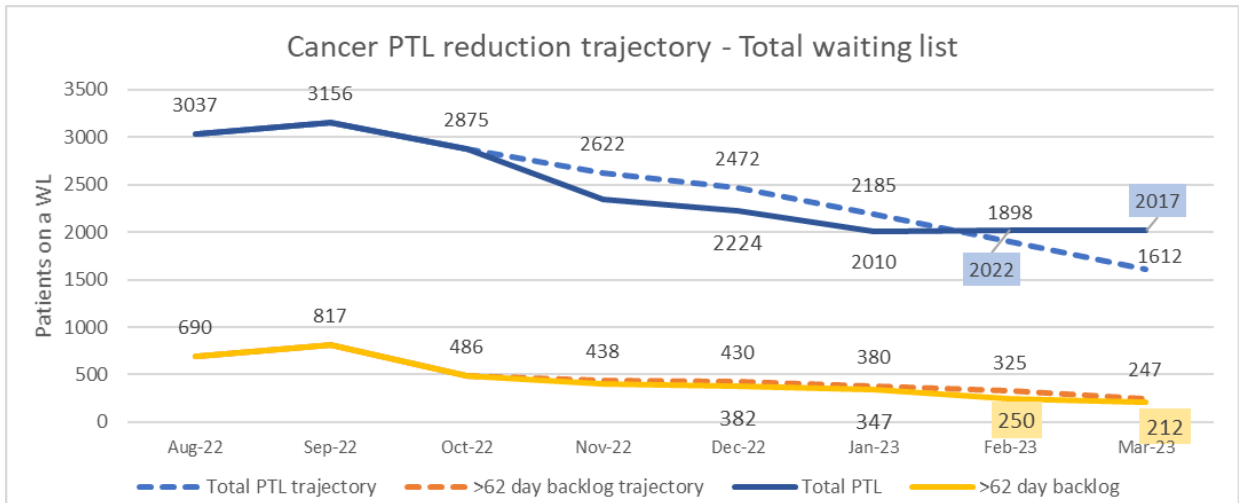
SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr



SSNAP A grade: consistent 20% thrombolysis rate, 90% of eligible patients thrombolysed. 45 minute QIM (DU) 1 hour standard (SSNAP)

Cancer:

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. February saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.



At the time of writing there are a total of 2017 suspected cancer patients on a single cancer pathway. 212 have waited over 62 days, of which 54 have waited over 104 days.

Of these, there are 1963 Cardiff and Vale patients (excluding tertiary patients) of which 158 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a

current focus on eliminating the number of patients waiting over 104 days to start their definitive treatment.

Figure 4: Cancer referrals

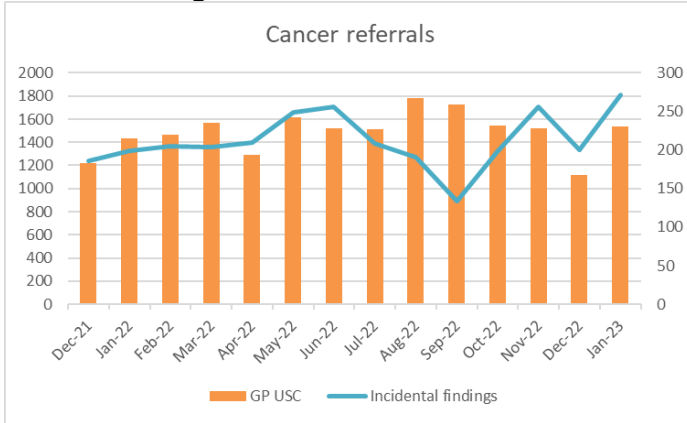


Figure 5: Single Cancer Pathway Performance

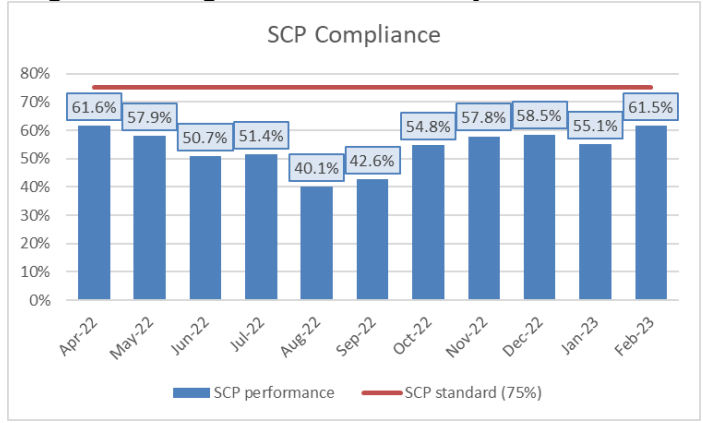


Figure 6: SCP Performance by tumour site

Tumour Site	October				November				December				January				February			
	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	2	3	5	40%	2	2	4	100%	5	6	11	45%	3	2	5	60%	2	0	2	100%
Upper GI	8	6	14	57%	10	5	15	67%	6	4	10	60%	5	6	11	45%	4	5	9	44%
Lower GI	9	15	24	38%	9	8	17	53%	16	15	31	52%	6	15	21	29%	9	9	18	50%
Lung	20	12	32	63%	24	5	29	83%	16	5	21	76%	12	12	24	50%	14	9	23	61%
Sarcoma	1	1	2	50%	1	1	2	50%	1	1	2	50%	0	2	2	0%	0	0	0	0%
Skin	1	3	4	25%	14	14	28	100%	17	17	34	100%	24	1	25	96%	33	3	36	92%
Breast	13	13	26	50%	12	22	34	35%	17	16	33	52%	22	10	32	69%	19	11	30	63%
Gynaecological	7	7	14	100%	2	11	13	15%	4	10	14	29%	4	11	15	27%	3	8	11	27%
Urological	19	14	33	58%	12	12	24	50%	17	15	32	53%	21	20	41	51%	23	21	44	52%
Haematological	3	3	6	50%	1	1	2	50%	4	1	5	80%	3	5	8	38%	3	2	5	60%
Acute Leukaemia	1	1	2	50%	1	1	2	50%	1	1	2	50%	1	0	1	100%	1	0	1	100%
Other	3	2	5	60%	3	3	6	100%	1	1	2	50%	2	0	2	100%	0	1	1	0%
Total	86	71	157	54.78%	89	65	154	57.79%	103	73	176	58.52%	103	84	187	55.08%	110	69	179	61.45%

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	>63 days	Total
Brain/CNS	2	2	0	0				0	4
Breast	122	128	132	34	13	4	4	21	437
Children's Cancer	1	2	1	0	1			1	5
Gynaecological	40	72	57	12	19	19	9	47	228
Haematological		5	4	1	1			1	11
Head & Neck	61	33	21	8	4	1	2	7	130
Lower GI	110	126	97	22	19	9	8	36	391
Lung	8	23	33	12	8	5	1	14	90
Other			1		1			1	2
Sarcoma	1	1	4		2			2	8
Skin	60	72	48	7	2			2	189
Unknown	0							0	0
Upper GI	87	96	68	13	9	8	8	25	289
Urological	41	66	53	18	26	7	22	55	233
Total	533	626	519	127	105	53	54	212	2017

NB. Taken from Total Cancer PTL as at 04/04/2023

Planned Care:

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 122,635 as at February 2023. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – February – 929
- Patients over 104 weeks - February – 4,333
- Patients over 52 weeks – February – 23,745

Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 37,937 at the end of February 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of February 2023 was 193,548. 98.6% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 51,374. This is of concern and will be an area of additional focus and support to improve the position over the next few months.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951	10,707
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587	4,333

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are over 635 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. Final figures were not available at the time of preparing this report. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Sept	Oct	Nov	Dec	Jan	Feb
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	4,108	3,491	2,704	2,152	1,611	1,216

Figure 8: Total RTT waiting list, % waiting under 26 and over 36/52 weeks

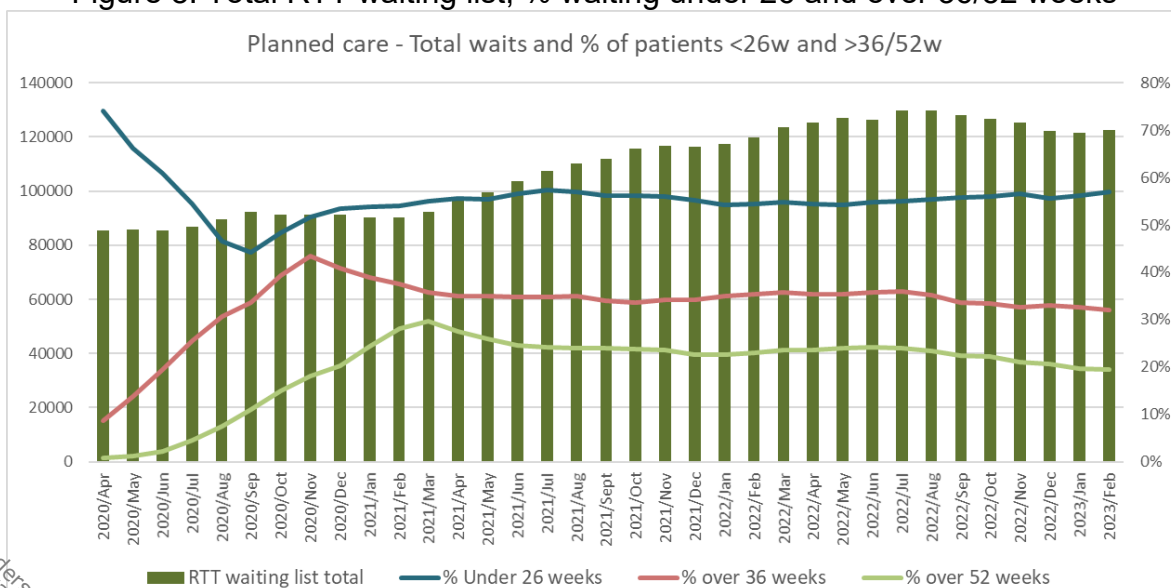
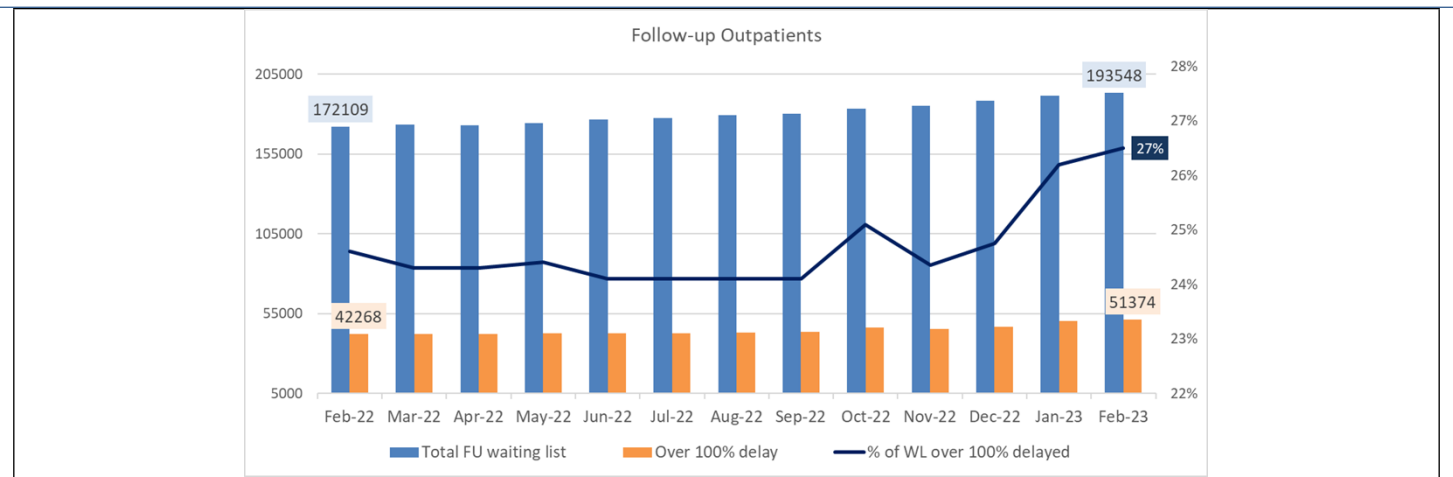


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed

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Diagnostics:

The volume of greater than eight-week **Diagnostic** waits has decreased to 4,421 at the end of February 2023 from 5,247 in December 2023, largely driven by reduced waits in Radiology, Cardiology and Endoscopy . The number patients waiting over 14 weeks for **Therapy** has reduced to 1,113 from in January to 1,113 in February, driven in a reduction in waits for Dietetics.

Figure 10: Diagnostics 8 week waits

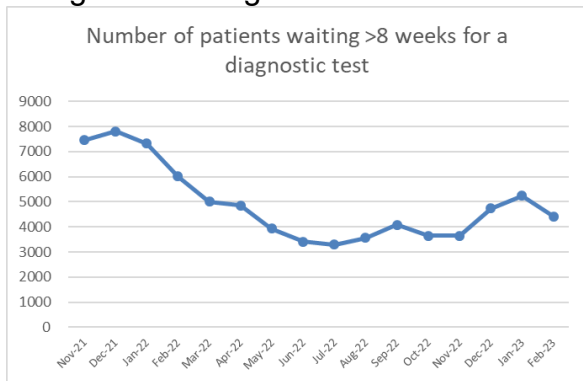
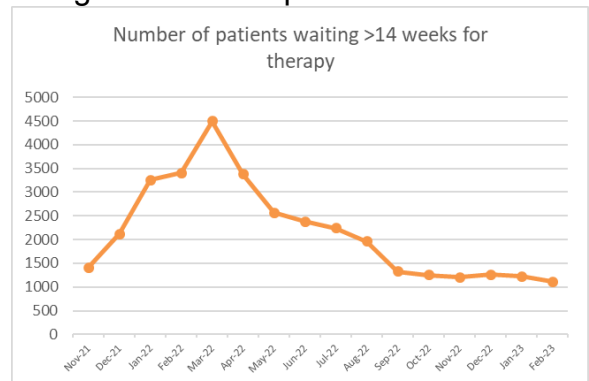


Figure 11: Therapies 14 week waits



Primary care:

The Health Board was 100% compliant in January 2023 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an ‘Emergency’ appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 9 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December, with the uptake of the new Dental Contract this measure has been discontinued and will be replaced for 23/24 reporting. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

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Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour

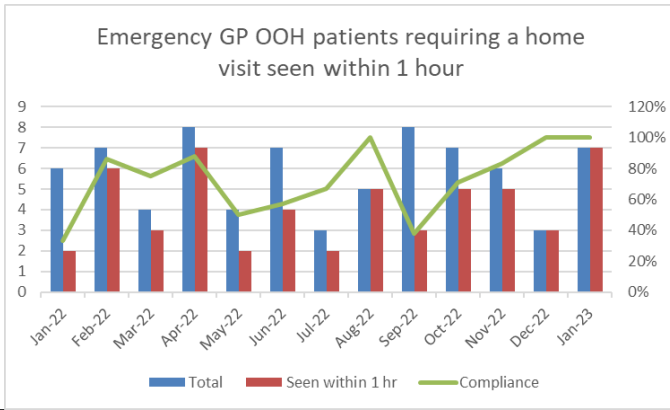
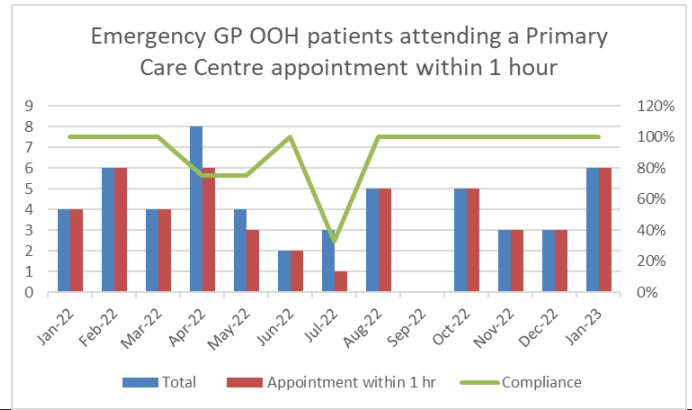
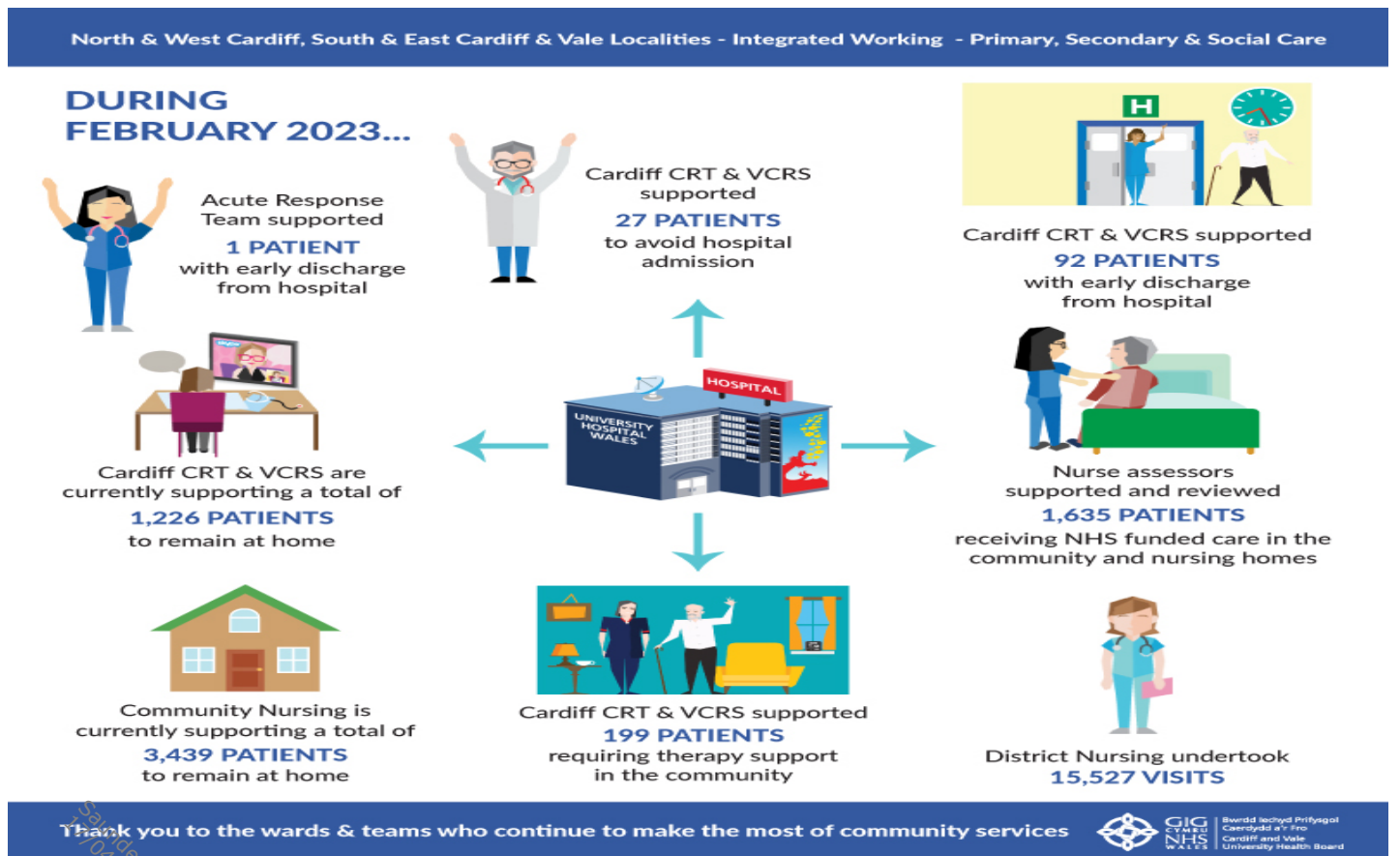


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In February the community nursing team supported over 3,400 patients to remain at home and the District Nursing team undertook 15, 527 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams’ activity across primary, secondary and social care can be seen below:



Mental Health Measures:

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1219 referrals in February 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 99.6%, increased from 98.1% in January 2023. For CAMHs services, compliance increased from 90.7% in January to 97.9% in February.
- Part 1b: 91.1% of therapeutic treatments started within 28 days following assessment at the end of February 2023, a reduction from the reported compliance in January 2023 (92.0%).
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of February 2023
- Part 3: 69% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in February 2023

Figure 14: Mental Health Referrals

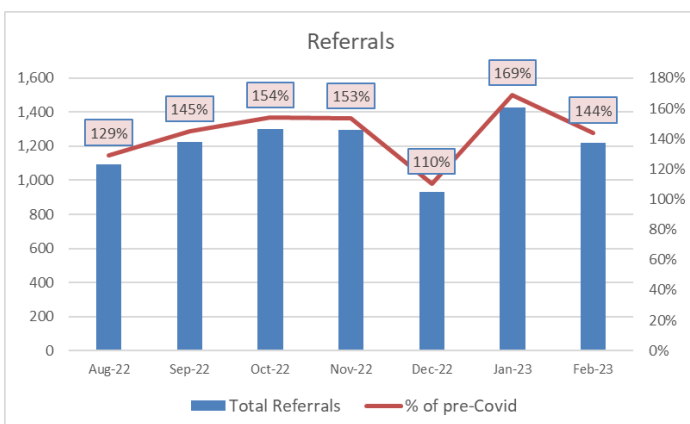


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

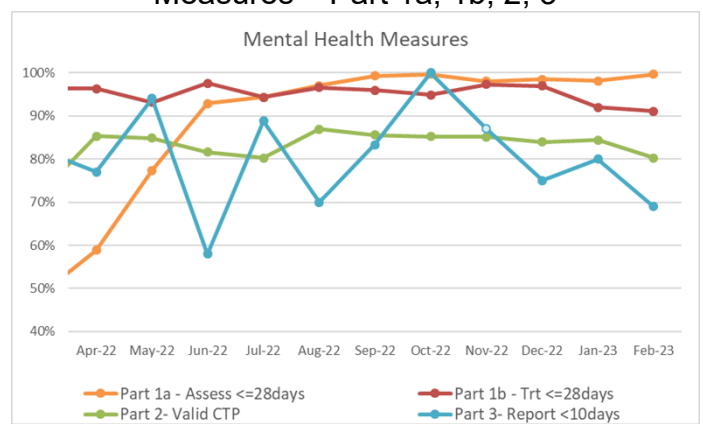
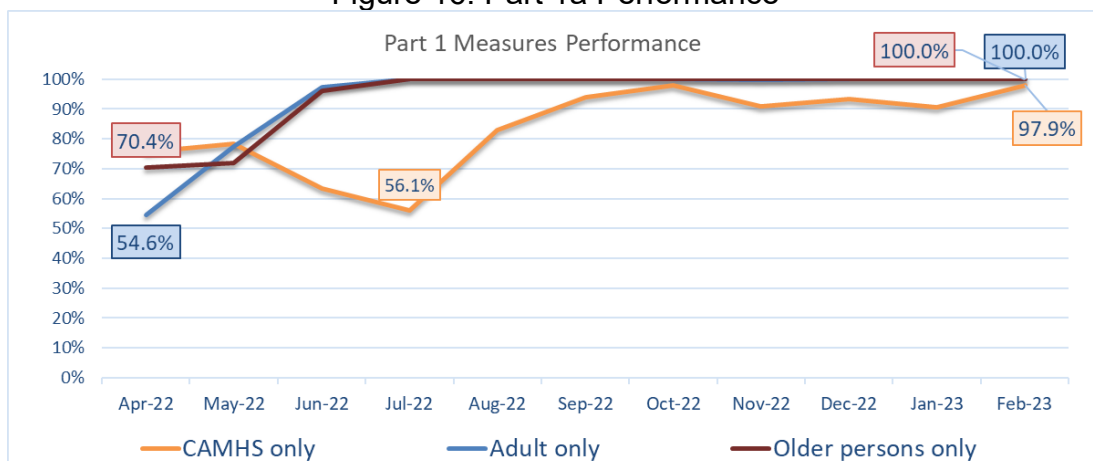


Figure 16: Part 1a Performance



Recommendation:

The Strategy and Delivery Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec Date:

Saunders
17/04/2016 10:50

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Report Title:	C&V Integrated Performance Report			Agenda Item no.	2.5
Meeting:	Finance and Performance Committee meeting	Public	X	Meeting Date:	19.4.2023
		Private			
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report

Background and current situation:

This report provides the Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

This Balanced Scorecard comprises indicators that cover Population Health, Quality & Safety, Workforce, Performance and Finance for the Health Board.

Population Health							
Immunisation	Standard	Trend	2022 / 23 Qtr 3	Tobacco	Standard	Trend	2022 / 23 Qtr 3
% of children up to date with scheduled vaccines by 4 years of age	95%	na	81.8%	% of smokers who become treated smokers	5%	na	0.4%
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster	na	na	72%	% of treated smokers who quit at 4 weeks	40%	na	64%
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	39%				
Quality & Safety							
Patient Satisfaction	Standard	Trend	Feb-23	Mortality	Standard	Trend	Nov-22
30 day complaints response compliance %	75%		81%	Myocardial infarction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.5%
Patient Experience	na		77%	Stroke within 30 days of admission (Rolling 12 Months)	na		14.1%
Falls	na		268	Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		3.1%
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		37	Crude Mortality (Last Week of the month)	0		41
Serious Incidents	Standard	Trend	Feb-23	Still births (Rolling 12 Months)	na	na	32
Nationally Reportable Incident (SI)**	na		13	Infection Control			Feb-23
Number of Never Events	0	na	0	All Reported Infections (Rolling 12 Months)	743		768
Workforce							
Sickness Absence Rate (in-Month)	6%		6.8%	Turnover Rate	7% - 9%		13.3%
Sickness Absence Rate (12-Month Cumulative)	6%		7.1%	Mandatory Training Compliance	85%		76.1%
Values-Based Appraisal Compliance	85%		80.3%	Fire Training Compliance	85%		68.4%
Medical Based Appraisal Compliance	85%		80.3%				
Operational Performance							
A&E 12 hour waiting times	Standard	Trend	Feb-23	Mental Health Part 1a - Assessments within 28 days	Standard	Trend	Feb-23
A&E 4 hour waiting %	95%		71%	Mental Health Part 1b - Therapy Commencing within 28 days	80%		99.0%
Ambulance Handover Times >1 hour	0		568	Total number of medically fit for discharge patients	na	na	303
Ambulance Handover Times >4 hour	0		0	Total number of bed days lost	na	na	10413
Number of 12 hour trolley waits	0		109	Average number of bed days lost per patient	na	na	34
Number of Patients over 24 hours in EU	0		1107	Number of Patients Delayed over 100% for follow-up Appt	0		51374
RTT Waiting less than 26 weeks %	95%		56.9%	Single Cancer Pathway	75%		61.5%
RTT Waiting Over 36 Weeks	0		37937	Total number of patients on Single Cancer Pathway	na	na	2052
RTT Waiting Over 52 Weeks	0		23745	Total number of patients on Single Cancer Pathway over 62 days	0		160
RTT Waiting Over 104 Weeks	0		4333	Total number of patients on Single Cancer Pathway over 104 days	0		89
RTT Waiting Over 156 Weeks	0		929	Stroke: thrombolysed patients door to needle performance <=45 mins	100%		8%
Diagnoses >8 weeks Wait	0		4421	Stroke: CT scan performance 1 hour	100%		53.3%
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		80%	Stroke: 4 hours to ward	100%		30.0%
GP OOH 'emergency' patients requiring a home visit within one hour	90%		100%				
INOF: Time to ward performance (4 hours)	na		3.0%				
INOF: Time to theatre (36 hours)	na		64.0%				
Finance							
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£24.658m deficit	Delivery of £4m non recurrent target	£4m	na	£6.622m
Remain within capital resource limits.	£1.675	na	£27.282m	Creditor payments compliance 30 day Non NHS (Cumulative)	95%		94.3%
Reduction in Underlying deficit (Forecast)	Under discussion with WG and private finance committee	na	-	Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Delivery of recurrent £15-400m 1.5% devolved target (Forecast)	£15.4m	na	£12.721m	Maintain Positive Cash Balance	Positive Cash Bal.	na	£2.025m

* Those who have received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses
 ** No new data available
 # No patients recorded within this measure during this time period

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

POPULATION HEALTH

Covid-19 and respiratory infections epidemiology update:

- In the second week of March 2023, most Covid indicators were stable or falling, following a small rise during February 2023.
- This included stable care home clusters and declining incidence recorded by LFD and PCR in Cardiff and the Vale
- Of note, there was a slight increase in hospital clusters in early March, along with hospital admissions, though it is not clear if this is the start of a wider trend.
- The XBB.1.5 variant of Omicron increased in prevalence during February to overtake CH1.1.
- Prevalence of seasonal flu infection remains at a low level.

Test, trace and protect (TTP):

- Testing and contact tracing services continue to operate as previously reported through to the end of March 2023.
- UHB and partnership teams have developed a business case to respond to the 2023/24 funding letters received from Welsh Government (which were reported in the last update).
- The UHB testing and vaccination teams have agreed a delivery model for 2023/24.
- Partner organisations have agreed interim arrangement whilst work takes place both regionally and nationally to develop a sustainable and integrated health protection system for the future, which is able to respond to an all hazards remit

Covid-19 2022/23 booster and flu vaccination:

- We are now coming towards the end of the Covid-19 autumn 2022 booster and flu vaccination programmes for the current Autumn/Winter season.
- As of 1st March 2023, uptake for Covid-19 autumn 2022 booster vaccines amongst people aged 65 years and over is 82.9%. C&V UHB has also achieved the national ambition of 75% for flu vaccination amongst people aged 65 years and over with 75.6% vaccinated. However, we have not yet met the 75% ambition for flu vaccine for other eligible groups including those in clinical risk groups, school-aged children and healthcare workers. We are therefore continuing to offer walk-in appointments at Woodland House MVC to all eligible groups (including children) yet to receive their Covid-19 vaccines (1st dose, 2nd dose, 2021 booster, 2022 booster) or flu vaccinations.
- Planning has commenced for the Spring 2023 and Autumn 2023 Covid-19 booster vaccination programmes following Joint Committee for Vaccination and Immunisation (JCVI) interim recommendations published on 25 January. The JCVI has indicated that for a small group of people (e.g., those in older age groups and those who are immunosuppressed) an extra booster vaccine dose may be offered in Spring 2023 whilst for Autumn 2023 persons at higher risk of severe Covid-19 would be offered a booster vaccine dose. Surge responses may also be required should a novel variant emerge.
- Holm View MVC site is now closed. Planning underway for a new Vale provision for Spring and Autumn 2023 programmes.
- An announcement is expected from the JCVI for a new infant vaccination programme (infants aged 6m to 4y in a clinical risk group – to be defined).

Tobacco Control update:

- **Smoking Cessation**

Tier 1 Smoking Cessation:

Currently awaiting updates to national performance indicators, there is no updated data since Quarter 2, 2022-2023 - 0.5% of smokers set a firm quit date ('Treated Smokers') and of those,

Saunders Matt
17/04/2023 10:15

80% quit smoking at 4 weeks (the highest cumulative quit rate in any quarter since Tier 1 reporting commenced). For all 3 Smoking Cessation Providers, 4 week quit rates exceeded 78%.

Community Pharmacies delivering the Level 3 (L3) Enhanced Smoking Cessation Service achieved a 90% 4 week quit rate (Quarter 2, 2022-2023) – the highest quarterly rate for L3 since 2018.

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**

The most recent data is for Quarter 3, 2022-2023, 51% of pregnant women were referred to MAMSS for stop smoking advice, reflecting a slight decrease from 66%, reported in Quarter 2, and 65% for Quarter 1.

As part of on-going performance monitoring, and reflecting changes being implemented across all MAMSS programmes in Wales, a revised pilot pathway was introduced in November 2022 to increase engagement levels to quit smoking beyond initial support and advice. 27% of those referred to MAMSS received an initial intervention, but less than a third accepted on-going support to quit smoking (Quarters 1 and 2 combined, 2022-2023). In Quarter 3, 2022-2023, 75% of all pregnant women who received an initial intervention with MAMSS, accepted on-going support – reflecting a significant increase – suggesting the changes implemented are having a positive impact. However, recognising the many varied health and social needs of those within this target group, smoking quit rates remain low. Working with the Midwifery team, recommendations for future delivery following the one-year pilot, may include a generic support worker role, with stop smoking support included within this, as part of a wider patient centred approach.

MAMSS programmes across Wales contribute to the NHS Performance Ministerial priorities, to reduce smoking in pregnancy rates in Wales. 15% of pregnant women were recorded as smoking at initial assessment in Wales 2021-2022, (9.3%, Cardiff and Vale University Health Board), with 12% smoking at birth (10.8%, Cardiff and Vale University Health Board). Smoking rates both at booking and on delivery are higher in younger women in Wales - 33%, 16-19 years, (initial assessment), compared to 10.6%, 30-34 years. On delivery 29%, 16-19 years are recorded as smokers, compared to 9.5%, 30-34 years (Maternity and Birth Statistics, 2021-2022, Welsh Government).

A review of all MAMSS programmes in Wales is currently being undertaken by Public Health Wales on behalf of Welsh Government. As part of a consultation process, local and national meetings have taken place, noting our revised delivery model with improved delivery outcomes noted.

- **Smoking Prevalence**

National Survey for Wales, annual data. Previously reported on (July 2022). Cardiff and Vale UHB 12% smoking prevalence; 26% smoking rates reported in the most deprived and 11% in the least deprived areas. Next release, July 2023.

Saunders, Nathan
17/04/2023 14:50

QUALITY AND SAFETY

Concerns

During January and February 23, it is pleasing to note that, despite the current demand on the service, we have achieved a slight improvement in our overall 30 working day response time for all concerns. We closed 77% of concerns in January within 30 working days and 81 % in February.

30-day performance

October 85%

November 77%

December 80%

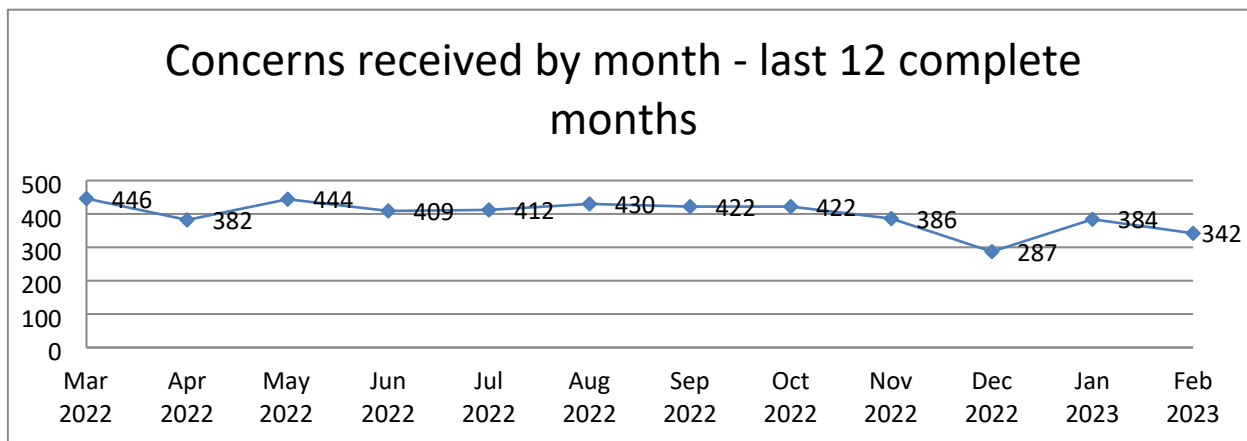
January 77%

February 81%

In January and February, we noted a slight increase in the number of concerns processed in line with Early Resolution (ER) (*this process can be utilised dependent upon the nature of the concern*). We managed 65 % of concerns under ER which is an increase of 2% in comparison to December and January. Early Resolution aims to ensure a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

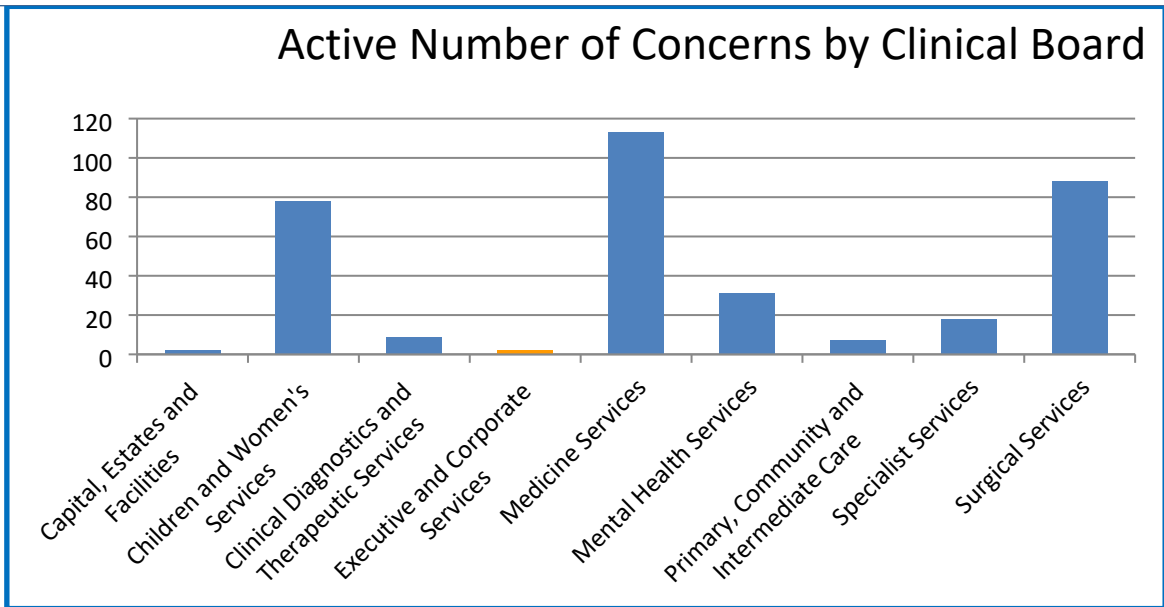
It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved. We will continue to monitor the performance and conversion rates from Early resolution to formal process.

As anticipated, we have noted an increase in concerns since the previously reported decrease during the Christmas holiday period. Whilst the Health Board continues to feel the pressure due to the current demands on the service we continue to be focused upon responding to concerns and improving the response times whenever possible. We continue to feedback to Clinical Boards the themes identified in the concerns (complaints, claims and redress process) aligned with the patient feedback and compliments data.

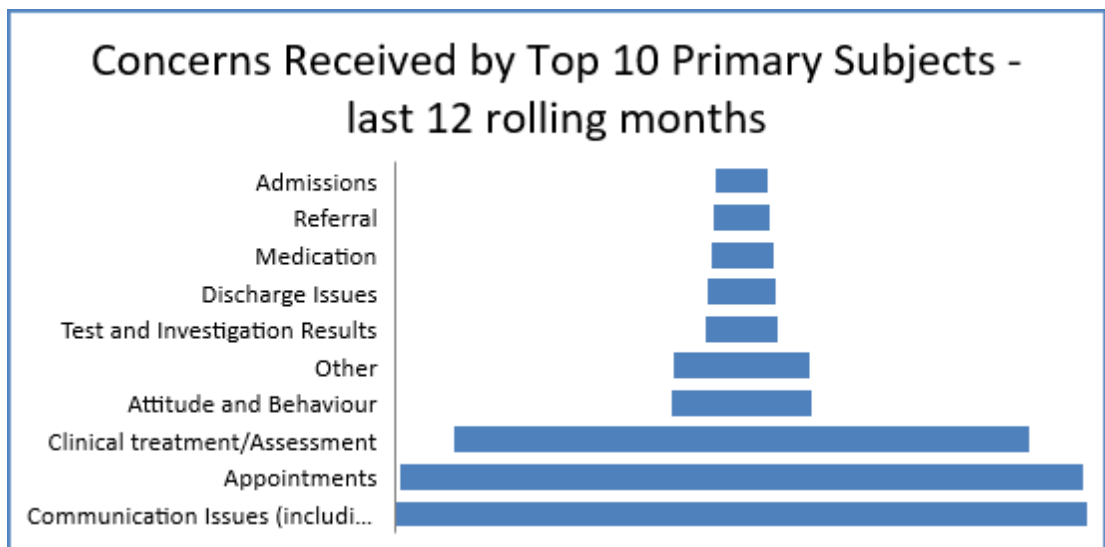


We currently have 348 active concerns. Surgery and Medicine Clinical Boards consistently receive the highest number of concerns, the high volumes of concerns received in Medicine and Surgery Clinical Board is in line with the number of patient contacts and complex care both Clinical Board's provide. The number of cancellations and delays due to Covid or Industrial action and the significant increase and demand on services like EU are reflected in the numbers and nature of concerns received.

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The graph below demonstrates the 10 main themes noted in Concerns.



Communication and Clinical treatment have historically been noted as the primary subject in concerns, however, concerns regarding cancellations of appointments have increased and follows closely behind Communication. We continue to see an increase in concerns regarding environment, facilities and attitudes and behaviours.

Compliments

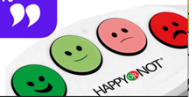
It is pleasing to note that we are seeing an increase in the number of compliments being shared. We have received 85 compliments during January and February

Every Friday on Social Media we publish some feedback from our Kiosks which receive positive comments on twitter. The feedback from staff and patients to these tweets is very positive

Saunders, Nathan
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This lovely comment was left on our Happy or Not feedback machines at University Hospital Llandough.

"I saw my consultant today and the appointment was really good, he explained everything clearly, and all the staff in the department were polite and helpful."



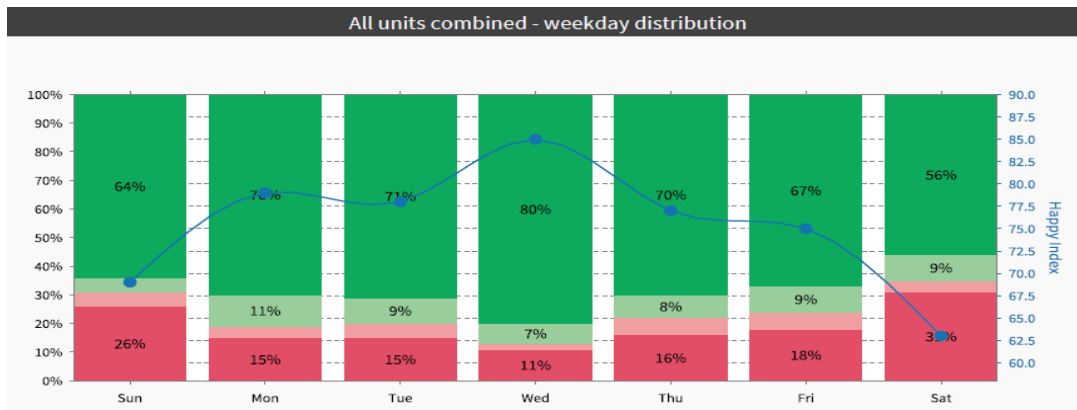
Patient Experience Feedback HappyOrNot feedback (All locations)

In relation to the 'HappyOrNot' feedback, those reported as being satisfied are respondents who when asked: **How would you rate the care you have received?**

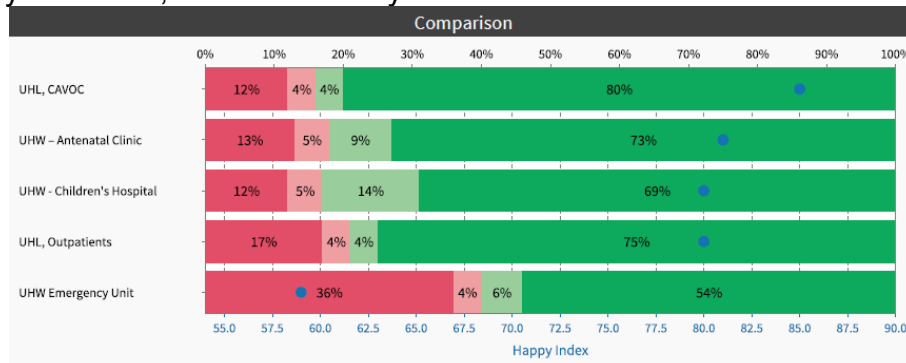
A breakdown of the feedback for December and January is:

Summary values	December	January
Surveys completed	1669	1232
Response: Very happy button (Excellent/Very	65%	69%
Response: Happy button (Good/Positive)	7%	8%
Response: Unhappy button (Fair/Negative)	4%	5%
Response: Very unhappy button (Poor/Very	24%	18%
Respondents satisfied	72%	77%

Below Gives the January feedback, broken down by which day of the week the feedback was received:



There is a theme of satisfaction being lowest on a weekend across the UHB
Gives the January feedback, broken down by kiosk location:



HappyOrNot feedback (EU areas only)

The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	December	January
Surveys completed	803	277
Respondents satisfied	60%	60%

Civica 'Once for Wales' platform

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Our system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS. At the time of reporting we have contacted some 37.227 people for feedback via text messaging we are seeing a return rate of 18%. It is our understanding this is higher than many organisations but will be a focus for improvement with more targeted experience data collection over the next year with an aim for a minimum return of 25%.

The table and figures below give some of the summary information received during December and January.

Summary values	December	January
Surveys completed	1148	1599
Respondents satisfied	88%	89%

For the above, the 'Respondents satisfied' figure is based on those who answered the rating scale question: *Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?* and gave a score of 7 or more.

Table below. Gives a detailed breakdown of January's rating question feedback.

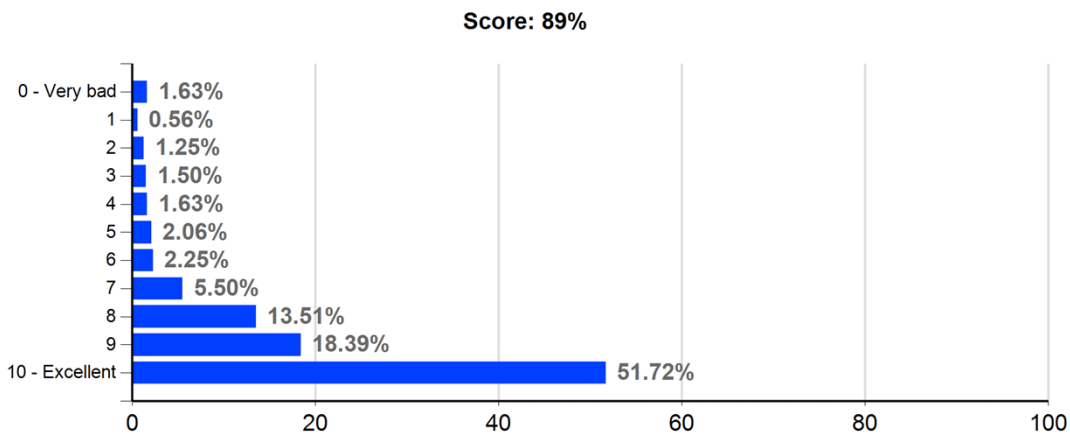
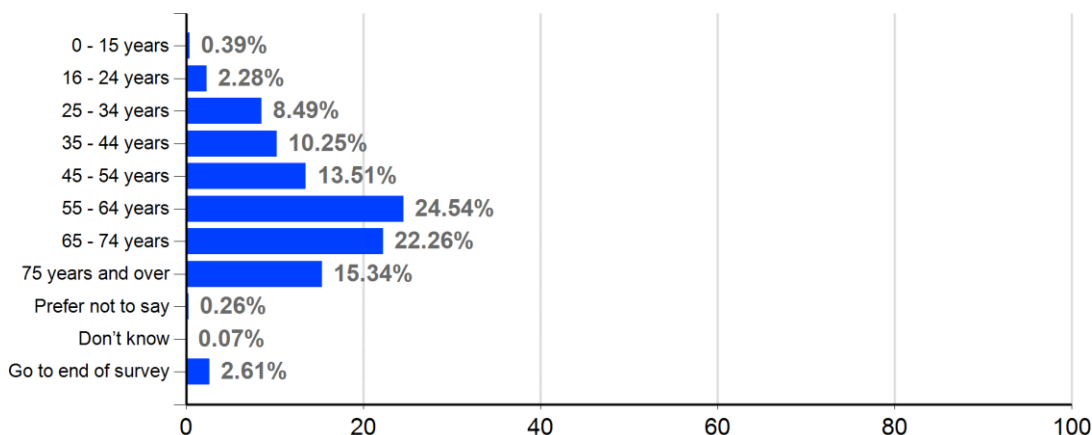


Table below. Gives January's feedback, broken down by age group of respondents.



The reports available via the Civica platform are quite detailed and include:

- Survey summary
- Heat map
- Comment report
- Custom reports

It is hoped that in coming months the platform will act as our main 'hub' to collect and collate feedback from various sources e.g. SMS, paper, other links, tablets and kiosks. The system will also enable users to create and deploy their own survey designs and analyse their feedback.

In order to improve the services, we provide, the Patient Experience Team are looking to increase the ways we receive feedback from patients relating to the care they receive. Throughout the month of February, the team including volunteers will be visiting all ward and clinic areas to install the attached stickers/posters.

The Feedback poster will be in A5 size and is a washable adhesive backed sheet which we will place on bedside cabinets, along with this we will place the Feedback Poster at the entrances of all ward areas. Finally, the sticker will be used in communal areas

Embedded within the poster/sticker is a QR code to the survey, along with a contact number and email address for patients who are not able to access the survey digitally. We will monitor the calls to the mobile Patient Experience number and redirect or address queries where appropriate.

The Patient Experience team will review results from the survey which will then be shared with Clinical Boards

We are developing the poster in other languages and will target the areas where we currently know there is a high demand for interpretation services in the specific languages -as the process develops we will also have the BSL survey established

The roll out will be coordinated through our Patient Experience staff and volunteers.

We anticipate this will provide us with more meaningful real time data for ward and clinical areas

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Cardiff and Vale University Health Board

Dywedwch wrthym am eich profiad diweddar
Please tell us about your recent experience

Mae eich adborth yn bwysig i ni
I gwblhau arolwg byr ar eich profiad diweddaraf sganiwch y cod QR isod

Your feedback matters to us
To complete a short survey please scan the QR Code below

Am fwy o wybodaeth, ffoiniwch 07980 732555
(mae'r llinellau ffôn ar agor o ddydd Llun i ddydd Gwener 10am - 1pm)
neu e-bostiwch: Pe.cav@wales.nhs.uk

For more information, please call 07980 732555
(phone lines are open Monday - Friday 10am - 1pm)
or email: Pe.cav@wales.nhs.uk

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PATIENT SAFETY – Incident reporting

The chart below illustrates patient safety incidents reported during February 2023 by incident type. A total of 1490 incidents were reported affecting patients/service users, during this period. As is usual, accident/injury (falls) and pressure damage, are the most commonly reported incidents.

Pressure damage is subject to investigation to establish if there were any modifiable elements or omissions in healthcare. Avoidable pressure damage that is deemed to be associated with healthcare provision are subject to national reporting requirements.

Falls investigations are subject to a scrutiny panel, a new UHB Falls Lead is being appointed within the Corporate Team to lead on this crucial improvement work.

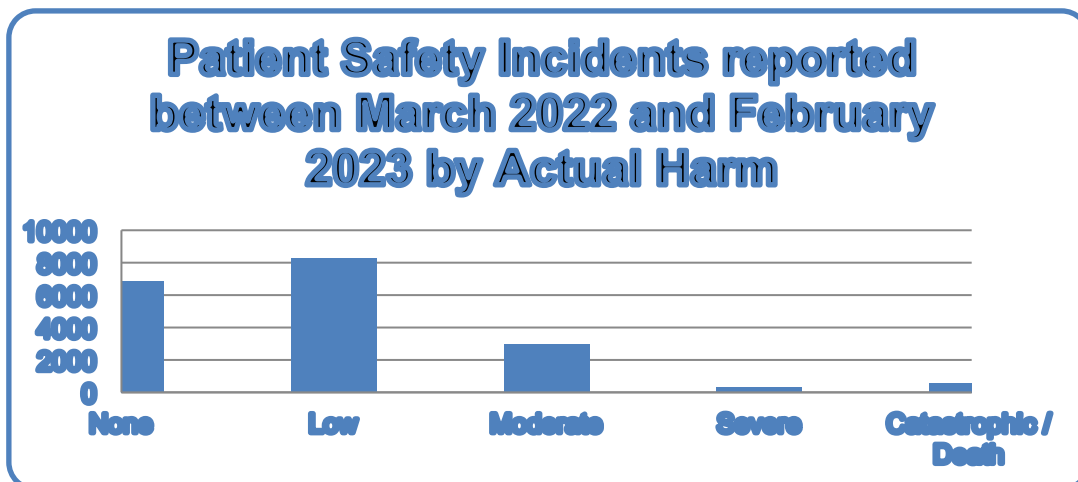
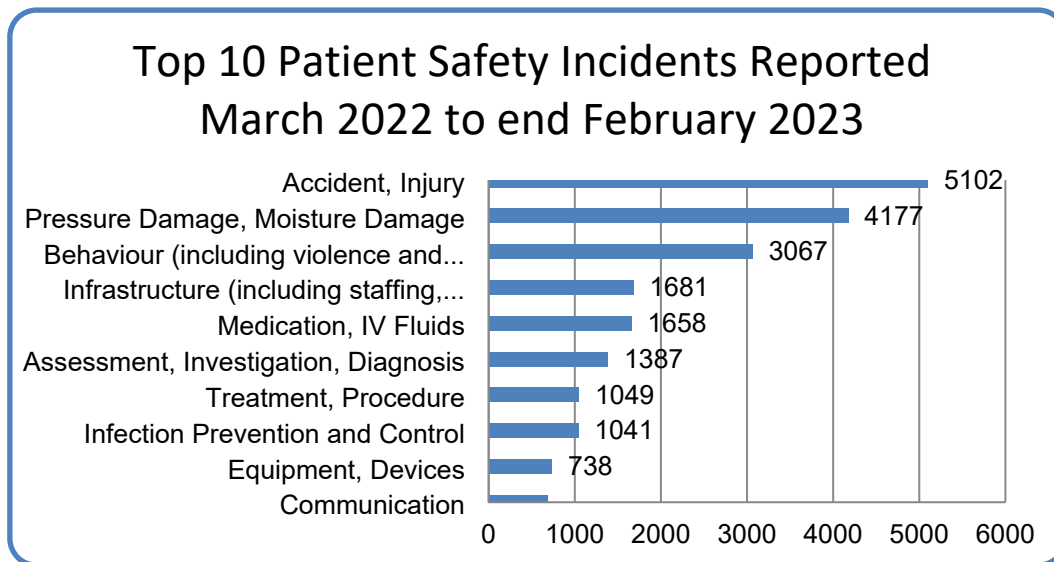


Figure above shows the breakdown of patient safety incidents reported between March 2022 and February 2023 by harm – this is the initial harm grading assigned by the incident reporter. None and low are the highest reported category which is reassuring and demonstrates an open reporting culture that recognises the importance of ‘near miss monitoring’.

We now have a full years’ worth of data entered into the new RL Datix OfWCMS system. Between 1st March 2022 and 28th February 2023, C&V reported 19,184 patient safety incidents, 20% (3,913) of these would have met the criteria for triggering DoC (reported as moderate harm and above), an important consideration when planning for Duty of Candour. We are aware that there will be a significant amount of review required in relation to the grading to ensure that the Duty of Candour is implemented in line with the regulations. The Patient Experience Team have been working with the Clinical Boards and Primary Care contractors to raise awareness and agree the processes from 1 April 23 .

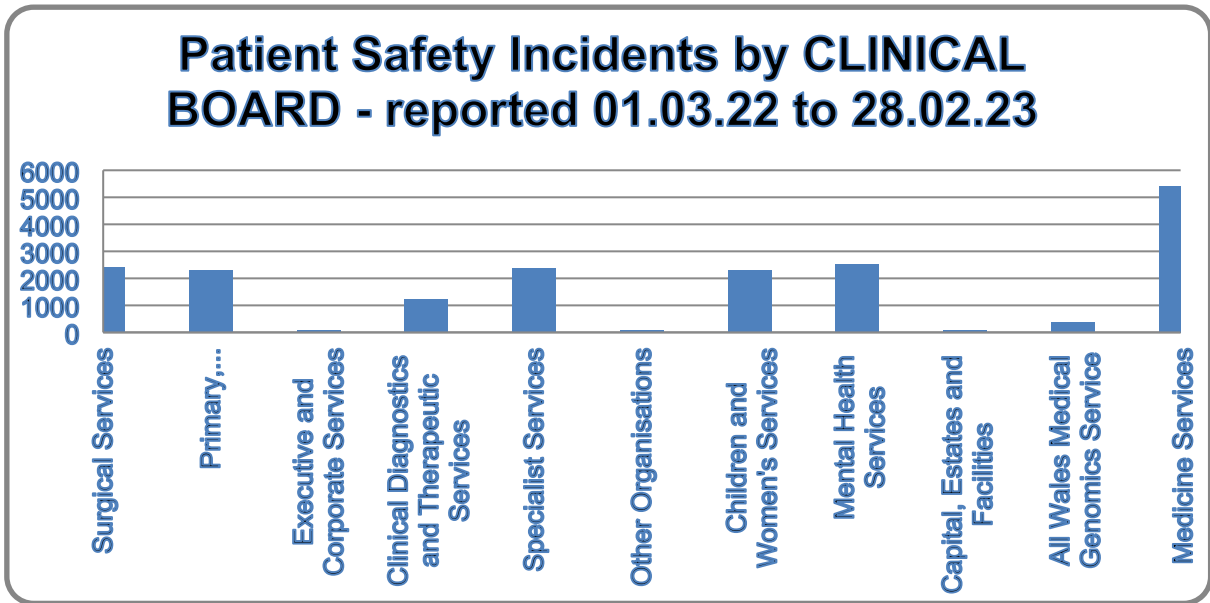
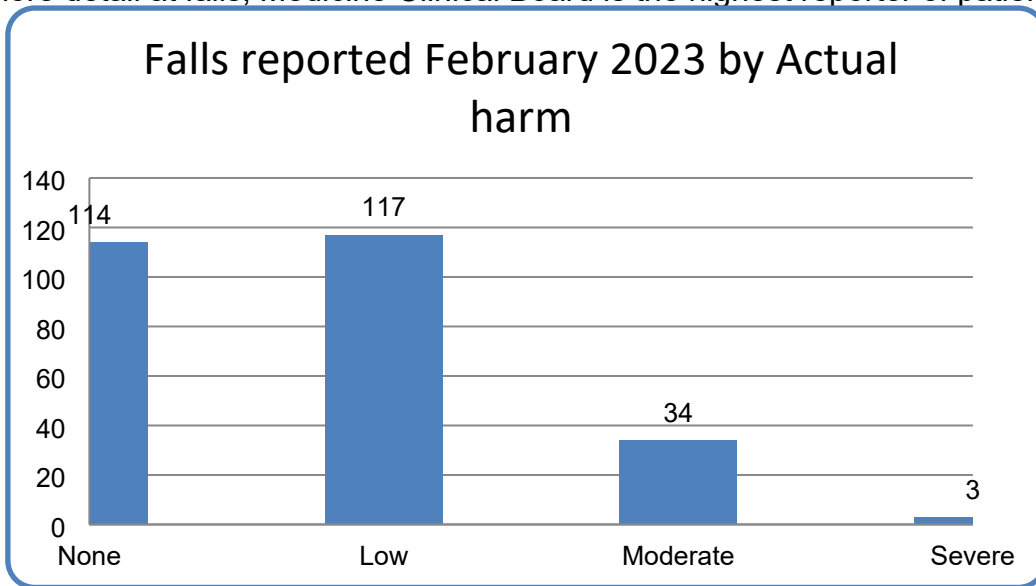


Figure above shows that Medicine Clinical Board is the highest reporter of patient safety incidents reporting 28% of the total for that year, as already highlighted, a significant proportion (21%) of these are reporting falls.

Falls

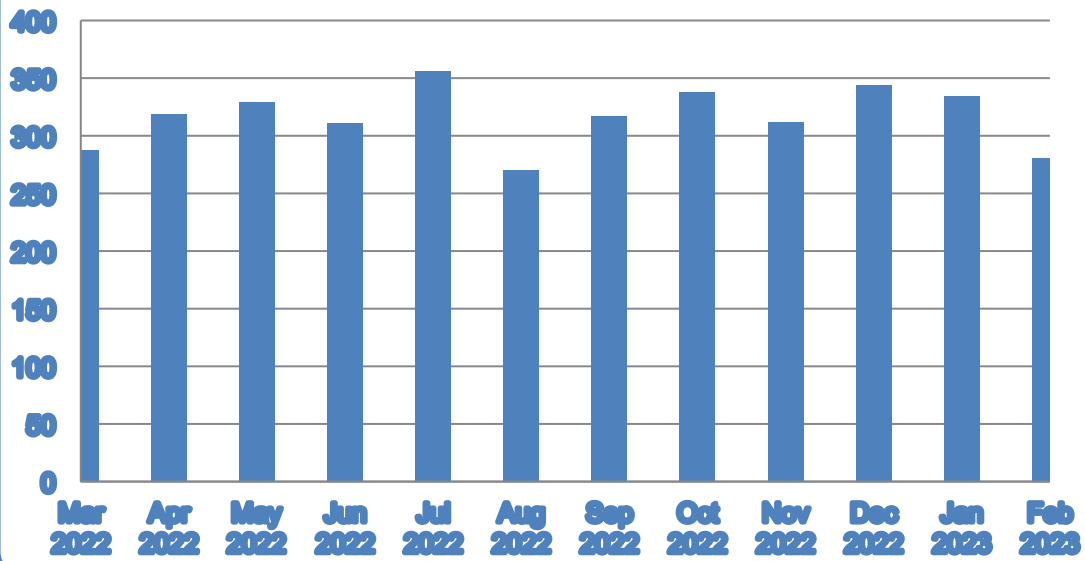
Looking in more detail at falls, Medicine Clinical Board is the highest reporter of patient falls.



As can be seen above, the majority of falls reported are associated with no or low harm.

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Falls Incidents by Date Reported (Month and year)



The table shows the reporting trend for patient falls between March 2022 and February 2023.

Patient Falls by Cause reported in February 2023

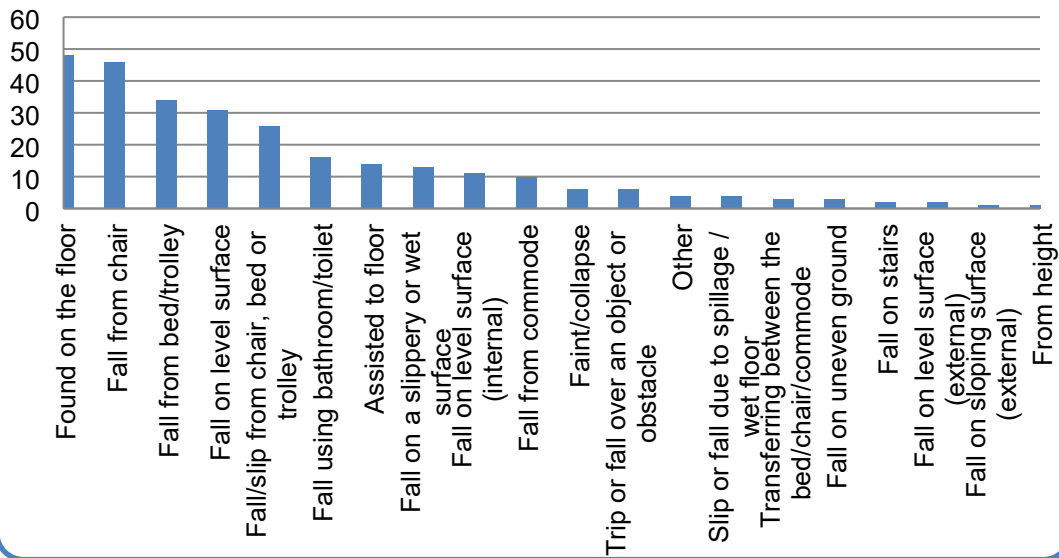
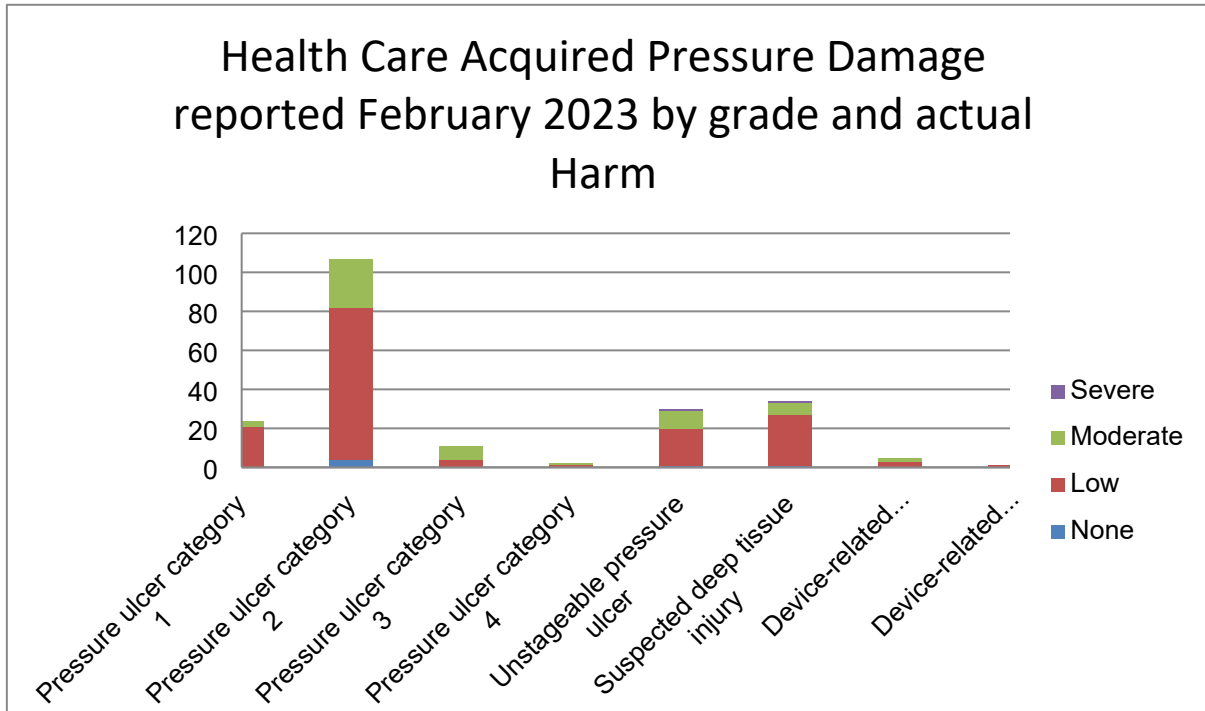


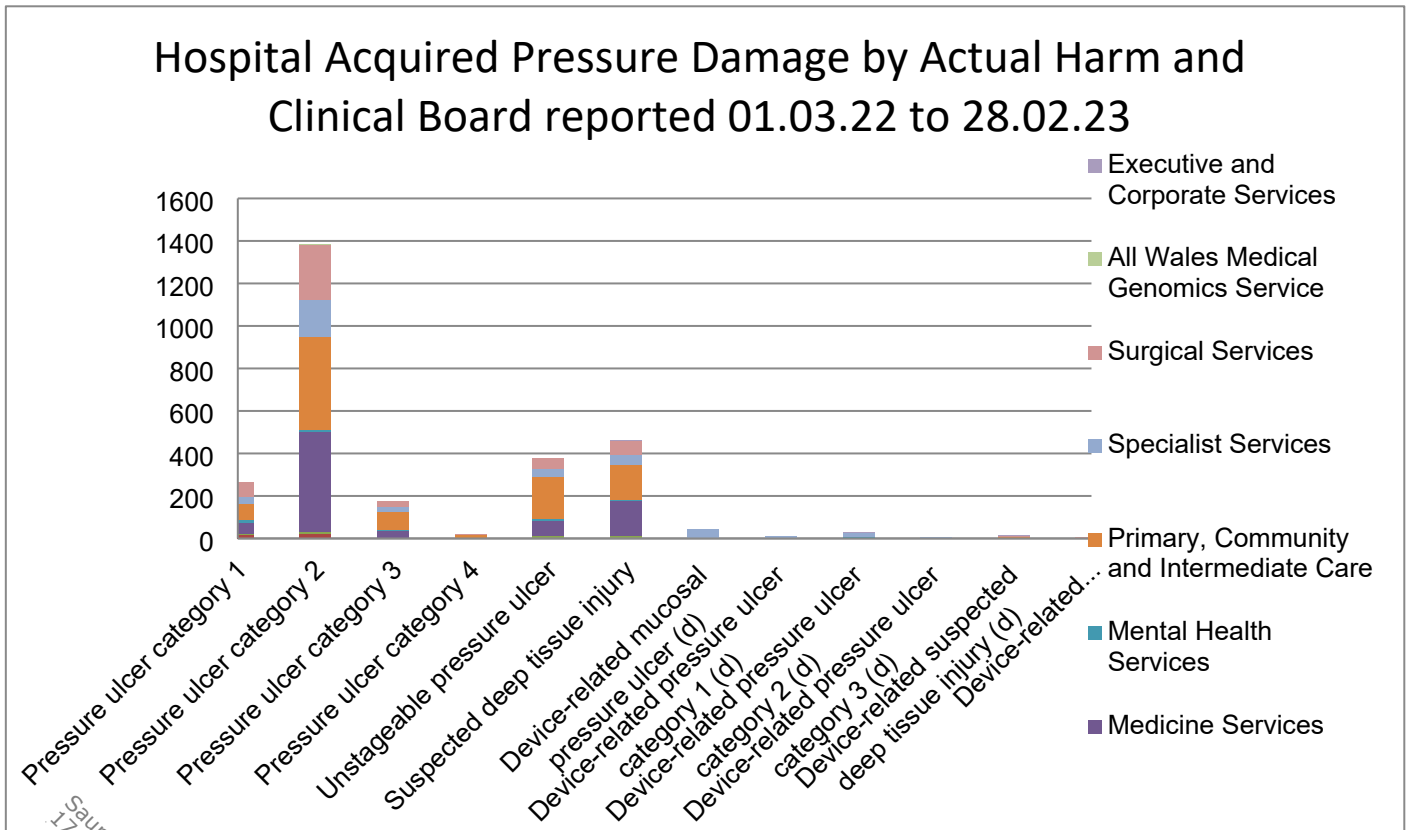
Fig. 7 shows that 'found on floor' is the highest reported patient fall cause.

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Pressure Damage



The table shows a breakdown of hospital acquired pressure damage reported in February. Category 2 is the usually the highest reported occurrence.

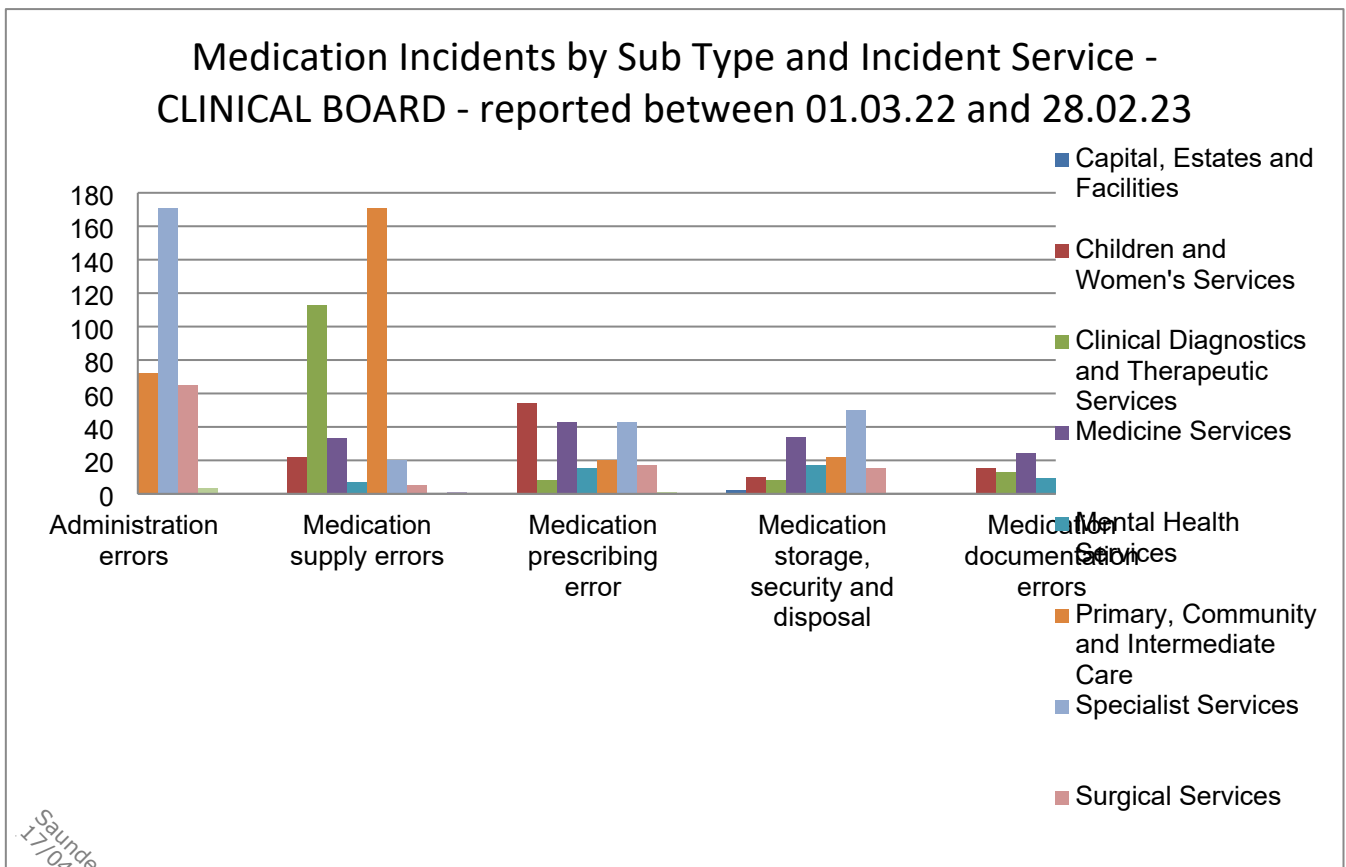
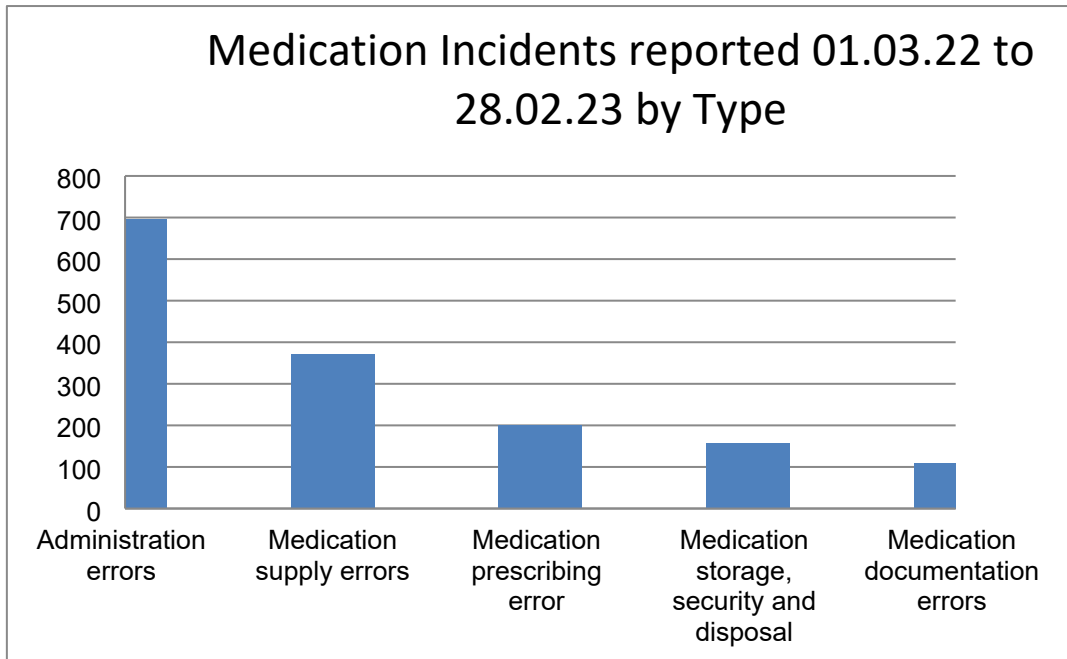


The graph above shows that Medicine and Primary care are the highest reporters of care acquired pressure damage.

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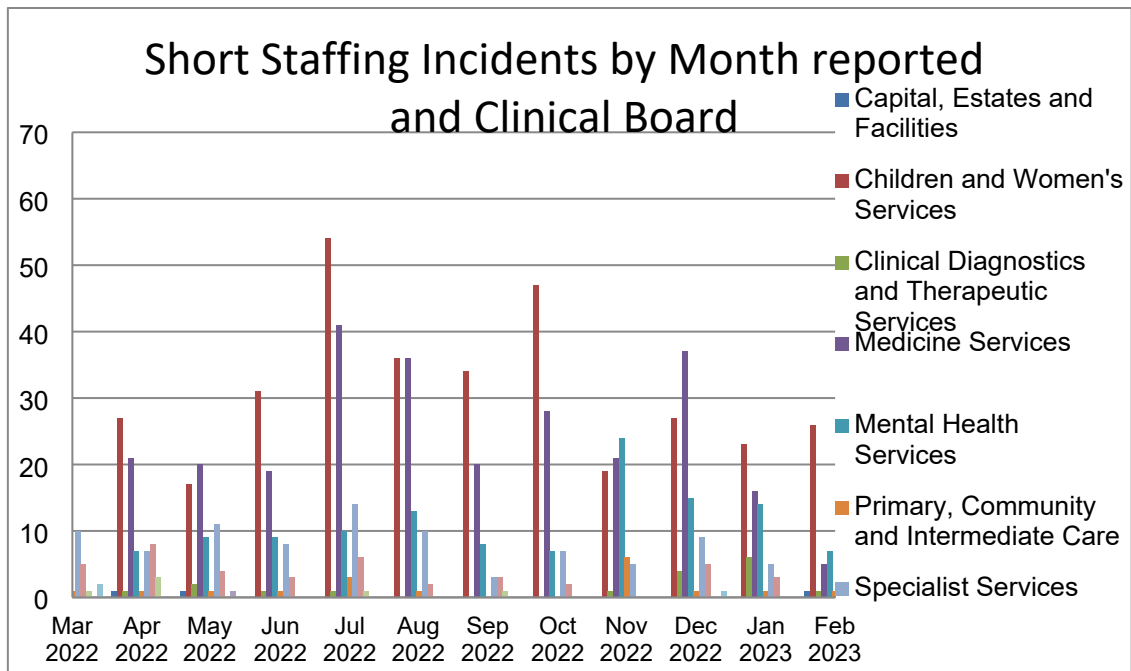
Medication Errors

Looking at medication errors for the period of March 2022 to February 2023, administration errors are the most commonly reported medication incident (Fig.9); Medication Safety was the topic of the last World Patient Safety Day.



The table shows that Primary Care and CD&T more commonly report medication supply incidents, whereas Medicine, Specialist and Children and Women more commonly report medication administration incidents.

Staffing



Children and Women and Medicine are the Clinical Boards who report the higher levels of short staffing incidents.

Nationally Reportable Incidents (NRIs)

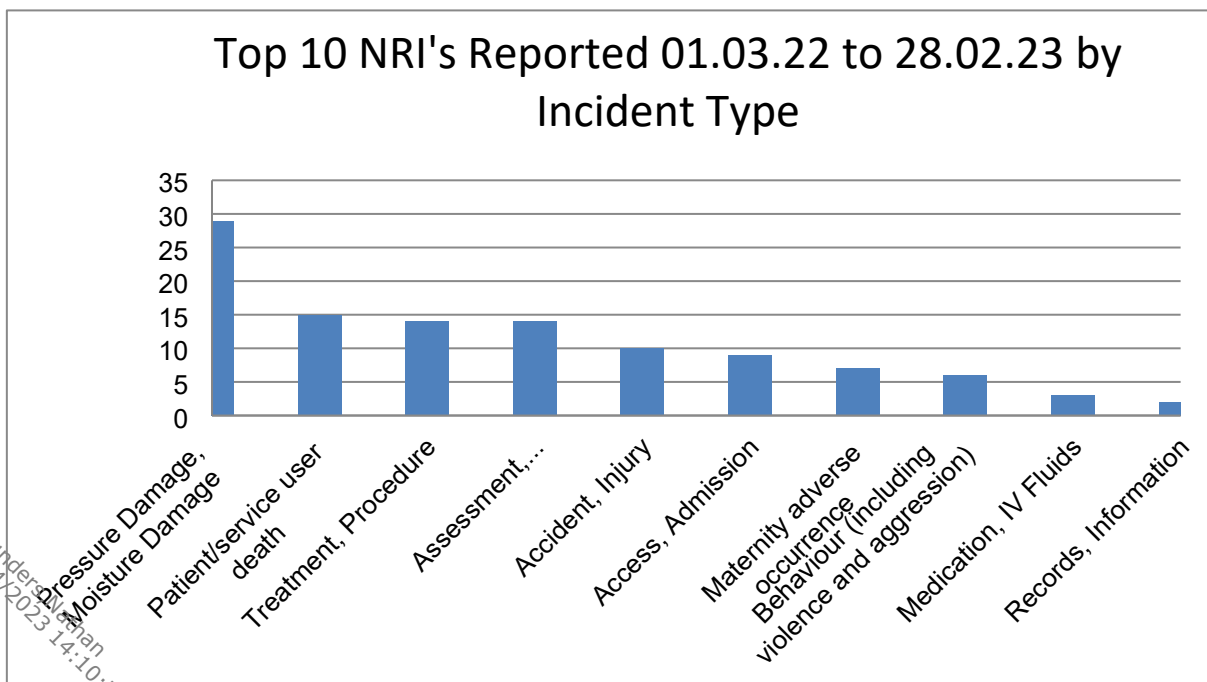
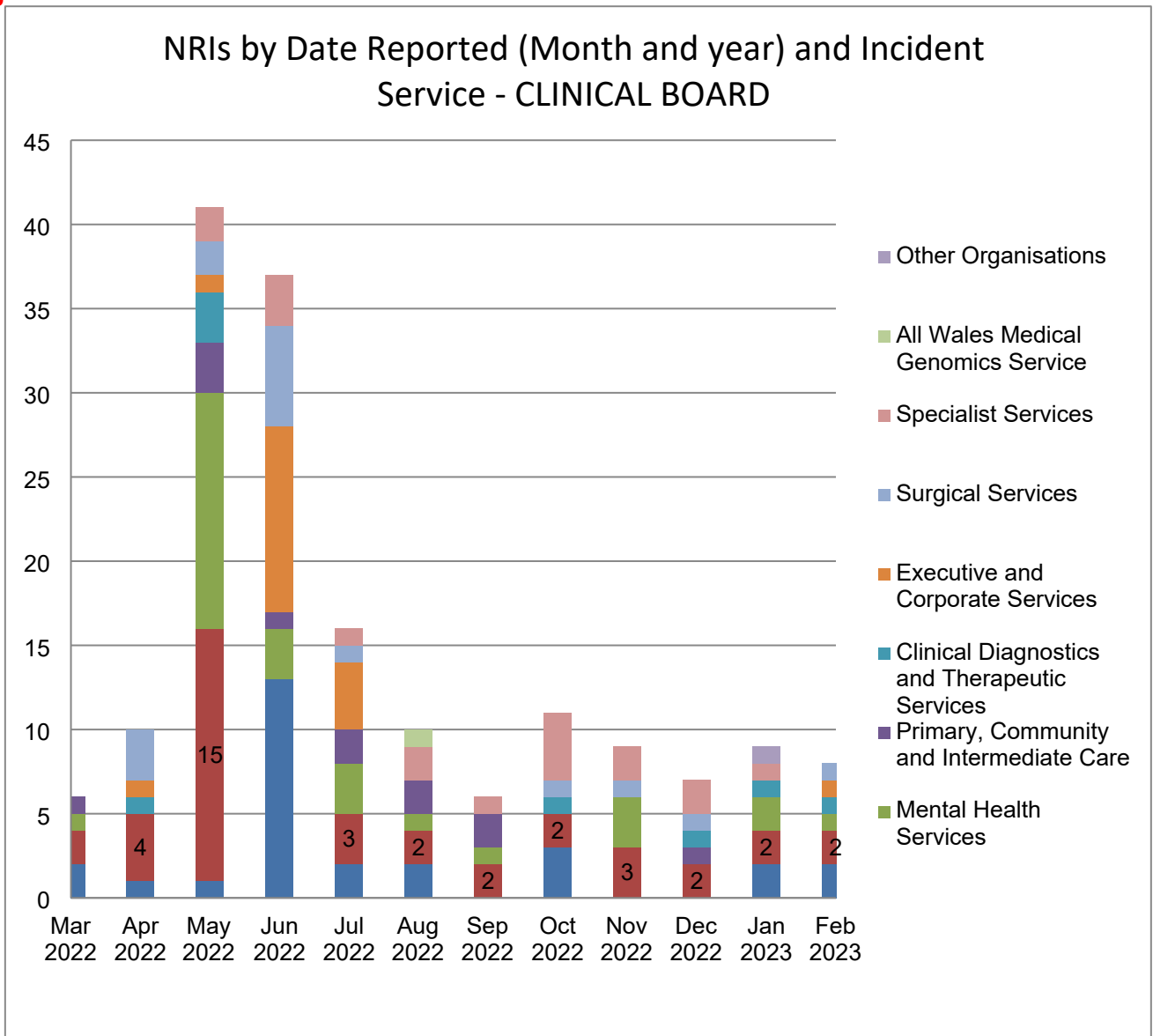
The table illustrates performance of Nationally Reportable Incidents until 28th February 2023. It is an improving position and reflects the focus and hard work of the Clinical Boards and Patient Safety Team. However, the number of open and overdue NRIs increased in February.

	Open	Overdue
September 2022	53	34
October 2022	48	29
November 2022	51	26
December 2022	43	19
January 2023	46	20
February 2023	57	26

Clinical Board	Open NRIs as of 03.03.23	Overdue NRIs as of 03.03.23
Children and Women	10 ↑	5 ↓
CD&T	4 ↑	0 ↔
Executive	3 ↑	2 ↔
Medicine	7 ↑	3 ↓
Mental Health	12 ↓	6 ↑
Surgery	6 ↓	3 ↔
PCIC	3 ↔	2 ↔
Specialist	10 ↔	5 ↑
Total	57 ↑	26 ↑

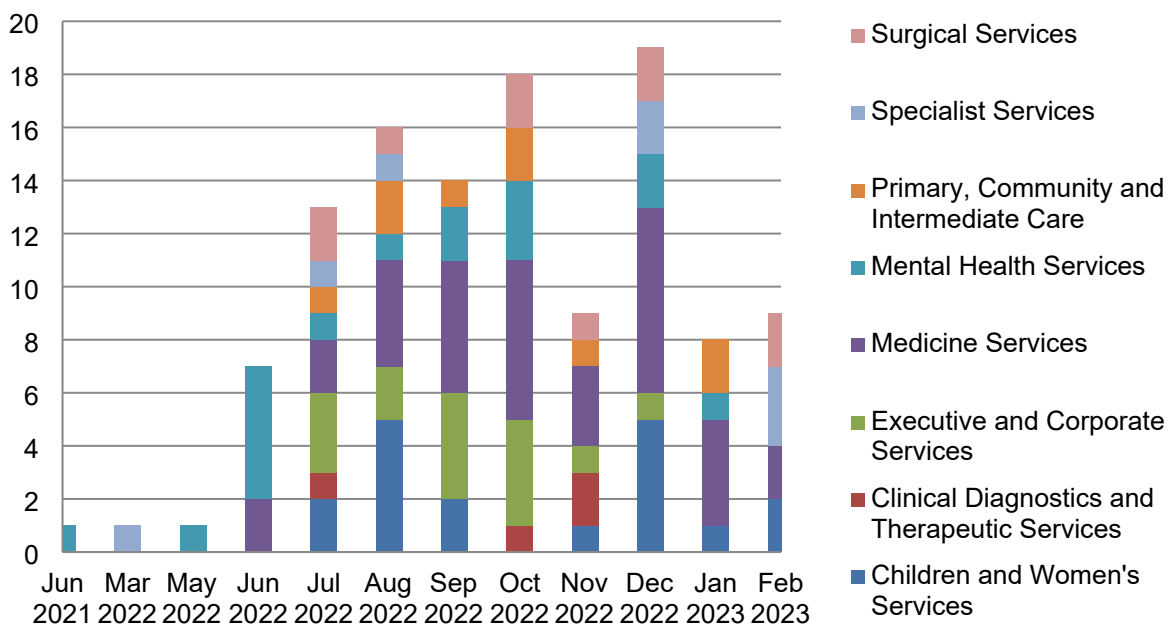
The above shows that most Clinical Boards have seen an increase in open NRIs over the last month. The following chart shows the trend over the last year for NRIs reported by Month and by Clinical Board. The high reporting figures in May and June reflect the requirement for Clinical Boards to migrate their ongoing open NRIs from the old datix system to the new RL Datix OfWCMS. -Once for Wales System

Fig.12



Pressure damage continues to be the highest reported NRI to NHS Wales Delivery Unit.

NRIs Closed between 01.02.22 and 28.02.23 by month and Clinical Board



A significant number of the closure forms submitted by Medicine Clinical Board relates to hospital acquired avoidable pressure damage.

Mortality

The November 2022 Quality Safety and experience committee agreed a three-tier model for reporting and monitoring mortality data across the Health Board.

Tier 1 Health Board wide mortality measures which will be reported including All-Cause Mortality and Crude inpatient mortality.

Tier 2 - Clinical Board level mortality indicators which includes some condition specific mortality indicators.

Tier 3 – speciality level mortality indicators to include condition and intervention specific mortality data.

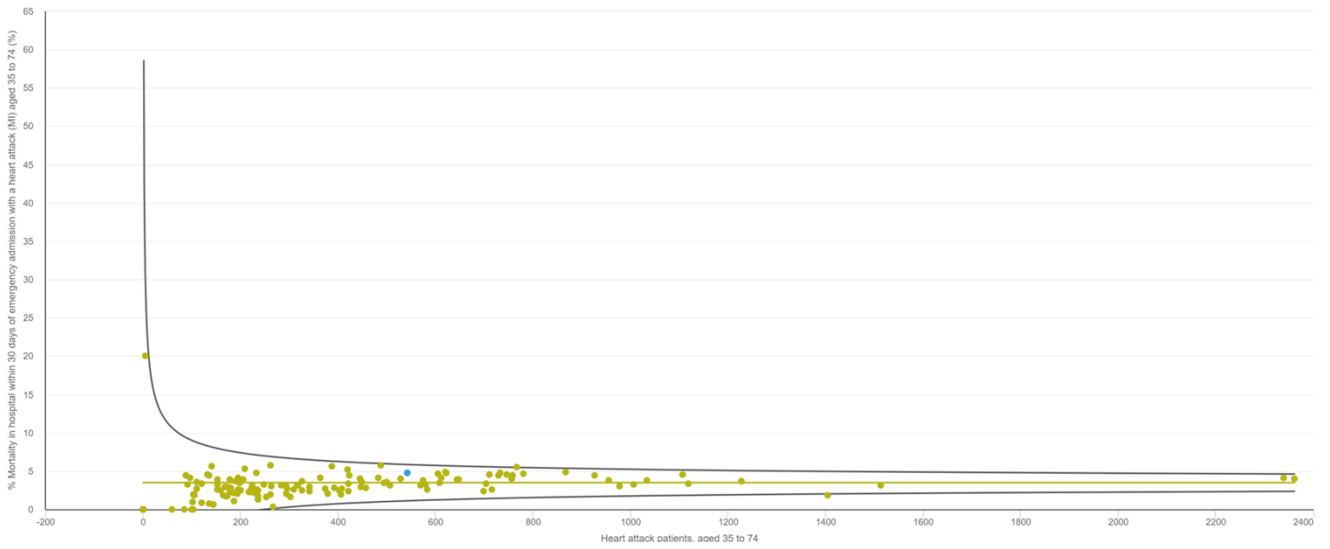
Tier 1 mortality data will be included as part of the quality indicators report on a regular basis and Tier 2 indicators will be reported to board a six-monthly.

Tier 1 Mortality

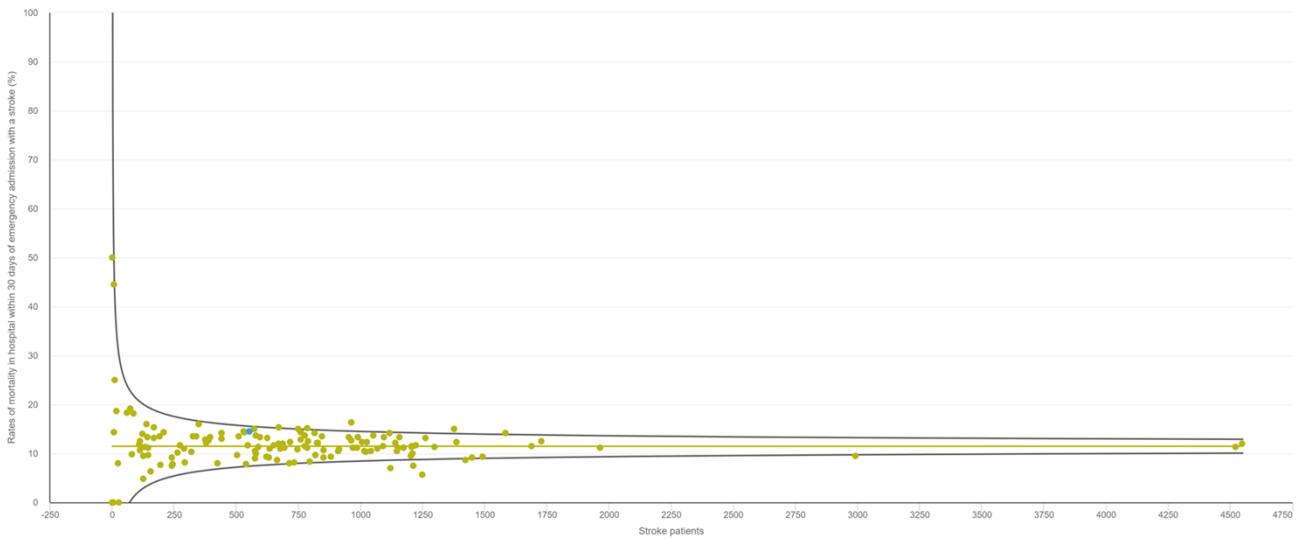
Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates a mortality rate that is comparable to the 5-year average for the same reporting week with the exception of March 2020 and December 2020 to February 2021, the first and second waves of covid-19 where inpatient deaths rose above the 5-year average.

Crude all-cause mortality demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan regardless of where they occurred. COVID – 19 deaths the pink line illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic (Spring 2020 and Winter 2020/21).

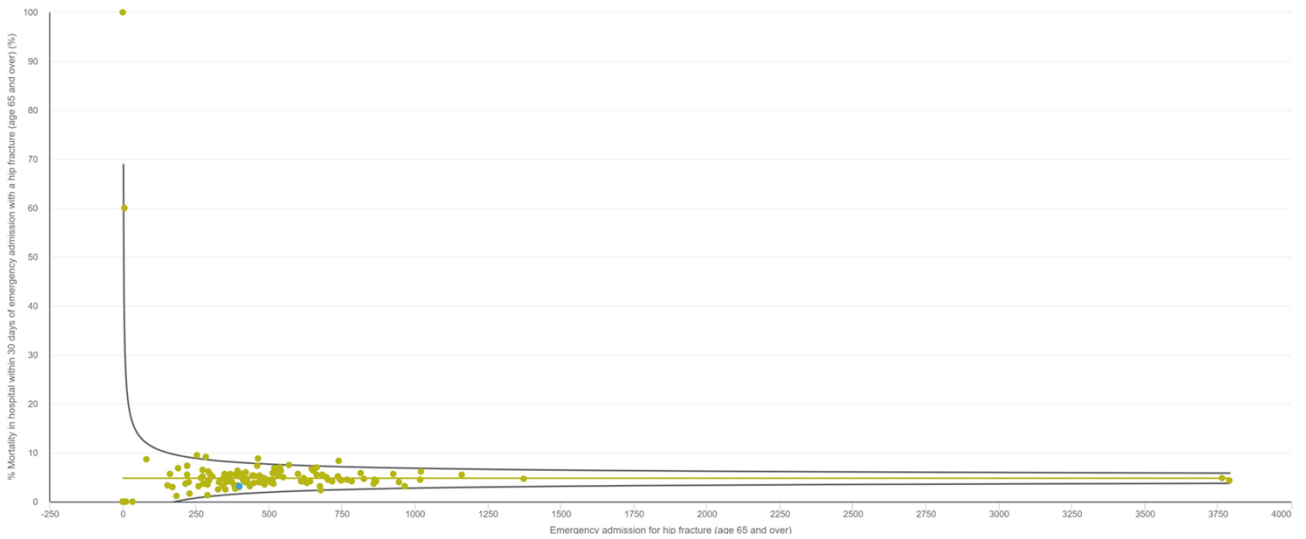
% Mortality in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74



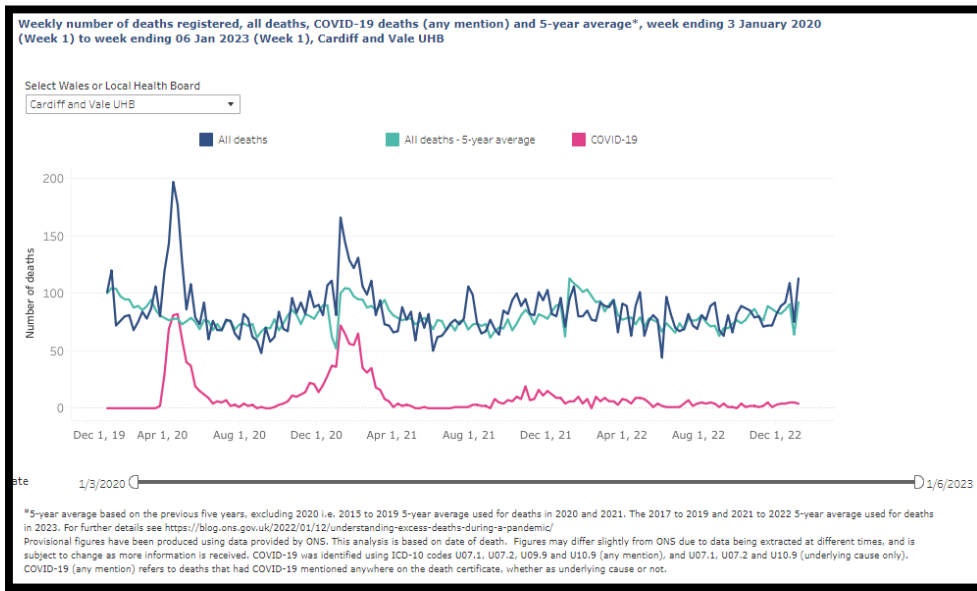
Rates of mortality in hospital within 30 days of emergency admission with a stroke



% Mortality in hospital within 30 days of emergency admission with a hip fracture (age 65 and over)

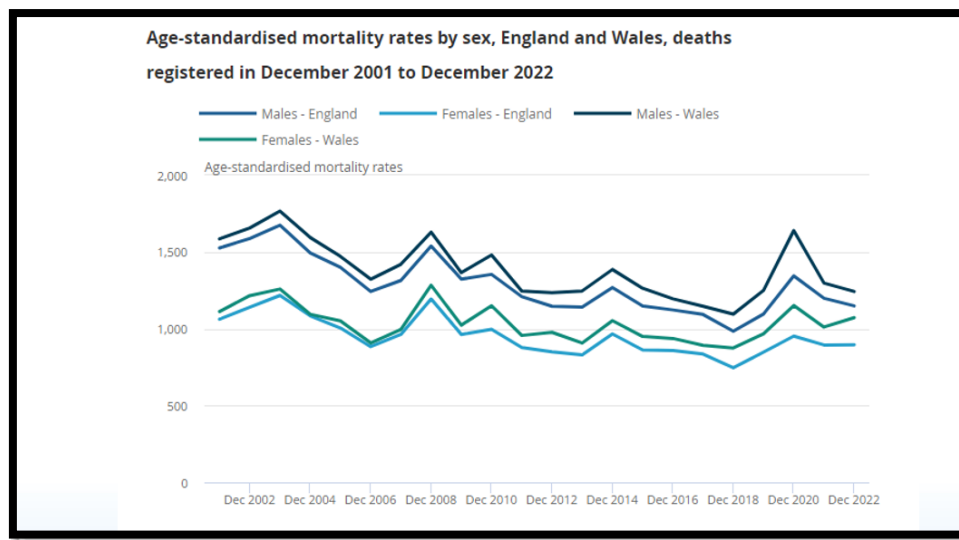


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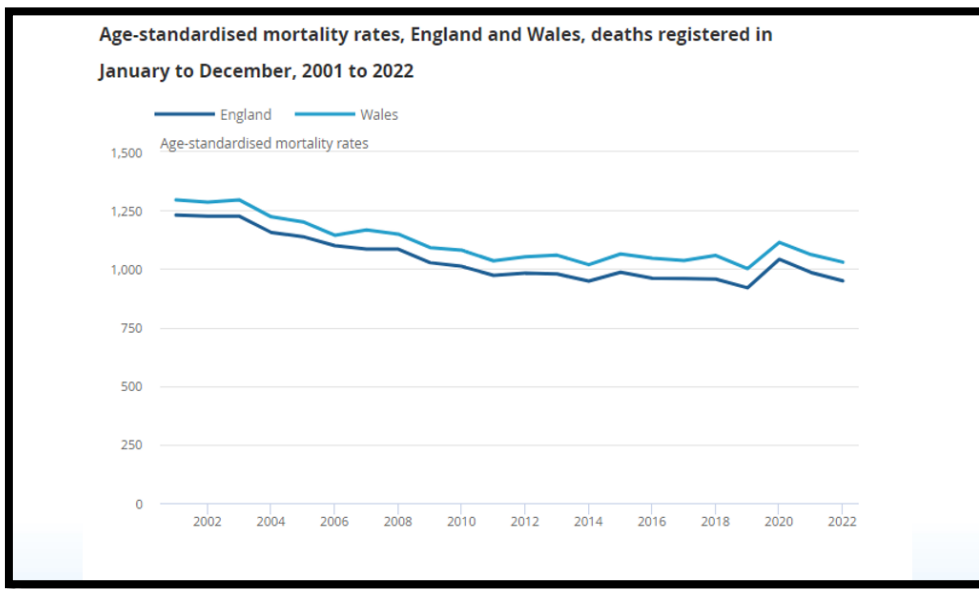
Source: Public Health Wales Covid Dashboard, ONS Mortality ([CovidDashboard_ONSmortality | Tableau Public](#))

Age standardised mortality by sex is shown to be lower in December 2022 (figure 3) when compared to the same period in 2021, although this reduction is not statistically significant in Wales. The age-standardised mortality rates in 2022 were significantly lower than most other years since 2001 in Wales and England (figure 4), although it remains above the rate observed in 2019.



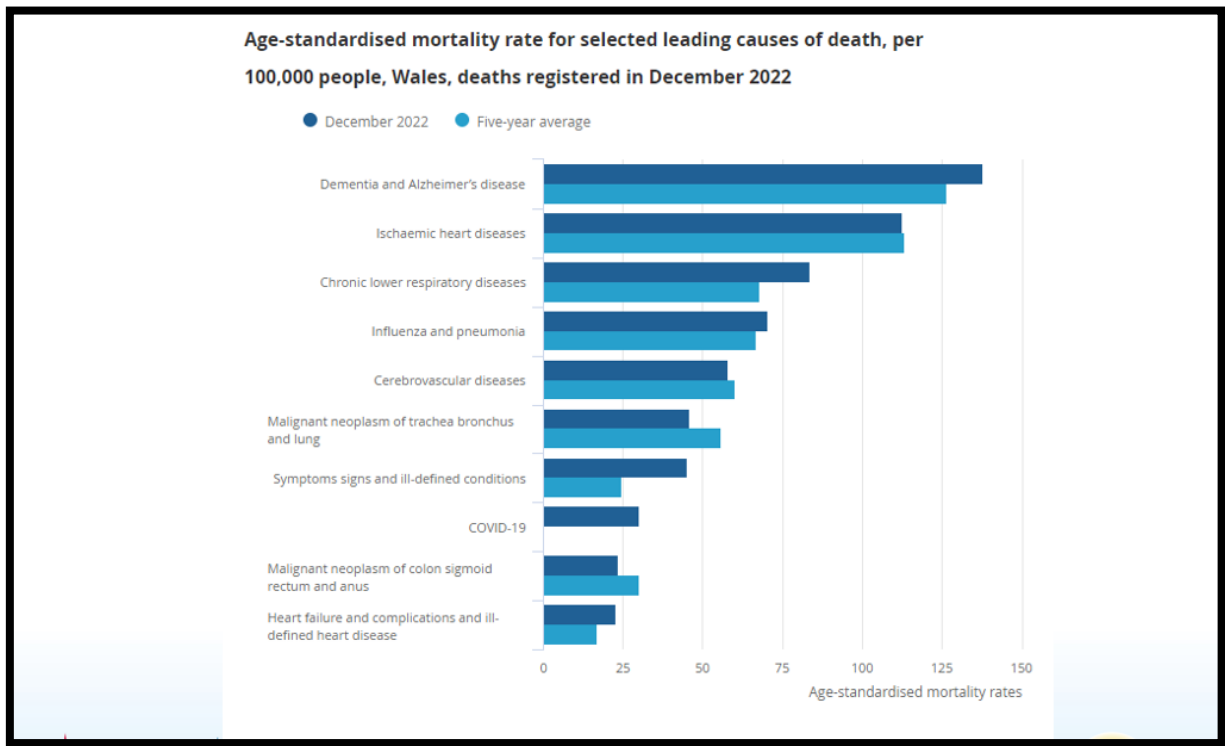
Source: [Monthly mortality analysis, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

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Source: Monthly mortality analysis, England and Wales - Office for National Statistics (ons.gov.uk)

Figure 5 illustrates that Alzheimer's and dementia remains the leading cause of death in Wales in December 2022, with a rate higher than the five-year average.

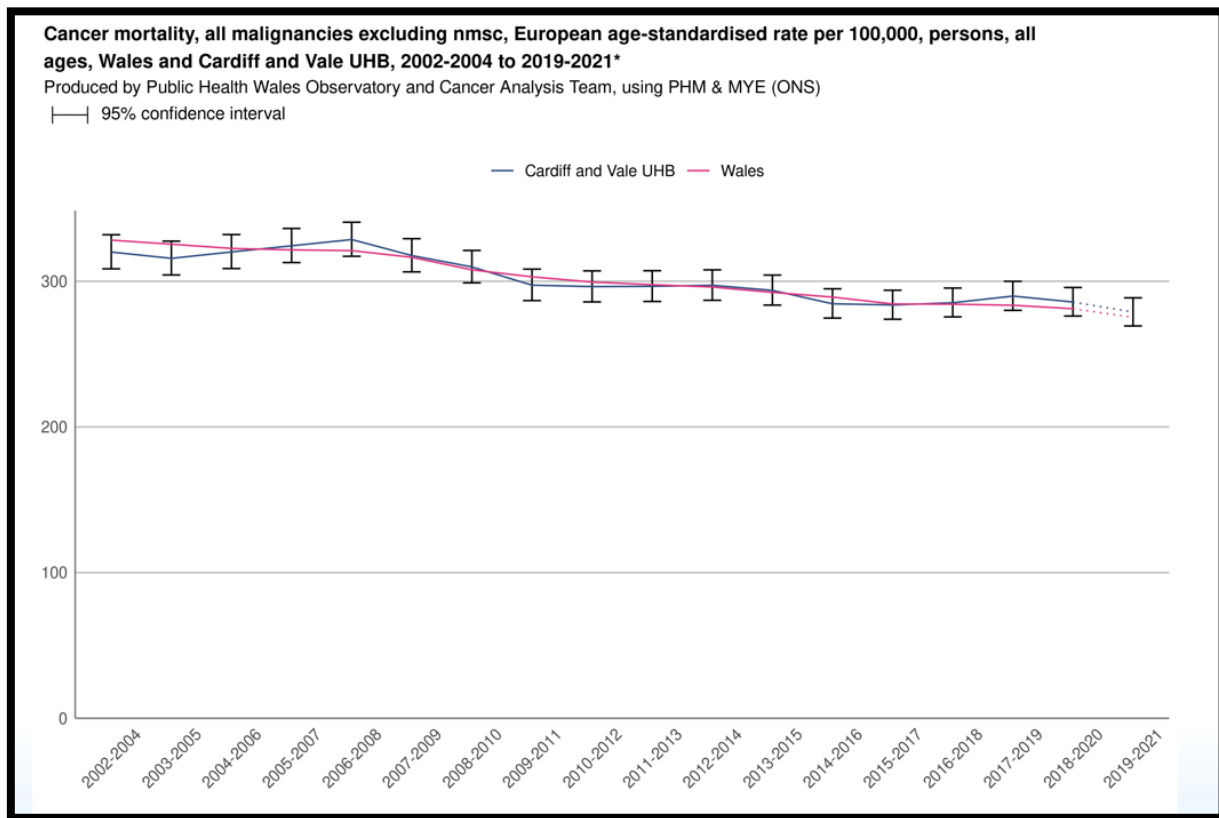


Source: Monthly mortality analysis, England and Wales - Office for National Statistics (ons.gov.uk)

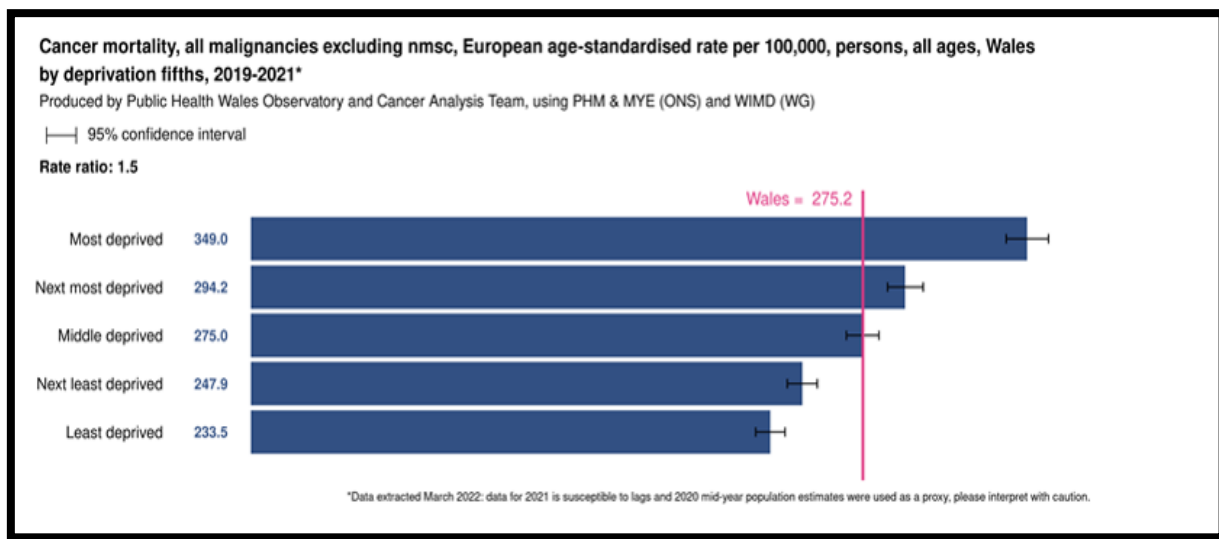
Figure 6 illustrates cancer mortality rates per 100,000 population (excluding non-melanoma malignant neoplasm) and demonstrated a reducing trend in population rates in Wales and in Cardiff and Vale UHB area.

Figure 6

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The age standardised cancer mortality, reported as mortality per 100,000 population, demonstrates significant variation in relation to deprivation. Mortality rates in those living in the most deprived fifths in Wales are around 50% higher than those living in the least deprived areas. The pandemic has impacted on this for some diagnoses, particularly marked in colorectal cancer mortality, where inequalities in cancer mortality increased rapidly from a 30% relative difference between the most and least deprived areas of Wales in 2019 to 80% by 2021.

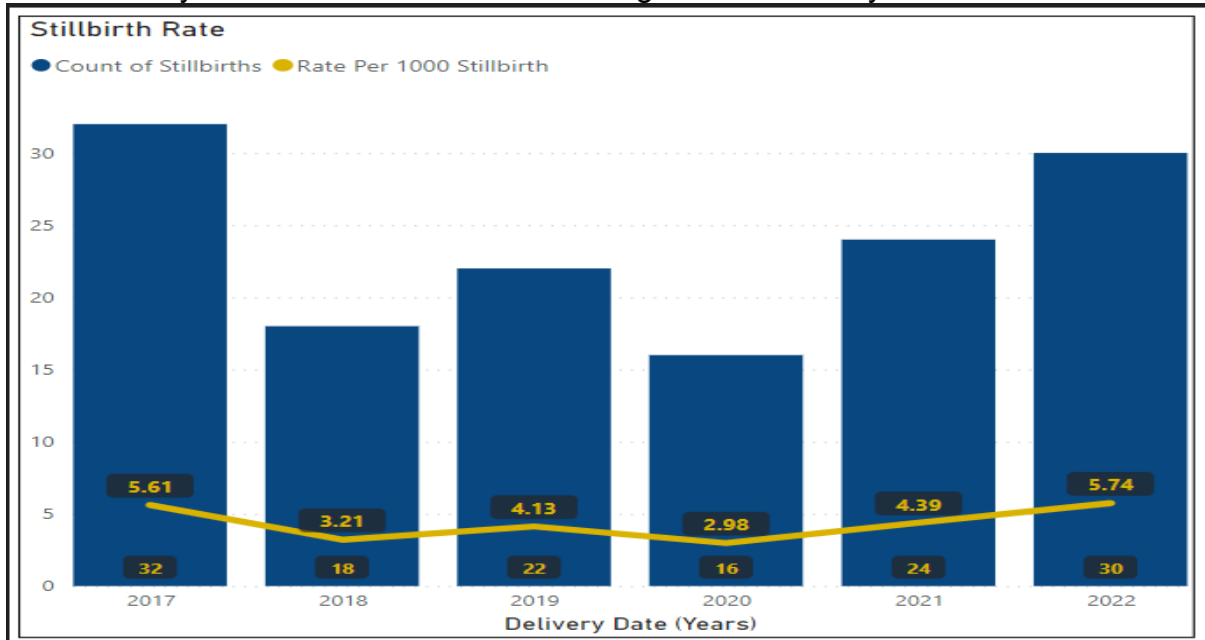


Maternity Outcome

Still birth rates in the UK fell to 3.9 per 1000 births in 2019 and 2020 with increased rates associated with ethnicity in several populations, in particular, Bangladeshi, Pakistani, Black African and Black Caribbean. Provisional figures from the office of National Statistics suggest that still birth rates increased in 2021 to 4.2 per 1000 births with a particular increase noted in the second half of 2021, national rates for 2022 are not yet reported. Still Birth Rates in Cardiff and Vale UHB increased from 2.98 in 2020 to 4.39 in 2021 and to 5.74 in 2022. The presence of a Fetal Medicine

unit means that the Health Board provide specialist diagnosis and treatment of complications which might arise in unborn babies.

All still births and perinatal deaths are reported through the Perinatal Mortality Review Tool (PMRT) and are reviewed at the Health Board Perinatal Mortality Review Meeting, where all aspects of maternity and neonatal care from booking to birth and beyond are discussed.



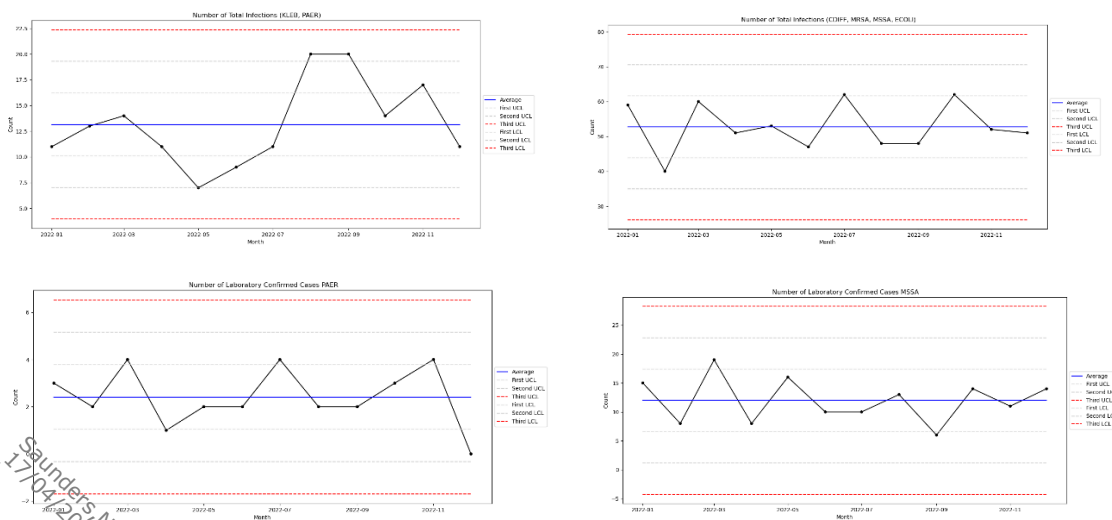
The national still birth rate in 2021 was 4.2 stillbirths per 1000 births (provisional ONS data) and C&V rate was 4.39.

The aim is by 2030 to be at 2.5 still births per 1000 births or less *in line with the aim embedded in Saving Babies Lives –the care bundle for reducing perinatal mortality*

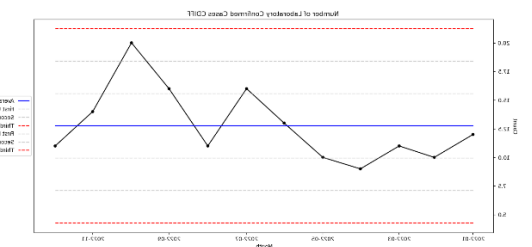
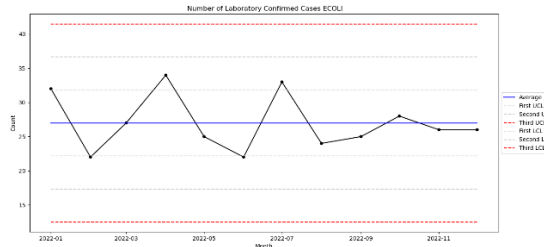
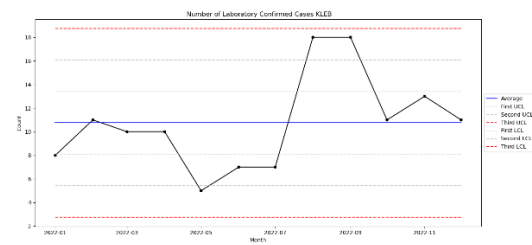
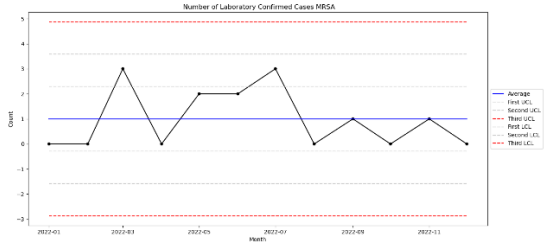
Infection control

Hospital Infections – the total infection rates are falling. MRSA and E coli have slightly reduced.

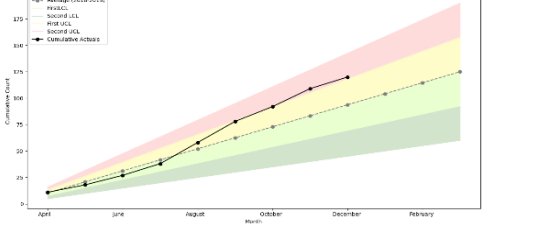
There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.



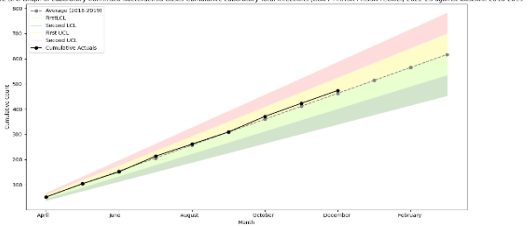
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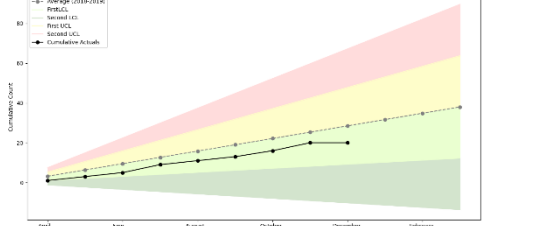
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Total Infections (KLEB+MSSA) 2022-23 against baseline 2018-2019



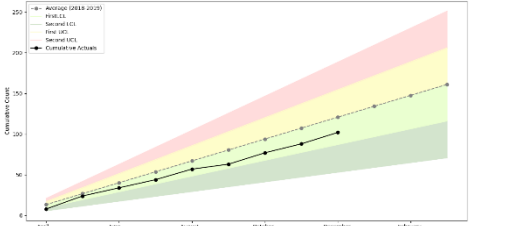
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Total Infections (KLEB+MSSA+PCOL) 2022-23 against baseline 2018-2019



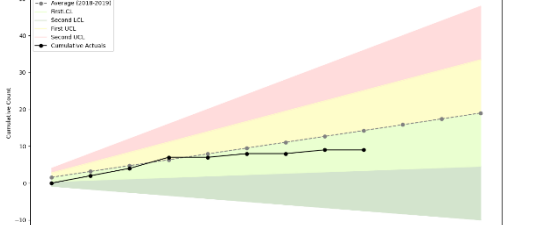
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections PMER 2022-23 against baseline 2018-2019



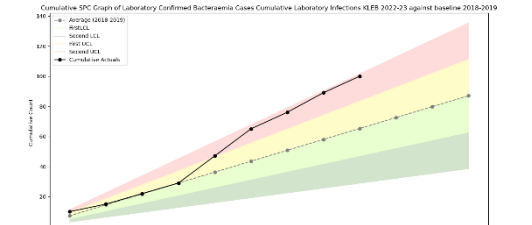
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections MSSA 2022-23 against baseline 2018-2019



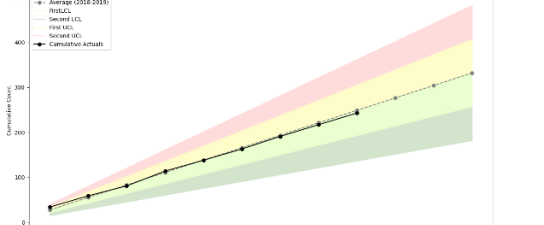
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections MSSA 2022-23 against baseline 2018-2019



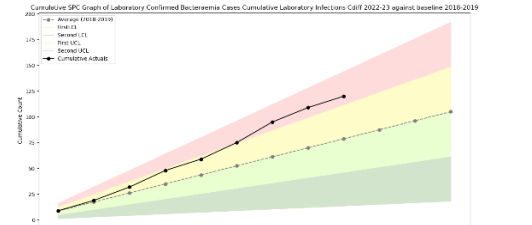
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections KLEB 2022-23 against baseline 2018-2019



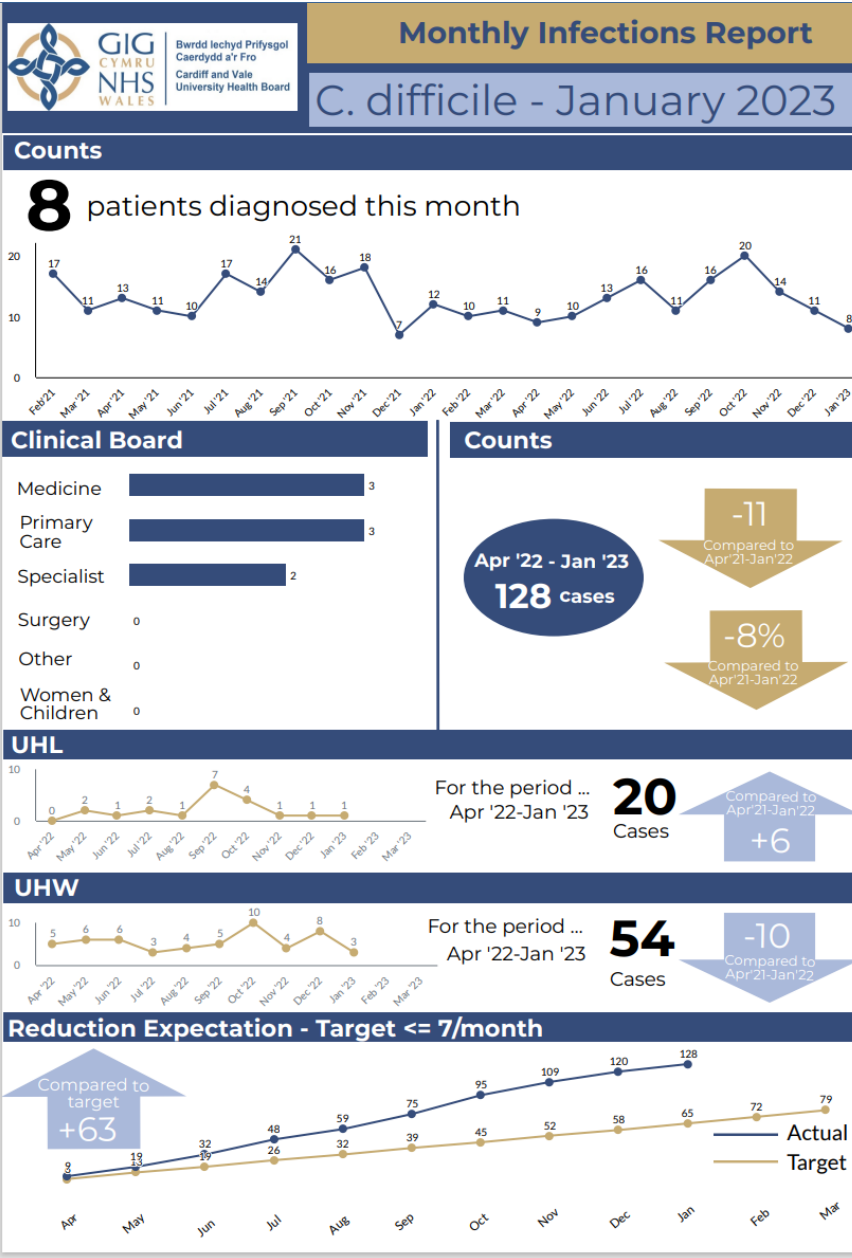
Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections ECOLI 2022-23 against baseline 2018-2019



Cumulative SPC Graph of Laboratory Confirmed Bacteremia Cases Cumulative Laboratory Infections CBIT 2022-23 against baseline 2018-2019



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- CAV UHB cannot achieve the expected reduction for 2022/23 however we have 8% fewer cases than the equivalent period 2021/22.
- We are performing 2nd best in Wales (behind Cwm Taff HB).
- The *C'diff* oversight group meetings have commenced ... with the 1st meeting held in January. The meetings are led by the EDON and Deputy Medical Director supported by the IP+C Consultants and the HOV for IP&C and Clinical teams, are invited to discuss individual cases to identify learning and drive improvement.
- IP&C hold weekly *C'diff* review meetings which are attended by the IP&C nurses and Drs, Clinical Scientists in PHW, Antimicrobial Pharmacists and Microbiology registrars, in person review of new cases are also held.
- Since October 22 we have an IP&C nurse specifically to support PCIC CB. The work will include reviewing community *C'diff* cases and gathering themes from RCA's completed for each case to support learning.
- The IP&C Team are developing new education materials to support clinical teams.

Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing.
- Plan to reinstate MDT review rounds with the above.

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- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams.
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage.
- ICNET SSI surveillance to begin within the next month.
- Working with clinical teams to further standardize products/procedures including IV access teams.
- Regular audits of clinical environments and equipment.
- Working with Capital/Estate/Facilities teams to improve clinical environments.
- Build on the existing Education programme to widen staff groups included.

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.

- **Turnover** rate trend is upwards since Jan-22; the rates have risen in the past 12 months from 12.57% to 13.33% in Jan-23 UHB wide. This is a net 0.76% increase, which equates roughly to an additional 102 WTE 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'
- **Sickness Absence** rates remain high; the monthly sickness rate for January 2023 was 6.82% The revised rate for December 2023 was 8.37%, which is the highest ever monthly absence rate (higher even than the first month of the COVID-19 pandemic). There is a rising trend since Apr-22 and the current rates are significantly higher than for previous years. The cumulative rate has risen over the past 3 months to 7.05%. This figure is derived from absence since April.

The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Cold, Cough, Flu – Influenza', 'Chest & respiratory problems', 'Other musculoskeletal problems' and 'Gastrointestinal Problems'

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/01/23 there were 220 (a reduction of 64 – 22.53%). There are 78 staff on long term absence where Covid-19 has been identified as a Related Reason.

- The **Statutory and Mandatory** training compliance rate has risen, to 76.06% for January, 8.94% below the overall target.
- Compliance with **Fire** training has risen during January, to 68.38%.
- The trend of the rate of compliance with **Values Based Appraisal** has risen over the last 6 months; the compliance at January 2023 was 51.44%. Clinical Boards have been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (74.28%) and Clinical Diagnostics & Therapeutics (64.69%) have exceeded the 60% transitory target, and PCIC are presently at 59%.

Appendix 1 Workforce Key Performance metrics dashboard for January 2022.

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As noted in the last report, over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The remainder of this report focuses on progress against the above:

Wellbeing

- Activity continues to take place to support staff with their financial wellbeing/cost of living.
- EWS continue to deliver bespoke support and development in areas of need.
- An Employee Health and Wellbeing Strategy and Framework proposal has been developed in collaboration with TU partners and is due to be presentation to the Strategic Wellbeing Group, Clinical and Service Boards senior leadership teams.
- Sustaining Resilience at Work Practitioner (StRaW) training has taken place within Children and Women Clinical Board to support the development of a peer support network. Further development of the network, including the training of four StRaW Managers will follow in March 2023.
- The pilot collaboration between the Occupational Health Department in CAVUHB and CTMUHB continues, with benefits being realised after 12 months. A review will take place in March 2023.
- Analysis of engagement results and feedback from wellbeing surveys has indicated low levels of staff morale, engagement and wellbeing. A dashboard of results is being produced for sharing with CBs.
- Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned (March 2023).

Recruitment

- 84% of the required skill mix for IACU has been recruited/deployed to support the winter capacity plan.
- The Nursing Hub are continuing to recruit high numbers of HCSW's as part of the ongoing recruitment campaign. The supply of HCSW's onto the internal Staff Bank continues to improve.
- Approval to proceed with further International Recruitment is currently on hold, whilst further workforce redesign takes place. It is likely that a blended approach will be required.
- A communications plan has been implemented to stop use of HCSW agency workers by 1 April 2023. Agency HCSWs are being encouraged to join the internal Staff Bank.
- An open evening was held in January to investigate the recruitment pool for Assistant Practitioner posts and the 'Return to Registration' programme. An accelerated development programme is being developed to support the rapid recruitment of these individuals.
- A Business case and implementation plan has been developed to implement the modernisation of the Ward skill mix with the introduction of Assistant Practitioners (Band 4).

Retention

- The focused work which was taking place within EU/AU has largely been completed, though support will continue and a bespoke coaching framework is to be developed.
- A retention toolkit is being developed and will be made available for managers throughout the UHB to adapt to their own areas. This will include cultural surveys, engagement self-assessment tools, and examples of good practice.
- The team are involved in the All-Wales Retention Group looking at a toolkit as part of the National Workforce Implementation Plan.
- The first Career Clinic for nurses will take place on 1st March with the intention of giving staff advice and support on career pathways, development, education and opportunities to develop careers in UHB without the need to move to neighbouring HBs.
- The 'New Starter' survey is about to be distributed to all newly qualified nurses who started last Autumn. Its aim is to identify how their experience as a new employee of the UHB has gone and to identify any actions need to be taken to improve their experience.
- A Culture and Leadership Programme focusing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit. The survey element has been completed with a response rate of over 50%, and focus groups will commence in Feb/March 2023 facilitated by the Assistant Director of OD and the Head of ECOD.
- The CAVUHB Anti-Racist Plan draft has been outlined through a co-production approach with colleagues from across the UHB and the One Voice Network. The progress made with the plan will be presented to S&D Committee in March 2022.
- The Welsh Language Commissioner is undertaking an investigation into our compliance with the Welsh Language Standards around registration of the staff with Welsh Language skills. A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills.
- The amount of formal Disciplinary Investigations has continued to reduce by embedding and promoting Just Culture and Disruptive HR principles and we are currently reporting at just 8 cases (non-medical staff). The People Services Team are continuing to develop a new on demand training course for investigating officers to try and further reduce the length of time that investigations take.
- We have seen an increase in the amount of appeals received for flexible working requests. A trend analysis is being undertaken to identify any actions required.

Workforce Planning

- Engagement with all Clinical Boards to develop a baseline summary of nursing workforce data continues and aims to be completed by 1 March 2023. This will be rolled out to other staff groups at a later date.
- Strategic Workforce Planning training to develop knowledge and capability in longer term planning of our workforce is scheduled for March 2023.
- Activity is taking place to support the introduction and roll out of the Assistant Practitioner role to release the professional expertise of the nurse using prudent healthcare principles ensuring clear communication, engagement and supervision for the benefits to be realised. The Physician Associate role continues to increase (20wte) but funding to support recruitment and CPD budgets remain challenging.

Future updates

Work is currently taking place to re-focus the information provided to the Strategy and Delivery Committee and future People & Culture Committee. Rather than providing high level, UHB wide

data we will examine the KPIs at a Clinical Board level. Areas performing well or improving will be noted, and we will set out what actions we are taking to provide focused support to directorates/teams who are struggling. As this new style of reporting takes shape we will also change the focus of the People section of the Integrated Performance Report to provide assurance to the Board.

OPERATIONAL PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. The revised NHS Performance Framework for 2022/23 was issued in June 2022, reflecting some of the Ministerial priorities outlined in national plans. Board reports will continue to update on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway in most specialties by the end of March 2023.

Emergency & Urgent Care

Performance against the 4-hour standard, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver some improvements.

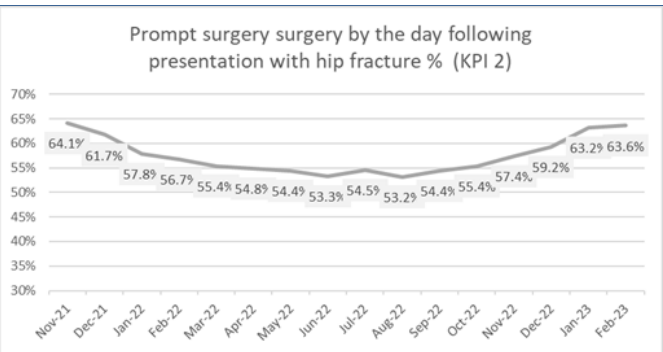
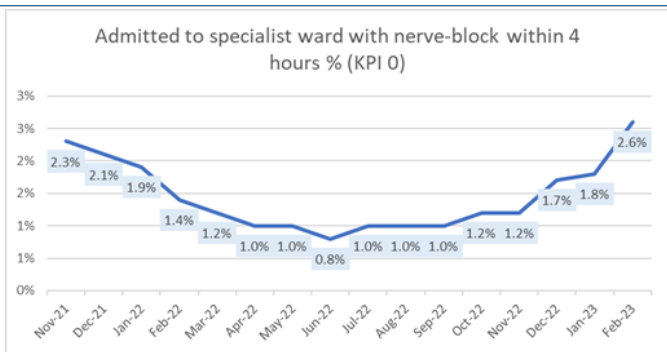
There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to 0 in February 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover.

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In February 2023, 2.6% of patients were admitted to a specialist ward with a nerve block within 4 hours, with a significant reduction in the median time patients are waiting to move to the ward.

In February, 63.6% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



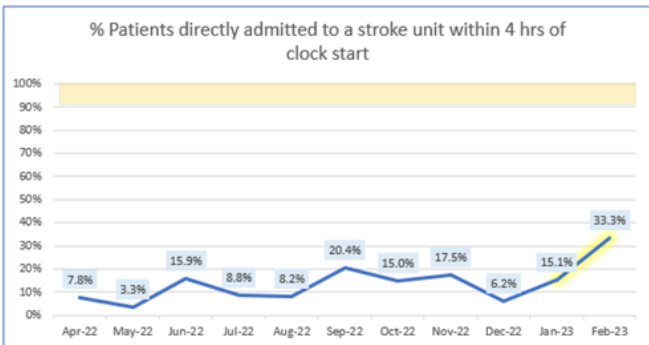
A summit with key stakeholders was held in March with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. A follow-up session is planned for April to review the actions taken.

Stroke

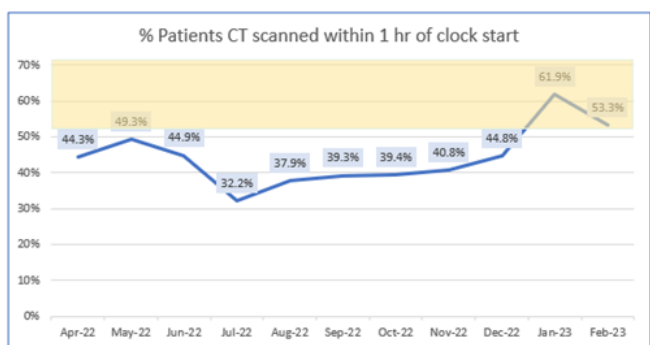
Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February saw an improvement in the thrombolysis rate and door to ward performance. In February:

- 8.3% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 14.3%. The percentage of patients given thrombolysis improved to 20%, above the All Wales Average of 15.9%
- The percentage of CT scans that were started within 1 hour in February was 53.3%, the All Wales average was 59.7%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours saw improvement to 33.3% in February, the All Wales average was 22.8%

The UHB has held three internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:

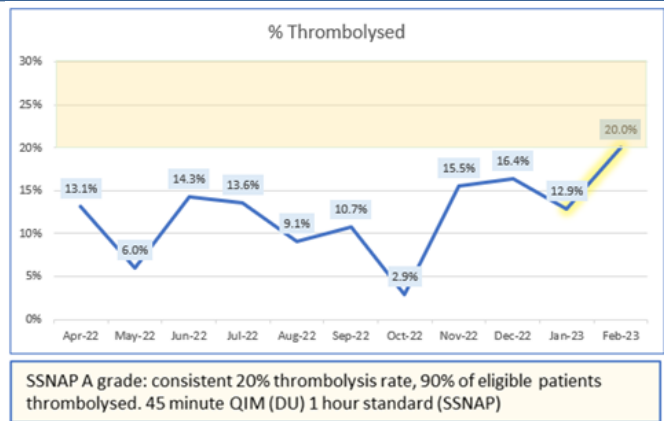


SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



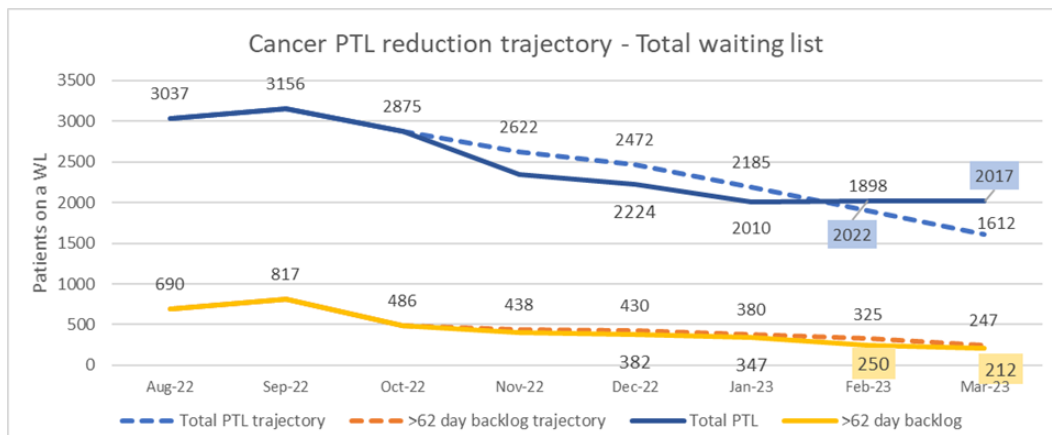
SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr

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Cancer

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. February saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.



At the time of writing there are a total of 2017 suspected cancer patients on a single cancer pathway. 212 have waited over 62 days, of which 54 have waited over 104 days. Of these, there are 1963 Cardiff and Vale patients (excluding tertiary patients) of which 158 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a current focus on eliminating the number of patients waiting over 104 days to start their definitive treatment.

Planned Care

The total number of patients waiting for planned care and treatment, the Referral to Treatment (RTT) waiting list was 122,635 as at February 2023. The tail of this waiting list breaks down as follows

- Patients over 156 weeks – February – 929
- Patients over 104 weeks - February – 4,333
- Patients over 52 weeks – February – 23,745

Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment over 36 weeks has decreased to 37,937 at the end of February 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a follow-up outpatient appointment at the end of February 2023 was 193,548. 98.6% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 51,374. This is of concern and will be an area of additional focus and support to improve the position over the next few months.

Ministerial Measures

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951	10,707
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587	4,333

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are over 635 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. Final figures were not available at the time of preparing this report. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Sept	Oct	Nov	Dec	Jan	Feb
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	4,108	3,491	2,704	2,152	1,611	1,216

Diagnostics and Therapies

The volume of greater than eight-week Diagnostic waits has decreased to 4,421 at the end of February 2023 from 5,247 in December 2023, largely driven by reduced waits in Radiology, Cardiology and Endoscopy. The number patients waiting over 14 weeks for Therapy has reduced to 1,113 from in January to 1,113 in February, driven in a reduction in waits for Dietetics.

Mental Health

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1219 referrals in February 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 99.6%, increased from 98.1% in January 2023. For CAMHS services, compliance increased from 90.7% in January to 97.9% in February.
- Part 1b: 91.1% of therapeutic treatments started within 28 days following assessment at the end of February 2023, a reduction from the reported compliance in January 2023 (92.0%).
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of February 2023

- Part 3: 69% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in February 2023

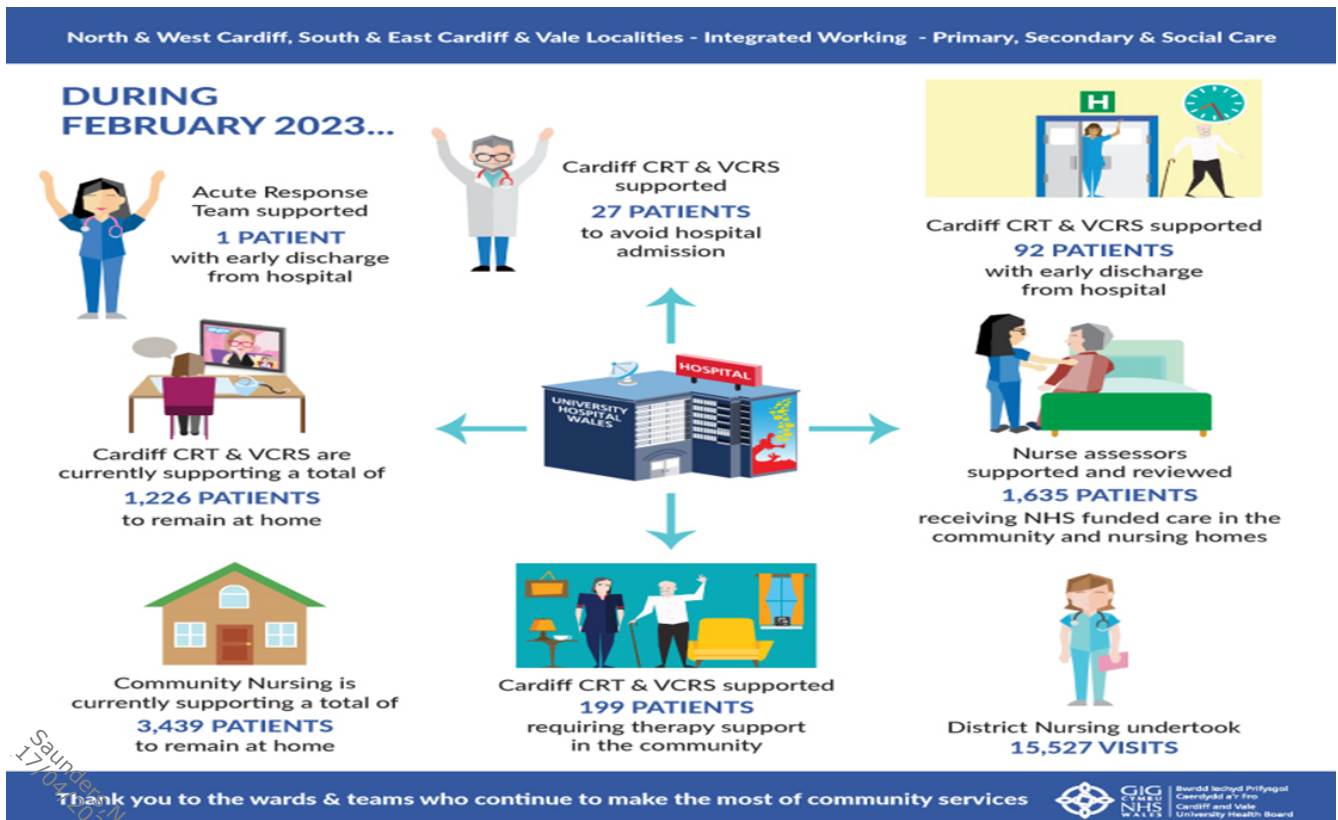
Primary Care

The Health Board was 100% compliant in January 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 9 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December, with the uptake of the new Dental Contract this measure has been discontinued and will be replaced for 23/24 reporting. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In February the community nursing team supported over 3,400 patients to remain at home and the District Nursing team undertook 15, 527 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams' activity across primary, secondary and social care can be seen below:



FINANCE

How are we doing?

The Health Board agreed and submitted a final financial plan to Welsh Government at the end of June 2022. The final plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB's core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16.0m (2%) Initial Savings programme
- £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments)

This resulted in a 2022-23 planning deficit of £17.1m.

Following discussions with Welsh Government, the Finance Committee and Board, the forecast deficit increased to £26.900m at month 8 in recognition of the cumulative year to date position and additional unforeseen cost pressures that had emerged in 2022-23.

Reported month 11 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The financial position reported to Welsh Government for month 11 is a deficit of £24.658m and this is summarised in Table 1.

Table 1 : Month 11 Financial Position

	Cumulative to Month 11 £m	Forecast Year-End Position £m
Planned deficit	15.675	17.100
Operational position (Surplus) / Deficit	8.983	9.800
Financial Position £m (Surplus) / Deficit £m	24.658	26.900

The month 11 deficit of £24.658m comprised of the following:

- £15.675m planned deficit (11/12th of £17.100m);
- £8.983m adverse variance against plan.

In line with assumptions in the financial plan, Welsh Government has now confirmed funding to cover the additional costs of the management of COVID and exceptional cost pressures. At month 11, the UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £56.712m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £20.223m.

Savings Programme

The UHB expects to broadly deliver the revised £19.400m savings target

Creditor payment compliance

The UHB's public sector payment compliance performance was 94.3% at the end of February, which is just below the target of 95%.

Remain within capital resource limit

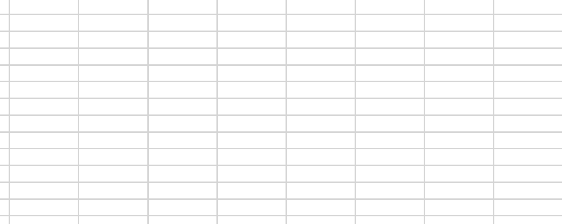
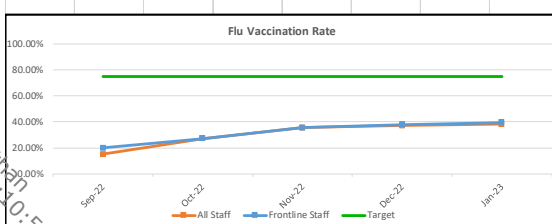
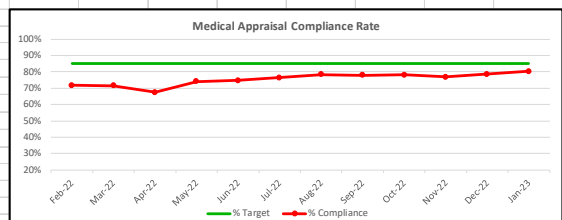
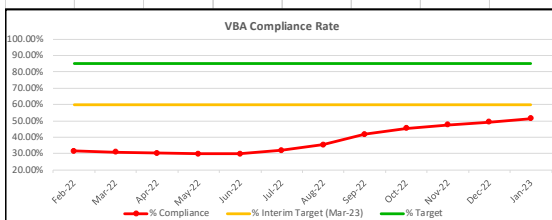
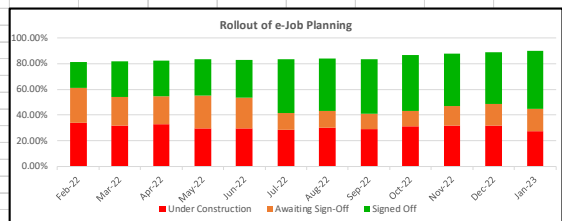
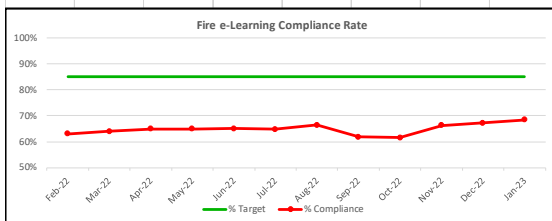
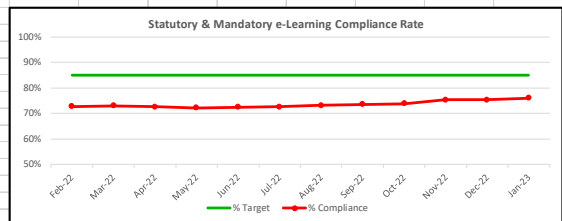
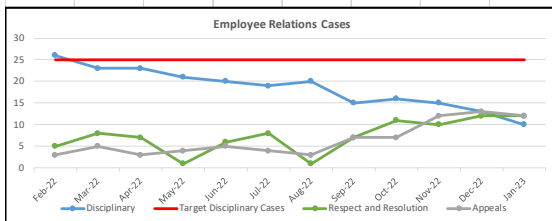
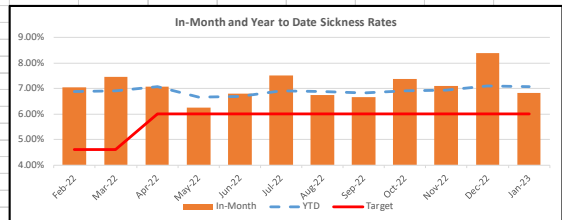
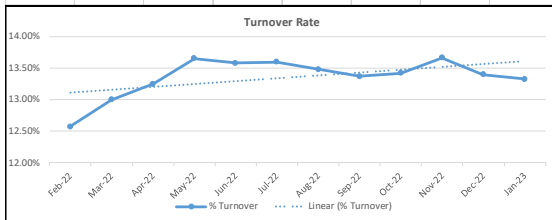
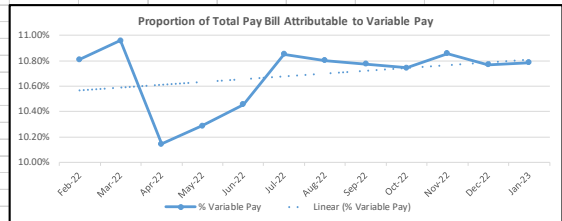
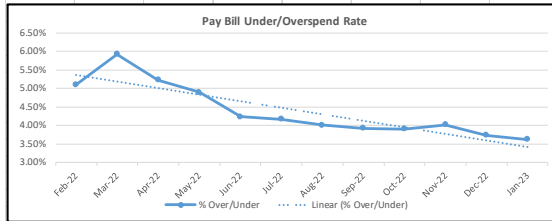
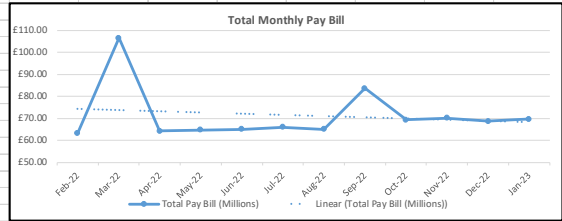
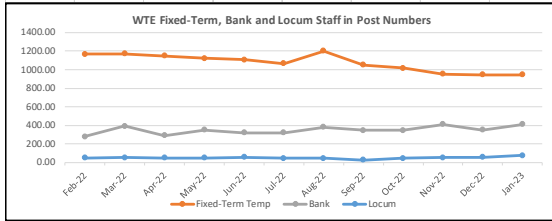
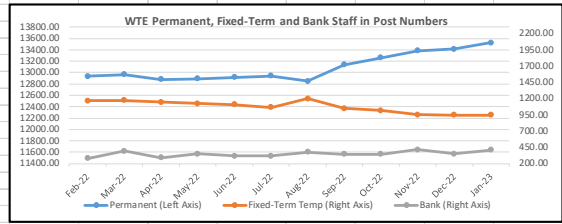
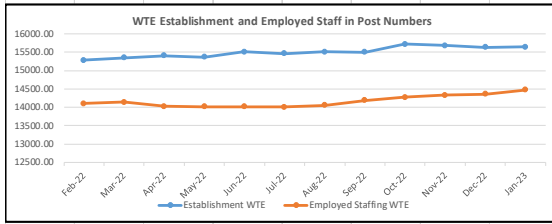
The UHB's approved annual capital resource limit was £51.535m at the end of February 2023. Net expenditure to the end of February was 63% of the UHB's approved Capital Resource Limit.

What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £17.1m and forecast deficit of £26.900m

Saunders, Nathan
17/04/2023 14:10:50

Workforce Key Performance Indicators Trends January 2023



Saunders Nathaniel
17/04/2023 14:30:50

Recommendation:

The Board / Committee are requested to:

NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration	x	Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

N.A

Safety: Yes/No

N.A

Financial: Yes/No

N.A

Workforce: Yes/No

N.A

Legal: Yes/No

N.A

Reputational: Yes/No

N.A

Socio Economic: Yes/No

N.A

Equality and Health: Yes/No

N.A

Decarbonisation: Yes/No

N.A

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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Saunderson
7/10/2024 14:10:50

Report Title:	Finance & Performance Committee – Draft Terms of Reference and Workplan		Agenda Item no.	3.1
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date: 19 th April 2023
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Director of Corporate Governance			
Report Author (Title):	Director of Corporate Governance			

Main Report

Background and current situation:

In line with the UHB's Standing Orders, Terms of Reference and Work Plans for Committees of the Board, should be reviewed on an annual basis to ensure they are up to date and comply with any new requirements either statutory or from Welsh Government.

As a new Committee from 1 April 2023 this report provides Members of the Finance & Performance Committee (F&P) with the opportunity to review and approve the first draft Terms of Reference and work plan.

Both documents are for the Committee to shape in order to ensure that they are content prior to recommending to the Board for approval.

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

This is the first draft Terms of Reference and work plan for this new Committee of the Board. The Committee is required to establish its Terms of Reference and work plan, recognising that both are likely to be refined over time.

Recommendation:

The Committee is requested to:

- (a) Review** the Terms of Reference and work plan 2023/24 for the F&P Committee;
- (b) Ratify** the Terms of Reference and work plan 2023/24 for the F&P Committee; and
- (c) Recommend** the changes to the Board for approval on 25th May 2023.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	<input checked="" type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input type="checkbox"/>
2. Deliver outcomes that matter to people	<input checked="" type="checkbox"/>	7. Be a great place to work and learn	<input type="checkbox"/>
3. All take responsibility for improving our health and wellbeing	<input type="checkbox"/>	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	<input type="checkbox"/>
4. Offer services that deliver the population health our citizens are entitled to expect	<input type="checkbox"/>	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	<input type="checkbox"/>

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
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Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

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

Reputational: Yes/No

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

Socio Economic: Yes/No

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

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

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

Equality and Health: Yes/No

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

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

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

Decarbonisation: Yes/No

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

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

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
17/04/2023 14:10:50

Finance and Performance Committee

Terms of Reference

Reviewed by Finance and Performance Committee: **19th April 2023**

Approved by Board: **25th May 2023**

Saunders, Nathan
17/04/2023 14:10:50

1. Introduction

The Board has resolved to establish a Committee to be known as the Finance and Performance Committee. The detailed Terms of Reference and operating arrangements in respect of this Committee are set out below.

2. Purpose

The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and operational performance and delivery.

The establishment of the Committee will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of:

- financial plans, including delivery of savings, investment and efficiency programmes;
- monthly and forecast annual financial performance;
- business cases over £500k;
- overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation; and
- detailed focus on specific issues where performance is showing deterioration or where there are issues of concern.

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial and operational performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

3. Delegated Powers and Authority

The Committee may investigate or have investigated any activity within its Terms of Reference. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any legitimate request made by the Committee); or
- other committee, sub-committee or group set up by the Board to assist in the delivery of its functions.

The Committee may obtain outside legal or other independent professional advice and to secure the attendance of advisors with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may consider and, where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.

Saunders
17/04/2024 14:10:50

Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

4. Scope and Duties

The Committee, in respect of its provision of advice and assurance to the Board will:

Finance

- scrutinise the Health Board's position regarding the achievement of statutory duties and financial targets;
- seek assurance on the financial planning process and consider Financial Plan proposals;
- monitor, review and scrutinise the robustness of Cost Reduction Programmes and Financial Tracker Systems for Corporate Departments and Clinical Boards;
- scrutinise the delegated budgets within the budget plan;
- review and monitor the IMTP/annual financial plan;
- review the monthly Financial Report prior to submission to the Board and scrutinise financial performance and cash management against revenue budgets;
- receive assurances with regard to the progress and impact/pace of implementation of Cost Reduction Programmes/Savings Plans;
- monitor and review of agreed dis-investments;
- review the Board's Scheme of Financial Delegation as and when necessary;
- receive reports arising from financial reviews, including performance and accountability reviews of Corporate Departments and Clinical Boards;

Performance

- seek assurances on the development and implementation of a comprehensive approach to performance delivery, to incorporate all performance requirements set by the Board, WG, regulators and inspectors;
- scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations considering associated governance arrangements;
- review the monthly Performance Report where available prior to submission to the Board;
- consider scrutiny ("deep dives") on areas of concern where the Committee considers it appropriate;
- the monitoring of performance information against the Board's Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks and the Ministerial Priorities for the NHS in Wales;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and NHS Wales Shared Services Partnership; and
- the monitoring of the Regional Partnership Board annual plan.

Saunders, Nathan
17/04/2023 14:10:50

Business Cases and Capital Investment

- review business cases over £500K and recommend approval to the Board;
- scrutinise submissions to be made for revenue or capital funding and the service implications of such changes, including benefits realisation;
- monitor the Capital Programme;
- provide assurance to the Board that all Health Board plans consider decarbonisation impact;
- provide assurance to the Board that major capital investments are aligned with the Shaping Our Future Wellbeing Strategy and to provide oversight to the prioritisation of investments. The Committee will, where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation;
- consider, and provide assurance to the Board, when engagement and or consultation is appropriate on various capital build schemes or changes to services provided by the Health Board;

Risk Management and Assurance

- provide assurance to the Board that all Health Board plans are informed by
- scrutinise risks on the Corporate Risk Register and Board Assurance Framework that fall within the remit of the Committee; and
- approve relevant corporate policies and plans within the scope of the Committee.

5. Sub-Committees

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

6. Membership

Members

Chair: Independent Member of the Board

Members: In addition to the Chair of the Committee a minimum of two (2) other Independent Members of the Board.

In attendance

Executive Director of Finance
Chief Operating Officer
Executive Director of Strategic Planning
Director of Corporate Governance
Deputy Director of Finance

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Member Appointments

The membership of the Committee shall be determined by the Board, based upon the recommendation of the UHB Chair, 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.

The Committee will be chaired by an Independent Member and supported by a Vice Chair who shall also be an Independent Member.

Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

Secretariat

Committee Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme.

7. Committee Meetings

Quorum

At least two (2) Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

Frequency of Meetings

Meetings shall be routinely held on a monthly basis. This will be reviewed on a regular basis.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion or particular matters.

8 Relationship and Accountabilities with the Board and Its Committees/Groups

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains the overall responsibility

and accountability for ensuring good financial and performance management for its citizens through the effective governance of the organisation.

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

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the planning and co-ordination of Board and Committee business and sharing of information.

In doing so, the Committee will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- report to each Board meeting on the Committee's key activities via the Chair's report;
- ensure the public minutes of each meeting of the Committee are presented to each Board meeting; and
- ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference);
- notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law); and
- notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

Saunders, Nathan
17/04/2023 14:10:50

11. Review

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

DRAFT

Saunders, Nathan
17/04/2023 14:10:50

Finance and Performance Committee Work Plan 2023 - 2024 - DRAFT

Ass. - Assur	Exec Lead	19-Apr	17-May	21-Jun	19-Jul	23-Aug	20-Sep	18-Oct	22-Nov	13-Dec	17-Jan	21-Feb	20-Mar
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Agenda Items for

Items for

Financial Re	CP	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Cost Reduc	CP		Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Financial Tr	CP		Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Escalation	CP		Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Monitoring	CP/AH		Ass.		Ass.		Ass.		Ass.		Ass.		Ass.
Review of r	PB	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Quarterly r	AH				Ass.			Ass.			Ass.		
Report on F	AH							Ass.					Ass.
Finance Ris	JQ			Ass.		Ass.		Ass.		Ass.		Ass.	

Items for approval/ratification (as required)

IMTP/Annu	AH/CP											App.	
Business ca	CP/AH	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Business ca	CP/AH	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Review of S	CP											App.	

Items for

Review of F	JQ		Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.
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Items for

TBC	TBC		Ass.		Ass.		Ass.		Ass.		Ass.		Ass.
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Finance and Performance Committee Governance

Chair's Acti	MI												
Annual Wo	JQ	App.											App.
Self Assess	JQ	Ass.											
Review Ter	JQ												App.
Produce Cd	JQ												App.
Minutes of	JQ	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Action Log	JQ	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.