Strategy & Delivery Committee

Tue 15 November 2022, 09:00 - 12:30

Agenda

09:00 - 09:00
0 min

1. Standing Items

1.1. Welcome & Introductions

Michael Imperato

1.2. Apologies for Absence

Michael Imperato

1.3. Declarations of Interest

Michael Imperato

1.4. Minutes of the previous meeting held: 27.09.22

Michael Imperato

1.4 Public SD minutes 27.09.22 MD.NF.pdf (14 pages)

1.5. Action Log following the previous meeting: 27.09.22

Michael Imperato

1.5 Public SD Action Log 15.11.22 v2 MD.NF.pdf (2 pages)

1.6. Chairs Actions since previous meeting:-

Michael Imperato

1.6.1. Adoption of the All Wales Guidelines for Managing Industrial Action

1.6 Chairs Action.pdf (2 pages)

09:00 - 09:00
0 min

2. Items for Review and Assurance

2.1. Shaping Our Future Wellbeing Strategy

2.1.1. Strategic Delivery Programme Updates – Flash Reports

Abigail Harris

2.1.2. Key Workforce Performance Indicators

Rachel Gidman

Deep Dive on statutory training & Values Based Appraisals

2.1.2 Values Based Appraisal and Statutory and Mandatory Training.pdf (16 pages)
2.1.2a WOD KPI Report Sep-22.pdf (2 pages)

2.1.3. Key Operational Performance Indicators

Hannah Evans

Deep Dive on Cancer Services
Deep Dive on Musculoskeletal & Primary Liaison Workers

- 2.1.3 Performance and Recovery report - Operational Indicators 15 11 22.pdf (8 pages)
- 2.1.3a Deep Dive on Cancer Services.pdf (19 pages)

2.2. IMTP – Update on 23/24 process and priorities

Abigail Harris / Marie Davies

2.3. Capital Programme Update on Delivery

Abigail Harris / Geoff Walsh

- 2.3 Capital Programme Update on Delivery 2022-23 SD Committee 15.11.2022.pdf (5 pages)
- 2.3a Appendix 1 Welsh Government Slippage 2022-23 (Submitted to WG).pdf (32 pages)

2.4. Sustainability Action Plan

Abigail Harris

2.4.1. Summary of submission to Welsh Government

2.4.2. Draft Carbon Reduction Plan

- 2.4. Cover Report Draft Carbon Reduction Plan.pdf (5 pages)

2.5. Update on Kings Fund Report Early Intervention – Verbal

Fiona Kinghorn

2.6. Winter Plan Update

Hannah Evans

- 2.6 Winter Plan Update.pdf (11 pages)

2.7. Board Assurance Framework

Nicola Foreman

- 2.7 BAF Covering Report.pdf (3 pages)
- 2.7a Leading Sustainable Culture Change BAF September 2022.update.pdf (5 pages)
- 2.7b Urgent and Emergency Care.pdf (3 pages)
- 2.7c worforce BAF Sept Board 22 updated.pdf (3 pages)

2.8. Break – 10 minutes

09:00 - 09:00
0 min

3. Items for Approval / Ratification

3.1. Policies

Abigail Harris / Marie Davies / Angela Stephenson

- 3.1 BCP and adverse weather combined report.pdf (3 pages)

3.1.1. Business Continuity Policy

- 3.1a Business Continuity Policy.pdf (2 pages)
- 3.1a Business Continuity Planning Guidance.pdf (63 pages)

3.1a EHIA for Business Continuity Policy.pdf (15 pages)

3.1.2. Adverse Weather – Heatwave Plan

3.1b Severe Adverse Weather Plan - Heatwave.pdf (38 pages)

3.1.3. Adverse Weather – Cold/Snow Plan

3.1c Severe Adverse Weather Plan Cold Weather.pdf (38 pages)

09:00 - 09:00
0 min

4. Items for Information & Noting

4.1. Corporate Risk Register

Nicola Foreman

4.1 - Corporate Risk Register.pdf (4 pages)
4.1a - Strategy and Delivery Committee Detailed Corporate Risk Register entries November 2022.pdf (4 pages)

09:00 - 09:00
0 min

5. Any Other Business

09:00 - 09:00
0 min

6. Private Agenda Items

6.1. Suspension Report

6.2. Lessons learned – Staff Dismissal Pay-out update

09:00 - 09:00
0 min

7. Review and Final Closure

7.1. Items to be referred to Board / Committees of the Board

Michael Imperato

7.2. Date & Time of the next meeting

24 January 2023

09:00 - 09:00
0 min

8. Resolution

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

Unconfirmed Minutes of the Public Strategy and Delivery Committee Meeting
Held On 27th September at 09:00am
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Claire Beynon	CB	Deputy Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Marie Davies	MD	Deputy Director of Strategic Planning
Andrew Doughton	AD	Performance Audit Manager – Audit Wales
Martin Edwards	ME	Assistant Clinical Director for Acute Child Health
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Lianne Morse	LM	Assistant Director of People & Culture
Ceri Phillips	CP	Vice Chair of the UHB
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Director of Nursing
Geoff Walsh	GW	Director of Capital & Estates
Observers:		
Lorna Bennett	LB	Consultant in Public Health
Timothy Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Katrina Griffiths	KG	Head of People Services
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Executive Director of People and Culture
Fiona Kinghorn	FK	Executive Director of Public Health

Item No	Agenda Item	Action
S&D 12/09/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 12/09/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 12/09/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) declared an interest as a member of the General Medical Council.	
S&D 12/09/004	**Minutes of the Meeting Held on 12 July 2022** The minutes of the Committee meeting held on 12 July 2022 were received. The CC advised the Committee that a regular update on the Health & Safety (H&S) Culture Plan would be required at all future meetings. **The Committee resolved that:** a) The minutes of the Committee meeting held on 12 July 2022 were approved as a true and accurate record of the meeting.	

S&D 12/09/005	**Action Log following the Meeting held on 12 July 2022** The University Health Board Vice Chair (UHB Vice Chair) advised the Committee that action MHCL 20/02/005 had been referred from the Mental Health Legislation and Mental Capacity Act (MHLMCA) Committee because the Committee had been concerned with the lack of training and poor compliance around mental health training. The Independent Member – Third Sector (IMTS) added that there had been a lot of discussion at the Committee around poor compliance with mandatory training which was coupled with staff morale and noted that it was a perennial issue for the MHLMCA Committee. The Assistant Clinical Director for Acute Child Health (ACDACH) advised the Committee that he would update them later on the agenda. **The Committee resolved that:** a) The Action Log from the meeting held on 12 July 2022 was noted.	
S&D 12/09/006	**Chairs Action** No Chair's Actions were raised.	
	Items for Review and Assurance	
S&D 12/09/007	**Shaping Our Future Wellbeing Strategy** **Strategy Refresh Update:** The Executive Director of Strategic Planning (EDSP) advised that Committee Members would be aware that her team was in the process of developing the next iteration of the Health Board's Shaping Our Future Wellbeing Strategy (the Strategy). It was noted that the ongoing work at present was road-testing the questions the Health Board wanted to ask in the first phase of the engagements which were being tested on: Clinical Leadership Medical Leadership Nurse Leadership Therapy Leadership The Service Board It was noted that the first round of engagement was expected to be completed by the end of February 2023 and then a draft document would be produced and received by the Board for sign off. The EDSP advised the Committee that another piece of work being undertaken on the Strategy was to provide focus groups with Patients because working with the population was important in the engagement process. She added that events would be held in various settings to give everybody a chance to respond which included: Clinical Board and Corporate events Online events Online surveys The IMTS noted that working with the Health Board's population was really important and that work would be done to ensure that the Health Board reached the people who would be impacted by the Strategy because of issues of deprivation or ongoing health conditions.	

	The EDSP responded that there was a vacancy gap for an Engagement Lead. That role would be able to reach the population in the most deprived areas and who would be impacted by the Strategy and noted that it would be key to ensure those Patients were spoken to. It was anticipated that the vacancy would be filled in the New Year.	
S&D 12/09/008	**Strategic Delivery Programme updates - Flash Reports - IMTP Quarter 2 Delivery Assurance:** The ESDP advised the Committee that it was the second time that the quarterly report on progress with delivering the IMTP was received and noted it gave an overview of all the key actions described in the IMTP. It was noted that the information received by the Committee reflected the key headings in the Health Board's annual plan and described where it was at in relation to actions expected to be taken forward in the next quarter. It was noted that Health Board's position regarding its 2022-23 plan was received by the Committee and included a number of areas including: • Quality, Safety and Patient Experience • Primary Care • Urgent and Emergency Care • Planned Care • Mental Health • Shaping Our Future Clinical Services • Our Continued Covid-19 Response • Digital • @Home • Shaping Our Future Workforce • Shaping Our Future Hospitals • Shaping Our Future Population Health • Our Tertiary Services Strategy • Wider Regional Working with South East Wales Partners • Our Physical Infrastructure The Deputy Director of Strategic Planning (DDSP) advised the Committee that there was a gap in the Our Physical Infrastructure reports because the key member post of the Capital & Estates Team who would usually collate the data was currently vacant. She emphasised that the Strategic Planning Team was trying to improve and refine the Outcomes Framework being used as an Organisation and noted that she had been working with the Director of Digital Health & Intelligence and Improvement and Innovation colleagues to make sure the tool received by the Committee was fit for purpose. The Independent Member – University (IMU) noted that he liked the way the report was drawn together and identified that the content development was a work in progress. The CEO advised the Committee that an enormous amount of detail had been set out as well as a huge amount of description in the narrative and noted that how the Health Board set its ambitions for next year's IMTP was important because it had to be SMART and the numbers had to be clear. She added that for information, the Health Board's Accountability Letter had been received the day prior to the Committee meeting and it stated that the Health Board's IMTP could not be approved. The Letter had set out accountability criteria. It was noted that the Head of Corporate Business would start working on a matrix of indicators that would demonstrate whether the CEO was leading on the accountability criteria identified.	

	The CEO advised the Committee that the reports consisted of a number of Red-Amber-Green (RAG) ratings and noted that it did not tell the Committee exactly where it was in terms of the data and actions and asked for an alternative way to measure those. The EDSP advised the Committee that the Accountability Letter received did not include any surprises. The IMTS advised the Board that the priorities set out within the papers received were vast and asked if the Health Board was setting itself up to fail because there were so many priorities. The EDSP responded that they were all priorities but that it would be about what could be done in each area as a separate piece. She added that areas would need to be explicit on the focus within each priority. **The Committee Resolved that:** The progress being made in delivery of the 22-23 plan as at quarter two was noted	
S&D 12/09/009	**Key Workforce Performance Indicators** The Key Workforce Performance Indicators were received. The Assistant Director of People & Culture (ADPC) advised the Committee that the report submitted to the Committee had included July 2022 and noted that she now had the August 2022 figures and so would update the Committee. It was noted that the workforce position remained challenging and that it was anticipated the challenges would continue during the Winter. It was noted that staff sickness was at 6%, but a reduction in staff who had been absent due to Long-Covid had been noted. The ADPC advised the Committee that the turnover rate had remained static at 13%. It was noted that staff mandatory training was at 73% although the Health Board target was 85% and so work was being undertaken to increase that compliance rate. It was noted that the compliance rate for Fire Safety training was 66% and, due to lack of capacity, it would be difficult to increase compliance. The ADPC advised the Committee that they had requested information at the last meeting around Values Based Appraisals data. She added that compliance remained low but noted an increase of around 5% which was attributed to pay progression targets. It was noted that in terms of recruitment, the Health Board had continued to focus on the ways in which recruitment could be undertaken and noted that recruitment events and the Recruitment team were supporting large scale recruitment. The Health Board was continuing to work with Local Authority (LA) colleagues to identify areas of joint working and to develop integrated workforce models in the medium and long germ. The ADPC advised the Committee that she would discuss the Deep Dive item on Managing Attendance. She noted that the Health Board was committed to supporting its employees and keeping them well and that the Managing Attendance at Work Policy was developed on an NHS All Wales basis and adopted by the Health Board in November 2018.	

The objectives of the policy were to:

- Support the health and wellbeing of employees in the workplace
- Support employees to return to work following a period of sickness absence safely and as quickly as possible
- Support employees to sustain their attendance at work.

It was noted that since April 2021 the sickness rates seen in previous years had not followed the usual pattern and had risen steadily.

It was noted that sickness rates since April 2022 had remained high, although August 2022 (6.00%) was the lowest reported since June 2021.

The ADPC advised the Committee that 24.8% of all absence since April 2022 had been attributed to anxiety/stress/depression/other psychiatric illnesses.

The Committee was presented with the sickness absence data for each Clinical Board.

It was noted that the Medicine Clinical Board had the highest sickness rates for the period, 12.57% in April 2020, and that it was currently at 8.94% in August 2022 which was a reduction as had been seen across all of the Clinical Boards.

It was noted that there were currently 32 cases of long-Covid across all Clinical Boards within the Health Board and that the staff were being supported in line with the Managing Attendance at Work Policy with support from Occupational Health, Employee Wellbeing Service and the People Services Team.

It was noted that key updates since October 21 included:

- The People Services Team had been providing specialist advice and support to managers and staff on matters relating to managing attendance.
- Since 1st June 2022, 60 Managers had attended the Managing Attendance at Work Training Session.
- A Link was developed with the long-Covid Rehabilitation Service as additional support network.
- The ADPC concluded that further actions would be undertaken by the People Services Team which included:
- Identifying the short-term sickness hot spot areas in each Clinical Board and working closely with managers to reduce sickness and provide appropriate support.
- Providing Management with up to date employee wellbeing resources for staff by linking with Employee Wellbeing Service & Occupational Health.
- Providing coaching, be-spoke training and 1-1 support for Management in relation to Managing Attendance at Work and compassionate leadership.
- Continuing to promote and deliver the People and Culture Plan with a focus on compassionate leadership.
- Supporting managers with management of long Covid cases and ensuring staff who were able to return to work were provided with the appropriate support, such as phased return to work or alternative duties/roles.

The IMTS advised the Committee that it was very impressive list of actions and asked what would be done with regards to staff being moved from an area at short notice to perhaps work in an area which they were not familiar with.

The ADPC responded that the redeployment staff had been very challenging and noted that the People and Culture Team was always mindful wherever not to separate teams, wherever possible, but due to gaps in provision, they had to ensure that Patient safety came first.

The Executive Nurse Director (END) advised the Committee that Nurse staffing issues were high on the agenda and noted that he had met with the Executive Director of People

	and Culture and the Executive Director of Finance to go through a workforce programme plan and noted that it needed to be more responsive. The CC asked the ADPC if the date which related to the 24.8% of all absences since April 2022 which had been attributed to Anxiety/stress/depression/other psychiatric illnesses could be more specific. The ADPC responded that the People and Culture Team was restricted and governed by the Employee Service Record (ESR) system which only provided that high level data heading.	
S&D 12/09/010	**Key Operational Performance Indicators** The Key Operational Performance Indicators were received. The Chief Operating Officer (COO) advised the Committee that he would provide assurance to some of the key areas raised within the paper received. It was noted that the Health Board would implement a zero tolerance to 4-hour ambulance waiting times. It was noted that a discussion would be held at the next Board meeting regarding the Winter plan. A high-level assessment of the Organisation had identified that, at present, there were about 300 patients in the wrong healthcare setting and that was significantly impacting upon occupancy levels. The COO added that detailed work was being undertaken to mitigate that increased occupancy. He added that the Health Board's delivery against the Single Cancer Pathway (SCP) was just 51.4% compliance against the 75% standard and was not where the Health Board should be. It was noted that a number of actions had taken place to improve the oversight and operational grip of the process for overseeing patients. A Cancer summit had been arranged with the Tumour Group Leads and the Operational teams to understand the demand, the causes for delay in the 62-day Pathway and what actions were required to reduce the delays experienced by the Health Board's Patients. The COO advised the Committee that in relation to planned care, the total number of Patients waiting for planned care and treatment (the Referral to Treatment (RTT) waiting list) was 129,704 as at July 2022. It was noted that the tail of the waiting lists could be broken down as • Patients over 156 weeks – July – 351 • Patients over 104 weeks July – 8,308 • Patients over 52 weeks – July – 31,202 It was noted that the biggest focus would be to eliminate the 156 weeks waits by March 2023 and the need to continue to deliver on the Health Board's commitments around the 52 week waits. The COO advised the Committee that revised guidance had been received on how the Health Board should be allocating capacity: • 40% for urgent and critical patients • 60% for long waiting patients It was noted that a large piece of work was being undertaken with regards to non-Clinical validation of Patients and checking to see if such Patients still wanted their appointments for new outpatient appointments.	

	The COO added that the British Red Cross was also helping the Health Board with long waiting Orthopaedic Patients. It was noted that more work would be required on clinical validation of Patients. The Committee was advised that in relation to Mental Health, demand for Adult and Children's Mental Health services remained significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,258 referrals in July 2022. It was noted that, as highlighted at the previous Board meeting, that demand increase had included an increased presentation of Patients with complex mental health and behavioural needs. It was noted that significant work had been undertaken to improve access times to Adult Primary Mental Health and CAMHS services. The COO concluded that there were worrying numbers of Stroke Patients and he assured the Committee that it was high up on the agenda. It was noted that discussions were being held with colleagues from other Health Boards in Wales with regards to the whole Stroke pathway. **The Committee Resolved that:** a) The contents of the Key Workforce Performance Indicators report were discussed and noted; b) The contents of the Managing Attendance at Work Deep Dive report were discussed and noted; and c) The year to date position against Key Organisational Performance Indicators for 2022-23 and the update against the Operational Plan programmes, were noted.	
S&D 12/09/011	**Audit Wales - Tackling the Planned Care Backlog in Wales** The Audit Wales - Tackling the Planned Care Backlog in Wales information was received. The Performance Audit Manager – Audit Wales (PAMAW) advised the Committee that he would provide a short overview of the report. It was noted that the report was published in May 2022 and provided a high-level overview of the position on Planned Care. The report set out the main findings from the Auditor General's review of how NHS Wales was tackling the backlog of Patients waiting for treatment and responding to the challenges facing Planned Care. It was noted that the report also set out six key actions that the Health Board needed to take to tackle the challenges in Planned Care which included: • A clear vision and supporting of investment • A strong and aligned system leadership • Renewed focus on system efficiencies • Build and protection of planned care capacity • Management of clinical risks and avoidable harms • Enhanced communication with patients. The PAMAW advised the Committee that in Wales, waiting lists grew by 51% from March 2020 to February 2022 when there were 691,885 Patients on a Planned Care waiting list. He added that 251,647 of those Patients had been waiting for more than 36 weeks and 406,743 were still waiting for their first outpatient appointment to discuss their condition and agree a course of action.	

	It was noted that there were a number of key questions and areas of focus for the Health Board which included: • There would need to be the ability to restart services and to get them running to at least pre-pandemic levels. • Driving forward system efficiencies • A strong focus on validations of patients and reduction of harm to help them keep healthy. It was noted that Audit Wales had provided 5 recommendations to NHS Wales which included: • The NHS Wales national plan set out high level ambitions to reduce waiting times. It included target milestones to reduce the number of people waiting for treatment but lacked detail on how it would transform Planned Care. To implement the plan, the Welsh Government (WG) should work with Health Bodies to set appropriately ambitious delivery milestones to measure progress of delivery of the new ways of working set out in the plan. • The WG should ensure that its national plan was accompanied by a clear funding strategy. This should include identification of the longer-term capital investment that was going to be needed and processes to ensure that revenue funding would support sustainable service transformation. • The national plan lacked detail on how the WG would support health boards to ensure they had sufficient workforce capacity to deliver its ambitions. The WG should work with relevant NHS bodies to develop a workforce plan to build and maintain planned care capacity to support recovery and tackle the waiting list backlog. The plan should be based on a robust assessment of current capacity gaps and realistic plans to fill them. • The national plan included a new Diagnostics Board but did not set out the system leadership arrangements needed to drive through the entirety of the plan. The WG should identify and implement such system leadership arrangements based on ensuring that lessons could be learnt from weaknesses in previous national Planned Care programme board arrangements. • The Welsh Government should ensure it has the necessary processes, policy frameworks and programme and performance management arrangements to ensure NHS bodies could effectively manage clinical risks and avoidable harms, maintain a focus on efficient, effective and economical delivery of planned care pathways and enhance communication with patients to ensure they were informed about how long they could expect to wait. The COO advised the Committee that the Health Board had received and viewed the report and was acting upon it. The Independent Member – Capital & Estates (IMCE) asked what reaction had been received by Audit Wales from WG. The PAMAW responded that WG were taking the report very seriously and noted that there had been a restructure in WG to help with the operational responsibilities. The UHB Vice Chair advised the Committee that there needed to be a fundamental shift so that pressures on Planned Care were addressed. **The Committee resolved that:** a) The Audit Wales - Tackling the Planned Care Backlog in Wales Report was noted.	
S&D 12/09/012	**Update on Delivery of CAV 24/7 Service and Introduction of NHS 111**	

	The update on Delivery of CAV 24/7 Service and Introduction of NHS 111 was received. The COO advised the Committee that he would take the paper as read and take any questions. The CC asked if NHS 111 had completely subsumed CAV24/7. The COO responded that NHS 111 was the first level that Patients would now need to access and noted that 16% of Patients were dealt with under that service. The CC asked what the communications were around the public using NHS 111. The COO responded that if a Patient phoned their GP practice after it had closed, they would be directed to NHS 111 or Out of Hours. The CEO added that there had been a significant campaign around choosing of the right service across social media and the website. She added that the question that needed to be asked was if NHS 111 was a useful disposition on the directory of service for the Health Board and if the Health Board was making the best use of it. The CEO concluded that the call volumes spoke to the fact that people were familiar with the arrangements. **The Committee resolved that:** a) The position for the urgent primary care service and changes to the model during the last few years with the introduction of the CAV24/7 service in August 2020 and the introduction of the 111 service in March 2022 were noted.	
S&D 12/09/013	**Board Assurance Framework** The Board Assurance Framework (BAF) was presented. The Director of Corporate Governance (DCG) advised the Committee that there were three risks on the BAF that aligned to the Committee which included: • Risk of Delivery of the IMTP 22-25 • Staff Wellbeing • Exacerbation of Health Inequalities It was noted that those risks were last reported to the Board at the end of July 2022 and agreed, along with other risks on the BAF, to be the risks to the Strategic Objectives of the Health Board. The DCG advised the Committee that all risks had been updated and would be presented to the Board on Thursday 29 September 2022. The Deputy Director of Public Health (DDPH) advised the Committee that the main change to the Exacerbation of Health Inequalities risk was that the issues around the cost of living crisis had been added alongside the impacts of Covid-19. **The Committee resolved that:** • The risks in relation to Delivery of the IMTP 22-25, Staff Wellbeing and Exacerbation of Health Inequalities were reviewed. • Assurance was provided to the Board on the management /mitigation of those risks.	

S&D 12/09/014	**Staff Well-being Update** The Staff Well-being Update was received. The Assistant Director of People & Culture (ADPC) advised the Committee that the report was an overview of the Staff Well-being Plan and provided a progress update. She added that it was important to recognise that the work and projects identified within the Well-being Plan were in addition to existing provision and activity, but that plan was clearly aligned and integrated into the themes and priorities of the People and Culture Plan. It was noted that progress was being made and projects were being introduced that had adopted a phased approach to ensure alignment with organisational objectives and demands. It was noted that the approach also supported team capacity to deliver during demanding times and some changes had been made to allow for emerging priority work. The ADPC advised the Committee that it had been recognised that there was a need for more evidenced based measurements and evaluation of impact and noted that the People and Culture Team was currently working with colleagues in the Innovation and Improvement Team to develop measures and a means of effectively recording progress and impact of the Well-being Plan. She added that the collaboration would support a wider evaluation and link directly with the Health Board's Health and Wellbeing Framework that was currently in development, and the objectives within the People and Culture Plan. **The Committee resolved that:** a) The content of the update report as assurance of delivery of the wellbeing plan, and request to continue to support the delivery of the outstanding actions, was noted.	
S&D 12/09/015	**Update on Delivery of 22/23 Capital Plan** The update on the Delivery of the 22/23 Capital Plan was received. The EDSP advised the Committee that the report contained two components: • Overview of the Major Capital Programme • Items funded through the Discretionary Capital Programme. The Director of Capital and Estates (DCE) advised the Committee that the Health Board's Capital Resource Limit (CRL) issued by WG indicated a CRL of £45.889m which included £10.263m Discretionary Capital Funding and £35.626m Capital Projects with approved funding. He added that after a review of the CRL by the Capital Management Group, the latest CRL indicated an overall reduction of £477k which included £600k that was identified as in-year slippage for the Endoscopy Scheme and was returned to WG. It was noted that the Health Board had been progressing a number of key projects required to support the Acute Sites Masterplan which had been developed and prioritised by the Operational teams. The schemes included returning a number of services from UHL to UHW which had been relocated at the start of the pandemic and had included: • Adult Fracture Clinic to Ground Floor Lakeside Wing • Cardiothoracic • Critical Care Expansion into C3 • Surgical Assessment Unit – Creation of a ward to support the vascular network	

	• Acute Medicine Footprint – Identification of options to expand capacity • Paediatric Fracture Clinic – Children's Hospital for Wales The DCE advised the Committee that the Capital, Estates and Facilities team would continue to progress key projects to tender stage so as to be prepared should WG release any slippage funding in the second half of the financial year. The IMCE noted that she had concerns around the 25% reduction in Discretionary Capital Programme funding and what impact that would have on a number of schemes that had been identified in the Clinical Boards. If some of those schemes were not undertaken what would be the impact upon the delivery of Clinical services. She asked if it was typical to receive slippage money from WG at the end of the financial year. The DCE responded that it was typical and that every year the Health Board did receive money back from WG. He added that every year the Health Board had to do a financial forecast at month 6 and where there were areas that the Health Board were not spending against predicted spends, that money went back into the central pot of funding. The DCE concluded that the Health Board would be prepared to spend additional funding should it be received. **The Committee resolved that:** a) The content of the paper and the challenges faced by the Health Board as a result of the reduced level of funding was noted. b) The in-year changes to the capital programme was noted c) It was noted that all Business Cases would follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board. d) The schemes that the Health Board were developing through the Business Case process pending WG approval were noted.	
S&D 12/09/016	**Medical Training Update** The Medical Training Update was received. The Assistant Clinical Director for Acute Child Health (ACDACH) advised the Board that it was his understanding that the update was being received in relation to a report that was received by the Mental Health Legislation and Mental Capacity Act Committee (MHLMCAC) that had highlighted a lack of attendance by Doctors with regards to training in Mental Health. He added that clarity was required that a lot of the Doctors who had not completed the training were junior Doctors and were not employed directly by the Health Board. Junior Doctors were employed by Shared Services. It was noted that Mental Health training for those Doctors was previously overseen by the Health Board but now that Shared Services managed those Doctors, Shared Services managed their Mental Health training. The ADCACH advised the Committee that in terms of permanent staff employed by the Health Board, there was no valid reason as to why staff should not be undertaking the Mental Health training.	

	He added that there were numerous factors that may have impacted upon the attendance levels, such as the pandemic and lack of resource, and that attendance had continued to be a challenge. It was noted that a piece of work was being undertaken regarding Mental Health training as well as other mandatory training modules to make access to that training easier and it was noted that simulation training was a model being considered. The UHB Vice Chair advised the Committee that the data did not represent reality and noted that the MHLMCAC had raised concerns because of issues seen in various reports at the Committee, such as the Hospital Managers reports. He added that it was assuring to see that action was underway to improve attendance levels, but noted that it was concerning that the Health Board was unable to identify everybody who had or had not received the training. The ADCACH responded that it would be easy to get the data on staff employed by the Health Board, but would be more challenging for Doctors employed by Shared Services because the Mental Health training would be on their college/university records. He added that his team may be able to contact the Health Education and Improvement Wales service to collate the information, but noted that it would onerous for the Health Board to do that as Doctors rotated quite a lot in and out of the Health Board. The UHB Vice Chair asked if it would be helpful to ask Shared Services to do that work for the Health Board. The ADCACH confirmed that it would. The IMU asked if the Mental Health training was recorded as part of the appraisal process and asked if Doctors were given time to complete training. The ADCACH responded that it was managed by the Assistant Medical Director (AMD) for Workforce and noted that Doctors had been given time to complete training during their Supporting Professional Activities (SPA) sessions. He added that Doctors' appraisals were performed through the Medical Appraisal Revalidation System (MARS) and noted that although Mental Health training was not specifically within the MARS system, it could be implemented on an all Wales basis as a requirement. At present, it was not checked during the appraisal process. **The Committee resolved that:** a) The Medical Training Update was noted.	
	Items for Approval / Ratification	
S&D 12/09/017	**Employment Policies for approval** The five Employment Policies for approval were received: • Recruitment and Selection Policy • Adaptable Workforce Policy • Employee Health and Wellbeing Policy • Learning, Education and Development Policy • Maternity, Adoption, Paternity and Shared Parental Leave Policy **The Committee resolved that:** a) The five policies were approved.	

	b) The All Wales Relocation Reimbursement Policy for Doctors and, Dentists in Training published by HEIW was noted. c) The Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades Policy (ref UHB 059) was rescinded.	
S&D 12/09/018	**Winter Plan** The Winter Plan was received. The CC advised the Committee that the Winter Plan was being received by the Board at its next meeting which was 2 days after the current meeting being held by the Strategy & Deliver Committee. He added that an in-depth discussion would be held at Board around the Winter Plan and noted that the Committee would continue to monitor and discuss the plan at future Committee meetings. **The Committee resolved that:** a) The Winter Plan was noted and referred to the Board.	
S&D 12/09/019	**Staff Winter Respiratory Vaccination (Flu and Covid 19) Policy** The Staff Winter Respiratory Vaccination (Flu and Covid 19) Policy was received. The Consultant in Public Health (CPH) advised the Committee that the policy had been updated to make staff aware of what was available to them. The DDPH added that following on from the work issues discussed, it was known that staff sickness was at a high level and noted that encouragement would be required from Executives and Independent Members on vaccination as well as making them accessible. **The Committee resolved that:** a) The updated Health Board Staff Winter respiratory vaccination policy was reviewed and approved.	
	Items for Information and Noting	
S&D 12/09/020	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The DCG advised the Committee that a 'Check and Challenge Process' had been implemented with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register were correctly recorded in line with the Risk Scoring Matrix. It was noted that an updated CRR would be shared with the Board at its November 2022 meeting. The IML noted that the risk around Haematology appeared to have remained on the CRR for 12 years and that it also appeared that no actions had been implemented against it. The EDSP responded that whilst it appeared to have been on the CRR for 12 years with nothing undertaken, actions were currently in progress to help reduce that risk. She added that more context would be provided on the CRR to show those actions. The DCG advised the Committee that the full CRRs would have an additional column added to show any actions taken but.	

	The CC advised the Committee that the Haematology risk, with its score of 25, was concerning and asked what could be done by the Committee around the governance of the risk. The DCG responded that all the issues had been discussed as part of the Workforce Plan and noted that the Risk and Regulation team were doing everything it could to support that Clinical Board team and mitigate the risk. The COO added that nobody was comfortable with the risk and noted that it would be disingenuous to reduce the risk whilst working with the Clinical Board to help reduce the risk. The CEO advised the Committee that it would be important for the Board to be sighted on that particular risk. **The Committee resolved that:** 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.	NF
	Review and Final Closure	
S&D 12/09/021	**Any Other Business**	
	Date & time of next Meeting 15 November 2022 at 9am	

Public Action Log

Following Strategy & Delivery Committee
Held on 27 July 2022
(Updated for the meeting on 15 November September 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 12/07/007	**Key Workforce Performance Indicators**	Staff appraisal rates to be included in the KPI Workforce Plan.	**27.09.22**	Rachel Gidman	**COMPLETED** Committee updated at 27 September 2022 meeting
S&D 12/07/009	**Planned Care Recovery Update – waiting time for outpatient appointment**	General update required to report back to the Committee with regards to what improvements had been made to reducing the 52 weeks wait for outpatient appointments, the Clinical risks for patients and how those were being addressed.	**27.09.22**	Hannah Evans	**COMPLETED** Committee updated at 27 September 2022 meeting
S&D 17/05/007	**Capital Plan 2022/23 Delivery**	To look at the capital plan and how it affects the whole piece.	**27/09/2022**	Geoff Walsh	**COMPLETED** Committee updated at 27 September 2022 meeting
S&D 12/07/014	**Board Assurance Framework**	Risk regarding the Health Board's digital capacity to be picked up within the BAF after careful discussion with the Management Executives.	**27/09/2022**	Nicola Foreman	**COMPLETED** Committee updated at 27 September 2022 meeting
MHCL 20/02/005	**Mental Capacity Act Monitoring Report**	The issue regarding poor compliance on Medical Training be reviewed by the **Strategy and Delivery Committee**.	**27.09.22**		**COMPLETED.** Martin Edwards provided update at September S&D Committee meeting.
Actions In Progress					
S&D 12/09/008	**Strategic Delivery Programme updates**	It was noted that the Head of Corporate Business would start	**15.11.22**	Suzanne Rankin / Nicola Foreman	**Update on 15.11.22**

	- Flash Reports - IMTP Quarter 2 Delivery Assurance:	working on a matrix of indicators that would demonstrate whether the CEO was leading on the accountability criteria identified.			
S&D 12/09/007	**Shaping Our Future Wellbeing Strategy**	Update to be provided on engagement with patients from the most deprived areas and update on Engagement Lead vacancy.	**24.01.23**	Abigail Harris	**Update on 24 January 2023**
S&D 17/05/007	**Key Operational Performance Indicators**	It was noted that Kings Fund had been commissioned to complete work around the early intervention prevention area. That would be brought back to a future Committee meeting.	**15.11.22**	Fiona Kinghorn	**Update on 15.11.22** A verbal update on Kings Fund to be received by Committee at its November meeting (see agenda item 2.5)
Actions referred to Board and/or Committees of the Board					
S&D 12/09/016	**Corporate Risk Register**	The risk around Haematology had a score of 25 and had remained on the CRR for a significant amount of time. It was recommended that Board should be sighted on this risk.	**29.9.22**	Nicola Foreman	**COMPLETED** **Action presented to Board meeting on 29.9.22**

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

COMMITTEE CHAIR'S ACTION REQUEST

Date of Request	Details of Request	Date of Authority	Independent Members Supporting the Action
26 October 2022	To seek authority to formally adopt the All Wales Guidelines for Managing Industrial Action (copy enclosed) on behalf of the Strategy and Delivery Committee. The Workforce and Culture Team has received a copy of these Guidelines and wish to have the same adopted by the Health Board as soon as possible. Given that the Strategy and Delivery Committee is not due to meet until 15 November 2022 and the possibility of impending industrial action, the Workforce and Culture Team has requested formal adoption of the All Wales Guidelines for Managing Industrial Action by way of a Chair's Action.		Not applicable

	The request is for the Chair of the Strategy and Delivery Committee to adopt, by way of a Chair's Action, the All Wales Guidelines for Managing Industrial Action (as attached).		

Signed.....

Michael Imperato, Chair of the Strategy and Delivery Committee

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Report Title:	**Values Based Appraisal and Statutory and Mandatory Training**				Agenda Item no.	2.1.2 a)	
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	15th November 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive:	**Executive Director of People and Culture**						
Report Author (Title):	**Assistant Director of OD, Wellbeing and Culture**						

Main Report
Background and current situation:

Background

Values Based Appraisal
As a values-based organisation, Cardiff and Vale UHB has developed the annual staff appraisal around our values, recognising the importance of behaviours in the workplace, ensuring we focus not only on what is being done, but also how it is being done.

An organisation is nothing without its people, and at the UHB we want to develop and nurture everyone to have the skills and confidence to live up to our values every day while achieving their potential and requirements within their role. Supporting and encouraging our staff to explore their career potential is also important and enables us to develop a workforce that is sustainable and fit for the future as the way we deliver care develops and changes. It's all about the right people, in the right roles, with the right values doing the right things.

Conversations about values, behaviours, wellbeing and performance are important and should happen regularly between managers and staff, both formally and informally. The annual Values Based Appraisal is designed to reflect upon those more frequent conversations and spend focused time reviewing past performance and setting objectives to move forward.

Good quality, effective appraisals are also integral as part of the ongoing management processes in affecting motivation, morale, innovation, engagement, team spirit, and outcomes. The quality of these conversations and interactions will have an impact on staff retention, UHB reputation as an employer of choice and patient outcomes.

"Evidence from research linking patient deaths with key HR practices: Appraisal has the strongest link with overall patient mortality.
A hospital which trains approx 20% more appraisers & appraises approx 20% more staff & is likely to have 1,090 fewer deaths per 100,000 admissions."

Source: Effective Human Resource Management & Lower Patient Mortality, Carol Borrill & Michael West, Aston University

Statutory and Mandatory Training
There is a legal responsibility within Cardiff and Vale UHB (and NHS Wales) to ensure that staff receive training to develop the knowledge and skills to ensure a safe and healthy workplace. Along with a legal requirement, the UHB is required to adhere with nationally agreed frameworks. The UK wide Core Skills Training Framework (CSTF), approved by the Health Minister, has been adopted by all Health Boards and NHS Trusts within Wales. The Framework enables UHBs to standardise the focus and the delivery of key statutory and mandatory training skills.

The terms Statutory can be described as a 'legislative act passed by a legislative body' (Anon: 2010) and training for all staff that is required by law, or where a statutory body has instructed the UHB to provide training on the basis of legislation. The term Mandatory is defined as 'required or

commanded by authority' (Anon: 2010). These training requirements have been determined by the UHB and are concerned with minimising risk, supporting the implementation of policies and ensuring the UHB meets external standards.

As well as adhering to the CSTF, the UHB has identified a range of Mandatory training requirements which are to be met, to ensure all staff are appropriately skilled and that risks are reduced in all areas of their work.

A blended learning approach is utilised within the UHB to deliver its mandatory training requirements; this includes e-learning and traditional tutor led methods of delivery. This enables staff to comply with the legislative and policy requirements. Access to these modules are as follows:

- e-learning modules are accessible via ESR
- Details regarding the tutor led modules are available on the LED pages on CAVweb. During specific months of the year, a full suite of mandatory training modules are provided. These are advertised widely.
- Departmental tutor led sessions can be arranged by contacting the relevant subject matter experts.

The Health and Safety at Work Act is an Act of Parliament and is the main piece of UK health and safety legislation. It places a duty on all employers 'to ensure, so far as is reasonably practicable, the health, safety and welfare at work' of all their staff. All staff have a duty of care to ensure they are up to date with mandatory training

Welsh Government Targets and Monitoring
The UHB have targets set by Welsh Government related to both VBA completion and Statutory and Mandatory Training Completion. The targets set by Welsh Government are:

- VBA Compliance 85%
- Statutory and Mandatory Training Compliance 85%

Current Situation
During and following the COVID19 pandemic the UHB has adapted and responded to tremendous challenges impacting directly upon ways of working, service delivery and the health and wellbeing of our people. Over this period, rates of compliance in both VBAs and Statutory and Mandatory Training has declined.

Recent Executive Performance Reviews with all Clinical Board areas have discussed the recovery situation in depth and the revised targets have been established. Each CB area has provided assurance that focus will be given to improving staff experience through effective VBAs and access to Statutory and Mandatory Training, which will serve to increase the compliance figures. It is important to note that challenges around achieving the targets have also been discussed.

To inform this report each Clinical Board were asked to submit their current situation and trajectories to reaching the following targets:

VBA Rate

- 60% March 2022
- 85% June 2022

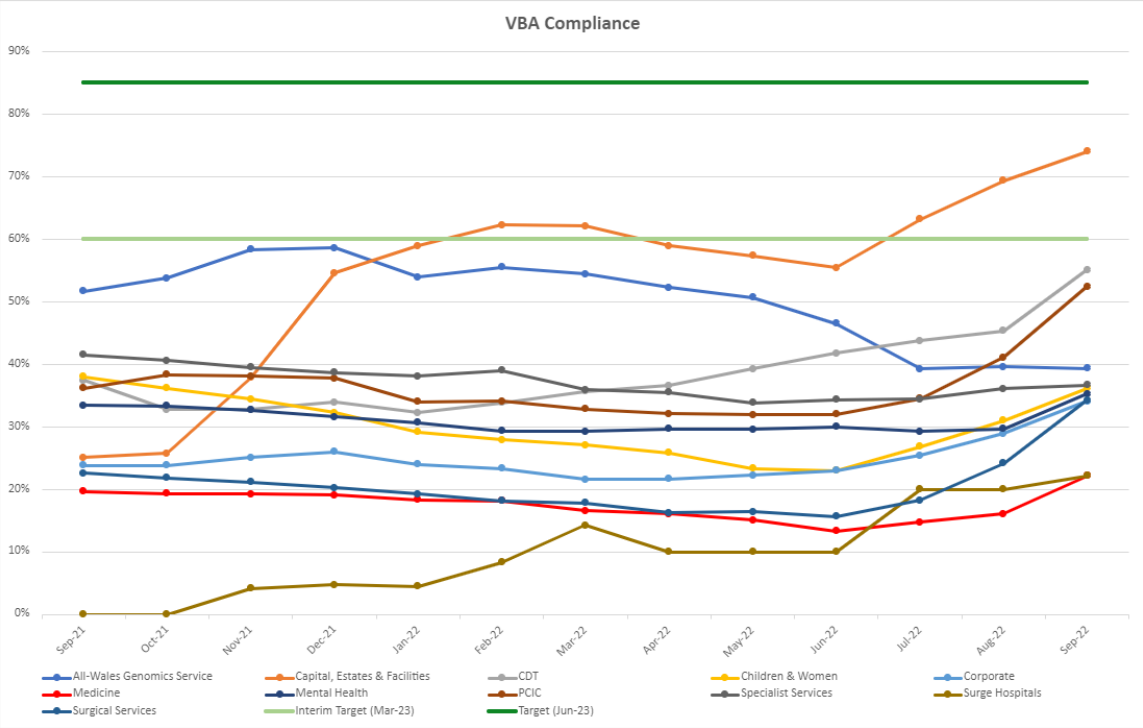
Statutory and Mandatory Training

- 85% March 2022

The report includes information from each Clinical Board where a response was received.

CAV UHB Values Based Appraisal Compliance, Sept 2021 – Sept 2022

Non-Medical VBA Compliance



This graph illustrates the picture across the UHB and demonstrates improvement starting to be made in many areas following a period of decline. Over the past 6 months, the VBA process has been developed to promote accessibility, additional VBA workshops have been made available, and simplified guidance regarding uploading onto ESR has also been developed and communicated, including guidance for the staff member to update their VBA completion on ESR.

CAV UHB Statutory and Mandatory Compliance Overview Sept 2022 by Clinical Board

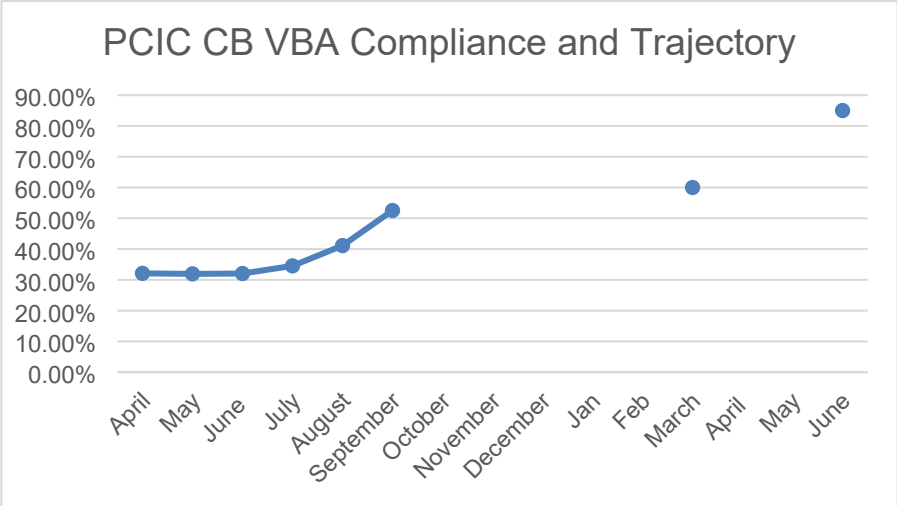
The UHB continues to support completion of Statutory and Mandatory Training through awareness months and classroom sessions to improve compliance of statutory requirements. An example of this is Fire Safety Week run in October, this resulted in over 2,300 people completing their Fire Safety Training. This will be followed by Mandatory November, promoting completion of training across the UHB through a blended learning approach.

A focus on VBAs will also support the monitoring and promotion of completing Statutory and Mandatory Training.

Current Situation and Trajectories – Information Provided by Clinical Boards

Primary, Community, Intermediate Care (PCIC)

Primary, Community, Intermediate Care (PCIC) VBA Compliance and Trajectory

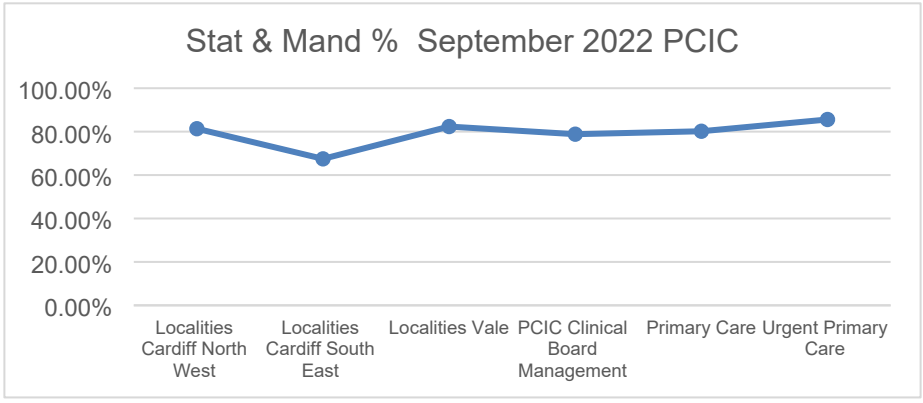


VBA Trajectory				Mar-23	Jul-23
Primary, Community Intermediate Care	H/C	Number Completed	Current Compliance (%)	No. to achieve 60%	No. to achieve 85%
Localities Cardiff North West	248	132	53.23	16	79
Localities Cardiff South East	208	110	52.88	14	67
Localities Vale	195	95	48.72	22	71
PCIC Clinical Board Management	244	134	54.92%	12	73
Primary Care (OOH)	130	64	49.23%	15	47
Urgent Primary Care	83	47	56.63%	3	24
Totals				**82**	**361**

PCIC Actions to Achieve Target:

- The targets have been set for Business Units to achieve in both March and July (see table)
- The monthly Performance Meetings will be utilised with each of the Business Units to track progress and the CB will implement measures to support as needed
- Trajectory updates to be provided as part of Board review

Primary, Community, Intermediate Care (PCIC) Statutory and Mandatory Compliance

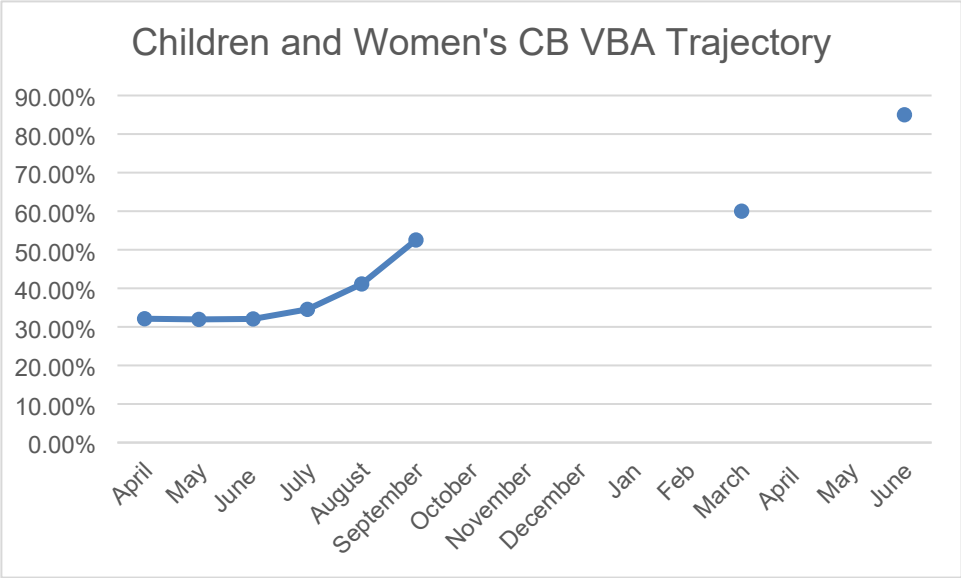


PCIC Actions to Achieve Target:

- Promotion of Mandatory November to all Business Units and staff
- Use the monthly Performance Meetings with each Business Units to track progress and implement measures to support as needed
- Trajectory updates to be provided as part of Board review
- PCIC are expected to achieve 85% by March 2023

Children and Women's Clinical Board

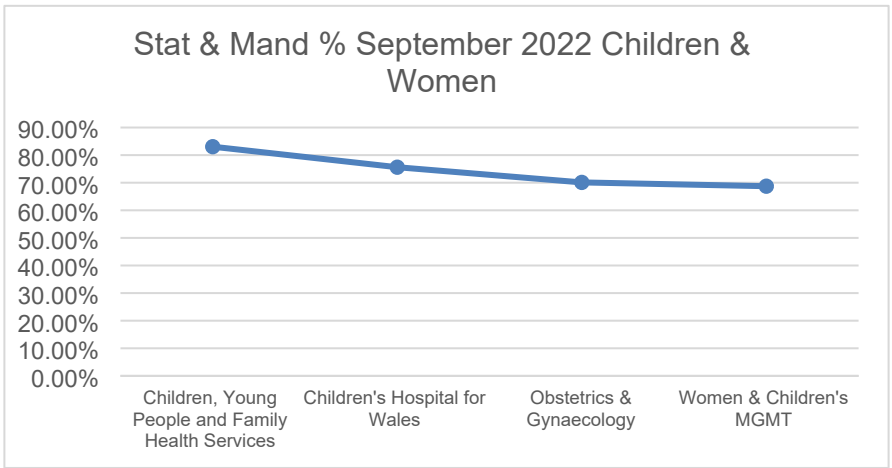
Children and Women's VBA Compliance and Trajectory



Children and Women's CB Actions to Achieve Target:

- Since August 2022 Children and Women's CB have sought to push VBA completion
- As a CB Team there has been a commitment in undertaking VBA's with direct reports to role model and cascade good practice with VBAs completed in September and October
- Aug 22 medical appraisals were 74.17% in C&W CB and non-medical staff were 31.08%
- In September the Medical staff dipped to 72.48% (staff rotations) whilst non-medical staff rose to 36.25%
- Confident that these figures will have risen further in October
- Clearly communicated our commitment to have non-medical appraisals at a minimum of 65% by end of March 2023 and to at least 85% by end of July 2023

Children and Women's CB Statutory and Mandatory Compliance

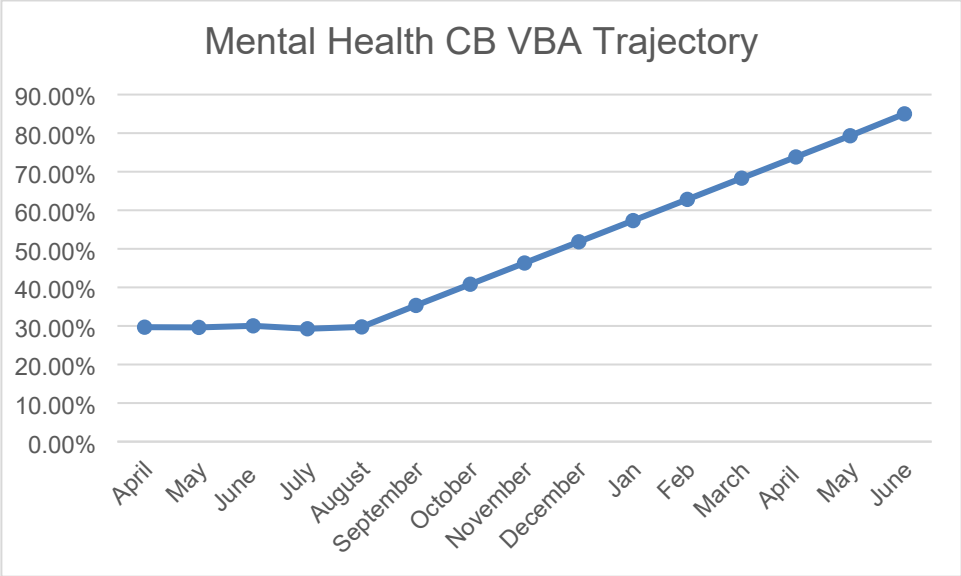


Children and Women's Actions to Achieve Target:

- Children and Women's have seen an increase in S&M compliance despite significant workforce pressures and currently compliance is at 76.57%.
- Continued work is underway to bring all areas up to, and sustaining 75% by the end of March 2023.

Mental Health Clinical Board

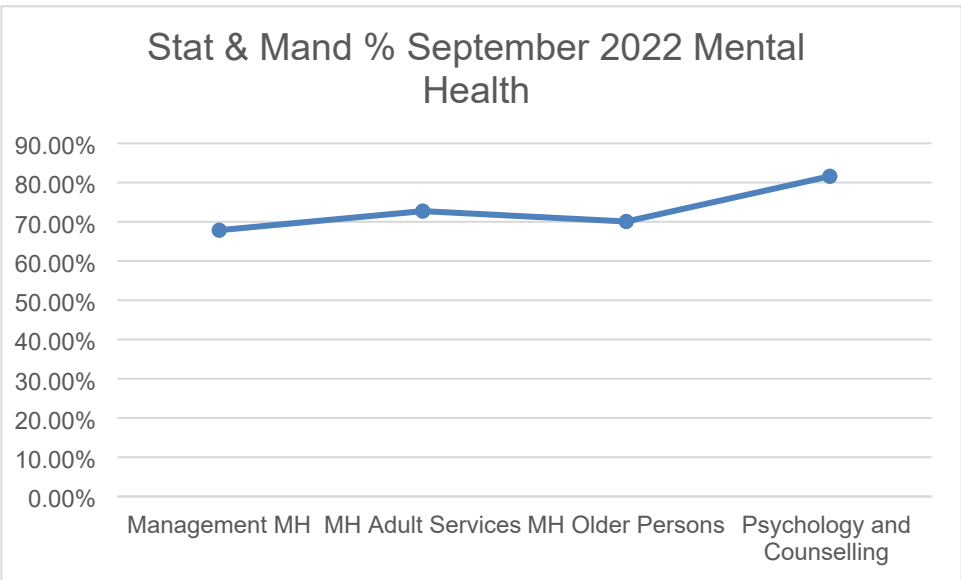
Mental Health VBA Compliance and Trajectory



MH Clinical Board Actions to Achieve Target:

- Targeting particular areas where VBAs are low. This level of improvement should allow for a margin of error, the 85% will need to see some acceleration to achieve target but for assurance we will monitor on a monthly basis to maintain trajectory.

Mental Health CB Statutory and Mandatory Compliance

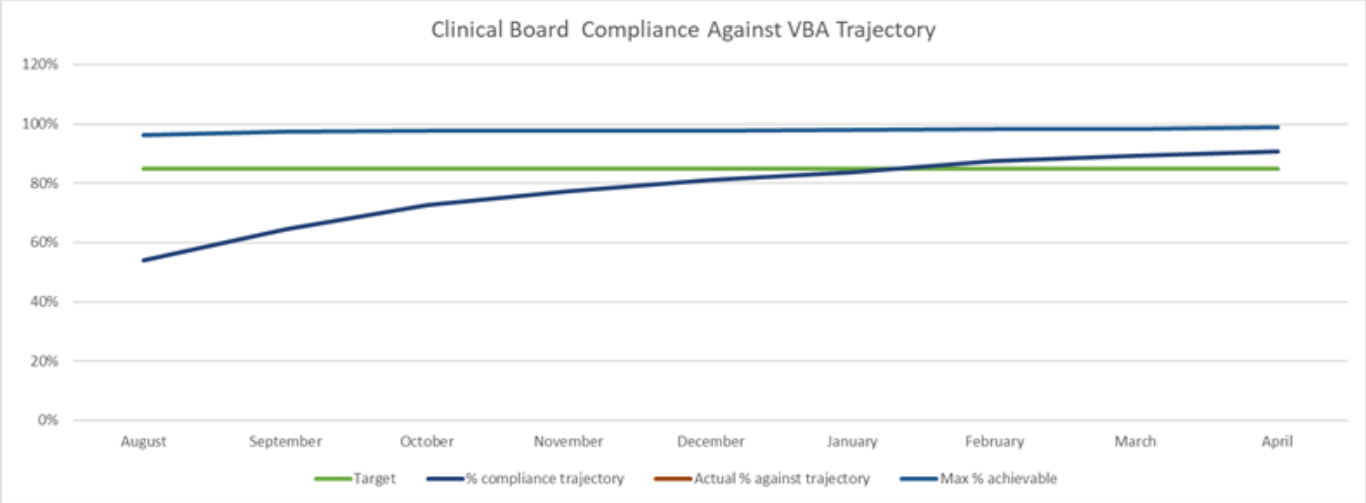


MH Clinical Board Actions to Achieve Target:

- For Mandatory training, improvement is expected as staff complete training to support the VBA process, monthly checks will monitor this.

Clinical Diagnostics and Therapies (CD&T) Clinical Board

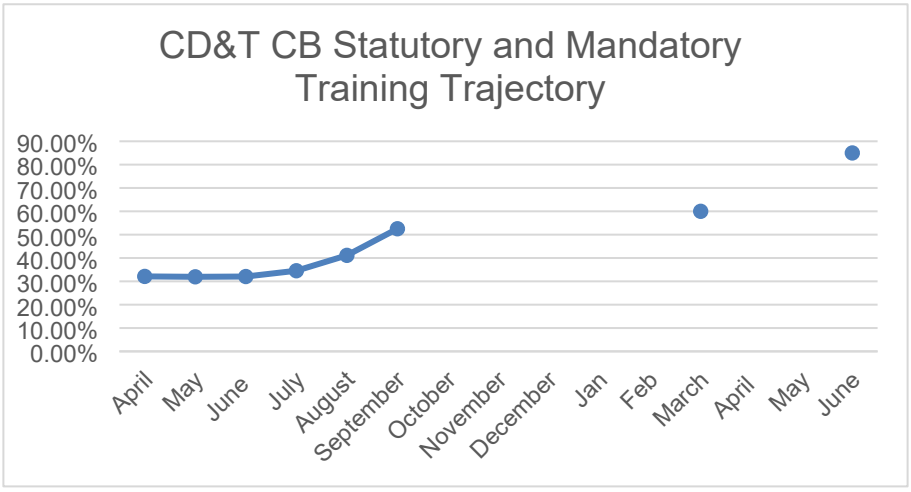
CD&T VBA Compliance and Trajectory



CD&T Clinical Board Actions to Achieve Target:

- Managing the VBA through the performance review structures for the directorates.
- Each individual directorate has compiled a trajectory with the actions associated which delivers a clinical board trajectory as above.

CD&T CB Statutory and Mandatory Compliance & Trajectory



CD&T Clinical Board Actions to Achieve Target:

- Statutory and Mandatory training will be managed on a monthly basis through performance reviews and expected to remain on track
- Achievement and sustainability of targets is caveated by the workforce challenges the organisation has and the need ot prioritise clinical work as appropriate to support the emergency stream

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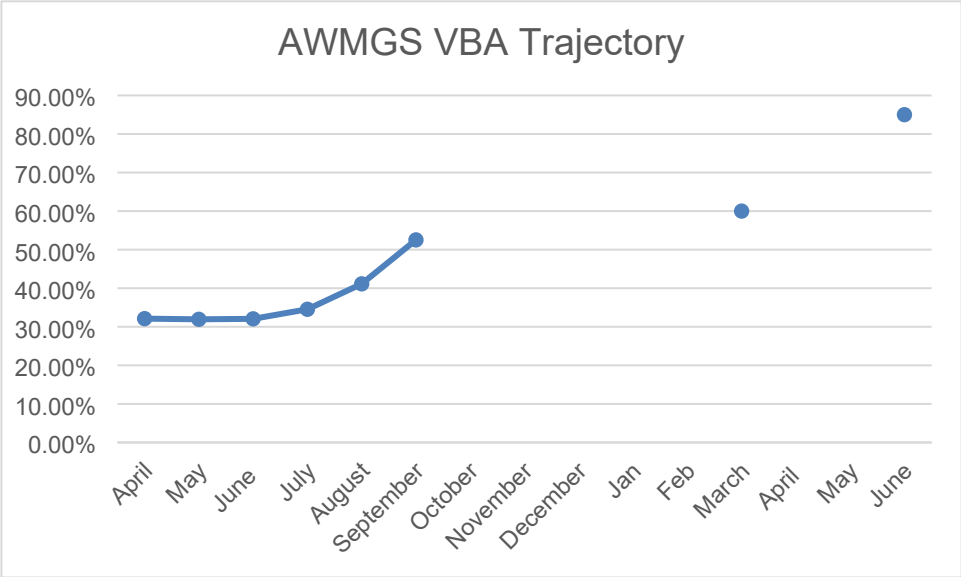
All Wales Medical Genomics Service (AWMGS)

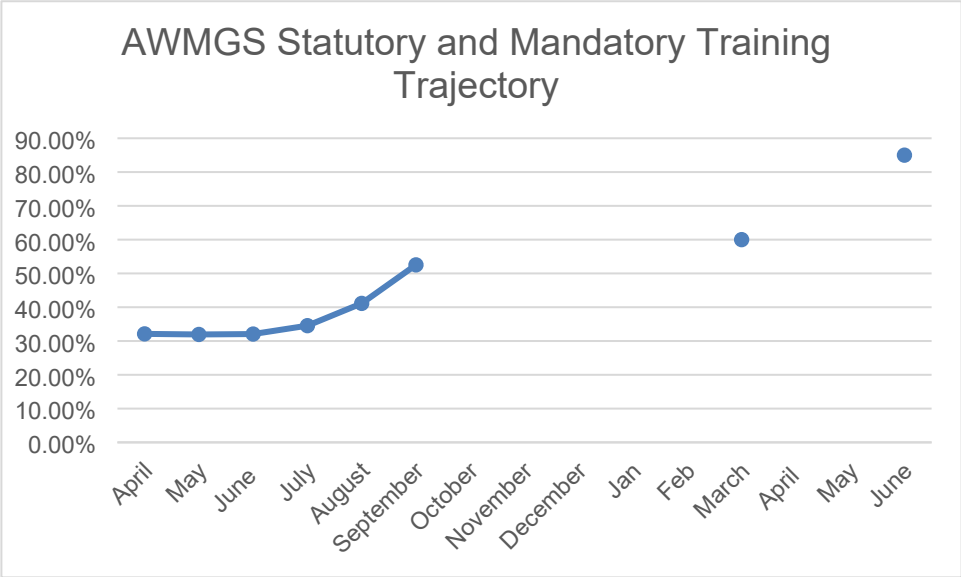
AWMGS VBA Compliance and Trajectory



AWMGS Actions to Achieve Target:

- VBAs are being mapped in for staff between September and March.
- Provision of support to line managers in uploading VBAs onto ESR.
- Established expectation on line managers to upload objectives and VBA into ESR for new starters.

AWMGS Statutory and Mandatory Compliance & Trajectory

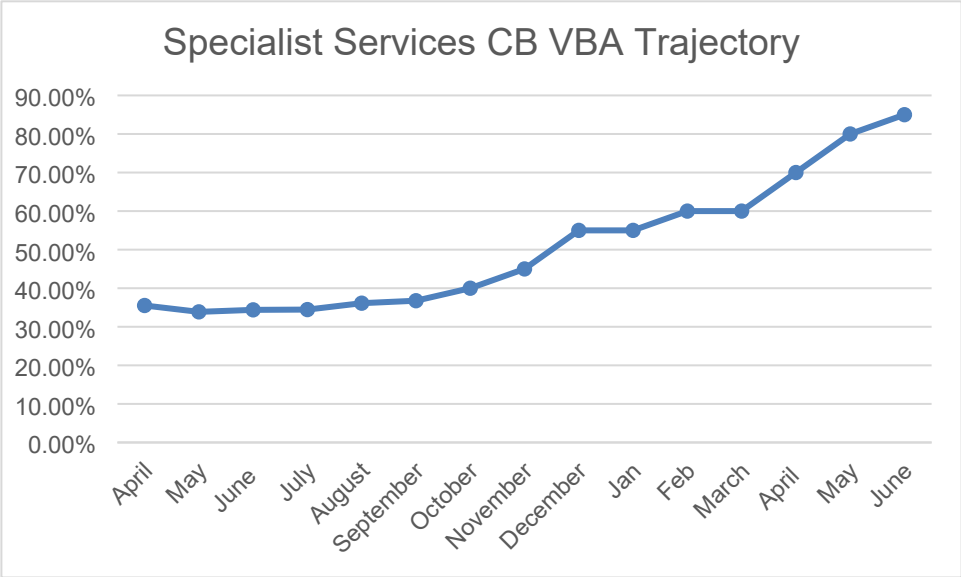


AWMGS Actions to Achieve Target:

- Continue to monitor and review Statutory and Mandatory training to sustain targets
- Promote through effective VBAs

Specialist Services Clinical Board

Specialist Services CB VBA Compliance and Trajectory



Specialist Services CB Actions to Achieve Target:

- Oversight of the position and directorate trajectories at directorate performance reviews
- Focus on nurses in development programmes – in specialist services there are a number of nursing development programmes which overlap with the VBA discussion. Focus on aligning the development programme milestones with the VBA discussions. It is anticipated that this will result in an increase in VBAs on ESR for the RN workforce.
- Lead by example – all DMTs appraisals to be completed by year end.
- Recognition that achieving the target will be challenging in some areas and would seek to learn from good practice in other CBs.

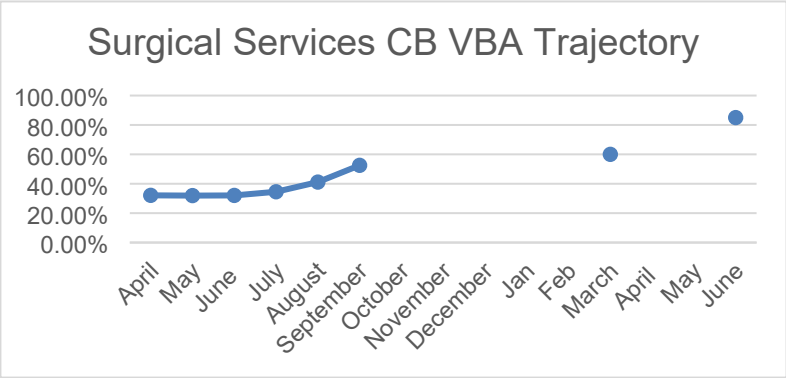
Specialist Services CB Statutory and Mandatory Compliance & Trajectory

Specialist Services CB Actions to Achieve Target:

- Have confirmed aiming to meet targets set through maintaining oversight of the position and directorate trajectories at directorate performance reviews

Surgical Services Clinical Board

Surgical Services CB VBA Compliance and Trajectory



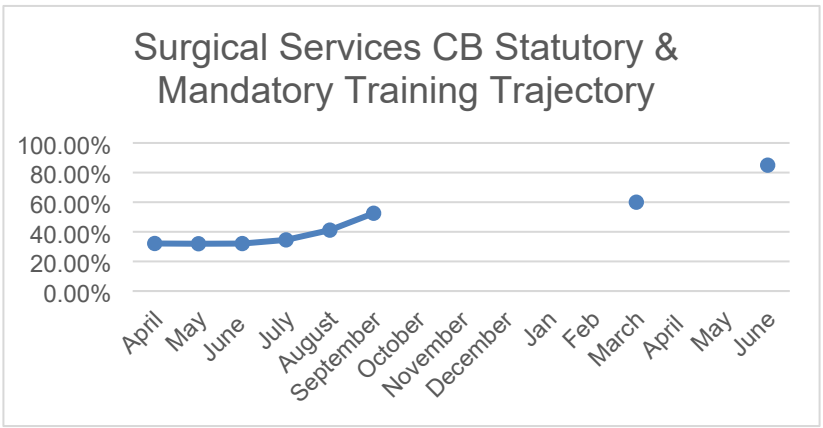
Surgical Services CB Actions to Achieve Target:

- Aiming to meet targets set through maintaining oversight of the position and directorate trajectories at directorate performance reviews (see table below). Please note TBA column is area of focus to ensure figures improve.
- Introduced monthly monitoring of departments via live spreadsheet to assess VBAs completed, VBAs booked in by month, outstanding VBAs to be booked
- Learning from areas of good practice to improve areas with lower compliance

Oversight VBA Monitoring Surgical Services, work in progress

Dept	Completed	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Jun-23	Jul-23	Aug-23	TBA	Grand Total	% Completed or booked
ENT & Dental Hospital	97		30	29	40	16							200	412	51%
General Surgery			1	1	8								4	14	71%
Opthalmology	18	2	11	11	9	2	2	5	3				22	85	74%
Surgery Management	8	2		1									4	15	73%
Theatres, Anaesthetics, SSU & Sterilisation Services	105	9	27	21	26	39	29	24	1	2	2	1	404	690	41%
Trauma and Orthopaedics		3	42	48	55	45							288	481	40%
Urology	21	1											28	50	44%
POAC	17		17										6	40	85%
Grand Total	**266**	**17**	**42**	**11**	**21**	**26**	**26**	**9**	**4**	**2**	**2**	**1**	**956**	**1787**	**47%**

Surgical Services CB Statutory and Mandatory Compliance & Trajectory

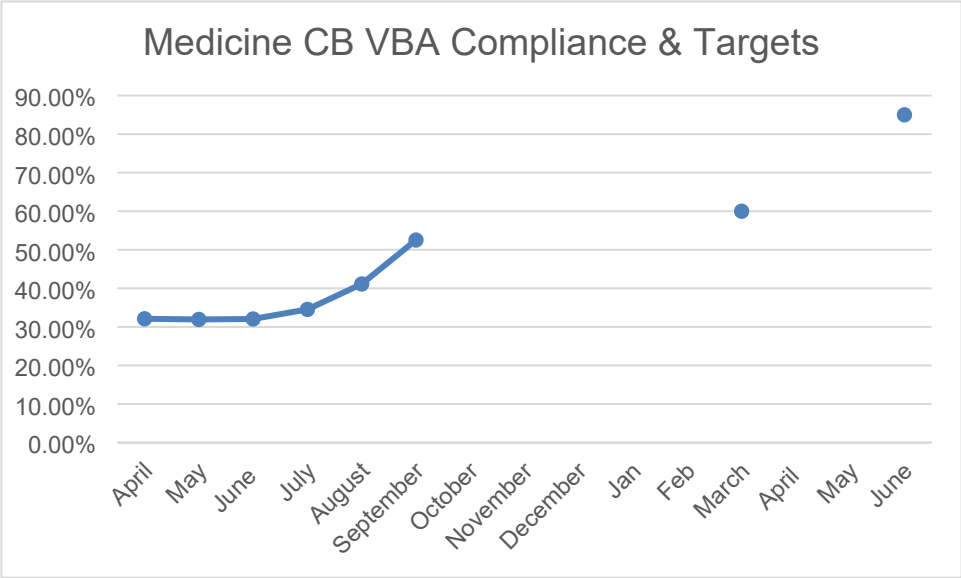


Surgical Services CB Actions to Achieve Target:

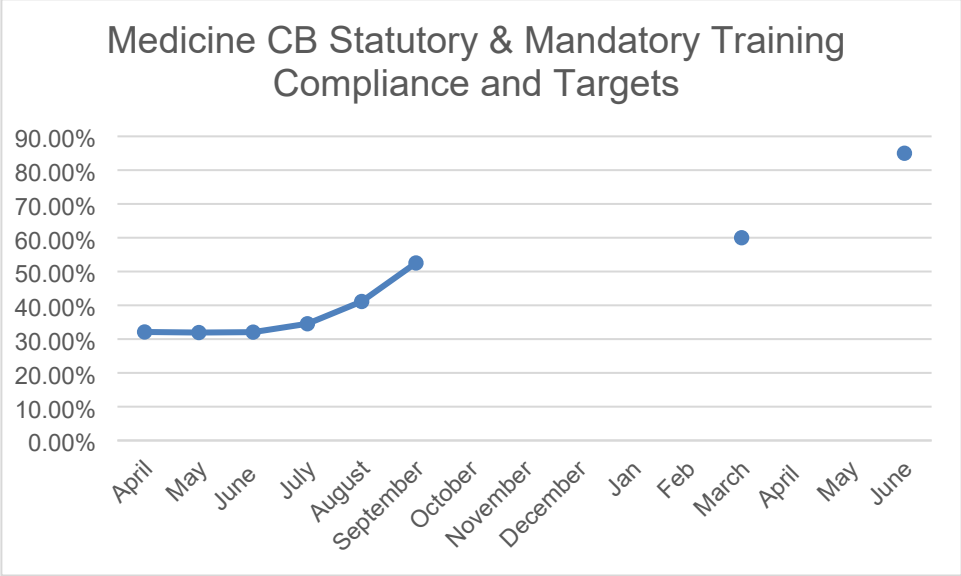
- Recognition that Statutory & Mandatory Training rate is steady but improvement needed
- Focused work with departments to identify constraints to complete
- Monthly monitoring meetings

Medicine Clinical Board

Medicine CB VBA Compliance



Medicine CB Statutory and Mandatory Compliance & Trajectory

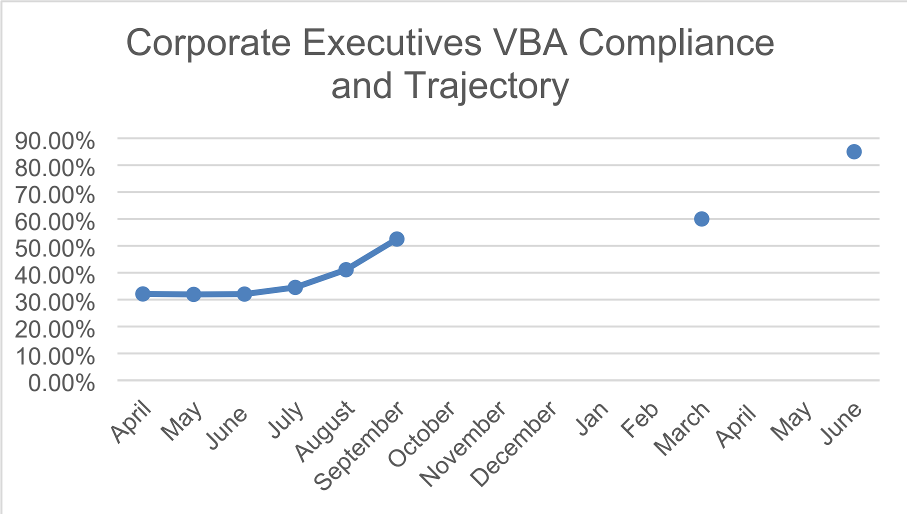


Medicine Clinical Board note on actions:

- Medicine CB has discussed the compliance data and actions for improvement for VBAs and S&M Training as part of the Executive Performance Reviews, October 2022.
- At the time of submitting this report that data had not been received. An update will be added as an addendum to this report prior to the Committee Meeting of the information is received.

Corporate Executives

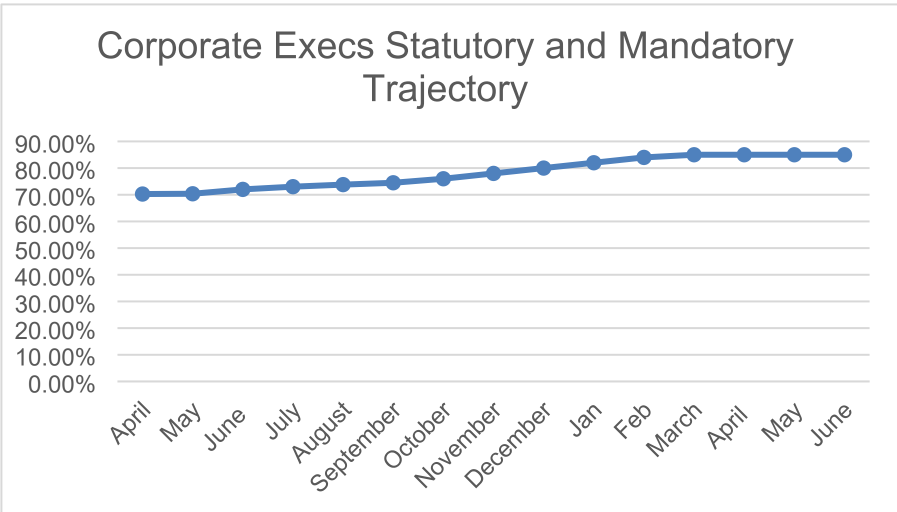
Corporate Executives VBA Compliance and Trajectory



Corporate Executives Actions to Achieve Target:

- Updates received across Corporate Executives to highlight that a number of VBAs have been recently completed but data not yet added onto ESR, this will significantly improve figures for October/November, areas reporting this include Therapies, Planning, Patient Experience, Governance and People & Culture
- P&C Team supporting managers with guidance on uploading information and marking VBAs as complete, also supporting where issues with ESR
- Overarching response across Corporate Executives was a commitment from all areas to focus on achieving the targets for March and June 2023, some areas estimating 100% compliance by March

Corporate Executives Statutory and Mandatory Compliance & Trajectory



Corporate Executives Actions to Achieve Target:

- Continued promotion of importance and requirement of completing Statutory and Mandatory training as part of VBA discussions and manager conversations
- Monthly monitoring of compliance data available via People Analytics Sharepoint
- Exploration of building in Statutory and Mandatory Training time into rotas where appropriate / applicable
- Aim to meet and sustain target of 85% by March 2023, with some areas predicting 100% compliance.

Additional Actions Received from Corporate Executives to Note:

Patient Experience

- Set to achieve 85% across both VBA's and Mandatory training by end of March 23
- Recently review of hierarchy and 12 VBA's to add to ESR
- All senior team completed VBA's since June 2022, will be a significant increase in compliance figures when data added to ESR
- Taking a cascade approach with all senior staff having allocated groups
- Statutory and Mandatory training continues to be challenging for some areas due to challenging workload, to alleviate this the senior team are discussing adding protected training time within the rota, particularly over the Christmas period to improve compliance

Public Health

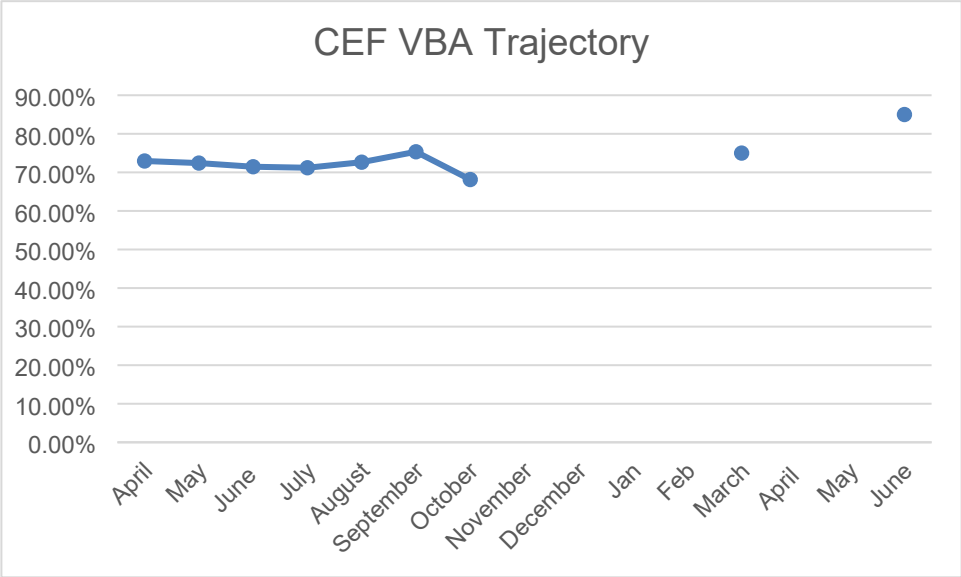
- As of 30 September 2022 (pre-transfer to C&V UHB) the Local Public Health Team were 91% compliant with staff appraisals. The team will move to VBAs in Spring 2023
- Figures for Statutory and Mandatory training currently unavailable as the transfer of records from PHW to CAVUHB has seen the compliance of individuals resetting to 0% - this will be rectified over coming weeks

People and Culture

- All Senior Team VBAs have been completed and a cascade approach is being taken
- Teams are being supported to complete any outstanding VBAs with signposting to training and guidance
- Monthly monitoring by the Senior Team of compliance data to identify areas requiring specific support to achieve and sustain targets
- There is a regular push on completing Statutory and Mandatory Training and teams are encouraged to build the training time into work schedules – a recent campaign around Fire Safety Compliance will see figures improve for October / November 2022

Capital Estates Facilities (CEF)

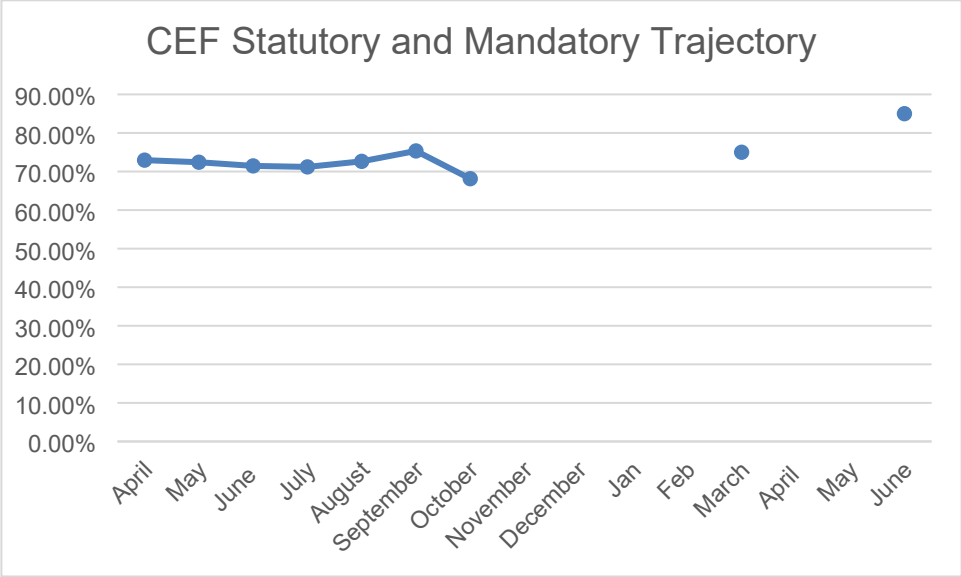
Capital Estates Facilities VBA Compliance and Trajectory



CEF Actions to Achieve Target:

- Currently achieving 75% VBA compliance, aim is to achieve the targets set by the given deadlines
- Please note that challenges including sickness levels, turnover and new starters have and will continue to hinder the process

Capital Estates Facilities Statutory and Mandatory Compliance and Trajectory



CEF Actions to Achieve Target:

- Aiming to achieve the Statutory and Mandatory targets, but proving to be challenging due to being time intensive and often require access to PC's or classroom based.

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

Overview
A key strategic objective within the Shaping Our Future Wellbeing Strategy is for Cardiff and Vale UHB to be a great place to work and learn. We aim to be an organisation that, through compassionate and inclusive leadership, enables and empowers our people to perform at their best, be supported and developed to deliver excellent quality services and care, and to provide an environment where innovation thrives while also supporting the health and wellbeing of our staff. To achieve this in such challenging times requires commitment to ensuring all staff have an effective, quality and supportive Values Based Appraisal, and are supported to maintain their Statutory and Mandatory Training compliance.

Executive Performance Reviews
The Executive Performance Reviews have provided an opportunity for every Clinical Board and Directorate to outline the challenges they have faced in enabling their people to access a Values Based Appraisal and complete Statutory and Mandatory Training. The reviews have also explored the actions now in place to ensure VBAs and S&M Training targets are communicated, planned and achieved, including identification of barriers and support required, with each area committing to a planned approach and monitoring processes.

The information provided monthly via the People Analytics Sharepoint Data supports effective monitoring, while the Education, Culture and OD Team continues to provide support, training and guidance where needed.

Next Steps
As the UHB approaches a challenging Winter period, the focus for the organisation is meeting service demands and providing high quality, compassionate care. This can only be achieved through the effective retention of staff, supporting their development and health and wellbeing in the workplace, and attraction of new staff as and where there are gaps and vacancies.

The Clinical Boards will continue to monitor progression towards achieving the targets that have been set, through local performance meetings, and will respond to support areas who may require

more creative approaches to ensure all staff can attend an effective appraisal with their manager, and access their Statutory and Mandatory Training.

Progression of the People and Culture Plan will continue to ensure focused actions and objectives to support CBs and the workforce via all seven themes.

A review of progression towards targets is recommended in March 2023.

Recommendation:

The Committee is requested to:

a) Note the current position of the UHB and the steps outlined to achieve targets in both Values Based Appraisals and Statutory and Mandatory Training.

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

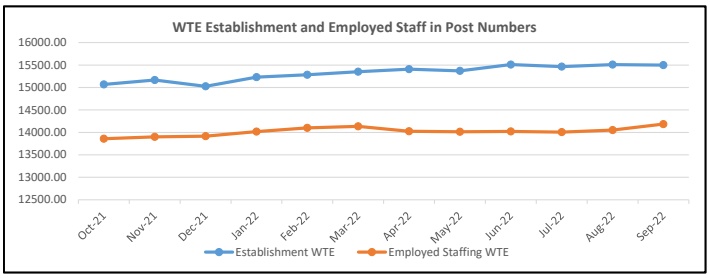
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x

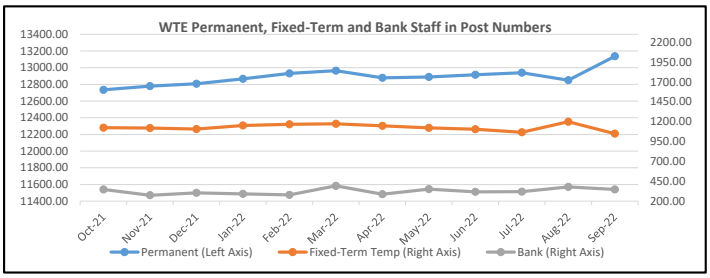
Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
Retention of Staff; Statutory Requirements re Training Modules; Health and Wellbeing, Sickness Absence; Performance
Safety: Yes/~~No~~
Statutory Requirements re Training Modules; Mandatory Training
Financial: Yes/~~No~~
Retention; Attraction; Sickness Absence
Workforce: Yes/~~No~~
Retention; Attraction; Health and Wellbeing; Performance
Legal: Yes/~~No~~
Statutory Requirements re Training Modules

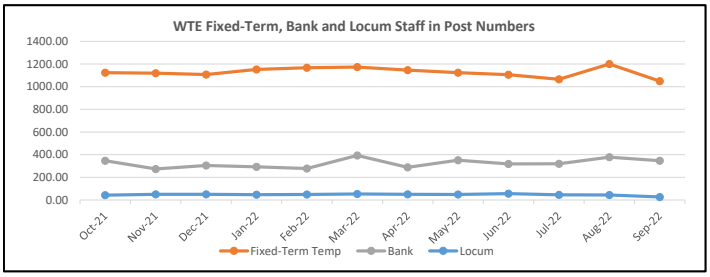
Reputational: Yes/~~No~~
Staff Experience; Retention; Quality of Care
Socio Economic: Yes/~~No~~
Quality of Care and Service Delivery
Equality and Health: Yes/~~No~~
Access to Mandatory Training to inform awareness on 'Treating People Fairly'; VBA opportunity to discuss performance, wellbeing and identify further support needed
Decarbonisation: Yes/~~No~~
VBA opportunity to discuss objectives, may include sustainability.

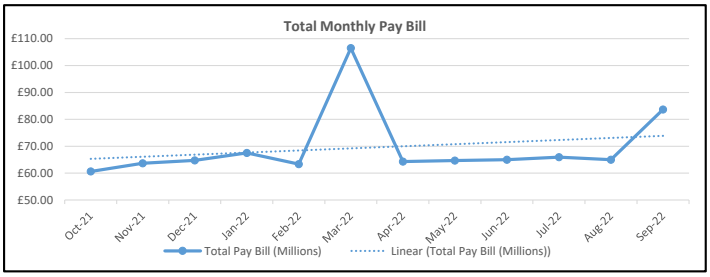
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

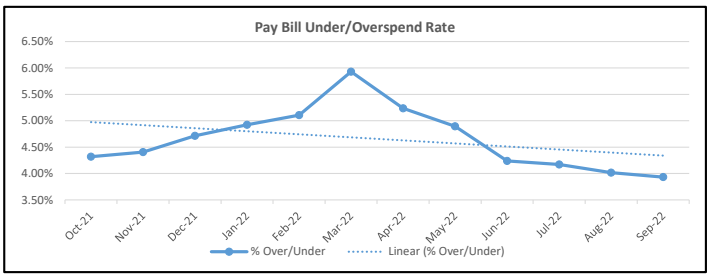
Workforce Key Performance Indicators Trends September 2022

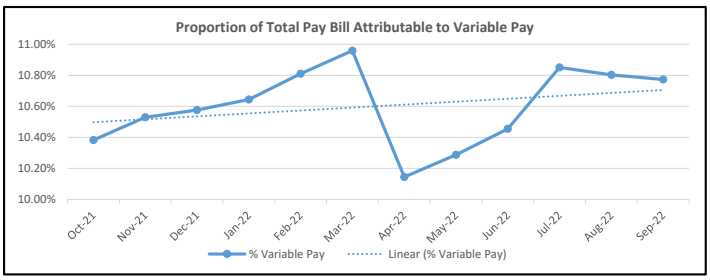


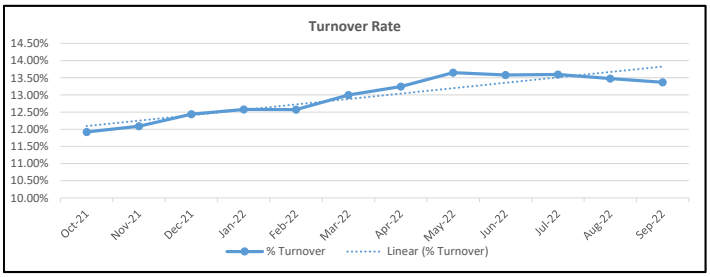


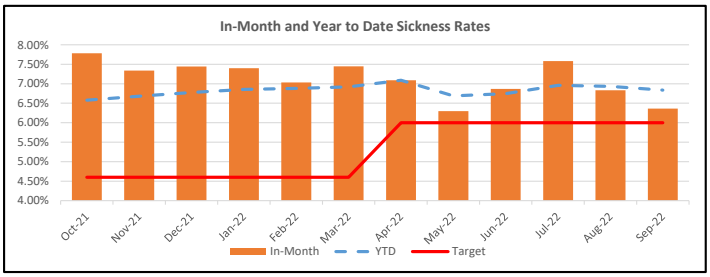


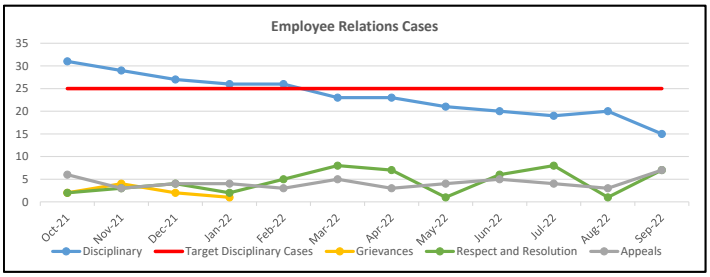


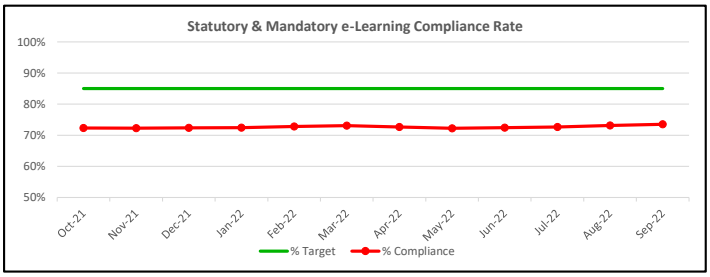


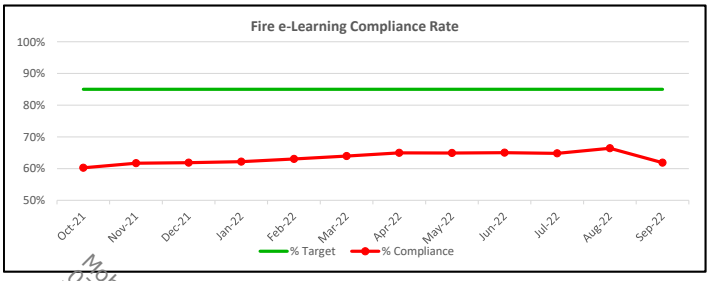


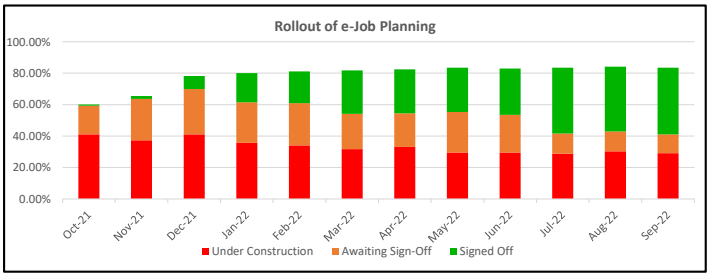


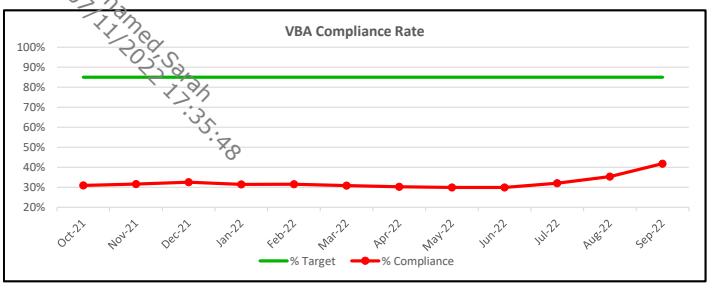


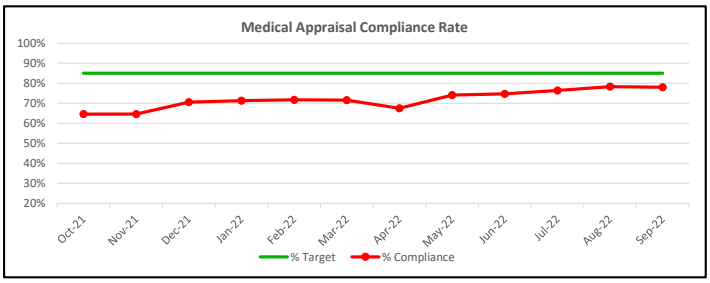












Report Title:	Key Operational Performance Indicators				Agenda Item no.	2.1.3
Meeting:	Strategy and Delivery Committee	Public	✔		Meeting Date:	15/11/2022
		Private				
Status *(please tick one only):*	Assurance	✔	Approval		Information	
Lead Executive:	Chief Operating Officer					
Report Author (Title):	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 modernizing 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 increased in September 2022 (12,075) from the numbers reported in June (11,954), July (11,989) and August (11, 832)
- 4-hour performance in EU increased to 61.3% in September 2022 from 59.9% in August 2022.
- 12-hour waits remain high with 1,004 reported in September 2022, although this is a small decrease from the 1,020 reported in August 2022.
- 230 Ambulance handovers took place in over 4 hours during September 2022. This compares with 242 in August 2022.
- The percentage of red calls responded to within 8 minutes decreased from 61.8% in August 2022 to 59.1% in September 2022.
- In September 2022, 20.8% of patients were directly admitted to an acute stroke bed within 4 hours, with 74.5% of patients being assessed by a Stroke Consultant within 24 hours.

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.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

At the time of writing, the UHB had 117 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, have been brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Figure 1: A&E Attendances

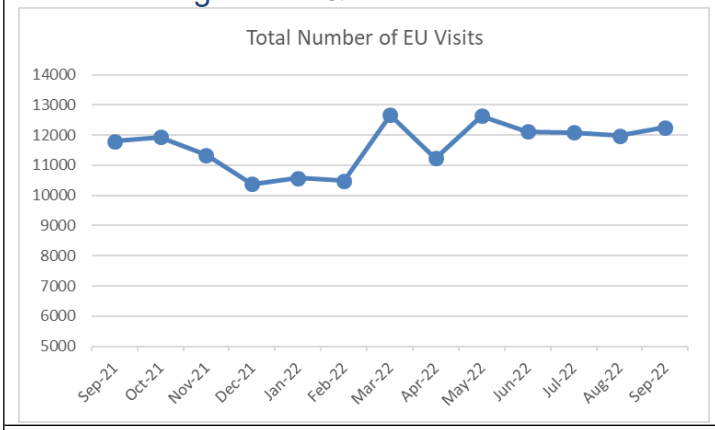


Figure 2: A&E waits – 4/12 hours

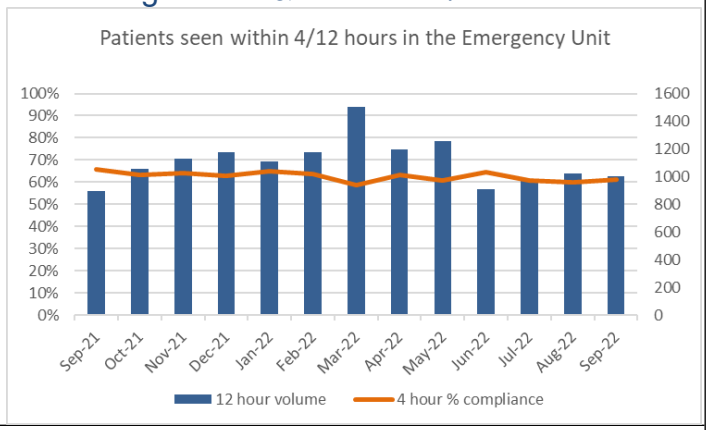
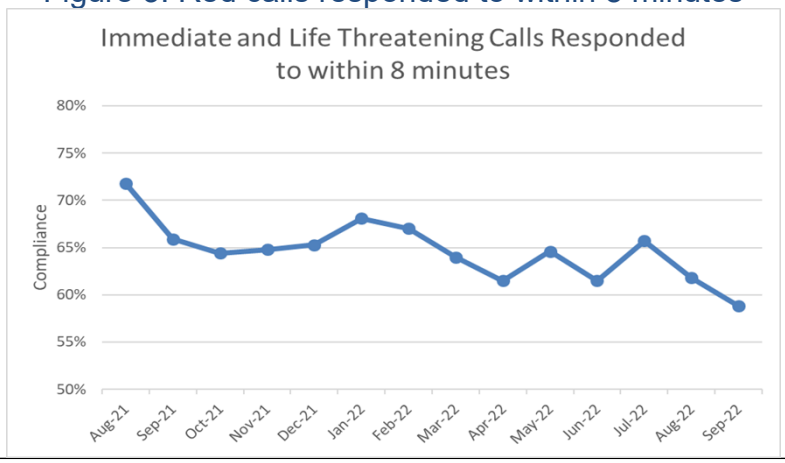
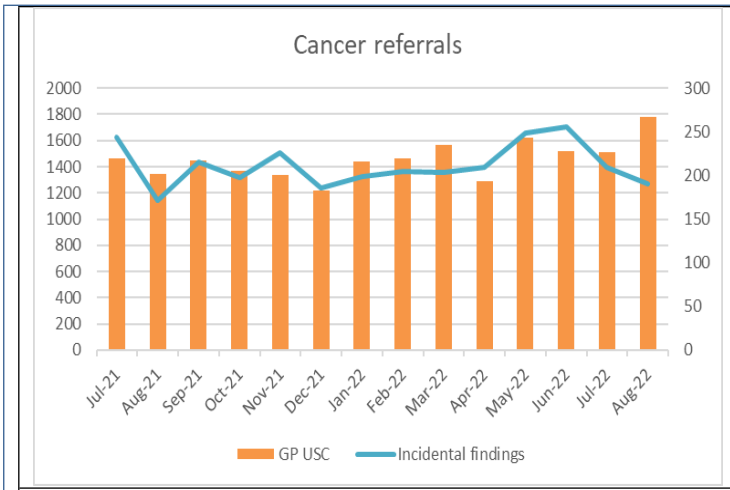


Figure 3: Red calls responded to within 8 minutes



Cancer:
August was another disappointing month for delivery against the Single Cancer Pathway (SCP) with just 40.1% compliance against the 75% standard. At the time of writing there are just over 2,800 suspected cancer patients on the single cancer pathway, of which 486 have waited over 62 days, showing weekly improvements through October. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has taken place with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. There is an ongoing Demand and Capacity exercise and analysis of monthly breach reports to inform our management of these pathways going forward.

Figure 4: Cancer referrals	Figure 5: SCP Performance



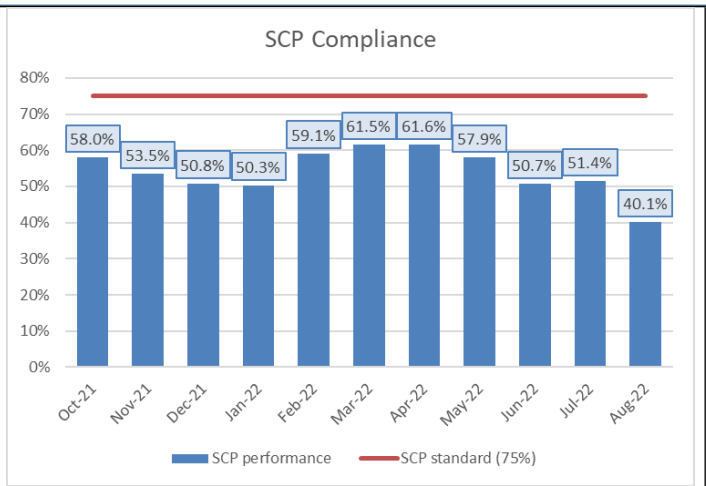


Figure 6: SCP Performance by tumour site

	May				June				July				August			
Tumor Site	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%	1	3	4	25%	2	3	5	40%	2	4	6	33%
Upper GI	5	5	10	50%	6	8	14	43%	7	5	12	58%	5	8	13	38%
Lower GI	9	6	15	60%	9	14	23	39%	6	16	22	27%	7	9	16	44%
Lung	12	6	18	67%	16	9	25	64%	12	5	17	71%	15	13	28	54%
Sarcoma	1	2	3	33%					1	4	5	20%	0	1	1	0%
Skin	18	2	20	90%	4	1	5	80%	2	1	3	67%	2	4	6	33%
Breast	20	14	34	59%	15	16	31	48%	27	10	37	73%	14	21	35	40%
Gynaecological	2	5	7	29%	5		5	100%	5	3	8	63%	2	6	8	25%
Urological	12	13	25	48%	13	17	30	43%	4	18	22	18%	13	24	37	35%
Haematological	3	5	8	38%	2	1	3	67%	5	2	7	71%	2	2	4	50%
Other					2	2	4	50%					1	2	3	33%
Total	**84**	**61**	**145**	**58%**	**73**	**71**	**144**	**51%**	**71**	**67**	**138**	**51%**	**63**	**94**	**157**	**40%**

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	Unknown	Total
Brain/CNS					1		2		3
Breast	154	166	179	39	21	4	3	3	569
Children's Cancer						1			1
Gynaecological	43	43	70	25	35	23	21	1	261
Haematological	3	1	3	4	3	1	1		16
Head & Neck	70	38	40	17	8	10	8		191
Lower GI	125	145	111	20	23	19	17		460
Lung	7	22	20	7	8	10	9	2	85
Other			1						1
Sarcoma		1	4	1			1		7
Skin	67	122	266	113	60	36	13		677
Unknown	6	1	2					12	21
Upper GI	86	91	81	10	20	19	20		327
Urological	40	65	48	14	14	19	56		256
Total	**601**	**695**	**825**	**250**	**193**	**142**	**151**	**18**	**2875**

NB. Taken from Cancer PTL as at 24/10/2022

Planned Care:

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 128,179 as at September 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – September – 619
- Patients over 104 weeks September – 7,038
- Patients over 52 weeks – September – 28,800

The number of patients waiting for planned care and treatment ***over 36 weeks*** has decreased to 42,992 at the end of September 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of September 2022 was 183,614. 98.7% 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 46,015.

95% of patients waiting for ***eye care*** had an allocated health risk factor in September 2022. 65.9% of patients categorised as highest risk (R1) are under or within 25% of their target date.

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	April	May	June	July	August	September
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
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

Where we are not able to deliver against the 104-week ambition, we are committed 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. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	June	July	August	Sept
Number of patients who will have waited more than 156 weeks for ***treatment*** (all stages) by end of March 2023	6,898	6,191	4,995	4,108

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

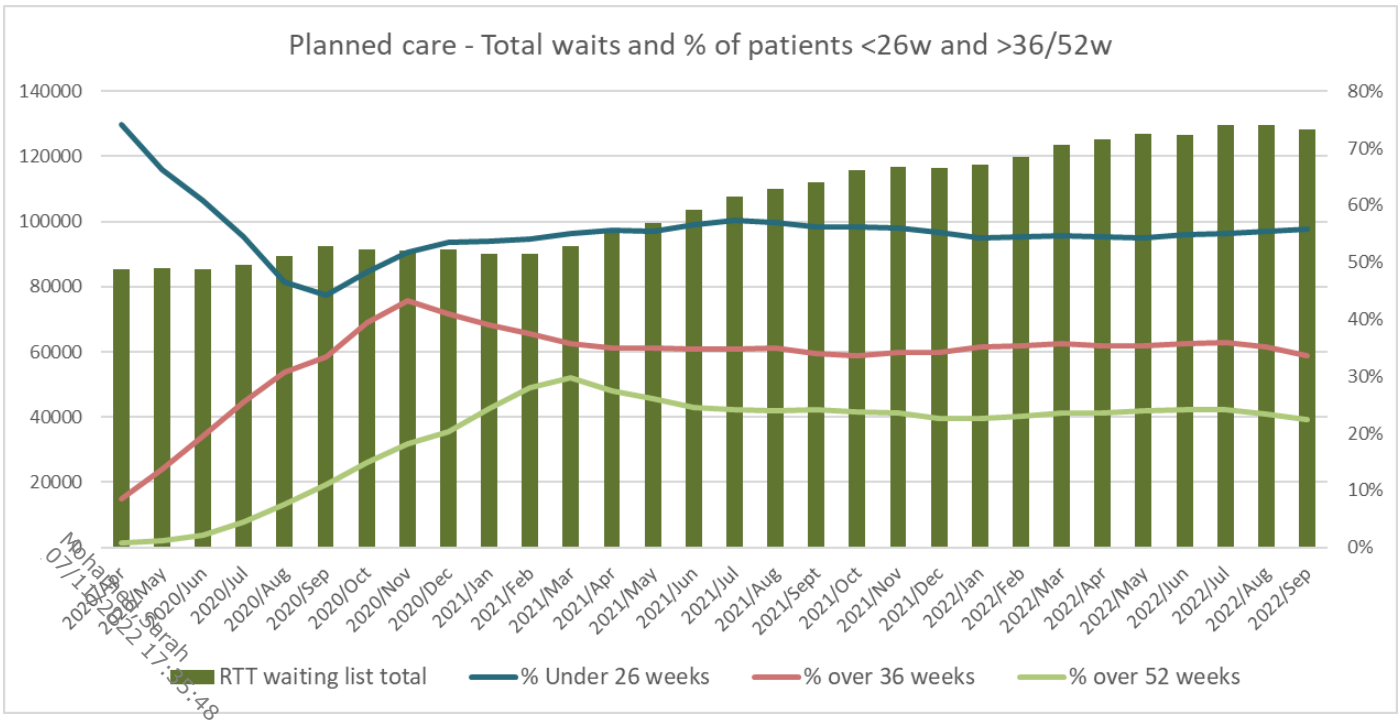
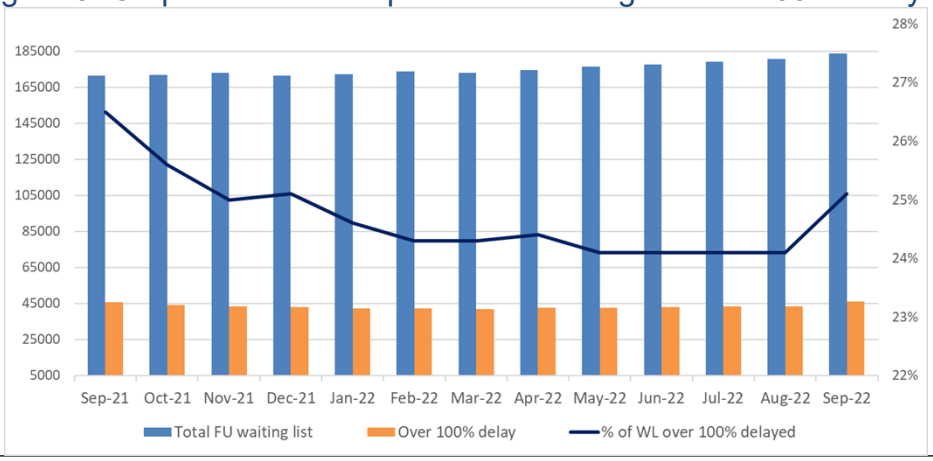


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed



Diagnostics:

The volume of greater than eight-week ***Diagnostic*** waits has increased to 4,088 at the end of September from 3,563 in August. The number patients waiting over 14 weeks for ***Therapy*** reduced to 1,328 from 1,962 in August, as reported at the September Board Meeting.

Figure 10: Diagnostics 8 week waits

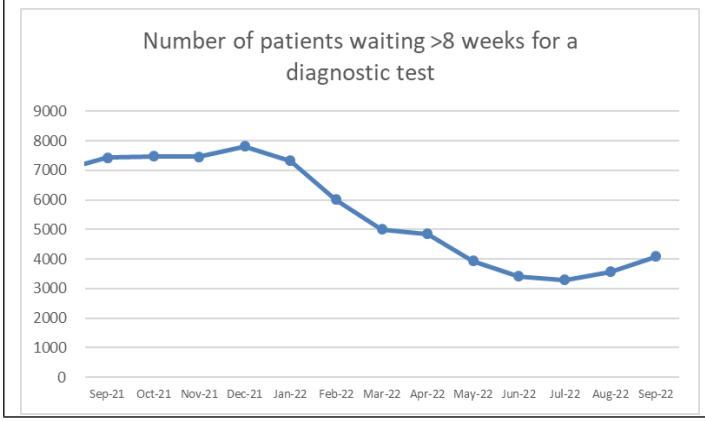
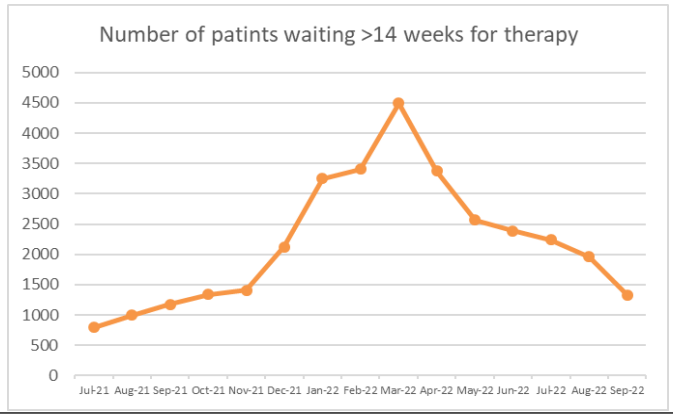


Figure11: Therapies 14 week waits



Primary care:

In relation to General Medical Services (GMS):

- *Sustainability applications*: The UHB currently has no sustainability applications at present
- *Contract terminations/resignations*: There have been no contract terminations and 2 contract resignations. These have been proactively managed and patient dispersal is now complete.
- *Directly managed GP services*: The UHB presently has no directly managed primary medical care services

Pressure has continued within GMS. There were 14 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 58% of pre-Covid activity in September. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

The Health Board was 38% compliant in September 2022 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 3 of 8 patients receiving their visit with one hour.

No GP OOH patients required an 'Emergency' appointment at a primary care centre in September.

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

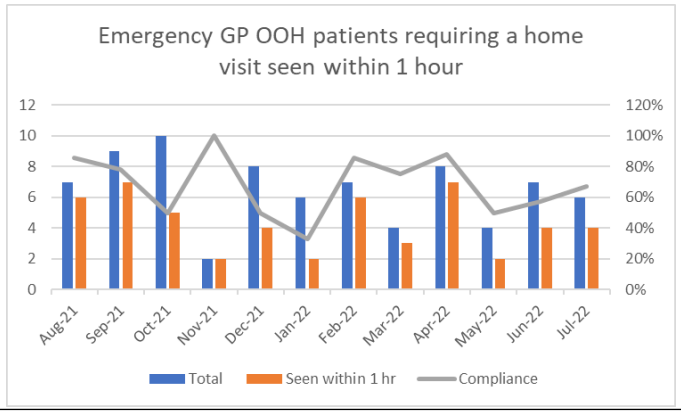
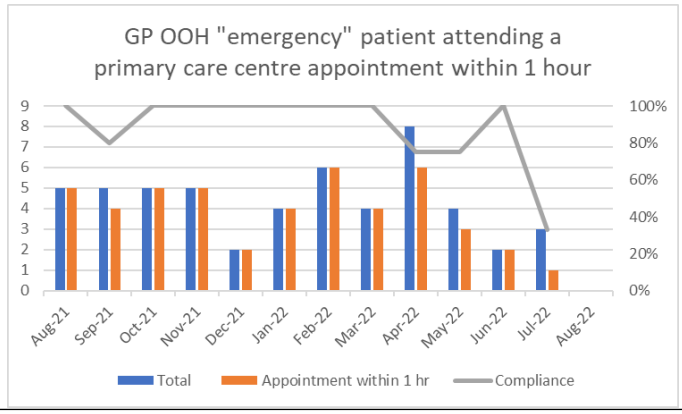


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



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 1,227 referrals in September 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural 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 99.3% overall in September 2022, increased from 92.8% in July 2022. For CAMHs services, compliance Increased from 56.1% in July 2022 to 93.8% in September 2022.
- Part 1b: 99.4% of therapeutic treatments started within 28 days following assessment at the end of July 2022, an increase from the reported compliance in July 2022 (94.3%).
- Part 2: 91% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of August 2022 compared to 92% in July 2022.
- Part 3: 70% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in August 2022 decreasing from 89% in July 2022.

Figure 14: Mental Health Referrals

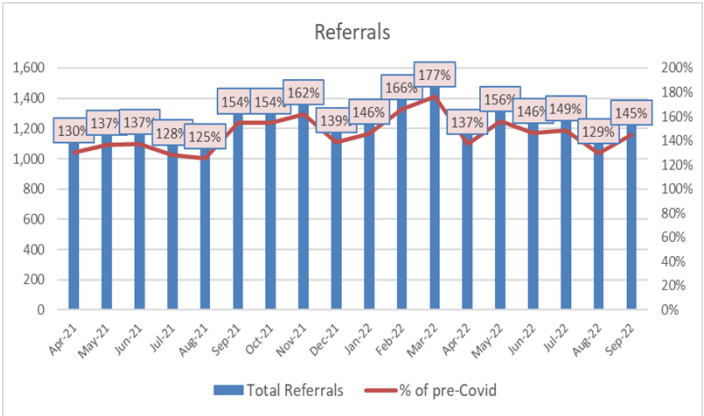


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

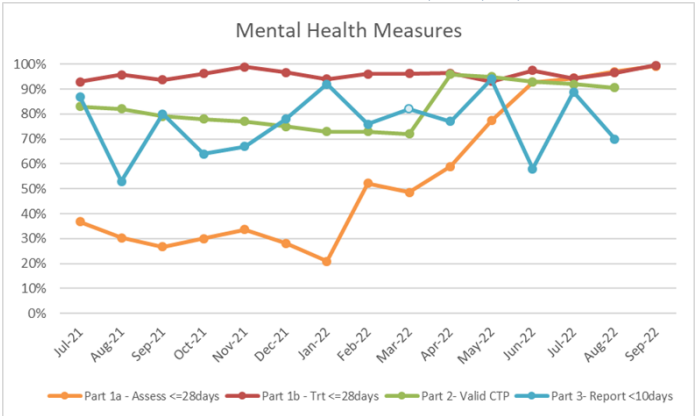
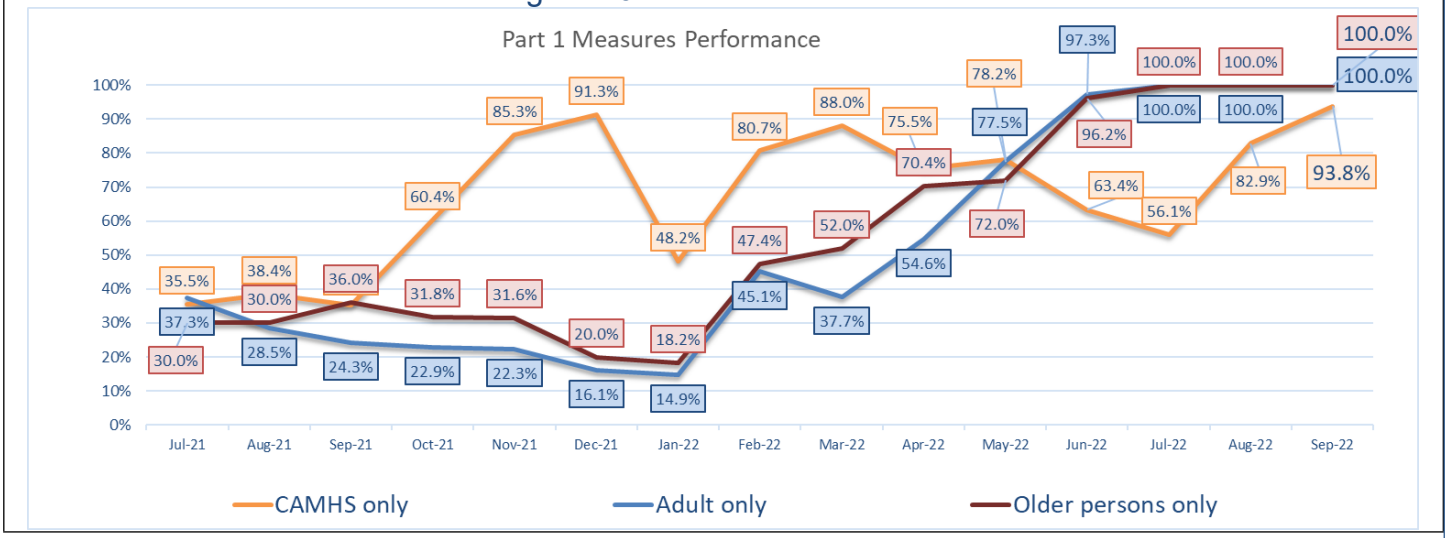


Figure 16: Part 1a Performance



Recommendation:

The Strategy and Delivery Committee is asked to: -

a) **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	

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:

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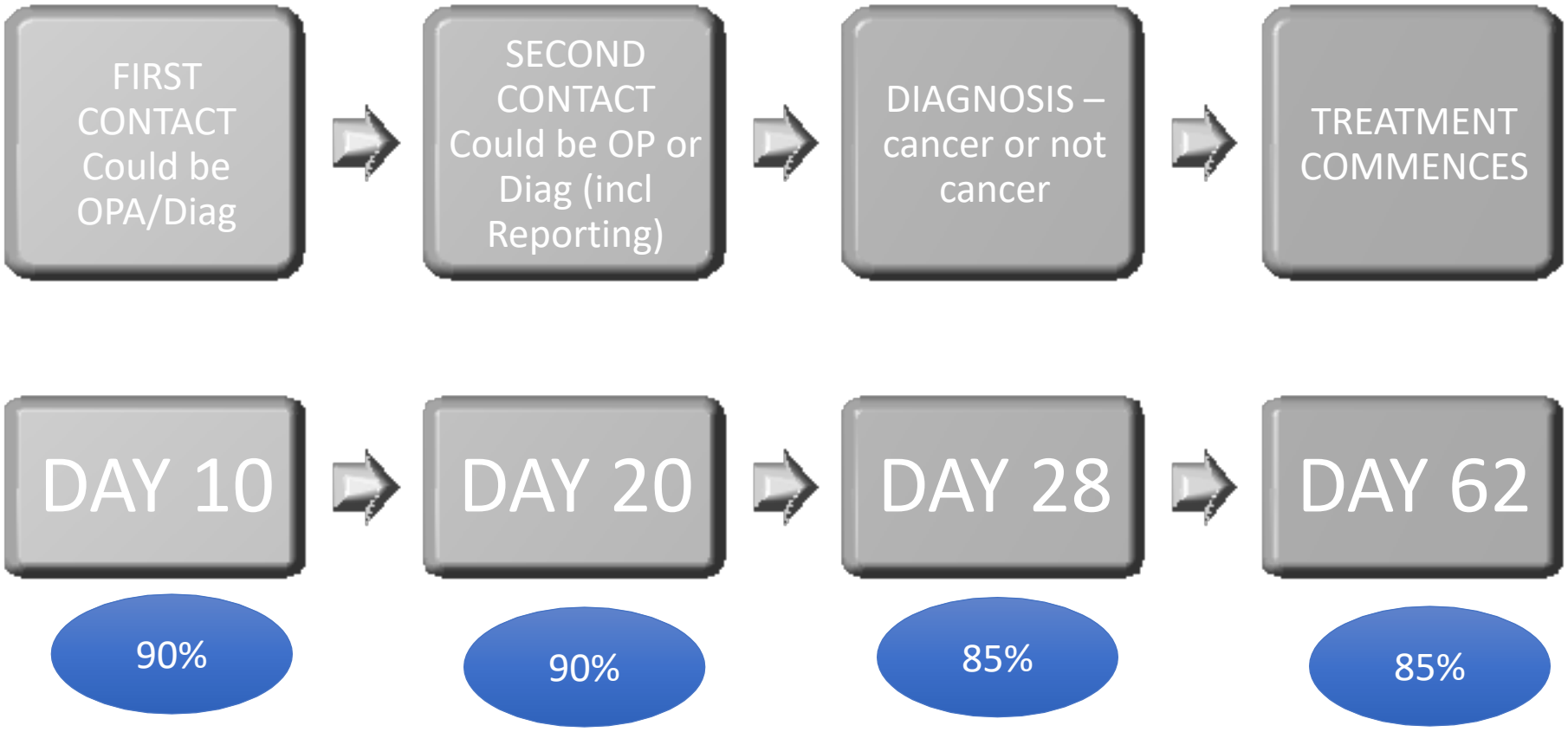
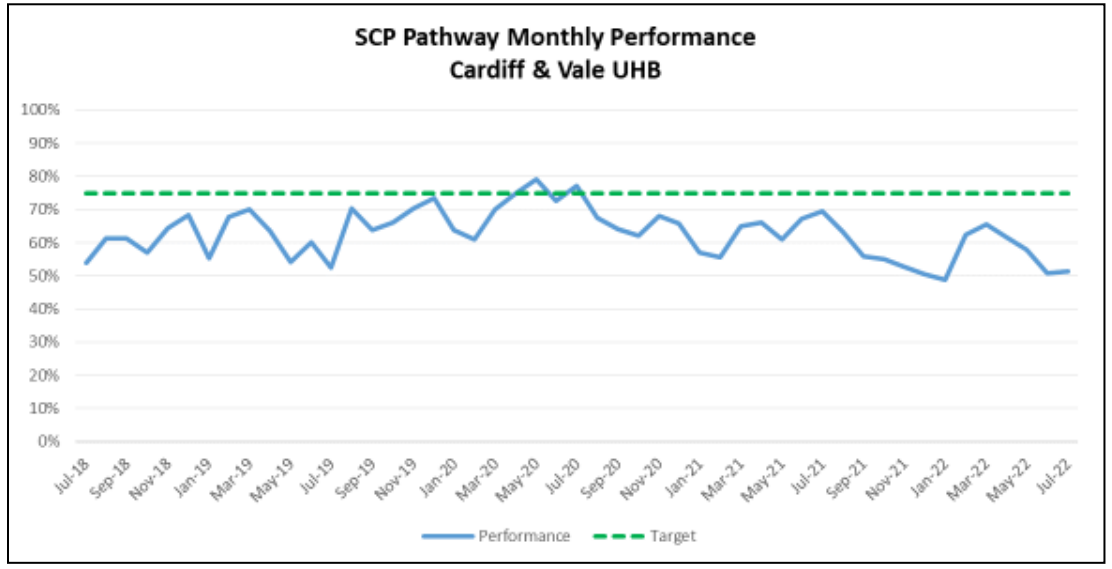
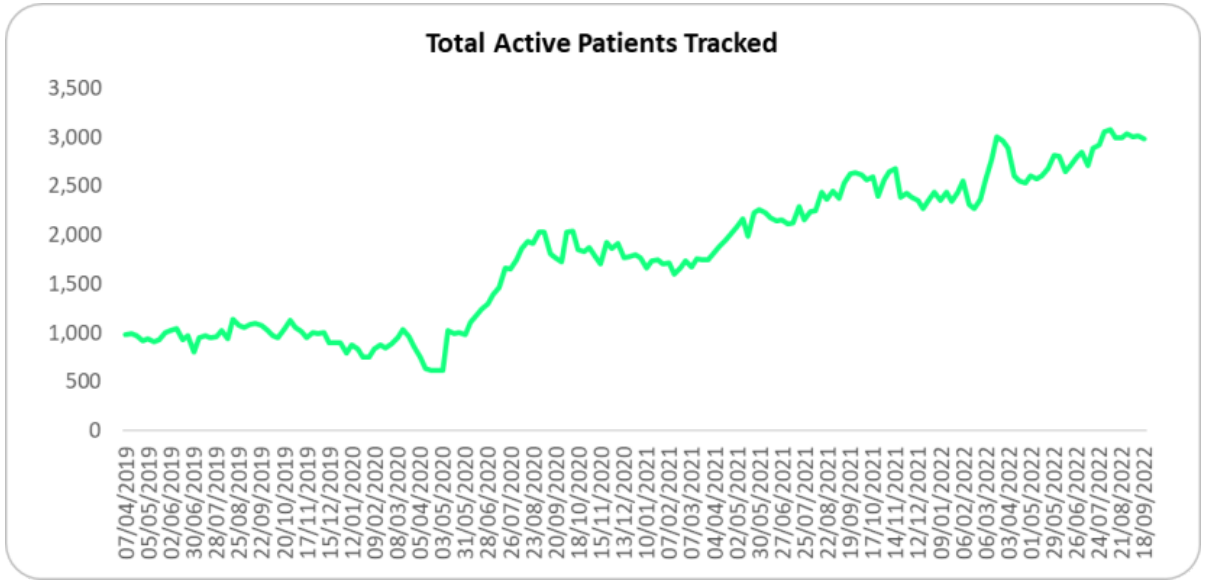
Strategy & Delivery Committee
November 2022
Cancer

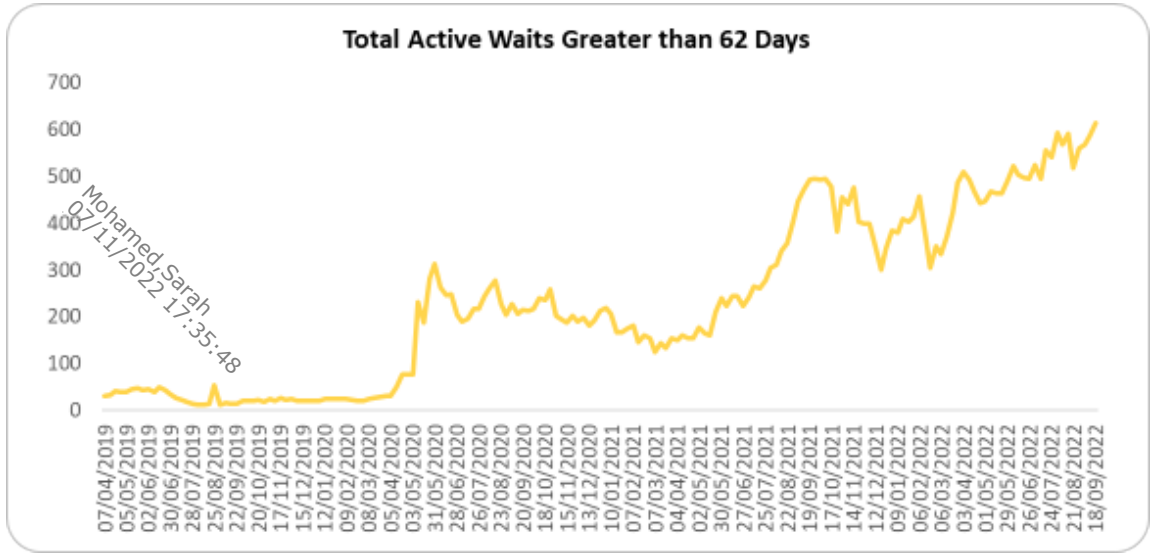
Internal Cancer standards: Our Ambition

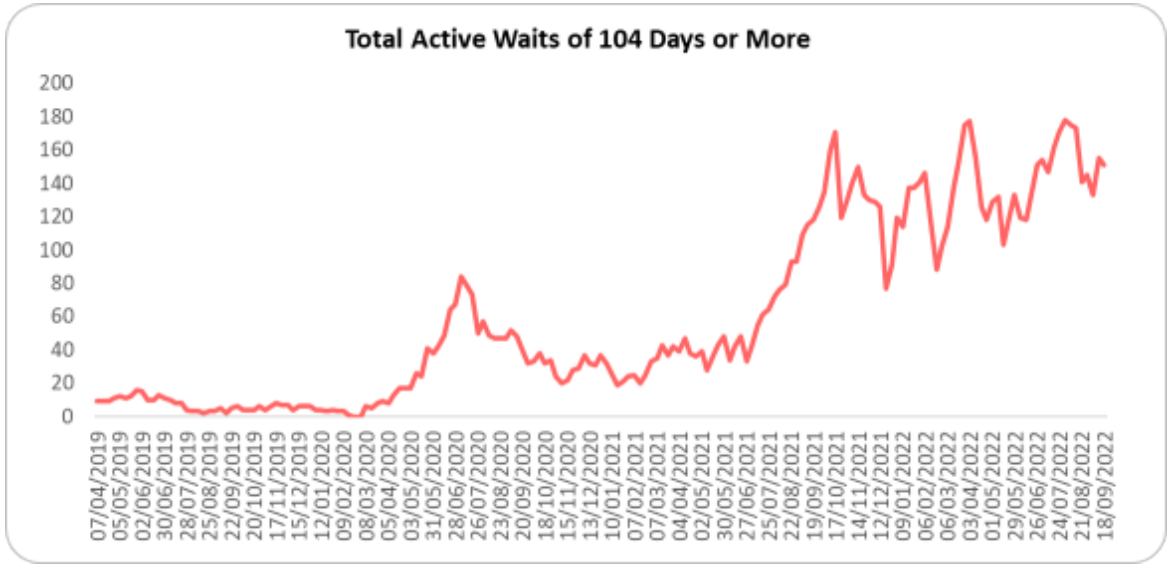


Cancer Performance









Immediate Actions

Strengthen oversight and visibility of cancer across UHB

- COO Exec leadership – discussions at Committee and Board strengthened
- Weekly oversight established with Directors of Ops in attendance, chaired by COO
- Roles and responsibilities across cancer confirmed between directorates and trackers, Clinical MDTs and Clinical board and central team
- Internal Cancer summits x 2 and engagement in national cancer summit with clinical leads

Better information and insight

- Improved weekly data set by tumour site to support planning and tracking
- Regular breach reports analysing main breach blockages in pathways
- Detailed validation of PTL and ongoing approach to validation improved
- Commenced D&G modelling

Immediate action on improving processes & pathways

- Planned increase in radiology and pathology cacpity to reduce backlog and turnaround time
- Improved flagging for USC referrals
- Working on pathways with primary care eg FIT

Cancer breach report analysis - August

Tumour site	Breach reports
Breast	21
Urological	21
Lower GI	10
Lung	8
Upper GI	7
Gynaecological	6
Head and Neck	4
Haematological	2
Other	2
Skin (exc BCC)	2
Sarcoma	1
Total	84

Reason	Occurrences
OPA delay	24
MRI delay	20
Surgery delay	16
Biopsy delay	13
Complex pathway	10
Pathology delay	8
Late BTW referral	6
CT delay	5
Repeat biopsies	3
MDT delay	3
Colonoscopy delay	2
PET delay	2
Velindre treatment delay	2
Treatment delay	2
Failed contacts	1
Flexi delay	1
Liver function delay	1
OGD delay	1
Patient decision	1
Reporting delay	1
Unfit for surgery	1
Downgrade reversed	1
Velindre OPA delay	1
TCI cancelled by hospital	1
Routine referral	1
Pre-assessment complex patient	1
Patient Covid	1
Morriston OPA	1

Cancer breach report analysis by tumour site – August

Breast	21 patients
Surgery delay	10
Late BTW referral	6
OPA delay	5
Pathology delay	3
MRI delay	2
Reporting delay	1
Unfit for surgery	1
Patient Covid	1
Pre-ass complex patient	1

Urological	21 patients
MRI delay	14
Biopsy delay	8
OPA delay	4
Surgery delay	3
MDT delay	2
Failed contacts	1
Flexi delay	1
Pathology delay	1
Patient decision	1
Complex pathway	1

Lower GI	10 patients
Complex pathway	3
Colonoscopy delay	2
OPA delay	2
Surgery delay	2
Biopsy delay	1
Liver function delay	1
MRI delay	1
Velindre OPA delay	1

Lung	8 patients
OPA delay	4
CT delay	3
Treatment delay	2
Biopsy delay	1
PET delay	1

Upper GI	7 patients
Biopsy delay	2
Velindre treatment delay	2
MRI delay	2
OGD delay	1
OPA delay	1
PET delay	1

Gynaecological	6 patients
OPA delay	6
Downgrade reversed	1
MDT delay	1
Pathology delay	1
Surgery delay	1

Head and Neck	4 patients
CT delay	2
Complex pathway	2
Biopsy delay	1
Pathology delay	1

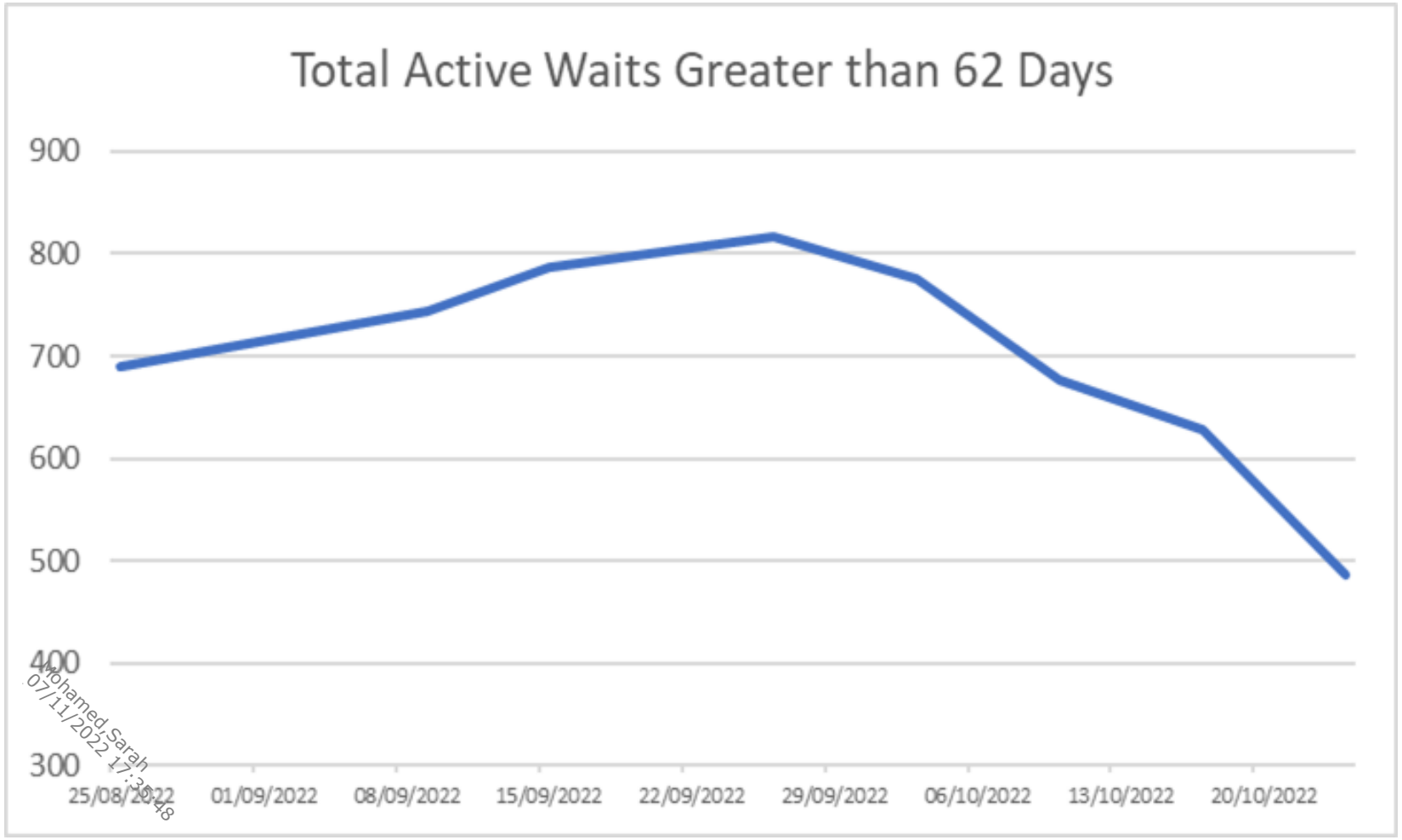
Haematological	2 patients
OPA delay	1
Pathology delay	1
Repeat biopsies	1
Routine referral	1

Skin (exc BCC)	2 patient
C&V OPA delay	1
Morriston OPA delay	1
Pathology delay	1

Other	2 patients
Complex pathway	2
MRI delay	1
OPA delay	1

Sarcoma	1 patient
Complex pathway	1
Velindre Diagnostic delay	1

Progress to date



Since increased focus 4 weeks ago, the backlog of patients waiting over 62 days has decreased by 331, of which 93 were in the 104+ days cohort

Key Tumour Sites – Improvement actions

Skin

Risk/Issue	Action/Mitigation
Increasing time to first contact	Directorate team creating additional capacity for new cases
Low treatment numbers recorded	Outsourcing pathology reporting and additional recruitment to ensure timely reports received and activity captured
Significant backlog >62 days on PTL	Increasing scrutiny and validation to ensure pathways are closed appropriately

LGI/UGI

Risk/Issue	Action/Mitigation
Waiting times for endoscopy	Additional capacity now online through mobile unit. Longer term plan for 2 new theatres progressing well (completion summer 2023).
Increasing referrals onto LGI pathways	Pathway work commenced to implement FIT testing in the community prior to referral into secondary care
Regional working UGI	Work to do around demand, capacity and commissioning

Key Tumour Sites

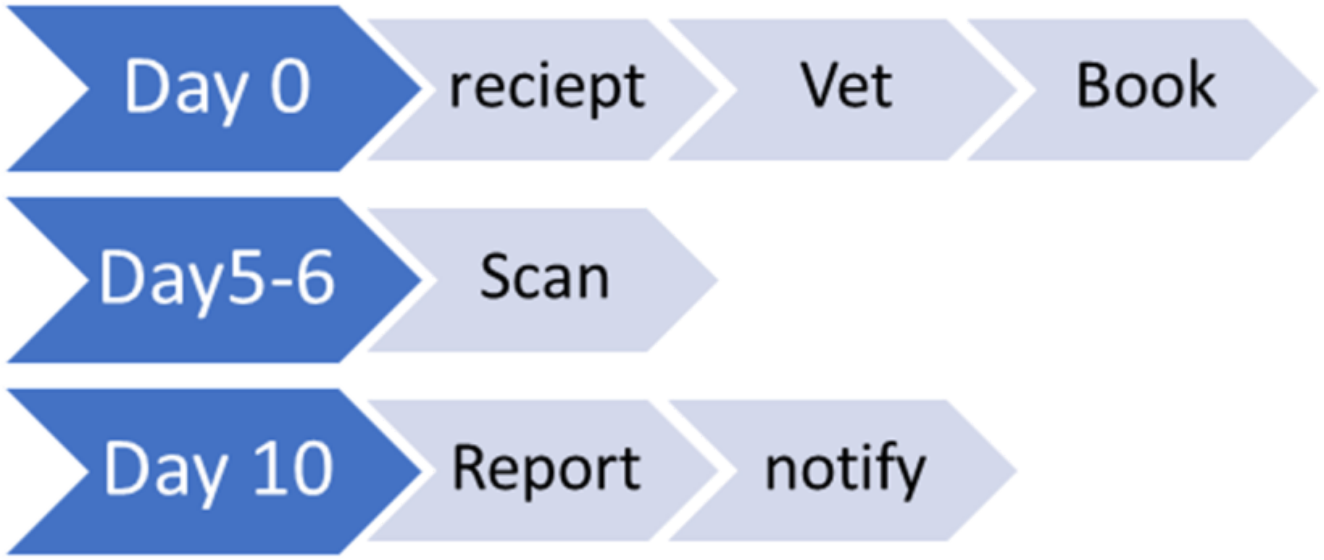
Urology

Risk/Issue	Action/Mitigation
Workforce constraints in terms of capacity for robotic surgery	Backfilling arrangements in place where workforce permits, advertising for replacement consultant, clinical prioritisation
Delays to diagnostics – flexible cystoscopy	Improving picture – SpR undertaking lists, SCP patients given priority, 1 nurse prac already in place (potential to increase)

Breast

Risk/Issue	Action/Mitigation
Delays in referrals from BTW	Continue to engage with colleagues to ensure referrals are received quickly into the organisation
Long waits for first OPA	Clinical prioritisation to ensure those at highest risk of malignancy are seen <10 days
Long waits for surgery	Consultant posts filled, continue to ensure backfill/cross cover arrangements are in place, visibility of breach dates and TCIs

Critical enabler – Radiology Plan



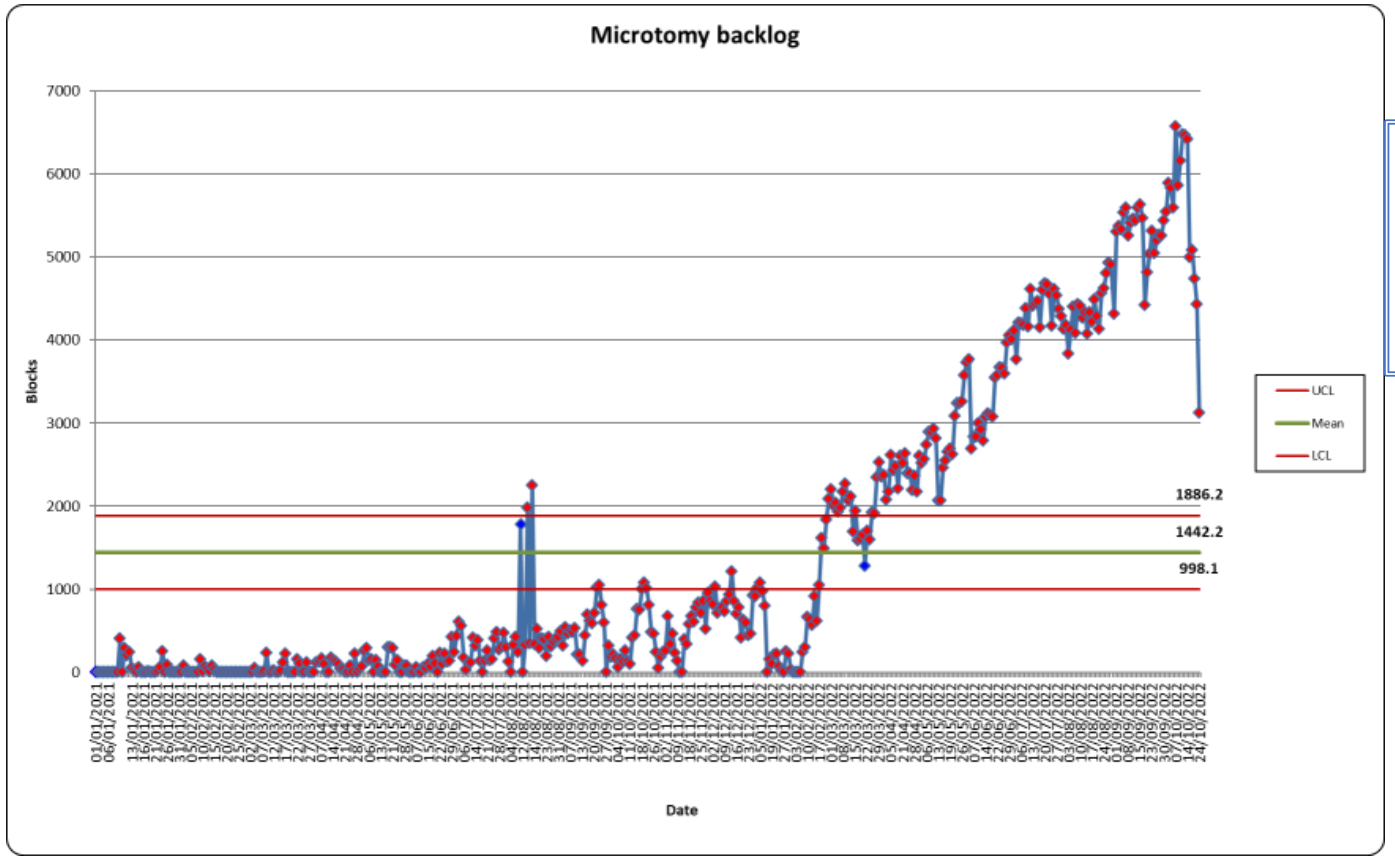
- Actions for Delivery:
  - Added to system in radiology – 2.5hrs
  - Same day vetting
  - UHL – 6 days 12 hours scanning up from 5 days 8hrs
- Delivery timescale: Start date 31/10/22,
- Benefits realisation: by 18/11/22 incremental improvements to that date

Critical enabler – Pathology Plan

- Problem Statement:
  - A combination of vacancies and additional demand has created a backlog within the laboratory services

- Solutions:
  - Overtime within the laboratory – started 15/10/22
  - Outsourcing – ongoing
  - In house reporting solution required

Pathology current position



At the worst position this represents a backlog of 3500 cases

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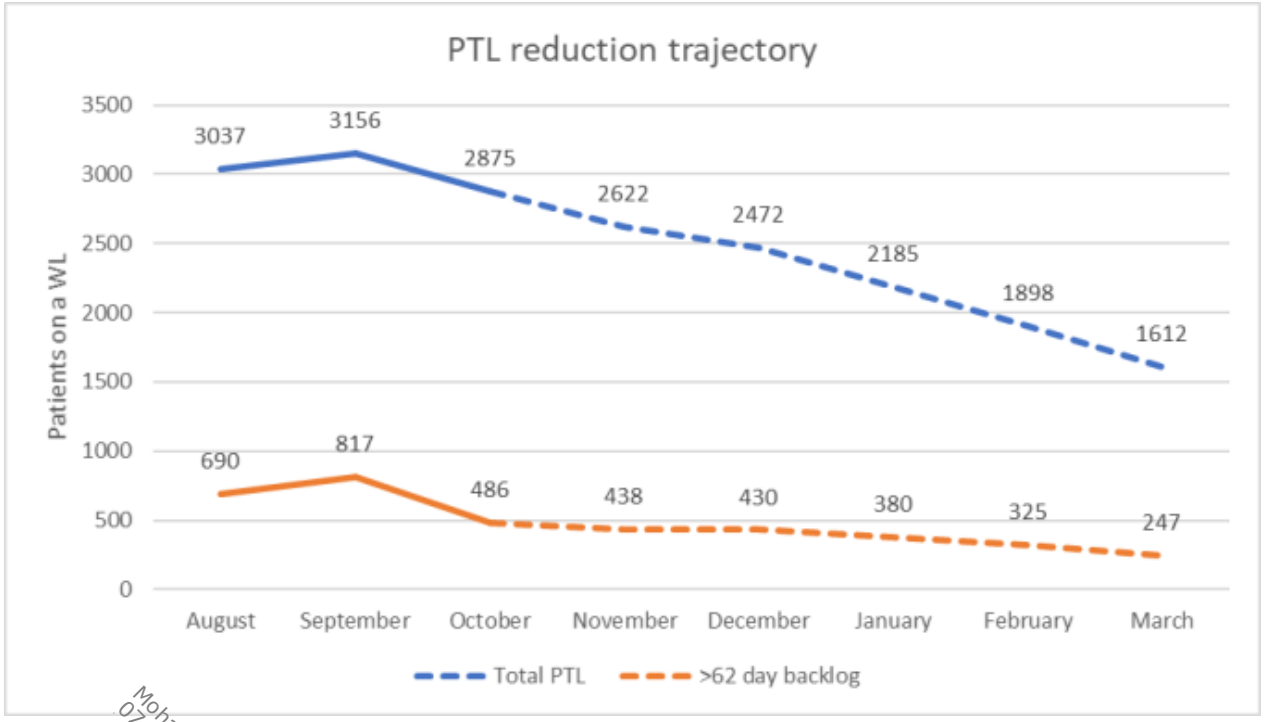
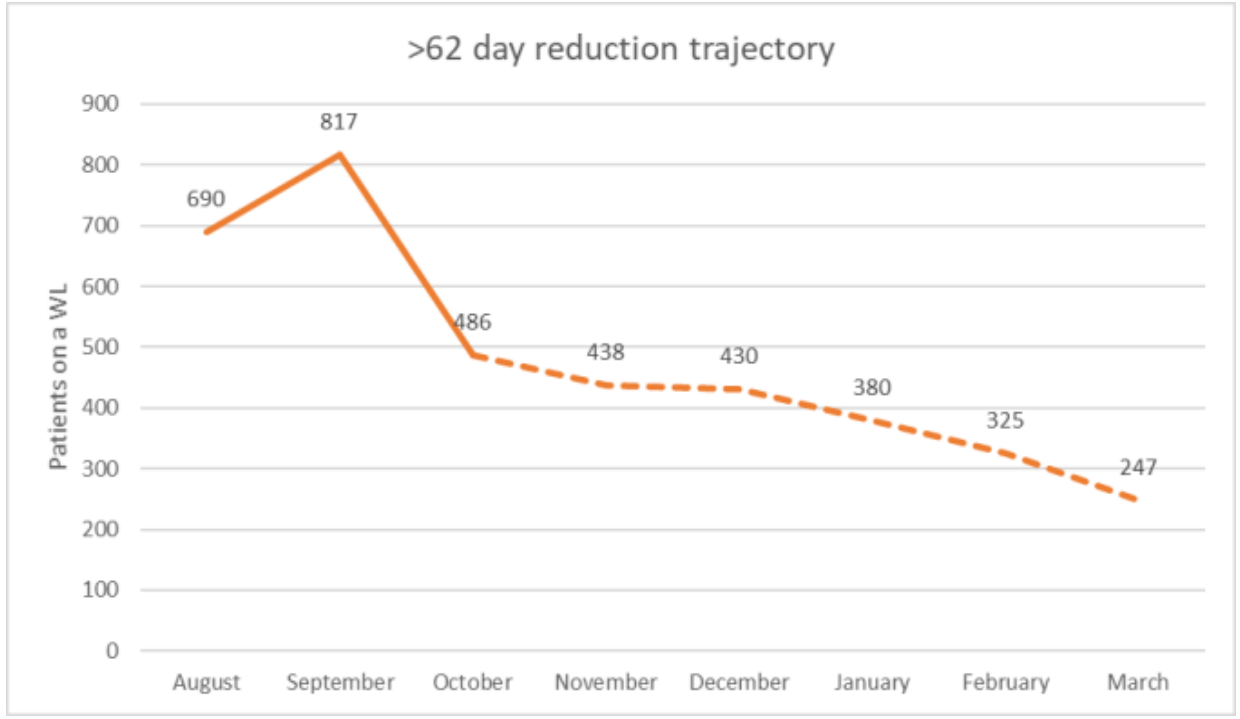
Pathology – Impact of Plan

- Laboratory backlog will be eliminated by **14/11/22**
- Reporting plan is made up of the following
  - WLI's
  - Triage by registrars
  - Increase scientific reporting
  - Increased outsourcing
  - Potential short term locum
- Agree plan for reporting by 28/10/22

Backlog reduction trajectory





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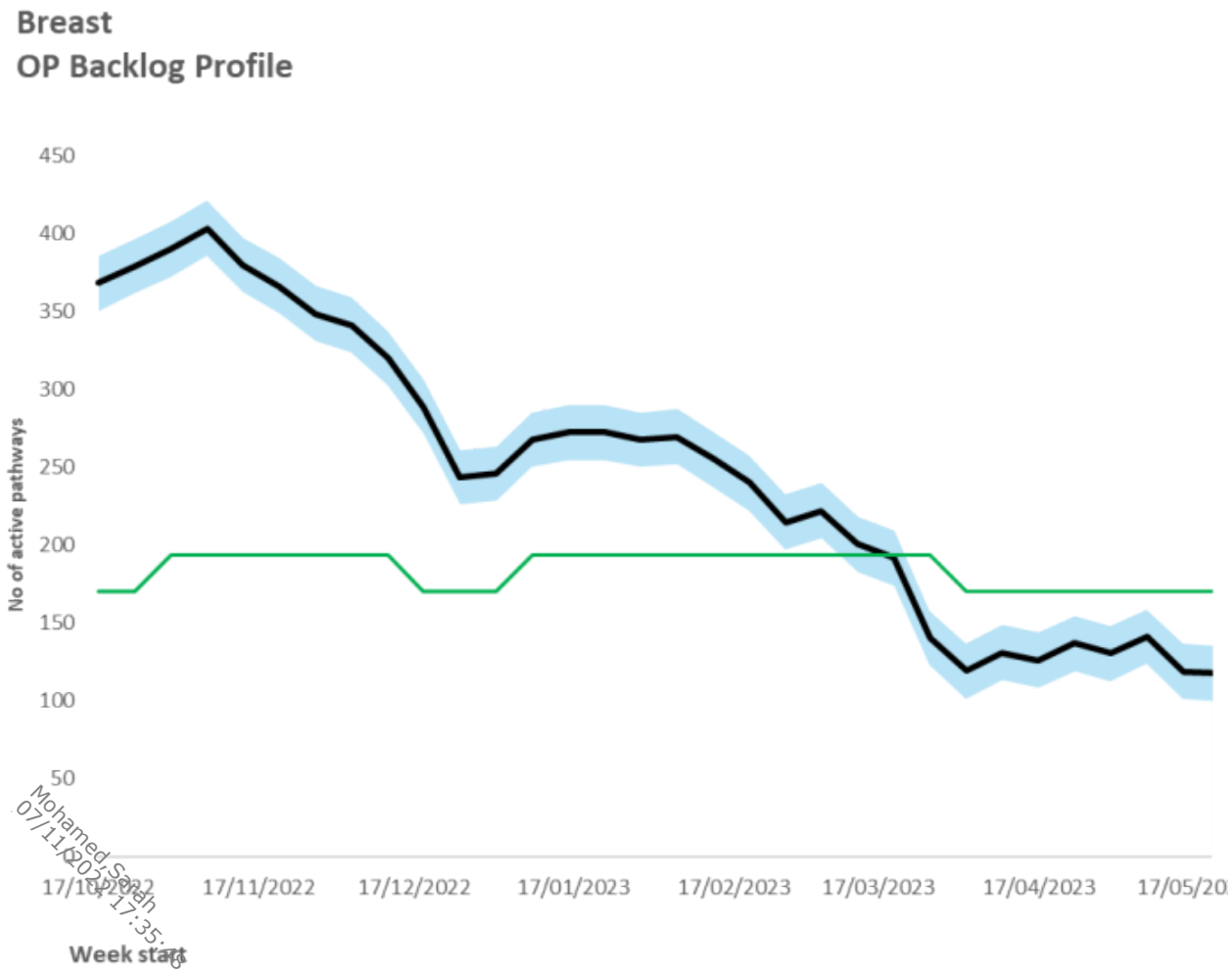


Issues & Assumptions

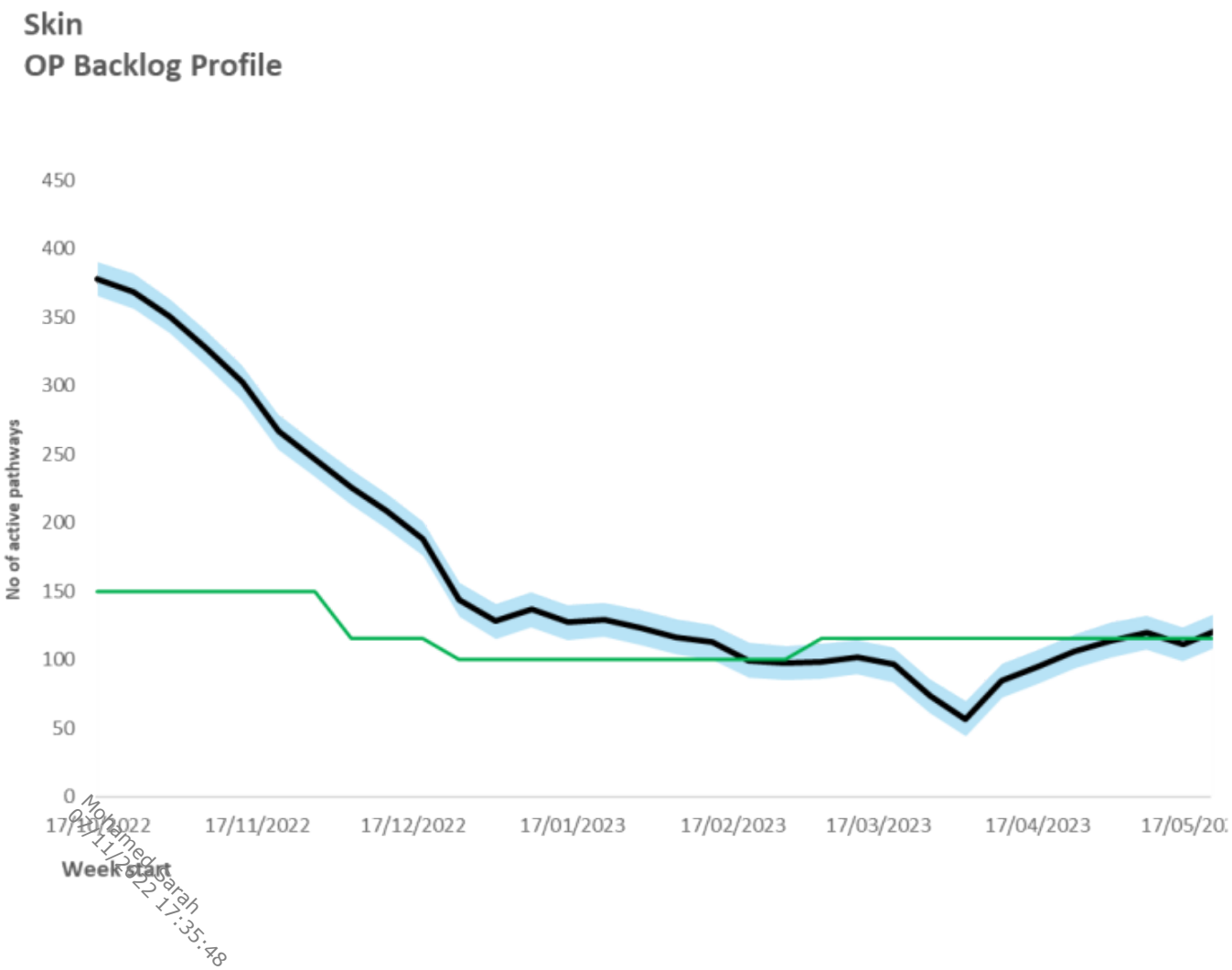
- Outpatient capacity is current rate limiting step in the pathway
- Activity will continue at the upper limit of capacity with reduced activity over Christmas and new year
- Once outpatient waits are reduced to 14 days and the overall OPA waiting list is at 170 this position can be sustained
- Dem/Cap model suggests there is sufficient recurrent surgical capacity to meet demand
- Delivery of diagnostic plan as per below

Actions

- Additional OPA activity being undertaken
- Radiology recovery plan agreed – 10 day turnaround from request to report by mid-November
- Pathology recovery plan agreed – 10 day turnaround from request to report by end of December
- Work with BTW on improving referral processes

Outcome

- By w/c 20/03 – Breast WL should be at position to sustain

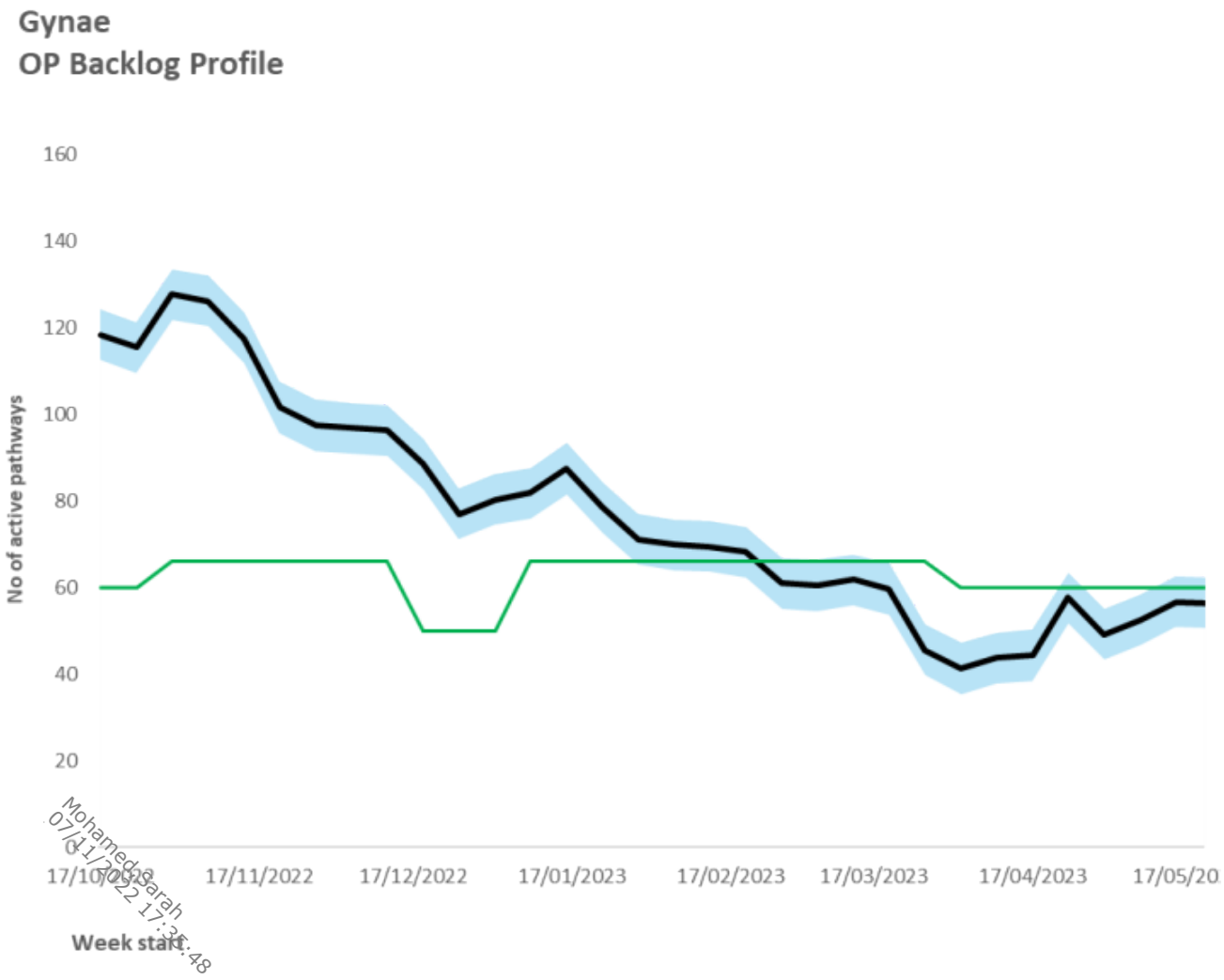


- Assumptions
  - Outpatient capacity is rate limiting step in the pathway
  - Additional capacity of 20 OPA slots per week continues until Christmas
  - Once a sustainable OPA waiting list of 116 patients is reached capacity can revert to required levels (reduce form additionality)
  - Surgical capacity is sufficient to meet projected demand

- Actions
  - Additional capacity agreed, continue until Christmas
  - Pathology recovery plan agreed – 10 day turnaround from request to report by end of December

Outcome

- By w/c 20/02 – Skin WL should be at position to sustain

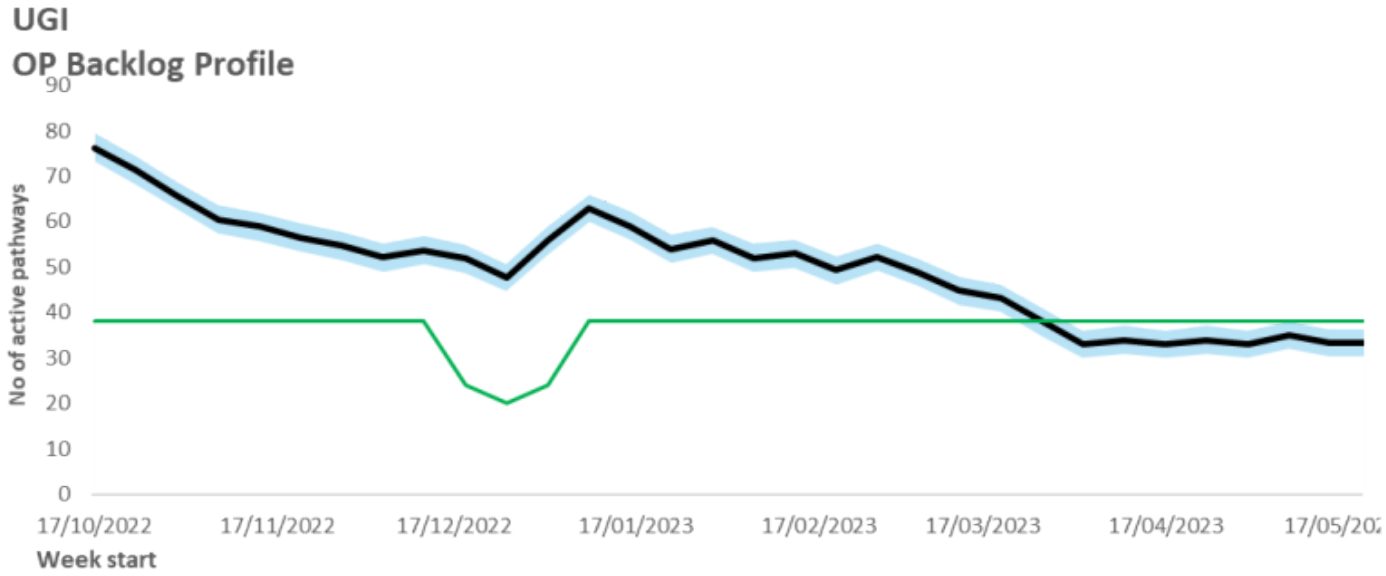


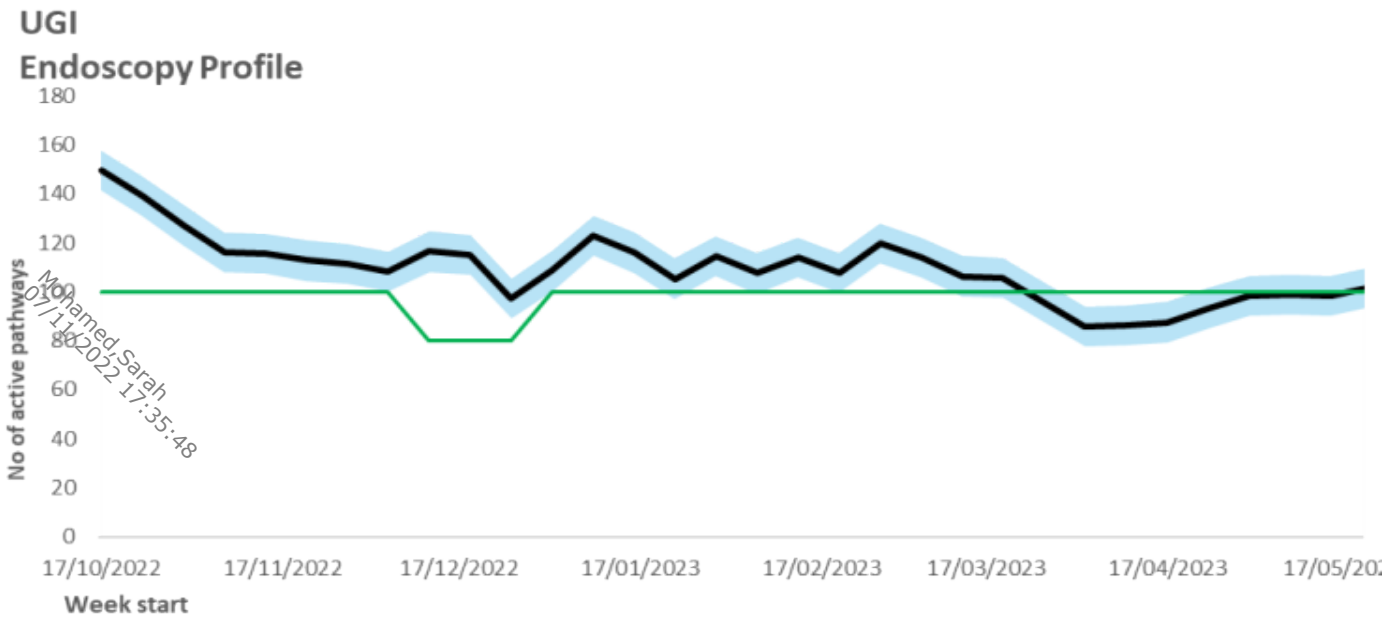
- Assumptions
  - Outpatient capacity is rate limiting step in the pathway
  - Temporary uplift in OPA capacity over next 3 months to reduce backlog
  - Once outpatient waits are reduced to 14 days and the overall OPA waiting list is at 66 this position can be sustained
  - Surgical activity maintained using treat-in-turn principles

- Actions
  - Additional OPA activity undertaken as per plan
  - Radiology recovery plan agreed – 10 day turnaround from request to report by mid-November
  - Pathology recovery plan agreed – 10 day turnaround from request to report by end of December

Outcome

- By w/c 20/02 – Gynae WL should be at position to sustain



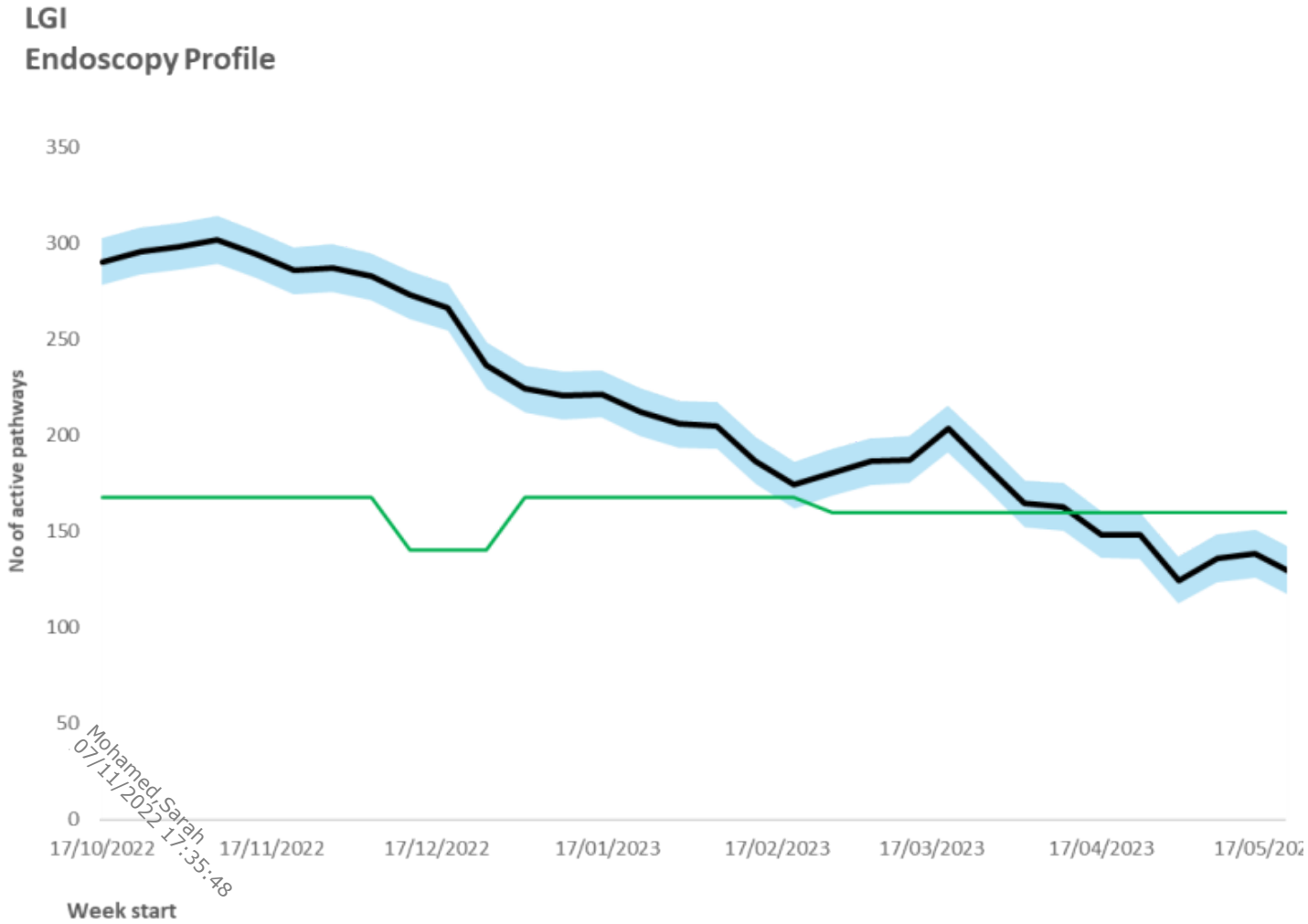


- Assumptions
  - Outpatient and Endoscopy capacity are rate limiting steps in the pathway
  - Outpatient activity can be sustained at the upper limit until a sustainable waiting list for first OPA of 38 is achieved
  - Endoscopy currently working to a c14 day wait for USC appointments and this continues

- Actions
  - Maintain outpatient activity at upper limit
  - Maintain endoscopy 2 week waits

Outcome

- By w/c 27/03 – UGI WL should be at position to sustain



Assumptions

- Endoscopy capacity is rate limiting step in the pathway
- Activity will continue at the upper limit of capacity with reduced activity over Christmas and new year.
- USC activity continues to be prioritised
- Endoscopy capacity continue as per service plan
- Once endoscopy waits are reduced to 14 days and the overall waiting list is at 168 this position can be sustained

Actions

- Prioritisation of USC patients for endoscopy [y
- Sustain level of surgical and OPA
- capacity

Outcome

- By w/c 10/04 – LGI WL should be at position to sustain

Report Title:	Capital Programme Update on Delivery 2022/23			Agenda Item no.	2.3
Meeting:	Strategy & Delivery Committee	Public	√	Meeting Date:	15th November 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information √
Lead Executive:	Director of Planning				
Report Author (Title):	Director of Captial, Estates and Facilities				

Main Report
Background and current situation:

Capital Plan 2022/23

The purpose of this report is to provide the Strategy & Delivery Committee with an update on the delivery of the Health Board's approved Capital programme for the financial year 2022/23 considered at their meeting of 17th May 2022, with an update provided for the meeting of 27th September 2022.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via our Capital Resource Limit (CRL), the latest being issued by WG dated 15th September 2022 indicates a CRL of £45.404m which includes £10.263m Discretionary Capital Funding (Group A), £35.141m Capital Projects with Approved Funding (Group B). There are currently no Forecast Capital Projects Without Approved Funding.

The CRL is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted, and is monitored by the UHB Capital Management Group (CMG) at their monthly meeting.

As part of the ongoing capital programme planning process, the UHB continuously reviews and update its annual capital programme plan as part of the IMTP planning process. This process also takes account of the context of the 10-year longer-term proposed capital investments required to meet the UHB's operational and strategic objectives and also in response to the requirement of Welsh Government to prioritise our existing identified and future capital investment needs.

Since the last update, the UHB have continued to progress the approved capital plan, in addition to making submissions for further funding should slippage funding be identified by WG as well as submitting a bid to improve patient facilities in the Emergency Unit department, which the Minister has allocated £2m for use across Wales.

The UHB submitted schemes to the value of £14.893m, which were identified as being the top ranked priority one schemes across Acute Infrastructure, Planning, Estates Backlog, Medical Equipment Backlog and IM&T Backlog. A further £12.179m of schemes was submitted, should additional funding be identified or some of those schemes in the first submission not being deliverable in year. It is unlikely that confirmation of any award of slippage funding will be received before December 2022, as WG along with Health Boards, undertake a review of the cashflow for each of the major schemes to establish the availability of surplus funding, an exercise that does not complete until the end of October 2022.

With regards to the schemes that were included for EU, the UHB have been informed that the £0.75m has been awarded to progress with all schemes, which need to be complete by the end of the financial year and include:

Seating Upgrade	£0.072m
Refurbishment of male locker rooms	£0.114m
Redecoration works	£0.259m
Patient Shower Facilities	£0.050m
Mobile Phone Charging Points	£0.006m
Childrens Redecoration Works	£0.035m
Hydration Stations	£0.009m
E-Triage	£0.190m

Progress on schemes in delivery stage

- **Development of business case for Haematology Ward and Day Unit UHW** – this has been considered a high risk scheme for a number of years due to the facilities not meeting current JACIE standards. The delay to developing the scheme has been the inability to identify a suitable area which would also allow the development of Advanced Cell Therapy and Acute Oncology to be co-located. An option to relocate main OPD to Lakeside Wing and then redevelop the vacated area to provide Haematology etc is being developed.
- **Genomics –** completion of the works was due to be achieved in February 2023, with occupation of the new facility in April 2023. However, a number of major items has impacted on the programme including the finalisation of the IT infrastructure, changes to the M&E services to accommodate the increased IT hardware and delivery of products. The impact of these items has resulted in a revised completion date of April 2023 with an anticipated overspend of £0.649m, which is being discussed with WG.
- **UHL Engineering Infrastructure –** the scheme is due for completion in January 2023 and is currently on programme at a cost of £5.875m
- **UHL Endoscopy Expansion** – This includes the provision of two additional endoscopy theatres and associated support facilities to meet JACIE standards, which was supported by £6.886m of WG funding, and was due for completion in August 2023. Due to the demise of the structural engineering consultant and the need to appoint a new company, the programme has been delayed by 10 weeks.
- **Wellbeing Hub at Penarth** – This scheme has been delayed considerably whilst discussions with the Vale of Glamorgan council have been progressing to establish the most appropriate configuration of the facility on site. A positive meeting held recently should enable the UHB to progress the scheme through the business case process.
- **Wellbeing Hub at Maelfa** – the main scheme was complete in June 2022, with the second phase i.e. demolition of Llanerdyn Health Centre and the construction of a new car park progressing. However, this phase has been delayed due to the discovery of asbestos in the ducts below the building and is now anticipated to complete in February 2023 and not December 2022. The additional costs associated with the delay are being managed within the overall project contingency.
- **Maternity Lifts No8&9** – tenders have been returned and contracts are being prepared with start on site due to commence in January 2023. These lifts have been considered a high risk for some time.
- **Ward A4 Refurbishment and Fireworks** – The North side was complete on 9th October 2022 and the South side on the 31st October 2022, which are all in line with the winter plan agreed with Head of Operational Planning. There are some minor snagging items which will be completed by 7th November 2022.
- **UHL Boiler & Flue Installation** – this scheme has been designed and tendered, and a submission to WG for slippage funding of £750k has been made. This scheme has recently increased in its risk rating as the two remaining boilers have recently broken down and whilst repaired successfully on this occasion, the company have advised that parts of the boiler are obsolete. Should the UHB lose one of the boilers during the winter period this could affect patient services.
- **Imaging Schemes** – the team are currently overseeing four imaging schemes

- UHW ED X-Ray Room - £884k
- UHL CT Suite - £771k
- UHL Fluoroscopy £859k
- UHL MRI Room – budget £800k

- **Acute Sites Masterplan Schemes –** These are schemes that have been identified by the Chief Operation Officer and the operational site management teams, some of which are related to COVID recovery and others to winter pressures. The schemes have been included in the bids recently submitted to WG for slippage funding.
  - Adult Fracture Clinic UHW – this will allow the return of the service from UHL which was temporarily relocated as part of the COVID response. A new facility will be provided in LSW and whilst funding has been identified in the discretionary capital programme, the UHB has included in the bid to WG, as above. £1.7m
  - Cardiothoracic relocation to UHW – winter pressure, relocate from C3 to C5, £1.656m
  - Critical Care Expansion UHW – winter pressure, to create additional cubicles in C3 South and vacate cardiac intensive care unit to facilitate the return of cardiothoracic from UHL, £5.085m
  - Surgical Assessment Unit – to provide an acute surgical ward area which was lost as a result of vascular centralisation and the need to provide beds for the regional network, £1.542m

The UHB have continued to progress a number of significant schemes which would require All Wales Capital Funding;

All Wales Capital Schemes

- Outline Business Case – Sexual Assault Referral Centre at CRI, submitted 21st June 2022. The UHB have received the third round of scrutiny comments from WG 31st October 2022.
- Outline Business Case - CRI Health and Wellbeing Centre, submitted 3rd August 2022, the UHB are still awaiting the first round of scrutiny comments from WG.
- Full Business Case- CRI Safeguarding works, was due for consideration by the UHB Board November 2022 but this scheme is dependent upon the approval of the OBC, as above. It has therefore been delayed until January 2023.
- Outline Business Case – Park View Wellbeing Hub, submitted to WG October 2022.
- Full Business Case - Major Trauma / Vascular Hybrid Theatres, due for consideration by the UHB Board November 2022
- Business Justification Case – UHW Lift Refurbishment Programme, was due for consideration by the UHB Board November 2022, however this has now been put back to January 2023 whilst certain contract clauses are being agreed
- Business Justification Case – UHW Tertiary Tower Electrical Infrastructure Resilience Works, due for consideration by the UHB Board November 2022
- Outline Business Case – UHL Additional Orthopaedic Theatres, due for consideration by the UHB Board January 2023
- Business Justification Case – UHW Mortuary Refurbishment, due for consideration by the UHB Board January 2023

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

- The capital plan 2022/23 as approved has been monitored by the Capital Management Group on a regular basis, where minor changes have been agreed and any major commitments endorsed for consideration by the UHB Board.
- The reduction in funding for 2022/23 (25%) continues to pose significant challenges for the UHB to deliver the commitments and priorities and support any urgent works required.
- Capital, Estates and Facilities will continue to progress key projects to tender stage so as to be prepared should WG release any slippage funding in the second half of the financial year.

Recommendation:

The Board / Committee are requested to:

NOTE: the content of the paper and the challenges faced by the Health Board as a result of the reduced level of funding.

NOTE: the in-year changes to the capital programme

NOTE: that all Business Cases will follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board.

NOTE: the schemes that the UHB are developing through the Business Case process pending WG approval

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

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

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

Prevention		Long term	√	Integration		Collaboration		Involvement	

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

Risk: Yes

The UHB have a considerable backlog relating to estates, medical equipment and IM&T, a reduction in capital funding could result in a number of schemes not being delivered.

Safety: Yes

The estate infrastructure is some 50 years old and essential plant and equipment is at the end of its useful life. Whilst every effort is made to support and maintain the infrastructure, the chance for failure is increasing year on year.

Financial: Yes

25% reduction in discretionary capital will result in a number of schemes identified in the clinical boards IMTP not being undertaken and therefore impacting upon delivery of clinical services.

Workforce: No

Legal: Yes

Potential if capital works or replacement of equipment cannot be undertaken
Reputational: Yes
Failure of any plant equipment, IM&T or Medical Equipment may impact upon delivery of clinical services
Socio Economic: No
Equality and Health: No
Decarbonisation: Yes
Unable to implement decarbonisation schemes

Approval/Scrutiny Route:	

Ranking 2	1

Sum of Value £m				Priority	
Area	Ranking	Scheme Description	Benefits (including cash releasing)	1	Grand Total
Acute Infrastructure	**1**	Adult Fracture Clinic - UHW	Orthopaedic Trauma clinic was displaced during covid to allow the expansion of EU to support the streaming of patients. This means that the Adult Orthopaedic Trauma Clinic is now based within the Elective Orthopaedic outpatient space in UHL (CAVOC). The current and future demand for EU indicates that the use of the previous Fracture Clinic area will be required permanently for EU, as a consequence, a new location for fracture clinic is required. Delivery of a new fracture clinic is pivotal in releasing capacity in CAVOC which needs to be available to address the significant back log of orthopaedic elective patients.	1.700	1.700
	2	Cardiothoracic (Winter pressure C5 South)	The covid pandemic put significant and sustained pressure on our ITU facilities which have long been identified as requiring significant improvement and expansion. One of the main challenges during this time was a lack of individual rooms and isolation areas which inhibited our ability to effectively separate covid and non-covid patients. The led to a number of compromises being made, including the use of the vacated Cardiothoracic ITU area when IP&C challenges arose – this led to staffing challenges and wasted bed space. In order to address these challenges, and with the aim of working towards the long term goal of increasing ITU capacity, it is proposed that additional individual rooms are commissioned on the 3rd Floor in ITU. This will require the transfer of Cardiology services to the 5th Floor. The main driver for this programme to significantly improve the functioning of the ITU by ensuring there are additional individual rooms which can be used much more efficiently and effectively than the current zoning approach. Additionally this plan releases capacity in CITU which will be needed for the return of Cardiothoracic Surgery from UHL in 2023.	1.656	1.656
	3	Critical Care (Winter pressure C3 South)	As above	5.085	5.085
	4	Surgical Assessment Unit	The UHB, through support from WG capital funding, has recently opened Phase 1 of the Same Day Emergency Care (SDEC) unit for Surgical patients. This forms part of our 6 Goals for Urgent and Emergency Care programme and to date this has led to an average of 60 patients per week being seen in SDEC, a reduction of 47% of surgical attendances in the ED and a reduction in waits for discharge of 7 hours (average). Phase 2 of this work is to co-locate the acute surgical ward, next to the new SDEC. This will create a highly efficient SDEC and short stay department which can focus on reducing the length of stay of surgical patients who do required emergency admissions. In addition to providing the required model for Surgical patients, the development of this area will also release ward capacity in the main hospital which can then be used for the return of Cardiothoracic Surgery from UHL in 2023. This is a key priority for our tertiary service plan.	1.542	1.542
Acute Infrastructure Total				**9.983**	**9.983**
Planning	**1**	Acquisition of Redlands	Mitigate the risk of the GP practice operating from the premises, failing to obtain an extension of the lease as the existing landlords are looking to dispose of the building. The sustainability of the GP's in the area is of significant concern following the handing back of the contract for Albert Road	0.750	0.750
		Genomics Digital Solution	Additional equipment required to intergrade the three partner organisations IT systems	0.400	0.400
		Demolition Park View	Significant vandalism causing a public nuisance, significant asbestos risk	0.150	0.150
Planning Total				**1.300**	**1.300**
Estates Backlog	**1**	Main Boiler & Flue replacement	Currently Llandough Hospital has three main boilers onsite, one of the boilers and flues has failed meaning the site is running with less resilience and at a higher risk of maintaining the heating during winter periods. .	0.750	0.750
	2	CFPU Chiller Platform	An issue has been identified in the Lakeside Central Food Processing unit (CFPU) where the Blast Chillers are not able to adequately chill the food being prepared. This only occurs during summer months due to the annual temperatures that have been increasing year on year. The Blast Chiller condenser units are located in the roof void area of the Lakeside Building, it has been proposed to deal with the issue the chillers need to be relocated outside of the internal roof space. The only feasible option for this is to create a platform on top of the existing roof and relocate the chillers onto the new platform. The scheme includes the replacement of two of the existing oldest condensers and relocation of all other condensers onto the new platform. Failure to carryout the works will mean a stoppage of the food production within the CFPU during summer months as the food being prepared will not be fit for consumption due to inadequate freezing procedures.	0.581	0.581
Estates Backlog Total				**1.331**	**1.331**
Medical Equipment	**1**	AER washer for CMAC reprocessing UHL	Needed to ensure capacity to decontaminate CMAC's and meet regulatory requirements	0.120	0.120
	2	PICU Ventilators	Ventilators to replace faulty V60 vents that are subject to a NPSA	0.030	0.030
	3	V-Beam Laser Dermatology	Exisiting laser is out of support already, previous CMG bid did not make the cut last year	0.070	0.070
	4	Paeds/Adult Haematology Apheresis Machines Terumo Spectra	2 new machines are required for adult BMT service, 1 machine is required for paeds. Current machines are at their 10 year end of life and require replacement to ensure the BMT and CAR-T service can be delivered sustainably. Current machines are experiencing an increasing number of faults and their reliability is concerning. Cost Avoidance, revenue implications if old machines are kept on. (30% increase on the £3,000 p.a. per machine maintenance costs.	0.256	0.256
	5	Paeds Dialysis Machines	Exisiting Dialysis Machines are out of support already, some are loaned from adult services to maintain paeds service.	0.037	0.037
	6	Hemochron Signature Elite ACT analyser	This device is broken and unable to be repaired by the company. It is an essential device for cardiopulmonary bypass and cardiac surgery.	0.006	0.006
	7	Jet ventilators - thoracic surgery and head and neck/ENT surgery.	This equipment will resolve issues Anaesthesia in Cardiff has been having for the past few years. The current equipment is obsolete, but has been kept working with the use of bespoke spare parts. Previous submissions for funding attracted financial support but realistic replacements were not available in the UK with a CE mark. This situation has now changed. We are now in a place to purchase required equipment for the effective management of thoracic surgery cases and also major head and neck surgery. This will be a major step forward in these specialities.	0.050	0.050
	8	NICU/SCBU Masimo Patient Safety Net Firewalls	Vital part of the patient safetynet system already that has already been procured	0.008	0.008
	10	CVUHB Wide Philips Central Stations	Critical Patient monitoring systems in multiple areas of CVUHB, out of support end of 2022	0.120	0.120
	11	Picu Incubators	Exisiting incubators are out of support 2022	0.034	0.034
	12	Stack System for ENT	Risk Rating for this bid is 16. Current stack is 10years old, a recent service check confirmed multiple components are no longer available to repair and the system runs on old technology. To replace this stack will support improve efficiency. Existing unit is on maintenance contract which will transfer over after the warranty expires.	0.087	0.087
	13	Endoscopy stack UHW	Numerous reports of concern over the emergency endoscopy stack in UHW. The quality of the images for the OGDs has been reported as extremely poor and has made scoping patients that are prone to bleeding, much more challenging. Prone to bleeding patients are a difficult group to scope safely and operators require all the advantages you can get, in contrast to a scope that gives you black and white images at present. It has been deemed not fit for purpose and is on the endoscopy equipment risk register requiring replacement in order to improve patient experience, diagnosis and start & finish endoscopy times.	0.100	0.100
	14	Leica Stainer ST4020	(blank)	0.006	0.006
	15	MedEvolve Electromyography Machine (EMG)	We are seeking an EMG machine which can monitor patients on ITU with neuropathy/muscle disease or following cardiac arrest. There are currently only machines present in the Neuro department which are used for our regular clinics. Transferring this machine to ITU has lead to the base unit becoming damaged and needed a replacement. There is a high demand for EMGs and evoked potentials for ITU patients and so a dedicated machine would mean a more streamlined and immediate service. By not providing timely NCS or evoked potentials, the Critical care staff will not have the diagnostic information needed for prognostication following cardiac arrest which can lead to delayed decisions on long term care and management. Delays in this service have led to missed opportunities such as organ donation.	0.037	0.037
	16	-80 freezer	The current freezer was purchased in 2005 so is 17 years old. The freezers are required to store specialist nature samples, External quality control, Internal quality control and Clinical trial samples. The freezers are monitored by a Centron monitoring system which is a requirement of our UKAS accreditation. Therefore, failure to replace the freezer could lead to a loss of our accreditation and also loss of income. The freezer allows storage of samples of a specialist nature that have been referred to us from other centres for analysis and also allows us to participate in clinical trials.	0.010	0.010
	17	Operating Table for Urology	The current table is 20 years old and the cost of repairs has become uneconomical and parts now unavailable. Having to swap tables around when it fails in the middle of the list is both a risk to patient care and time consuming and impacts on efficiency.	0.059	0.059
Medical Equipment Total				**1.029**	**1.029**
IM&T	**1**	Corporate WIFI via Cisco Identity Services Engine (ISE) Programme	(blank)	0.150	0.150
	3	Network	(blank)	0.520	0.520
	7	Desktop 1	(blank)	0.580	0.580
IM&T Total				**1.250**	**1.250**
Grand Total				**14.893**	**14.893**

Ranking 2	2

Sum of Value £m Area	Ranking
Estates Backlog	**3**
	4
	5
	6
	7
	8
	9
	10
	11
	12
	(blank)

Estates Backlog Total	
IM&T	**2**
	4
	5
	6
	(blank)

IM&T Total	
Medical Equipment	9
	18
	19
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	66
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	68
	69
	70
Medical Equipment Total	
Grand Total	

Scheme Description
Gwenwyn Ward
Site roads UHL / Paths
Physio Roof
Mortuary Roof
Steam Header Valves - Block & Bleed
Replace Drive Units
Gas Upgrade St Davids Hospital
Site roads UHW
Electrical Sub 2
Corridors UHW
Cardboard Compactor
Electric Med Gas Trolleys x 2no
Fork Lift Truck
Helipad downwash signs
Helipad TV Screens
Meeting Pod Switchboard
NVR Hafen y coed
NVR Security
Plant Room Stock
Sit on road sweeper
Tail Lift Van x 2
Tugs x 5 @ £18,000
UHB Wide pigeon proofing
Window Replacement Woodland House
E-triage
Server/Hosting
Telephony
WiFi
Apps Development Platform
Desktop
Network
Server/Hosting
Storage Migration Programme
Telephony
WiFi

WICIS and RFID Computers, Device Connectivity, Netw
Operating Table

Fluorimeter for the Porphyrin Service - Perkin Elmer -

Tristar 3 multimode microplate reader

Main Theatres, Diathermy/Vessel Sealing Machines
Adult ITU Drager Ventilators

Theatre Lights

Quest Standing Frame - Stroke Patients

Surgeons Headlight

Thera Trainer Balo Static Frame
NHSSC Alphamaxx OPERATING TABLES - Getinge Maq
CVUHB Wide Diagnostic ECG (12 lead) Machines
Dental treatment cart for treating patients for oral he

Tomey Specular Microscope - Ophthalmology

Ionic Radiofrequency Generator

Fridge

Depth of Anaesthesia monitors

Neurosurgical Navigation Stealth Station (S8)

Piccolo Analyser EU

Permit Investment Management Software

NICU SLE Ventilators
MPCE DXA Scanners
Trans-nasal Oesophagoscopy Service
X-ray unit
Ultrasound machines - Sonosite
Dental intra oral x-ray phosphor plate scanner
Trophen Decontamination System
Dental Units
Carbon Fibre Table End
N-Line Pro Cabin /UVB 311 including 4 goggles and 40
CDi550 in line blood gas analsyer
Epredia NX70 cryostar cryostat
Neater Eater Robotic
Fibroscanning machine
NICU Incubators
XLTEK VIDEO EEG HOME TELEMETRY EQUIPMENT
Fume hoods
Mettler Toledo XPR3U Balance
HF30N Nitrogen generator. 32LPM 230V 50/60Hz
Xevo TQ-S Micro Tandem Mass Spectrometer
Sonosite Ultrasound Transducer & software
Ultrasound Probe
GLOBAL A6 FLOORSTAND MICROSCOPE
Ceramic furnace for curing dentures, inlays
Hepatology Bladder scanner
Telemetry Cardiac Hook Up System
Nasal Endoscopy Scope Kit - Stroke Patients
Osmometer Interface
V-750ST UV/VIS Spectrophotometer
Sonosite Probe
RFID for medical devicetracking in A&E
Urology Theatres Auriga Laser

Benefits (including cash releasing)

During a recent survey of the roof it was discovered that the roof was in very poor condition with a number of patches and sections that are at risk of immediate failure. It was also discovered that there was movement on the brickwork parapet wall that has started to crack and detach from the main building section. We are
The main site entrance road of Llandough Hospital is in a poor condition with a camber being worn into the road with the amount of heavy traffic onsite in recent years. Repairs are required to ensure safe use of the
UHL Physio roof is prone to leaks and has been patched numerous times. It is recommended that a new roof covering is provided to ensure continuity of service for the end users that could otherwise be delayed due to
UHW Mortuary roof is prone to leaks and has been patched numerous times. It is recommended that a new roof covering is provided to ensure continuity of service for the end users that could otherwise be delayed
(blank)
(blank)
(blank)
Certain sections of the main road within the UHW site have a heavy traffic flow onsite with the number of staff, patients and visitors that attend the site. Repairs are required to ensure safe use of the road for
The existing electrical distribution panels within the Main Substation in Tower Block 1 is at capacity and no further electrical supplies can be taken from this switchroom. An extesnion panel can be fitted that will allow additional supplies to be taken from this switchroom for future projects within the main central core of the
Generally the corridors within the UHW are tired and would benefit from replacement flooring and redecoration, this would help improve the feel of the corridors making them more aesthetically pleasing for
(blank)
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Benefit areas identified (as yet unquantified) by clinicians in Emergency and Acute medicine include:
(blank)
(blank)
(blank)
Current infrastructure does not support the strategic plans of the Health Board. This will allow us to scale up patient and staff apps whilst providing resilience. Save £6k per year on Aimes service.
(blank)
(blank)
(blank)
(blank)
(blank)
(blank)

40 WEEKS LEAD TIME, GO LIVE JUNE 2023 needed for WICIS EPR Project and RFID asset tracking system. Current table 20 years old. Uneconomical to repair. (RISK REGISTER - 20)
The Cardiff porphyria service specialises in the diagnosis and treatment of the porphyrias in the UK. The current fluorimeter that is in use for porphyrin analysis is 10 years old.

In the event of existing equipment failing would lead to long delays in porphyria diagnosis as work would have to be sent to specialist referral laboratory in London. Currently their turnaround time is twice what we achieve here in Cardiff.
In the event of failure there would be of loss of income as we supply a UK wide service. There would also be a cost pressure to the department as we would have to send the work to be analysed elsewhere.

The equipment delivers important clinical services for C+V UHB. This equipment is used to provide SAS services and generates income for the organisation.

The project will deliver a safe sustainable service and improve the efficiency of the service. The main consideration is the consequences of a failure to the service and the reputation of C&V.
This will prevent us from loss of income and prevent us from sending work away which will generate a cost.

The current fluorometer is used in the Newborn screening section was purchased in 2009 and is 13 years old. The equipment is end of life.
The equipment is essential for service provision of All Wales Newborn screening service and Regional Metabolic service.
Failure to replace this equipment could cause loss of income and also the health board could have to send
Exisiting diathermys are out of support 2022
Replacements for ventilators end of life 2025, planned replacement and to support withdrawl of faulty V60 ve
Both our ophthalmic theatre operating lights require replacing due to age, they are now 20 years old. The lights are not longer repairable and require work, spare parts are no longer available. Our internal risk rating (blank)
one unit for Children's Hospital and one for Short Stay. both are old one has been condemned and the other beyond economical repair. Surgeons do not like to operate without headlights which can lead to service (blank)
Operating table is a highly specialised equipment on which the patient lies on during a surgical procedure and
Exisiting ECG's are out of support in 2022
This is includes the tools used for dental treatment (one system)
1 Specular microscope measures endothelial cells count on the cornea. Endothelial cells are responsible for the health of the cornea (they keep the cornea transparent) and cannot be visualised in any other way but with a use of a specular microscope. Endothelial cell count has to be measured in all patients, who underwent corneal transplant as part of national audit carried out by NHSBT. Additionally, it will also be used for any patient with endothelial disease to help decide on management plan, any patient who is due to undergo glaucoma surgery with tube to measure impact of the tube on the endothelial cells, any patient that might undergo artisan lens implantation or phakic lens implantation to measure impact of this surgery on
As well as replacing aged unit this offers some cost savings on Revenue. The new generator comes with a 2 year warranty and no longer needs to have a yearly service contract (£3,000) because the machine self-calibrates every time it’s switched on. All consumables remain the same except for the grounding pads which

Our current fridge is over 10 years old and the shelving broken. We have been advised that although working it is at the end of its lifespan and should be replaced. Repair is not feasible when it breaks.
We hold larger amounts of stock in our fridges due to the introduction of a new analyser and reduced access to the transfusion cold room due to updated MHRA regulations. Increased deliveries of smaller stock volumes would result in frequent changes of LOT number and accompanying increased workload and cost, and risk of material shortage.
There has been a major evolution in Welsh Anaesthesia towards a Greener service provision. This involves a move towards more total intravenous anaesthesia with avoidance of using polluting hydro-carbon anaesthetic vapours. For this transition to continue effectively and safely a full complement of depth of anaesthesia monitors is required. This purchase will facilitate use of environmentally friendly techniques to be employed in all clinical anaesthesia locations across the UHB. This will continue to help with the aims of

The Stealth Station S8 surgical navigation system enables surgeons to precisely track the location of surgical instruments throughout a procedure. The Stealth Station S8 system introduces the most advanced version of Stealth technology — a combination of hardware, software, tracking algorithms, image data merging, and specialized instruments to guide during surgical procedures. It is important to note that image-guidance is increasingly becoming compulsory for a number of neurosurgical procedures. The NICE guidelines state it is necessary for resection of low-grade gliomas (Brain tumours (primary) and brain metastases in over 16s. NICE Guideline, 2021).

It is also increasingly required for simple on-call procedures, such as the insertion of external ventricular drains. A recent meta-analysis by a UK group found that use of image guidance for insertion of External Ventricular Drains resulted in a significant reduction in the risk of suboptimal placement, compared to freehand placement (Fisher B, Soon WC, Ong J, Chan T, Chowdhury Y, Hodson J, White A. Is Image Guidance Essential for External Ventricular Drain Insertion? World Neurosurgery 2021).

In a recent national UK audit, neuro-navigation was available in all neurosurgical centres undertaking brain tumour operations, being used in 91% of resections (data awaiting publication, available from K Whitehouse). Therefore, if a potential tumour or shunt operation was undertaken without neuro-navigation and a patient put forward a legal challenge, it would be difficult to defend nowadays.

There are two main image-guidance systems currently in use in the UK, Brain lab and Medtronic. Although they compete with each other and have areas where they both overlap, there are vital differences which mean that one product is more appropriate, and safer, in different circumstances than the other meaning use of both in the field of Neurosurgery is critical to offering high quality outcomes.

The electromagnetic (EM) capabilities and instrumentation that are only available through the use of the stealth machine are crucial for endoscopic cases.

The limitations of our current system being Brainlab in that they do have an EM system, which is a relatively

From Nephrology and Transplant
The NRP (Normothermic Regional Perfusion) is novel technology that helps to recondition organs from damaged caused by dying process immediately prior retrieval. Principle to this technique is to connect donor to extracorporeal oxygenator circuit for period of two hours. During this period, we have capacity to monitor and correct biochemical parameters.
For that reason, it is required to perform regular (every 30 minutes) blood tests, including LFT's, U&E's. It is vital to receive the result instantly so clinician can act instantly. This is impossible to achieve it by using hospital's standard emergency setting and receive results in timing manner.
Therefore, availability of analyser that provides instant results is fundamental for performing this type of retrieval technique. Also, a device must be portable so it can be taken to any hospital with retrieval team.
The Piccolo analyser does offer both functionalities.
Required to support CMG bidding process, forecasting, asset management and prioritisation

Additional vents required to maintain safety on NICU
Replacing exisiting old (2012, 2015) kit, previous CMG bid not make the cut last year
Reduction in; diagnosis times, GA theatre lists, "one stop" appointments.
The Community Dental Service provides a variety of care to the most vulnerable patients across Cardiff and Va
Anaesthesia has evolved to encompass expansion of techniques to augment general anaesthesia. Often these
(blank)
Incorrect value entered on previous submission.
The Community Dental Service provides a variety of care to the most vulnerable patients across Cardiff and Va
This carbon fibre table end is needed for spinal surgery and other orthopaedic cases. Due to the spinal service
(blank)
These devices measure parameters during cardiopulmonary bypass which form part of the minimum standard
(blank)
This equipment is a robotic device to assist people to be able to self-feed when they have limited upper limb fu
(blank)
Exisiting incubators are out of support 2022
This type of diagnostic test is a core procedure provided in the majority of Neurophysiological departments acı
Replacement of fume hoods in deparment4 No. Airone 1500XP Ducted Fume Cupboards1 No. Airone 1200 Cla
The equipment in question was purchased over 12 years ago and has passed its expected lifespan. The propos
The equipment in question is old and is not producing the quality of air that it needs to be. The filters inside th
Currently, the C&V metabolic laboratory utilises the tandem mass spectrometer that is dedicated for the All W
Equipment failed/broken or no longer fit for purpose;
Routine Replacement;
New/additional equipment;
New/additional equipment;Better patient outcomes;
New/additional equipment;Better patient outcomes;
New/additional equipment;Better patient outcomes;
New/additional equipment;Better patient outcomes;
Standardisation of Equipment;
Routine Replacement;Unreliable and/or maintenance support withdrawn;
Replacement
New/additional equipment;Better use of equipment
The Peri-operative care Directorate had committed to a reagent rental contract where at the end of the contra

Priority 1	2	3	Grand Total
0.100			0.100
0.150			0.150
0.662			0.662
0.100			0.100
0.040			0.040
0.030			0.030
0.021			0.021
0.100			0.100
0.582			0.582
0.100			0.100
	0.020		0.020
	0.020		0.020
	0.030		0.030
	0.012		0.012
	0.060		0.060
	0.010		0.010
	0.024		0.024
	0.033		0.033
	0.300		0.300
	0.008		0.008
	0.050		0.050
	0.090		0.090
	0.070		0.070
	0.250		0.250
1.885	**0.977**		**2.862**
0.200			0.200
0.620			0.620
0.070			0.070
0.150			0.150
	0.400		0.400
	0.580	0.580	1.160
	0.520	0.520	1.040
	0.620	0.620	1.240
	0.150		0.150
	0.070	0.070	0.140
	0.150	0.150	0.300

1.040	**2.490**	**1.940**	**5.470**
0.963			0.963
0.059			0.059
0.040			0.040
0.018			0.018
0.085			0.085
0.070			0.070
0.047			0.047
0.012			0.012
0.014			0.014
0.005			0.005
0.155			0.155
0.050			0.050
0.040			0.040
0.022			0.022
0.034			0.034

	0.005	0.005
	0.031	0.031
	0.198	0.198
	0.019	0.019
	0.007	0.007

	0.106		0.106
	0.220		0.220
	0.080		0.080
ıle, the majoı	0.010		0.010
strategies us	0.174		0.174
	0.040		0.040
	0.036		0.036
ıle, this will r	0.125		0.125
moving from	0.017		0.017
	0.030		0.030
ls of operatic	0.110		0.110
	0.030		0.030
unction. It all	0.005		0.005
	0.016		0.016
	0.136		0.136
ross the UK.	0.052		0.052
ss I Recircula	0.045		0.045
ed date for r	0.035		0.035
ıe current sys	0.022		0.022
Vales Newboı	0.370		0.370
		0.007	0.007
		0.007	0.007
		0.027	0.027
		0.006	0.006
		0.008	0.008
		0.027	0.027
		0.005	0.005
		0.006	0.006
		0.022	0.022
		0.007	0.007
		0.180	0.180
act an Auriga urology lase		0.011	0.011
1.619	**1.915**	**0.313**	**3.847**
4.544	**5.382**	**2.253**	**12.179**

UHB Priority Schemes - Should Capital Funding become available

Area	Scheme Description	Value £m	Lead time to ensure delivery by 31 March 2023
Acute Infrastructure	Cardiothoracic (Winter pressure C5 South)	1.656	
Acute Infrastructure	Critical Care (Winter pressure C3 South)	5.085	
Acute Infrastructure	Surgical Assessment Unit	1.542	
Acute Infrastructure	Adult Fracture Clinic - UHW	1.700	
Estates Backlog	Main Boiler & Flue replacement	0.750	
Estates Backlog	CFPU Chiller Platform	0.581	
Estates Backlog	Gwenwyn Ward	0.100	

Estates Backlog	Site roads UHL / Paths	0.150	
Estates Backlog	Physio Roof	0.662	
Estates Backlog	Mortuary Roof	0.100	
Estates Backlog	Steam Header Valves - Block & Bleed	0.040	
Estates Backlog	Replace Drive Units	0.030	
Estates Backlog	Gas Upgrade St Davids Hospital	0.021	
Estates Backlog	Site roads UHW	0.100	
Estates Backlog	Electrical Sub 2	0.582	
Estates Backlog	Corridors UHW	0.100	
Estates Backlog	Window Replacement Woodland House	0.250	
Estates Backlog	Fork Lift Truck	0.030	
Estates Backlog	Tail Lift Van x 2	0.050	
Estates Backlog	Cardboard Compactor	0.020	
Estates Backlog	Tugs x 5 @ £18,000	0.090	
Estates Backlog	Plant Room Stock	0.300	
Estates Backlog	Electric Med Gas Trolleys x 2no	0.020	
Estates Backlog	Sit on road sweeper	0.008	
Estates Backlog	Helipad downwash signs	0.012	
Estates Backlog	Helipad TV Screens	0.060	
Estates Backlog	NVR Hafen y coed	0.024	
Estates Backlog	NVR Security	0.033	
Estates Backlog	Meeting Pod Switchboard	0.010	
Estates Backlog	UHB Wide pigeon proofing	0.070	
Planning	Acquisition of Redlands	0.750	
Planning	Genomics Digital Solution	0.400	
Planning	Demolition Park View	0.150	
IM&T	Corporate WIFI via Cisco Identity Services Engine (ISE) Programme	0.150	
IM&T	E-triage	0.200	National 6 Goals priority for UEC - Needed as soon as possible to support utilisation during winter

	Infrastructure upgrades/Refresh:	
IM&T	Desktop 1	0.580
IM&T	Network	0.520
IM&T	Telephony	0.070
IM&T	WiFi	0.150
IM&T	Server/Hosting	0.620
IM&T	Infrastructure upgrades/Refresh:	
IM&T	Desktop	0.580
IM&T	Network	0.520
IM&T	Telephony	0.070
IM&T	WiFi	0.150
IM&T	Server/Hosting	0.620
IM&T	Apps Development Platform	0.400
IM&T	Storage Migration Programme	0.150
	Infrastructure upgrades/Refresh:	
IM&T	Desktop	0.580
IM&T	Network	0.520
IM&T	Telephony	0.070
IM&T	WiFi	0.150
IM&T	Server/Hosting	0.620
Medical Equipment	AER washer for CMAC reprocessing UHL	0.120
Medical Equipment	PICU Ventilators	0.030
Medical Equipment	V-Beam Laser Dermatology	0.070
Medical Equipment	Paeds/Adult Haematology Apheresis Machines	0.256
Medical Equipment	Paeds Dialysis Machines	0.037
Medical Equipment	Hemochron Signature Elite ACT analyser	0.006
Medical Equipment	Jet ventilators - thoracic surgery and head and	0.050
Medical Equipment	NICU/SCBU Masimo Patient Safety Net Firewal	0.008
Medical Equipment	WICIS and RFID Computers, Device Connectivit	0.963
Medical Equipment	CVUHB Wide Philips Central Stations	0.120

Medical Equipment	Picu Incubators	0.034
Medical Equipment	Stack System for ENT	0.087
Medical Equipment	Endoscopy stack UHW	0.100
Medical Equipment	Leica Stainer ST4020	0.006
Medical Equipment	MedEvolve Electromyography Machine (EMG)	0.037
Medical Equipment	-80 freezer	0.010
Medical Equipment	Operating Table for Urology	0.059
Medical Equipment	Operating Table	0.059
Medical Equipment	Fluorimeter for the Porphyrin Service - Perkin I	0.040
Medical Equipment	Tristar 3 multimode microplate reader	0.018
Medical Equipment	Main Theatres, Diathermy/Vessel Sealing Mach	0.085
Medical Equipment	Adult ITU Drager Ventilators	0.070
Medical Equipment	Theatre Lights	0.047
Medical Equipment	Quest Standing Frame - Stroke Patients	0.012
Medical Equipment	Surgeons Headlight	0.014
Medical Equipment	Thera Trainer Balo Static Frame	0.005
Medical Equipment	NHSSC Alphamaxx OPERATING TABLES - Getin	0.155
Medical Equipment	CVUHB Wide Diagnostic ECG (12 lead) Machine	0.050
Medical Equipment	Dental treatment cart for treating patients for	0.040
Medical Equipment	Tomey Specular Microscope - Ophthalmology	0.022

Medical Equipment	Ionic Radiofrequency Generator	0.034
Medical Equipment	Fridge	0.005
Medical Equipment	Depth of Anaesthesia monitors	0.031
Medical Equipment	Neurosurgical Navigation Stealth Station (S8)	0.198
Medical Equipment	Piccolo Analyser EU	0.019
Medical Equipment	Permit Investment Management Software	0.007
Medical Equipment	NICU SLE Ventilators	0.106
Medical Equipment	MPCE DXA Scanners	0.220
Medical Equipment	Trans-nasal Oesophagoscopy Service	0.080
Medical Equipment	X-ray unit	0.010
Medical Equipment	Ultrasound machines - Sonosite	0.174
Medical Equipment	Dental intra oral x-ray phosphor plate scanner	0.040
Medical Equipment	Trophen Decontamination System	0.036
Medical Equipment	Dental Units	0.125
Medical Equipment	Carbon Fibre Table End	0.017
Medical Equipment	N-Line Pro Cabin /UVB 311 including 4 goggles	0.030
Medical Equipment	CDi550 in line blood gas analsyer	0.110
Medical Equipment	Epredia NX70 cryostar cryostat	0.030
Medical Equipment	Neater Eater Robotic	0.005
Medical Equipment	Fibroscanning machine	0.016
Medical Equipment	NICU Incubators	0.136
Medical Equipment	XLTEK VIDEO EEG HOME TELEMETRY EQUIPME	0.052
Medical Equipment	Fume hoods	0.045
Medical Equipment	Mettler Toledo XPR3U Balance	0.035
Medical Equipment	HF30N Nitrogen generator. 32LPM 230V 50/6(	0.022
Medical Equipment	Xevo TQ-S Micro Tandem Mass Spectrometer	0.370
Medical Equipment	Sonosite Ultrasound Transducer & software	0.007
Medical Equipment	Ultrasound Probe	0.007
Medical Equipment	GLOBAL A6 FLOORSTAND MICROSCOPE	0.027
Medical Equipment	Ceramic furnace for curing dentures, inlays	0.006
Medical Equipment	Hepatology Bladder scanner	0.008
Medical Equipment	Telemetry Cardiac Hook Up System	0.027
Medical Equipment	Nasal Endoscopy Scope Kit - Stroke Patients	0.005
Medical Equipment	Osmometer Interface	0.006
Medical Equipment	V-750ST UV/VIS Spectrophotometer	0.022
Medical Equipment	Sonosite Probe	0.007
Medical Equipment	RFID for medical devicetracking in A&E	0.180
Medical Equipment	Urology Theatres Auriga Laser	0.011

Benefits (including cash releasing)

The covid pandemic put significant and sustained pressure on our ITU facilities which have long been identified as requiring significant improvement and expansion. One of the main challenges during this time was a lack of individual rooms and isolation areas which inhibited our ability to effectively separate covid and non-covid patients. The led to a number of compromises being made, including the use of the vacated Cardiothoracic ITU area when IP&C challenges arose – this led to staffing challenges and wasted bed space. In order to address these challenges, and with the aim of working towards the long term goal of increasing ITU capacity, it is proposed that additional individual rooms are commissioned on the 3rd Floor in ITU. This will require the transfer of Cardiology services to the 5th Floor. The main driver for this programme to significantly improve the functioning of the ITU by ensuring there are additional individual rooms which can be used much more efficiently and effectively than the current zoning approach. Additionally this plan releases capacity in CITU which will be needed for the return of Cardiothoracic Surgery from UHL in 2023.
As above
The UHB, through support from WG capital funding, has recently opened Phase 1 of the Same Day Emergency Care (SDEC) unit for Surgical patients. This forms part of our 6 Goals for Urgent and Emergency Care programme and to date this has led to an average of 60 patients per week being seen in SDEC, a reduction of 47% of surgical attendances in the ED and a reduction in waits for discharge of 7 hours (average). Phase 2 of this work is to co-locate the acute surgical ward, next to the new SDEC. This will create a highly efficient SDEC and short stay department which can focus on reducing the length of stay of surgical patients who do required emergency admissions. In addition to providing the required model for Surgical patients, the development of this area will also release ward capacity in the main hospital which can then be used for the return of Cardiothoracic Surgery from UHL in 2023. This is a key priority for our tertiary service
Orthopaedic Trauma clinic was displaced during covid to allow the expansion of EU to support the streaming of patients. This means that the Adult Orthopaedic Trauma Clinic is now based within the Elective Orthopaedic outpatient space in UHL (CAVOC). The current and future demand for EU indicates that the use of the previous Fracture Clinic area will be required permanently for EU, as a consequence, a new location for fracture clinic is required. Delivery of a new fracture clinic is pivotal in releasing capacity in CAVOC which needs to be available to address the significant back log of orthopaedic elective patients.
Currently Llandough Hospital has three main boilers onsite, one of the boilers and flues has failed meaning the site is running with less resilience and at a higher risk of maintaining the heating during winter periods. .
An issue has been identified in the Lakeside Central Food Processing unit (CFPU) where the Blast Chillers are not able to adequately chill the food being prepared. This only occurs during summer months due to the annual temperatures that have been increasing year on year. The Blast Chiller condenser units are located in the roof void area of the Lakeside Building, it has been proposed to deal with the issue the chillers need to be relocated outside of the internal roof space. The only feasible option for this is to create a platform on top of the existing roof and relocate the chillers onto the new platform. The scheme includes the replacement of two of the existing oldest condensers and relocation of all other condensers onto the new platform. Failure to carryout the works will mean a stoppage of the food production within the CFPU during summer months as the food being prepared will not be fit for consumption due to inadequate freezing procedures.
During a recent survey of the roof it was discovered that the roof was in very poor condition with a number of patches and sections that are at risk of immediate failure. It was also discovered that there was movement on the brickwork parapet wall that has started to crack and detach from the main building section. We are currently monitoring movement of the wall however wish to carryout remedial repairs to replace the roof covering and parapet wall.

The main site entrance road of Llandough Hospital is in a poor condition with a camber being worn into the road with the amount of heavy traffic onsite in recent years. Repairs are required to ensure safe use of the road for vehicles, cyclists and pedestrians.
UHL Physio roof is prone to leaks and has been patched numerous times. It is recommended that a new roof covering is provided to ensure continuity of service for the end users that could otherwise be delayed due to water ingress within the department.
UHW Mortuary roof is prone to leaks and has been patched numerous times. It is recommended that a new roof covering is provided to ensure continuity of service for the end users that could otherwise be delayed due to water ingress within the department.

Certain sections of the main road within the UHW site have a heavy traffic flow onsite with the number of staff, patients and visitors that attend the site. Repairs are required to ensure safe use of the road for vehicles, cyclists and pedestrians.
The existing electrical distribution panels within the Main Substation in Tower Block 1 is at capacity and no further electrical supplies can be taken from this switchroom. An extesnion panel can be fitted that will allow additional supplies to be taken from this switchroom for future projects within the main central core of the UHW Hospital.
Generally the corridors within the UHW are tired and would benefit from replacement flooring and redecoration, this would help improve the feel of the corridors making them more aesthetically pleasing for staff and patients as well as improving the overall environment to help meet IP&C Standards.

Mitigate the risk of the GP practice operating from the premises, failing to obtain an extension of the lease as the existing landlords are looking to dispose of the building. The sustainability of the GP's in the area is of significant concern following the handing back of the contract for Albert Road
Additional equipment required to intergrade the three partner organisations IT systems
Significant vandalism causing a public nuisance, significant asbestos risk

Benefit areas identified (as yet unquantified) by clinicians in Emergency and Acute medicine include:

· Early recognition of potential clinical acuity in undifferentiated patients

- Early response to potential clinical acuity
- Reduction in time to triage per triage category
- Reduction in time to undertake triage
- Reduction in time to see clinician per triage category
- Increased ability to provide appropriate time-based interventions – ECGs, stroke calls etc
- Reduction in human error – booking in process
- Reduction in patient concerns – wait for triage
- Reduction in Did Not Waits pre -riage
- Reduction in interrupted working time – triage nurse
- Increased ability to understand potential streaming options at an earlier point in the patient journey
- Increased ability to mobilise workforce appropriately – HCSW in the waiting room, number of triage nurs

Current infrastructure does not support the strategic plans of the Health Board. This will allow us to scale up patient and staff apps whilst providing resilience. Save £6k per year on Aimes service.

Needed to ensure capacity to decontaminate CMAC's and meet regulatory requirements
Ventilators to replace faulty V60 vents that are subject to a NPSA
Exisiting laser is out of support already, previous CMG bid did not make the cut last year
2 new machines are required for adult BMT service, 1 machine is required for paeds. Current machines are at t
Exisiting Dialysis Machines are out of support already, some are loaned from adult services to maintain paeds s
This device is broken and unable to be repaired by the company. It is an essential device for cardiopulmonary bypass and cardiac surgery.
This equipment will resolve issues Anaesthesia in Cardiff has been having for the past few years. The current equipment is obsolete, but has been kept working with the use of bespoke spare parts. Previous submissions for funding attracted financial support but realistic replacements were not available in the UK with a CE mark. This situation has now changed. We are now in a place to purchase required equipment for the effective management of thoracic surgery cases and also major head and neck surgery. This will be a major step forward in these specialities.
Vital part of the patient safetynet system already that has already been procured
40 WEEKS LEAD TIME, GO LIVE JUNE 2023 needed for WICIS EPR Project and RFID asset tracking system.
Critical Patient monitoring systems in multiple areas of CVUHB, out of support end of 2022

Exisiting incubators are out of support 2022
Risk Rating for this bid is 16. Current stack is 10years old, a recent service check confirmed multiple components are no longer available to repair and the system runs on old technology. To replace this stack will support improve efficiency. Existing unit is on maintenance contract which will transfer over after the Numerous reports of concern over the emergency endoscopy stack in UHW. The quality of the images for the OGDs has been reported as extremely poor and has made scoping patients that are prone to bleeding, much more challenging. Prone to bleeding patients are a difficult group to scope safely and operators require all the advantages you can get, in contrast to a scope that gives you black and white images at present.
It has been deemed not fit for purpose and is on the endoscopy equipment risk register requiring replacement in order to improve patient experience, diagnosis and start & finish endoscopy times.

We are seeking an EMG machine which can monitor patients on ITU with neuropathy/muscle disease or following cardiac arrest. There are currently only machines present in the Neuro department which are used for our regular clinics. Transferring this machine to ITU has lead to the base unit becoming damaged and needed a replacement. There is a high demand for EMGs and evoked potentials for ITU patients and so a dedicated machine would mean a more streamlined and immediate service. By not providing timely NCS or evoked potentials, the Critical care staff will not have the diagnostic information needed for prognostication following cardiac arrest which can lead to delayed decisions on long term care and management. Delays in this service have led to missed opportunities such as organ donation.
The current freezer was purchased in 2005 so is 17 years old.The freezers are required to store specialist natur
The current table is 20 years old and the cost of repairs has become uneconomical and parts now unavailable. Having to swap tables around when it fails in the middle of the list is both a risk to patient care and time consuming and impacts on efficiency.
Current table 20 years old. Uneconomical to repair. (RISK REGISTER - 20)
The Cardiff porphyria service specialises in the diagnosis and treatment of the porphyrias in the UK. The currer
The current fluorometer is used in the Newborn screening section was purchased in 2009 and is 13 years old. T
Exisiting diathermys are out of support 2022
Replacements for ventilators end of life 2025, planned replacement and to support withdrawl of faulty V60 ve
Both our ophthalmic theatre operating lights require replacing due to age, they are now 20 years old. The lights are not longer repairable and require work, spare parts are no longer available. Our internal risk rating is now at 20 due to the possibility of interruption to service delivery...

one unit for Children's Hospital and one for Short Stay. both are old one has been condemned and the other beyond economical repair. Surgeons do not like to operate without headlights which can lead to service interruption if another unit isn't available to borrow.

Operating table is a highly specialised equipment on which the patient lies on during a surgical procedure and
Exisiting ECG's are out of support in 2022
This is includes the tools used for dental treatment (one system)
1 Specular microscope measures endothelial cells count on the cornea. Endothelial cells are responsible for the health of the cornea (they keep the cornea transparent) and cannot be visualised in any other way but with a use of a specular microscope. Endothelial cell count has to be measured in all patients, who underwent corneal transplant as part of national audit carried out by NHSBT. Additionally, it will also be used for any patient with endothelial disease to help decide on management plan, any patient who is due to undergo glaucoma surgery with tube to measure impact of the tube on the endothelial cells, any patient that might undergo artisan lens implantation or phakic lens implantation to measure impact of this surgery on endothelial cells. Previous microscope has been decommissioned due to its age so this is a replacement microscope for the department. As far as I am aware there is no new drivers for change just a need to replace equipment that will provide data of endothelial cells counts for grafted patients as per requirement

As well as replacing aged unit this offers some cost savings on Revenue. The new generator comes with a 2 year warranty and no longer needs to have a yearly service contract (£3,000) because the machine self-calibrates every time it's switched on. All consumables remain the same except for the grounding pads which are slightly cheaper than the ones we currently order.
Our current fridge is over 10 years old and the shelving broken. We have been advised that although working i
There has been a major evolution in Welsh Anaesthesia towards a Greener service provision. This involves a m
The Stealth Station S8 surgical navigation system enables surgeons to precisely track the location of surgical ins
From Nephrology and Transplant The NRP (Normothermic Regional Perfusion) is novel technology that helps t
Required to support CMG bidding process, forecasting, asset management and prioritisation
Additional vents required to maintain safety on NICU
Replacing exisiting old (2012, 2015) kit, previous CMG bid not make the cut last year
Reduction in; diagnosis times, GA theatre lists, "one stop" appointments.
The Community Dental Service provides a variety of care to the most vulnerable patients across Cardiff and Va
Anaesthesia has evolved to encompass expansion of techniques to augment general anaesthesia. Often these

Incorrect value entered on previous submission.
The Community Dental Service provides a variety of care to the most vulnerable patients across Cardiff and Va
This carbon fibre table end is needed for spinal surgery and other orthopaedic cases. Due to the spinal service

These devices measure parameters during cardiopulmonary bypass which form part of the minimum standard

This equipment is a robotic device to assist people to be able to self-feed when they have limited upper limb fu

Exisiting incubators are out of support 2022
This type of diagnostic test is a core procedure provided in the majority of Neurophysiological departments acı
Replacement of fume hoods in deparment4 No. Airone 1500XP Ducted Fume Cupboards1 No. Airone 1200 Cla
The equipment in question was purchased over 12 years ago and has passed its expected lifespan. The propos
The equipment in question is old and is not producing the quality of air that it needs to be. The filters inside th
Currently, the C&V metabolic laboratory utilises the tandem mass spectrometer that is dedicated for the All W
Equipment failed/broken or no longer fit for purpose;
Routine Replacement;
New/additional equipment;
New/additional equipment;Better patient outcomes;
New/additional equipment;Better patient outcomes;
New/additional equipment;Better patient outcomes;
New/additional equipment;Better patient outcomes;
Standardisation of Equipment;
Routine Replacement;Unreliable and/or maintenance support withdrawn;
Replacement
New/additional equipment;Better use of equipment
The Peri-operative care Directorate had committed to a reagent rental contract where at the end of the contra

Comments	Priority	Ranking	Ranking 2
	1	2	1
	1	3	1
	1	4	1
	1	1	1
	1	1	1
	1	2	1
	1	3	2

1	4	2
1	5	2
1	6	2
1	7	2
1	8	2
1	9	2
1	10	2
1	11	2
1	12	2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
2		2
1	1	1
1	1	1
1	1	1
1	1	1
Costings provided by CEF, business case going to BCAG 04/10/2022	1	2	2

ses etc

1	7	1
1	3	1
1	5	2
1	6	2
1	4	2
2		2
2		2
2		2
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		2
2		2
2		2
		2
3		2
3		2
3		2
3		2
3		2
1	1	1
1	2	1
1	3	1
1	4	1
1	5	1
1	6	1
1	7	1
1	8	1
1	9	2
1	10	1

Will need to purchase non Cisco firewalls due to lead times.

their 10 year end of life and service.

	1	11	1
	1	12	1
	1	13	1
	1	14	1
	1	15	1
re samples, External quality	1	16	1
	1	17	1
	1	18	2
nt fluorimeter that is in use	1	19	2
The equipment is end of lif	1	20	2
	1	21	2
nts.	1	22	2
	1	23	2
	1	24	2
	1	25	2
	1	26	2
it is integral to the structur	1	27	2
	1	28	2
	1	29	2
	1	30	2

	1	31	2		
it is at the end of its lifespa	1	32	2		
ıove towards more total int	2	33	2		
struments throughout a pr	2	34	2	2.578	-2.578
o recondition organs from	2	35	2		
	2	36	2		
	2	37	2		
	2	38	2		
	2	40	2		
ıle, the majority of patient	2	41	2		
strategies use ultrasound t	2	42	2		
	2	43	2		
	2	44	2		
ıle, this will replace dental	2	45	2		
moving from UHL we have	2	46	2		
	2	47	2		
ls of operation. Our current	2	48	2		
	2	49	2		
unction. It allows people tc	2	50	2		
	2	51	2		
	2	52	2		
ross the UK. This is support	2	53	2		
ss I Recirculating Safety Ca	2	54	2		
ed date for replacement is	2	55	2		
ıe current system cannot b	2	56	2		
Vales Newborn Screening La	2	57	2		
	3	58	2		
	3	59	2		
	3	60	2		
	3	61	2		
	3	62	2		
	3	63	2		
	3	64	2		
	3	66	2		
	3	67	2		
	3	68	2		
	3	69	2		
act an Auriga urology laser	3	70	2		

Report Title:	Decarbonisation – Sustainability Action Plan				Agenda Item no.	2.4	
Meeting:	Strategy and Delivery Committee		Public	X	Meeting Date:	15/11/2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		X
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning						
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager						

Main Report
Background and current situation:

Context
According to the WHO in October 2021, "Climate change is the biggest single threat facing humanity". In 2022, there have been extreme weather events in the UK and globally, there have been almost 50 flood warnings and alerts in large parts of Wales due to storm Franklin. More than a third of Pakistan under water due to heavy rain, official declarations of drought throughout the UK this summer and wildfires blazing in the Arctic.

In January 2020, our Board made a commitment to respond urgently to the climate emergency, confirming a desire to be an exemplar organisation.

NHS Wales has set two targets: 1) a 16% reduction in carbon emissions by 2025 and 2) a 34% reduction in carbon emissions by 2030. The baseline from which the reductions should be measured against is 2018/19.

In July 2022, Audit Wales published the Public Sector Readiness for Net Zero Carbon by 2030. https://www.audit.wales/sites/default/files/publications/Public_Sector_Readiness_for_Net_Zero_Carbon_by_2030.pdf. This report called for an increase in pace of activity amid clear uncertainty about whether it is possible to achieve an ambition for net zero emissions by 2030 for the Welsh Public Sector.

Audit Wales say that all organisations are to "ramp up" activities, increase collaboration and put decarbonisation at the heart of day-to-day activities. They have set out 5 calls to action:

1. Strengthen your leadership and demonstrate your collective responsibility through effective collaboration;
2. Clarify your strategic direction and increase your pace of implementation;
3. Get to grips with the finances you need;
4. Know your skills gaps and increase your capacity; and
5. Improve data quality and monitoring to support your decision making.

The latest Cardiff and Vale University Health Board (CVUHB) Sustainability Action Plan 22/23 was signed off by the Board in November 2021. A paper was brought to S&D Committee in May 2022 updating members on progress and a request was made for a more detailed update. September has seen two detailed reports provided to Welsh Government which are attached to this paper:

1. CVUHBs 21/22 carbon emissions
2. CVUHBs progress against its Sustainability Action Plan 22/23

CVUHB's current sustainability action plan (the second action plan) runs until March 2023 and will be updated in the coming IMTP cycle. Some progress is highlighted in the body of this paper below and a long form report on progress against actions up to 31/8/22 attached. A lot has been achieved in the past year and awareness is embedded deeper into the organisation. However, when stepping back and putting into context the 2025 and 2030 targets of a 16% and 34% reduction in emissions, a number of red flag findings have been concluded:

- The current financial landscape doesn't allow the NHS to reach Net Zero.
- The NHS supply chain business model is largely based upon single use/disposal.
- The existing method for calculating supply chain emissions is flawed.
- Sustainability is not embedded throughout decision making (operational, clinical, corporate).
- COVID-19 recovery focusses on increasing the amount of clinical activity to address the backlog.
- Sustainable healthcare is not a mature discipline.
- Unless dedicated resource or time is provided to already stretched and overburdened staff, sustainability will continue to be seen as an add-on to existing work and priorities.

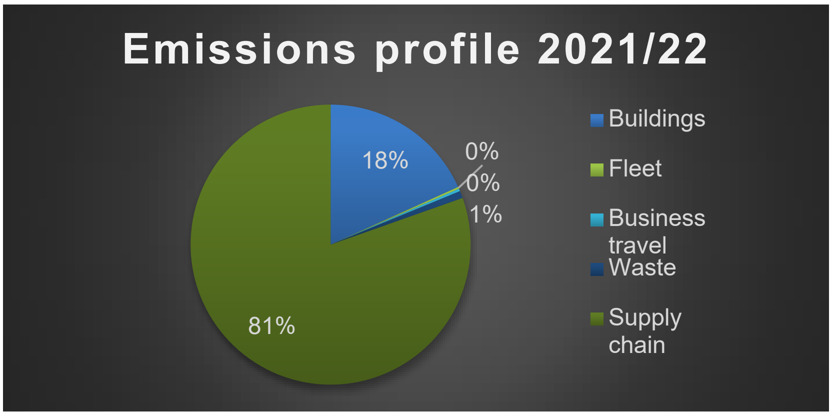
This report asks the Strategy and Delivery Committee to:

- **Note CVUHB's estimate of carbon emissions**
- **Note the submission made to WG regarding progress against the Sustainability Action Plan**
- **Note the most significant actions CVUHB have taken regarding decarbonisation set against the Audit Wales calls for action**
- **Note that a new decarbonisation action plan is in the early stages of development which will form part of the next IMTP and that early thinking on what that will contain is presented below set against the Audit Wales 5 Calls for Action.**
- **Note that there is no line of sight to the 2025 or 2030 targets and that radical action is needed to embed sustainability as a core responsibility and ensure delivery of the action plan.**

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

CVUHB's Carbon Emissions
Over the past year, WG have been developing a means to report carbon emissions from the public sector. Data on our energy consumption, waste, business mileage, supply chain spend, etc get input into a template which estimates a carbon footprint in KGs of CO_2e. The reporting method is evolving and has begun provide some useful insight to C&V with regards progress towards the 2025 target.

The current estimate of CVUHB's carbon emissions are 202,000 tonnes of CO_2e.



Sector	Emissions (tonnes CO2e)
Buildings	36,871
Fleet	458
Business travel	589
Waste	1,690
Supply chain	162,541
Total	**202,149**

The point to note from this data is that even if the entire UHB estate were able to be carbon neutral, the 2030 target would sill not be met. Changes to the way health products are made, purchased and used will be required.

There are two issues with reporting:

1. NHS Wales 2025 emissions target is 16% lower than those recorded in 2018/19. For CVUHB, 18/19 emissions were estimated at 160,000 tonnes, however, it has emerged that the emissions baseline has been calculated in a different way to the current method of calculation.

2. WG and other health boards are going through a learning process – learning about the data and the way in which you calculate emissions from that data. Another area of learning has been with regards supply chain data and how that drives carbon emissions. Supply chain spend in £s get broken into spend categories (SIC codes) and multiplied by a carbon factor to estimate emissions from the products purchased within those spend categories. It has emerged that the way provided procurement data is aggregated into categories is not correct and requires re-reporting. Also, with the effects of inflation, next year's emissions could increase whilst purchasing the same volume of product unless the carbon calculations are normalised. This is because the unit used to drive carbon is £s where more money will be needed over this year to buy the same number of products.

A letter has been written to WG to highlight these findings, asking for a response. It is understood that Cwm Taf Morgannwg and Swansea Bay have also made such observations and written to WG. In the meantime, CVUHB would like to re-report all emissions data from 2018/19 to present in a consistent way to provide a clearer view of progress towards 2025.

CVUHB have undertaken an exercise to calculate as best as possible its historic emissions using a single consistent method from the best information available (EFPMS). Excluding supply chain data, this shows a 1% decrease in emissions from 18/19 to 21/22.

2022/23 Sustainability Action Plan
Welsh Government asked for a report on progress against our sustainability action plan through 30th August 2022 and it was submitted in September 2022. That report is attached to this paper, which is set against our nine themes of

Leadership, Energy, Food & Waste, Water, Procurement, People, Built Environment, Transport and Clinical. The section above described some highlight progress.

The Sustainability Action Plan was deliberately broad and challenging. Taking the learning from our first action plan (2020/21), it was clear that our level of maturity needed to increase because as good things were being achieved, it tended to be because a small number of enthusiasts were making a difference rather than more systematic change. It is the case that there is more activity this year, but it is still small relative to the size of the UHB and the challenge of the 2030 net zero public sector target.

In summary, a lot of progress has been made this year. Sustainability is certainly embedded deeper into CVUHB, however there is still a long way to go to achieve ubiquitous awareness and positive action. The section above regarding the Audit Wales Calls for Action touches upon actions to consider for the next action plan and these will be developed over autumn 2022 in line with the IMTP process.

Notwithstanding the data issues mentioned in this paper, CVUHB currently has no line of sight to the 16% by 2025 carbon reduction target. Radical change is needed to ensure that target can be achieved and everyone will need to play a part. Steps that need to be taken to provide line of sight will be laid out in the next action plan.

Audit Wales 5 Calls to Action
Taking each of the five Audit Wales calls for actions in turn, a short summary of the progress made so far is highlighted along with early views of the sorts of actions that could be required in the next sustainability action plan.

1. 'Strengthen your leadership and demonstrate your collective responsibility through effective collaboration'
    - In October 2022, CVUHB agreed a clear governance structure for the Decarbonisation programme.
    - Each Executive Director has a decarbonisation objective for 22/23.
    - Part time clinical and therapies leadership positions have been put in place with nursing expected to follow in November 2022.

However,
- As an immature field, it cannot be said that decarbonisation is being driven naturally within the organisation. Therefore, consideration for the next action plan could include each part of the organisation could be set carbon savings targets after a suitable baseline position has been measured. This would help generate more ownership.
- Further work could be done on decision making where all decisions could be made with decarbonisation in mind, notwithstanding patient need being primary.

2. Clarify your strategic direction and increase your pace of implementation;
    - Our second action plan has seen activity in the Health Board increase as evidenced in the attached report.
    - The Our Future Hospitals Programme Business Case identifies decarbonisation as a central theme, which the requirement is for carbon zero to be built into the clinical model and infrastructure.

However, the direction of the organisation has not been focused on Decarbonisation up until this point. For consideration in the next action plan therefore:
- The IMTP and strategy refresh should identify climate adaption and mitigation to help embed action within the UHB.
- Although Health Boards each need to hit a 16% reduction in emissions by 2025, a target could be set organisation wide for 31/3/24?
- Investigating how the 'spread and scale' approach could be applied to carbon reduction.

3. Get to grips with the finances you need;
    - To date, CVUHB have been drawing down where any grant monies are available from Welsh Government. These include the Re:Fit programme which has been aiding Estates to make small incremental improvements to the energy efficiency our buildings. As a result, in the past year, electricity generated from renewable sources on site increased from zero to 297,920 kwh.

However,
- A fully costed assessment to hit the 2025 and 2030 targets has not been completed. There has not been funding available to undertake this work in a viable way, where feasibility investments would need to be paid for from existing and over-committed budgets. WG's response to the Audit Wales report was that the investment required to achieve targets should come from existing expenditure. In para 29, it highlights that "Public bodies recognised that significant investment in decarbonisation will be required, particularly for upfront infrastructure costs. But they were uncertain about where the funding for this investment would come from. The Welsh Government is providing funding to public bodies in various ways, but it has said it cannot fund everything. Public bodies will therefore need to think carefully about how they can use their existing funding in different ways, explore potential additional funding opportunities and consider how they might share costs with partner organisations." The largest proportion of emissions within CVUHB are from procurement. The cost of low(er) carbon products is generally more expensive, particularly for the initial investment (for reusable).

4. Know your skills gaps and increase your capacity
   - CVUHB has relied on 'enthusiasts' to make progress on decarbonisation so far, who try to spread amongst their peers. This has served us well so far. To make further progress, part time leadership roles have been set up in clinical, therapies and nursing.

However, the following could be considered for the next action plan:
- There is not clarity what sustainable healthcare is amongst our colleagues.
- Calls made to the Royal Colleges on their policies to help understand the approaches, behaviours and techniques that could be adopted in CVUHB. The time of people will need to be allocated to undertake this research.

5. Improve data quality and monitoring to improve decision making.
   - As mentioned in this report, on request CVUHB reported to WG on the emissions for f/y 21/22. These were calculated at 202,149 tonnes of CO2e and work continues to understand and improve data quality.
   - As mentioned in this report, on request CVUHB reported to WG on the emissions for f/y 21/22. These were calculated at 202,149 tonnes of CO2e and work continues to understand and improve data quality.

For the next action plan:
- In the coming year, attempts could be made to understand the breakdown of emissions by our organisational structure to be able to set baselines and locally owned targets.
- Furthermore, studies could be undertaken to understand the impact that radical changes could have, such as would there be benefit field colleagues being given electric cars as opposed to using their own, creating emissions and claiming business mileage. Although there may be tax and practical implications to implementing such initiatives, it is not known whether there could be financial and carbon benefit.

Recommendation:

In summary, CVUHB are on the right pathway for tackling decarbonisation but need to heed the advice of Audit Wales and significantly upscale the actions, investment and impact throughout the health board on all fronts. A new action plan will be created this autumn with the aim of attaining deeper ownership and action from within the health board.

The Strategy and Delivery Committee are asked to:
- **Note CVUHB's carbon emissions**
- **Note the submission made to WG regarding progress against the Sustainability Action Plan**
- **Note the most significant actions CVUHB have taken regarding decarbonisation set against the Audit Wales calls for action**
- **Note that a new decarbonisation action plan is in the early stages of development which will form part of the next IMTP and that early thinking on what that will contain is presented in this paper set against the Audit Wales 5 Calls for Action.**
- **Note that there is no line of sight to the 2025 or 2030 targets and that radical action is needed to embed sustainability as a core responsibility and ensure delivery of the action plan**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
Safety: ~~Yes~~/No
Financial: Yes/~~No~~
There is a risk that the financial impact of meeting NHS Wales decarbonisation targets cannot be met through current methods of funding. The mitigation is to better understand the scale of the requirement in a prudent way as per the recommendation from Audit Wales mentioned in this paper.
Workforce: Yes/~~No~~
There is a risk that given the need to make progress against NHS Wales targets, our workforce doesn't understand how the need to decarbonise impacts their day to day work. There is also a risk that under the current operational pressures, colleagues will focus their attention on the day job and not take on board additional asks. The mitigation is to undertake further sensitive culture change activity and also understand how the representative bodies (such as Royal Colleges) are responding and rolling out initiatives.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
There is a risk that as a public body, not showing leadership on decarbonisation will cause reputational damage amongst our colleagues, Welsh Government, public sector bodies and our population. The mitigation is to demonstrate results and share these successes through internal and external channels.
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/~~No~~
There is a risk that not adapting to the impacts of a changing climate, the health of the most vulnerable in society could decrease. The mitigation is to consider widespread adoption of adaption strategies.
Decarbonisation: Yes/~~No~~
There is a risk that NHS Wales carbon saving targets of 16% by 2025 and 34% by 2030 are not met. The mitigation is to increase and accelerate participation and ownership of decarbonisation across the UHB through an updated Sustainability Action Plan.

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

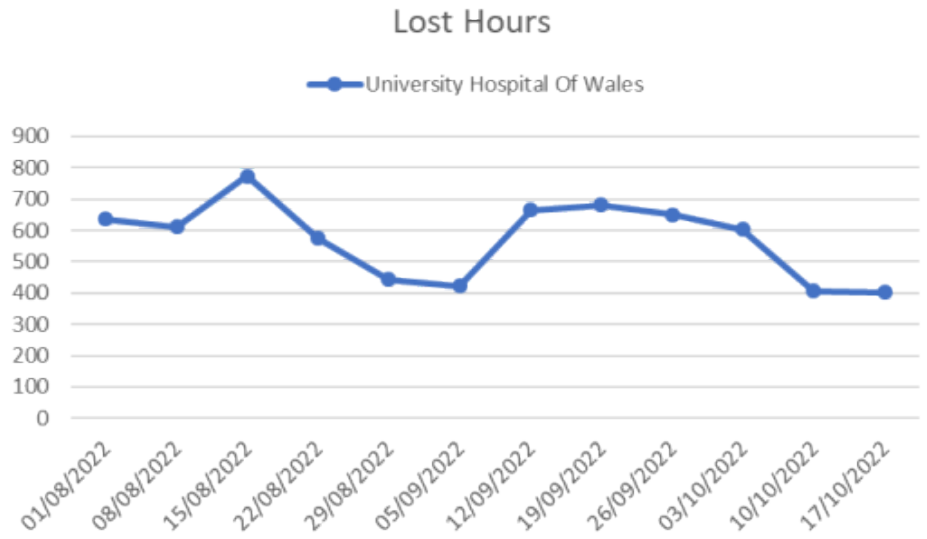
Strategy & Delivery Committee
November 2022

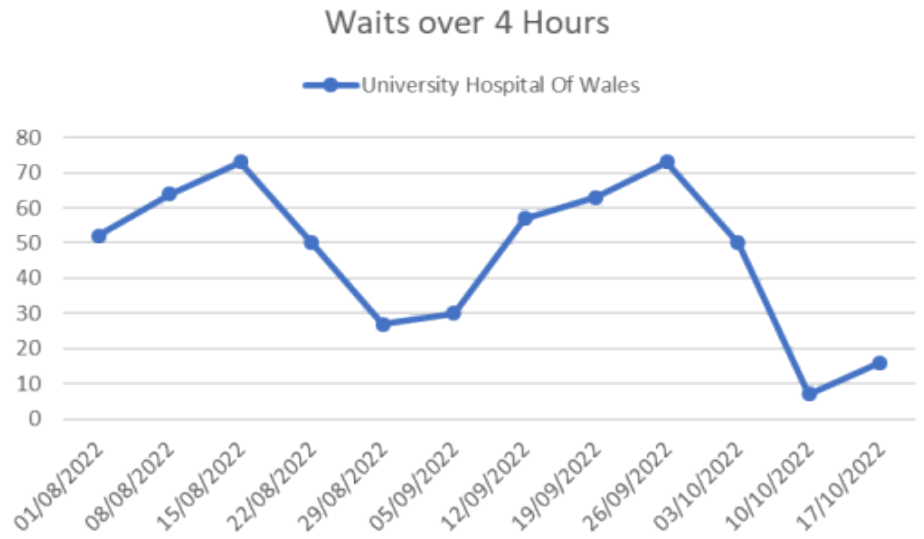
Winter Planning

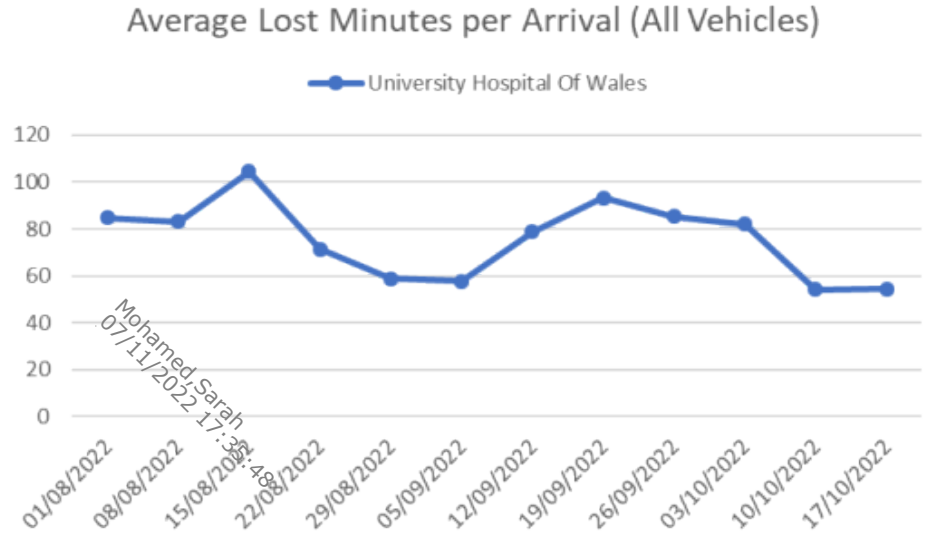
Winter Planning –Timeline and Approach

- Development of an integrated plan with partners across Health, Social Care and Third Sector
- A number of priority programmes already in progress and winter plan aligned accordingly:
  - 6 Goals for Urgent and Emergency Care
  - Planned Care Programme
  - Ambulance Handover Plan
  - 1000 beds

URGENT AND EMERGENCY CARE PERFORMANCE





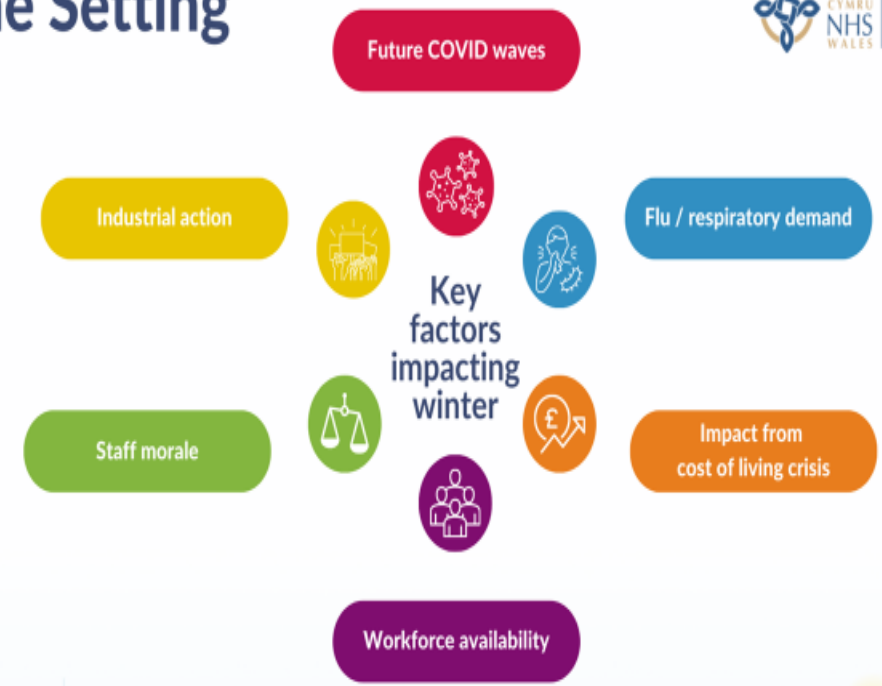


Weekly										
Measure	Baseline (Oct 21)	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct	17-Oct	Trend
Medically Fit total (average)	246	314	308	301	311	324	326	341	324	

Weekly										
Measure	Baseline (Oct 21)	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct	17-Oct	Trend
21d LOS Occupied beds - 65+ patients	330	416	426	429	432	442	447	457	448	

Note ongoing work on reorganisation EU/AU areas and clarity on how recorded pre and post changes

Scene Setting



Scene Setting

Demand and Capacity Challenges

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

Bed Gap

-152

Worst case scenario between November and March

MFFD / DTOC

320

Approximate number of patients in hospital awaiting discharge

42

Average number of days spent in hospital longer than necessary

Repatriation Challenges

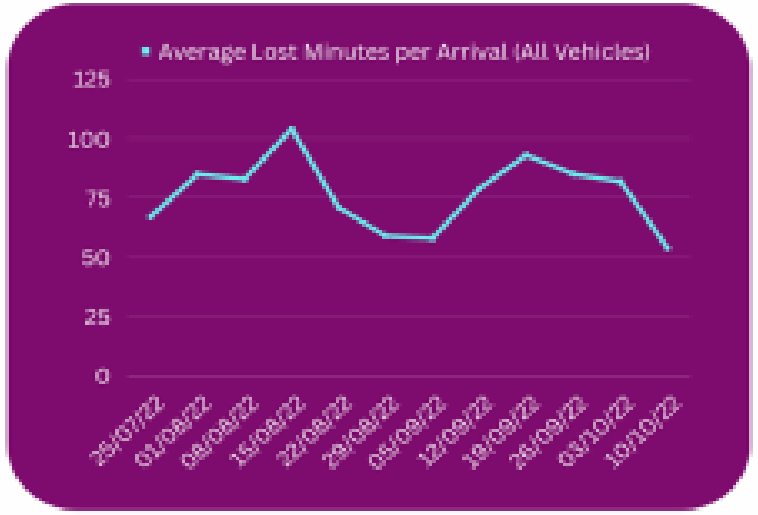
9

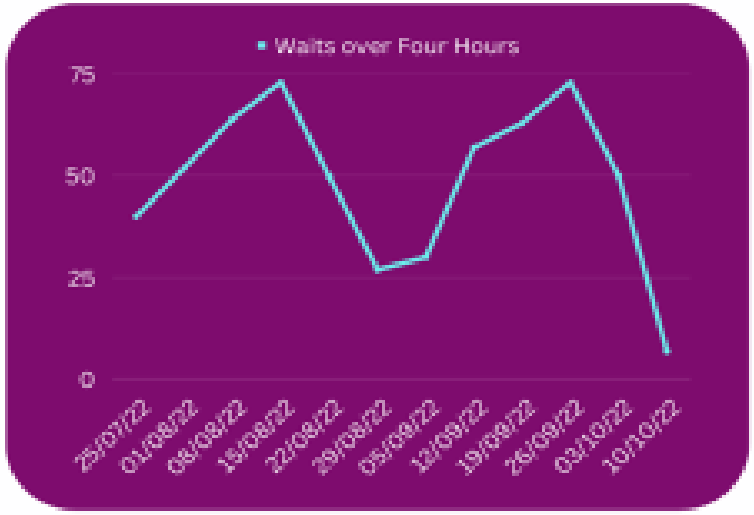
Average daily number of patients unable to be transferred to a hospital local to where they live

Demand and Capacity Challenges

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

Ambulance Handover Delays - University Hospital of Wales





ED demand is predicted to be higher than 2021, but lower than pre-COVID

Demand and Capacity Challenges

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

Critical Care	Long Waiting Elective Patients	Primary and Community Care	Cancer Waits	Mental Health Demand
~10% Busier with a peak in Jan '23	700+ Patients waiting over three years for treatment	CAV 24/7 capacity realignment post 111 launch	712 Patients waiting longer than 62 days	Minimal trend of increased winter referrals
-15 Worst case scenario bed gap		GMS and community care sustainability	51% SCP Performance (July)	Challenges likely in relation to primary care access
				Cost of living and cold weather could increase demand

8

Addressing the Challenges

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

50 Winter Beds - Acute Sites	Increase bed capacity by 50 beds across A5; Heulwen South and UHL
1000 beds	38 additional nursing and care home beds have been commissioned
Step Down	St Davids redesign (Enablement) and MFFD Ward on Lakeside
Frailty	Expansion of the frailty model to provide more capacity and revised pathways
Acute Medicine Model	Expand virtual wards, strengthen SDEC model and increase acute care physicians
Mental Health	Additional capacity for third sector organisations to help support dementia patients and their families
Primary Care	Urgent Primary Care Centres, Cardiff and Vale Health Inclusion Service, CRT/VRCS, CAV 24/7
Third Sector	Additional third sector projects including care and repair
Imaging	Additional imaging capacity for inpatients, diagnostics day unit
Critical Care Escalation Plan	Implement escalation plan to support with additional capacity during winter
Supporting Our Teams	Staff wellbeing, supporting each other and working together

Staff Wellbeing

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

Employee Wellbeing

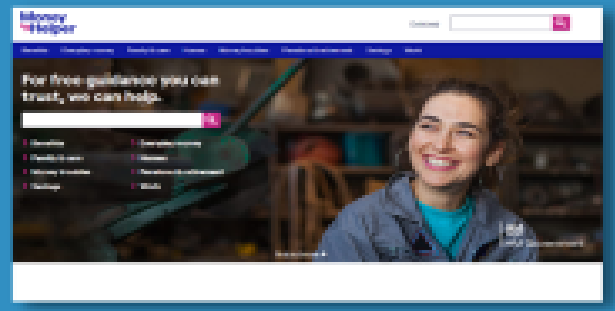
Call 02921 844 465 or email employee.wellbeing@wales.nhs.uk

Book an appointment to talk to a professional about any issue or situation, home or work related

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

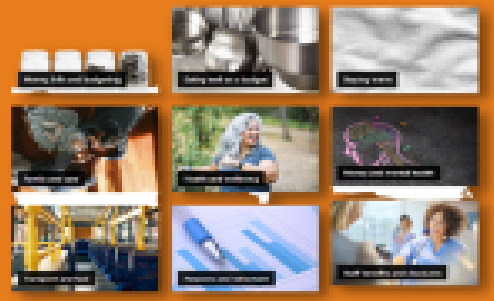
Money Helper

Visit moneyhelper.org.uk for free and impartial help with money



SharePoint

Visit SharePoint for financial wellbeing and cost of living support

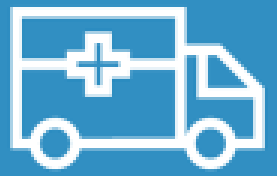


How will we measure our success?

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

Close tracking of delivery against actions

Primary and Community Care	Hospital	Ambulance Handover Times	Cancer	Elective Patients	People and Culture
Urgent GP care centres Increased activity CAV 24/7 increased activity	Reduction in MFFD/DTOC patients and bed days lost Reduction in 21 day length of stay Reduction in delayed discharges from critical care 25% reduction in external repatriation delays	Maximum wait of four hours 25% reduction in handover delays	Improvement in delivery of single pathway cancer performance Reduction in number of patients waiting longer than 62 days	Reduction in number of longest waiting elective patients	Staff Wellbeing Employee Wellbeing Service, cost of living advice and support Recruitment Additional team members and improvements to processes Retention Tracking of retention rates and actions to support staff in work



Communications and Engagement Plan

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

Detailed comms plan underpinning approach including:

- 30 roadshow sessions across the organisation
- Focused session with Trade Union partners
- COO Promotional Video
- Promotion for COVID and Flu vaccinations
- External public facing comms as to how to keep well
- Wellbeing support and advice for staff

Mohamed.Sarah 07/11/2022 17:35:48

Report Title:	**Board Assurance Framework** – Emergency and Urgent Care, Workforce and Leading Sustainable Culture Change			Agenda Item no.	2.7	
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	15th November 2022	
		Private				
Status *(please tick one only)*:	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

At the May 22 meeting of the Strategy and Delivery Committee a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes.

The following risks are attached for discussion at today's meeting:

- Emergency and Urgent Care
- Workforce
- Leading Sustainable Culture Change

These risks were last reported to the Board at the end of September 2022 and agreed, along with other risks on the BAF, to be the risks to our Strategic Objectives.

The purpose of discussion at the Strategy and Delivery Committee is to provide further assurance to the Board that these risks are being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.

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

The Board Assurance Framework is presented to each meeting of the Board after discussion with the relevant Executive Director. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The attached Emergency and Urgent Care, Workforce and Leading Sustainable Culture Change risks are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 26th May 2022.

Recommendation:

The Strategy and Delivery Committee is asked to:

(a) Review the attached risks in relation to Emergency and Urgent Care, Workforce and Leading Sustainable Culture Change
(b) Provide assurance to the Board on 24th November 2022 on the management /mitigation of these risks.

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		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	

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

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

Risk: Yes/~~No~~

At the Board Meeting to be held on 26th May 2022 the following nine risks were approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Patient Safety
3. Leading Sustainable Culture Change
4. Capital Assets
5. Risk of Delivery of IMTP 2022-2025
6. Staff Wellbeing
7. Exacerbation of Health Inequalities
8. Financial Sustainability
9. Urgent and Emergency Care

Set out below is a programme of which risks will be discussed at each meeting of the Strategy and Delivery Committee during 2022/23, to provide assurance to the Board:

12 July 2022

Workforce
Leading Sustainable Culture Change
Capital Assets

27 September 2022

Risk of Delivery of IMTP 22-25
Staff Wellbeing
Exacerbation of Health Inequalities

15 November 2022

Emergency and Urgent Care
Workforce
Leading Sustainable Culture Change

24 January 2023

Capital Assets
Risk of Delivery of IMTP 22-25

Staff Wellbeing

14 March 2023

Exacerbation of Health Inequalities
Emergency and Urgent Care

Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	26th May 2022

1. **Leading Sustainable Culture Change – Executive Director of People and Culture (Rachel Gidman)**

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	• There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition, also staff overwhelmed with change and ongoing demands as a result of the pandemic. • Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.		
Impact	• Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employee of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	• Values and behaviours Framework in place • Cardiff and Vale Transformation story and narrative • Leadership Development Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles • Management Programmes offering a blended approach to learning and including development around change and transformation • Talent management and succession planning cascaded through the UHB • Values based recruitment / appraisal • Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. • Involvement in All Wales NHS Staff Engagement Working Group • Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH • Patient experience score cards • CEO and Executive Director of People and Culture sponsors for culture and leadership		

	• Raising concerns procedure/Freedom to Speak Up. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales • Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 • Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team • Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language		
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report [3]; Engagement of staff side through the Local partnership Forum (LPF) [1] Matrix of measurement now in place which will be presented in the form of a highlight report to Committee [1]		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls	Agreed and consistent organisational approach to cultural change Continued high demands impacting on ability to release staff for development / involvement in transformation / development		
Gap in Assurances	VBA rate continues to be low Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement		

Actions	Lead	By when	Update since July 2022
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Leadership Programmes have been developed: (i) Acceler8 (ii) Collabor8 (iii) Climb Compassionate and inclusive leadership principles will be at the core of all the programmes	Rachel Gidman	02/09/2022	Acceler8 Senior Leadership Programme Cohort 1 completion Sept 2022. Nominations for Cohort 2 received and currently being assessed. To start September 2022. Large response following second communication to Executive Directors. Collabor8 Leadership programme designed with collaboration with Innovation and Improvement Team. Nominations to be sought Sept 2022 to start Oct 2022. Interest already received. Education, Culture and OD Team (previously LED) also designing 'bite size' leadership and management opportunities including Coaching for

			Performance; Effective Communication Skills; REACTMH (having effective wellbeing conversations) Development of a coaching and mentoring network continues. Coaches currently supporting Senior Nurses in Phase 1 of development. Mentoring training acquired and target audience currently being agreed, including discussions on reverse mentoring. Coaching supervisors to be trained, starting Oct 2022 to support coaching network. Feedback suggests VBAs being undertaken but not uploaded onto ESR. Simplified process has been communicated and training ongoing to support for both managers and staff. Simplified paperwork agreed and part of communication. Continued requests to facilitate cultural programmes within directorates and teams. ALAS work commencing September 2022 utilising Culture and Leadership Programme and Framework. 6-month programme of work developed to support EU, includes manager development, engagement sessions, coaching. Exit conversations also being facilitated face-to-face. Internal Audit undertaken June-August 2022 (Staff Wellbeing, Culture and Values at CAVUHB), initial draft report received Sept 2022. Overall 'Reasonable Assurance' reported, management response currently being drafted for Exec Director of P&C sign-off. Going to Audit Committee

			November 2022 for formal sign-off. 10 actions identified, no surprises, many already in action stage.
2. Showcase	Rachel Gidman	02/09/2022	Draft of virtual showcase of the People and Culture Plan shared with Acceler8 cohort in May 2022 with positive response. Official launch Autumn 2022.
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	Rachel Gidman	02/09/2022	Equality Strategy Welsh Language Group is now established and taking place on a bi monthly basis. A flash report template has been designed to support Clinical Boards reporting progress at ESWLSG. A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. This is reviewed regularly. The action plan following the internal Audit on Welsh Language within the UHB is complete, including approval of the Welsh Language Policy. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach is also being rolled-out across CBs. An 'Inclusion Ambassador' pack has been agreed and the Equity and Inclusion Team are supporting CBs in identifying and developing Inclusion Ambassadors. Existing networks are collaborating to develop the scope and outline of an 'Ally Network'. Work is at an early stage, initial proposal to be taken to the ESWLSG meeting. The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board

			development commenced with an initial session in August 2022, including a talk from a staff member on 'Representation'. Board Development to continue in Oct and Dec 2022, supported by Race Equality First in collaboration with the One Voice Network. Development of the draft CAV Anti-Racist Wales Action Plan started, working group being identified through the One Voice Network, and broader staff and TU network. Stonewall Workplace Equality Index currently being completed, submission due 20th September, results published February 2023. Access into work programmes are progressing well, including Project Search and Kickstart.
4. CAV Convention	Rachel Gidman	06/07/22	
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

1. **Urgent & Emergency Care – Interim Chief Operating Officer (Paul Bostock)**

One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.

Risk **Date added: 09/05/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) Covid continues to add an increased layer of complexity in managing patient flow (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time		
Impact	• Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**

Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs in the Vale – c.2500 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and transition to NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery programmes in the 2022/23 Operational Plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Ambulance handover improvement plan developed and being implemented • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures
Current Assurances	• Operational position reported into Management Executive (weekly) (1) • Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan (1) • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee. Specific focus on Six Goals for Urgent & Emergency Care on 12th July 2022. (1) • Urgent and Emergency Care reported as part of the Board Integrated Performance report(1)

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**

Gap in Controls	Actively scale up multidisciplinary cluster models Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow
Gap in Assurances	Whilst an Urgent & Emergency Care Delivery Group is in place, the Six Goals Integrated Urgent & Emergency Care Transformation Board is yet to be established

Actions	Lead	By when	Update since July 2022
1. Secure funding and develop implementation plan for further MDT cluster rollout	PB / AH	30/06/22	Further funding not confirmed as at 30/06/22. Focus remains on utilising existing resource to rollout out to further clusters
2. (a) Development and implementation of one Urgent and Emergency Care Plan, aligned to the National six goals	PB	31/03/23	Plan developed 30/06/22 and implementation commenced. Extension of Surgical SDEC and MEACU in July 2022.

(b) Establish Six Goals Integrated Urgent & Emergency Care Transformation Board	PB	30.09.22	Terms of Reference drafted. Joint UHB/LA CEO chairs agreed. Board to be established.
3. Continued development of joint Health and Social Care strategies to allow seamless solutions and services for patients with health or social needs	AH / PB	31.03.23	Partnership working continues. Joint action plans in place. Work progressing through RPB, SLG and JME
4. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU	PB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions.
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
Impact Score: 5 Likelihood Score: 2	Target Risk Score:		**10 (high)**

1. Workforce – Executive Director of People and Culture (Rachel Gidman)

Across the UK and in Wales there are increasing workforce challenges for healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services due to the pandemic, mass immunisation programme and urgent service recovery plans has led for an increasing need in clinical staff. There is now a sense that our workforce capacity is being stretched thinly in an attempt to cover the number of competing and simultaneous operational requirements that could be with us for some years to come.

The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, workforce planning, pay, education, well-being, retention and transforming ways of working (hybrid and flexible working). (See linkage to BAF: Leading Sustainable Culture Change and Employee Well-being).

Risk **Date added: 6.5.2021**	There is a risk that the organisation will not be able to attract, recruit and retain people to work in our clinical teams to deliver high quality care for the population of Cardiff and the Vale.
Cause	• The pandemic, Winter and the Recovery Plan has placed significant pressure on our workforce. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure since March 2020. • The increased demand across the NHS has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market. • National shortages in some professions has made it difficult to attract people with the right skills/experience and in the numbers required, for example: - Registered Nurses. - Medical staff in certain specialties (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP). • Turnover across the UHB has stopped rising but is still at 13%, over 3% higher than the pre-pandemic rate. • Sickness absence remains high at just over 7% which is 2% higher than pre-pandemic. The rate is stabilising but is still very challenging. Significant operational pressures across the whole system since March 2020 has impacted negatively on the health and wellbeing of our staff. • The development of our existing workforce has reduced as a direct result of the pandemic and the significant operational pressures, which is impacting negatively on retention.
Impact	• Negative impact on our people and our teams, as a result we are experiencing: - High levels of sickness absence; - High levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Poor compliance with statutory and mandatory training; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce.

	• Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic, Winter and the Recovery plan.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• People and Culture Plan with robust processes to monitor progress against the key deliverables. • A Workforce Resourcing Team, supported by the well-established Nurse Resourcing Team is now well established. Focusing on improving attraction, recruitment and retention. • Retention Plan developed. • The People Services Team have changed its operating model to provide specialist advice and support aligned to the organisation's priorities, e.g. reducing sickness absence, reducing formal ER cases, effective change management, etc. • All Wales International Nurse Recruitment Campaign. • Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies. • Medical International recruitment strategies reinforced with BAPIO OSLER and Gateway Europe. • Medical Training Initiative (MTI) 2-year placement scheme via Royal Colleges. • Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical & Dental staff. • Central managed Medical and Dental Staff Bank in place to increase the supply of doctors, maintain quality and reduce costs. Fill rate is over 90%. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually, compliance currently above 84%. • E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system is progressing as outlined in the plan. • Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group. • Monthly Executive Performance Reviews with a focus on improving our workforce position commenced in July.		
Current Assurances	• Robust monitoring of People and Culture Plan KPI's at Strategy and Delivery Committee and Board. (1) • Qtrly IMTP Updates. • Effective partnership working with Trade Union colleagues (WPG, LPF). (1)		
Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board International nurses at pace due to Visa processing. No plan to recruit additional International Nurses, last cohort arrives in November 2022. Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since July 2022

1. Approval to engage in the All Wales International Nurse Recruitment Campaign (cohort 2 – end of 2022/early 2023)			Jason Roberts	Oct 22	Paper has been developed for consideration by ME in Sept.
2. Approval needed to extend the current Medacs contract beyond 07/08/22 – continue with the Managed Medical & Dental Staff Bank			Rachel Gidman	Aug 22	Complete. Paper presented to ME on 18/07/22, approval received to extend contract for 12 months.
Impact Score: 5	Likelihood Score:2	**Target Risk Score:**			**10 High)**

Report Title:	Policies: Business continuity policy. Adverse weather plan – Snow/Cold Adverse weather plan - Heatwave			Agenda Item no.	3.1
Meeting:	Strategy & Delivery Committee	Public	x	Meeting Date:	15.11.2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Director of Strategic Planning				
Report Author (Title):	Head EPRR				

Main Report
Background and current situation:

Routine pre planned review of standard EPRR Policy and plans.

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

Business Continuity Policy –
The plan is of long standing – initially produced pre-October 2010.It was most recently updated in 2017 to reflect the most up to date guidance and good practice.

The present review (September 2022) has resulted in a single amendment as follows:

- Removal – out of date EPRR contact details.

The documents have been validated via live activation in 2021 / 22. Post incident debriefs did not identify the requirement or amendment or further widespread consultation.

Compliance to be monitored by the Strategic EPRR oversight group.

Adverse weather plan (Heatwave) –
The plan was developed in 2011 to assist managers and staff to deal with a heatwave event that impacts on the normal operating (business continuity) of the Cardiff and Vale University Health Board (CVUHB) and its community.

The plan (UHB 063) has been reviewed on a 3-yearly cycle. Minimal amendments have been made to create Version 6 as follows:

- Greater reference to climate change and potential for new legislation.
- Addition of telephone contact number for Meteorological Office.

The plan has been validated via live activation in 2021 and 2022. Post incident reviews did not identify the requirement or amendment or further widespread consultation.

Compliance to be monitored by the Strategic EPRR oversight group.

Adverse weather plan (Snow/Cold) -
The plan was developed in 2011 to assist managers and staff to deal with a severe cold weather event that impacts on the normal operating (business continuity) of the Cardiff and Vale University Health Board (CVUHB) and its community.

The plan (UHB 095) has been reviewed on a 3-yearly cycle. Minimal amendments have been made to create Version 5 as follows:

- Addition – Action card 09.
- Minor terminology amendments relating to role descriptions.

The plan has been validated via live activation in 2020 and 2021. Post incident debriefs did not identify the requirement or amendment or further widespread consultation.

Compliance to be monitored by the Strategic EPRR oversight group.

Recommendation:

The Committee is requested to:

a) **Approve** the Business Continuity Policy (UHB 50 Version 6) and associated Business Continuity Planning Guidance;
b) **Approve** the Severe Adverse Weather Plan: Heatwave (UHB 063 Version 6); and
c) **Approve** the Severe Adverse Weather Plan: Cold Weather (UHB 095 Version 4).

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	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

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: Yes/No

Equality and Health: Yes

Completed at time of original development. Reviewed – no impacts

Decarbonisation: No

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

Reference Number: UHB50 **Version Number:** 06	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** N/A

BUSINESS CONTINUITY POLICY

Policy Statement

The UHB will promote a culture of business continuity management (BCM). It will instil confidence in its stakeholders (staff, patients and customers) in its ability to effectively deal with, and recover from disruptive challenges.

The UHB will:

- Ensure statutory obligations and policy objectives are met;
- Seek to improve overall business resilience;
- Ensure that adequate business recovery arrangements and plans are in place;
- Safeguard its employees, clients or service users, and all stakeholders to whom the UHB has a duty of care;
- Preserve and promote the reputation of the UHB.

Policy Commitment

The Chief Executive, Executive Directors, the Chief Operating Officer, Assistant Directors, and Clinical Board Management Teams are committed to ensuring that business continuity (BC) processes are implemented, plans are written and brought to the attention of relevant staff in their Directorates.

Supporting Procedures and Written Control Documents

The supporting BC Planning Guidance describes the UHB BC process that will:

- Assist with the development and maintenance of agreed plans and procedures to respond to a business disruption that could adversely affect the productivity/normal operating of the UHB;
- Mitigate the impact of a disruptive challenge;
- Provide guidance on the recommended methods to rapidly recover the situation back to normal operation.

Other supporting documents include:

- Risk Management Policy (UHB 023)
- Major Incident Plan (UHB 053)
- Adverse weather Procedure (UHB 095)
- Bomb Alert and Suspect Package Procedure (UHB 234)

Scope

This policy applies to all staff including those with honorary contracts. Where the disruption of those activities impact on the wider community the UHB will engage with the community representatives and/or relevant partner agencies. This includes:

- All UHB services
- Information Technology systems (voice and data communications systems) – inclusive of disaster recovery.
- Business processes
- Personnel
- Liaison with utility providers i.e., power, gas

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact
Policy Approved by	*Resources and Delivery Committee*
Group with authority to approve procedures written to explain how this policy will be implemented	*Resources and Delivery Committee*
Accountable Executive or Clinical Board Director	Executive Director for Strategy & Planning

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Unknown		• Information not available
2	October 2010		• Approved by Planning Committee
3	May 2012		• Information not available
4	April 2014		• Approved by HSMB
5	March 2015		• Approved by HSMB
6	October 2017		• A revised scope specifying the inclusion of UHB services, information technology systems, business processes, personnel and utilities such as power and gas; and examples of incidents which may cause a business disruption. • The identification of key clinical and support services. • Further clarification the accountability and responsibility • The introduction of a command and control element, firmly linking this policy to the arrangements set out within the UHB 2017 Major Incident Plan.
6	September 2022		• Approved by xxxx

Business Continuity Planning Guidance

Prepared by the Head of Emergency Preparedness, Resilience and Response

Version	Issue Date	Purpose / Changes	Author	Circulation
Version 01	**19/12/13**	Guidance for staff	**Head of Emergency Preparedness, Resilience & Response**	See distribution list
Version 02	**16/10/17**	Updated to reflect internal audit recommendations, organisational, and legislative changes.	**Head of Emergency Preparedness, Resilience & Response**	See distribution list
Version 02	**20/09/22**	Unchanged post periodic review	**Head of Emergency Preparedness, Resilience & Response**	

Purpose & Summary of Document

This guidance document supports the UHB Business Continuity Policy (Ref: UHB50).

It describes Cardiff and Vale University Health Board's (CVUHB) approach to Business Continuity Management, and provides practical advice and guidance to staff tasked with implementation.

It also incorporates the Business Continuity Management Planning Assessment Tool for capturing information gathered when analysing services, and the corporate template for Business Continuity Plans.

Content

Distribution List

The Business Continuity (BC) Planning Guidance (BC Guidance) document for Cardiff and Vale University Health Board (UHB) is formally distributed to, and held on file by:-

- Chief Executive
- Executive Director of Strategy and Planning
- Chief Operating Officer
- Medical Director and Executive Director of Nursing
- Strategic Communications Director
- Emergency Preparedness, Resilience and Response Team
- Clinical Board Triumvirate Teams
- Directorate Managers / Service Leads
- Corporate Departments
- Capital Planning, Estates and Operational Services

The Emergency Preparedness, Resilience and Response (EPRR) Team will retain responsibility for the annual review and maintenance of the BC Guidance, BC Policy and BC Plan on behalf of the UHB.

Further Information

Should additional information be required, please do not hesitate to contact the EPRR Team.

Email: angela.stephenson@wales.nhs.uk

1.0 Introduction

1.1 What is Business Continuity Management?

Business Continuity Management (BCM) is a planned process aimed at managing the many and varied operational risks inherent in the day-to-day activities involved in delivering services.

The main purpose of the process is to ensure continuity of service delivery following a business disruption. Examples of such incidents which may fall broadly into four categories:

- **Damage or denial of access to workspace**

  Evacuation of a department due to fire, structural damage (including flooding), contamination etc.

- **Loss or damage to equipment, or a system failure**

  Internal power failure, failure of significant medical devices, loss of specialist IT systems, failure of medical gas delivery system etc.

- **Non availability of critical staff**

  Industrial action, infectious disease outbreaks, environmental conditions (severe weather conditions) etc.

- **Non availability / disruption of other key resources including primary suppliers & utilities**

  External electrical power supply, gas supply, water supply, fuel shortage, communications system failure (telephones and pagers), collapse of procurement chain supplier etc.

The key considerations in developing a BCM response for the UHB include the:

- Identification of key clinical and support services and information in advance of an event, so that an informed decision can be taken on the extent to which such systems should be protected.
- Definition of the accountability and roles of individual officers – both in terms of responding to and recovering from a disruption;
- Determination of the resources required to maintain a minimum acceptable service;

It is the BC plan that provides the primary defence in ensuring an organised and effective 'return to normality'.

This document aims to provide guidance in developing a BC plan, as well as demonstrating the importance and some of the benefits of the process.

1.2 Aim

In support of the UHB BC Policy (Ref: UHB50):

This document aims to describe the UHB approach to BCM, and provide practical advice and guidance to staff tasked with implementation.

1.3 Objectives

- To explain in detail, the lifecycle of the BCM process.
- To outline the steps required in developing robust and resilient BC arrangements.
- To provide guidance for Clinical Boards, Directorate Managers and Service Leads in developing BC plans.
- To ensure the UHB meets the requirements of the Civil Contingency Act (CCA) 2004.

1.4 Scope

BCM (and the BC Guide) is relevant for all UHB activities and its employees. This includes:

- All CVUHB services.
- Information technology systems (voice and data communications systems) - inclusive of disaster recovery.
- Business processes.
- Personnel.
- Liaison with utility providers i.e. power, gas etc.

Where the disruption of these activities has an impact on the wider community, the UHB will engage with community representatives and/or relevant partner agencies.

Examples of UHB incidents which may cause disruption include:

Evacuation of a department:

- Fire
- Structural damage (including flooding)
- Contamination
- Exclusion by emergency services

Equipment or system failure:

- Internal power failure
- Failure of significant medical devices

- Loss of specialist IT systems
- Failure of medical gas delivery system

Loss of primary suppliers and utilities:

- External electrical power supply
- Gas supply
- Water supply
- Fuel shortage
- Communications system failure (telephones and pagers)
- Collapse of procurement chain supplier

Planned or predicted service disruption:

- Industrial action
- Planned maintenance

Unavailability of critical staff:

- Infectious disease outbreaks
- Environmental conditions (severe weather conditions)

1.5 Key Services (Critical Activities)

BCM affects all parts of the UHB. Therefore each corporate function, support service and Clinical board will have BC plans utilising the template established for this purpose (refer to Appendix B).

The preparation of BC plans for critical activities will provide a series of targeted action plans to be implemented in the event of an incident.

Key Services have been split into two distinct areas:

1.5.1 Key Clinical Services

- Emergency unscheduled care
- Critical care
- Trauma and emergency surgical services
- Maternity, paediatrics and neo-natal care
- Emergency and clinically urgent diagnostics
- Acute mental health crisis service

1.5.2 Key Support Services

- Information Technology and Telecommunications
- Estates inclusive of utility services and medical gases

- Laboratory services
- Facilities and Operational Services
- Payroll
- Human Resources
- Procurement chain

1.6 Accountability and Responsibility

The Chief Executive has overall accountability for compliance with legislation, although for BCM this is delegated to the Executive Director of Strategy and Planning as the "Executive Strategic Lead" for Emergency Preparedness, Resilience and Response (EPRR); and the Chief Operating Officer for implementation of the BCM process in line with existing Clinical Board authorisation processes.

The UHB Executive Board is responsible for reviewing the effectiveness of Internal Controls - financial, organisational and clinical. The Board is required to produce statements of assurance which demonstrate that it is doing its 'reasonable best' to ensure that the UHB meets its objectives and protects patient, staff, the public and stakeholders against risks to its business in line with the requirements of the CCA.

1.7 Individual Roles

1.7.1 Chief Executive

Ultimately responsible for ensuring the organisation meets its statutory obligations under the CCA and complies will all relevant EPRR guidance for the NHS, including non-statutory guidance that accompanies the CCA.

The Chief Executive has overall responsibility for:

- The management structures and systems necessary to implement corporate governance, controls assurance standards including BCM.
- Meeting all statutory requirements to manage risks to normal business operations.
- Adhering to guidance issued by the Welsh Government in respect of resilience and BCM.
- Ensuring that the UHB receives an annual report on the effectiveness of organisational systems.
- The BC policy and this guidance are subject to regular reviews in line with the UHB's policy document, and that measures for implementing the policy are established, maintained and monitored.
- Funding for action required as a result of the business impact analysis is provided.

- There are competent people who have the knowledge and training to carry out appropriate business impact assessments.

In practice the actions necessary to ensure compliance will be delegated to the nominated Strategic leads - namely the Executive Director of Strategy and Planning, and the Chief Operating Officer - who will discharge the duty on behalf of the Chief Executive.

1.7.2 Executive Director of Strategy and Planning

As the Executive Strategic Lead the post holder has responsibility for leading on BCM, and will ensure that there is a suitable overarching system and process in place to enable success.

S/he will oversee the EPRR agenda within the UHB by means of receipt of annual reports to Executive Board.

1.7.3 Chief Operating Officer

The COO will ensure implementation of, and compliance with the BC policy and BCM process within Clinical Boards.

In alignment with the Clinical Board authorisation process, the COO will ensure that BC planning becomes a routine agenda item for both Governance and Audit meetings. Collectively these actions will promote:

- Delivery of a structure which can be used to strengthen resilience during times of disruption.
- Identification and risk assessment of potential threats to, and weaknesses of the organisation.
- Aid preparation, prevention and recovery from the identified risks and potential disruption.
- Support the continuance and recovery of core critical services.
- Promote return to business as usual.
- Defend and protect stakeholder interests.
- Ensure reputational integrity of the UHB.

1.7.4 Medical Director and Executive Director of Nursing

The Medical Director and Executive Director of Nursing have particular responsibilities for Governance, patient safety and investigating serious adverse incidents.

If the incident directly impacts patients, staff or visitors they must be notified by the Clinical Board management structure (or the Senior Manager on Call (SMOC) out of hours).

Any serious incident which necessitates activation of a BC plan must be reported through e-Datix for escalation, investigation and debrief.

1.7.5 Strategic Communication Director

CVUHB has a statutory duty in relation to “Warning and Informing” pre, during and post any incident.

The post-holder will be part of any major incident response or serious BC event. It is paramount that they are actively involved in the activation of all EPRR and BC response plans.

Forward planning is essential to achieving effective communication with all stakeholders. The success of any incident response will be beholden in part to the UHBs ability to communicate key messages quickly and efficiently. The Communications Team will have a communication strategy with a plan and pre-prepared statements ready for release in the event of a significant BC incident.

1.7.6 Emergency Preparedness, Resilience and Response team

At a Strategic level, support for UHB wide plans will be via the Head of EPRR who will provide expert advice and guidance on the development and delivery of the BCM process.

The EPRR programme manager will provide guidance to Clinical Board Directors / Heads of Service to enable development and maintenance of BC plans for their areas of responsibility.

Further, the EPRR team will ensure that a quarterly forum is in place to agree, monitor, and review consistent practice throughout the UHB. The Clinical Boards, Corporate Service Board (and critical corporate departments such as IM&T) must have an identified lead individual to attend the forum.

This forum will collaboratively produce a quarterly BC report for Management Executive and an annual BC report to the Board.

The EPRR team will retain responsibility for annual review of the BC Policy, corporate guidance and plan template; and for providing both internal and external assurance, as required by the Executive Strategic Lead.

1.7.7 Clinical Board Triumvirate team

Clinical Board leadership teams are instrumental in achieving the requirements of this policy, and are accountable to the COO for ensuring implementation of the BC policy within their area of responsibility. Specific responsibilities include:

- Identification of managers/clinicians who will co-ordinate business impact assessments and the resulting BC / contingency plans.
- Align BC planning against any known risks within the Clinical Boards Risk Register;

- Make sure any business impact assessments that have a potential Corporate impact are communicated to the COO;
- Ensuring representation at the EPRR / BC; Major events planning and other associated committees, as required.
- Identify staff to attend BC awareness sessions (to be arranged through the EPRR team);
- Work with corporate teams e.g. Information Technology / Estates /operational Services to develop their plans and ensure collaborative working.
- Identify the need for additional funding or other resources within the directorate as a result of undertaking business impact assessments is identified;
- Produce reports to the UHB in order to confirm that all business risks identified have suitable and sufficient plans that have been fully and effectively tested and are reviewed regularly.
- Ensure post incident debriefs are undertaken as/when required and plans are revised as required.

1.7.8 Directorate Managers / Service Leads

Directorate managers and service leads will be responsible for the actual business impact analysis and subsequent development of their plans.

This will necessitate the documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident to enable the organisation to continue to deliver its critical activities at an acceptable pre-defined level.

All local/operational BC plans will require approval and sign off by Clinical Boards who must retain an overarching view of all plans.

1.7.9 All Staff

All staff must have a basic awareness of EPRR and BC, other responsibilities include;

- Attend training appropriate to their roles.
- To act in line with the BC process, EPRR policies and plans, where applicable.
- To report any adverse incidents, or potential BC risks to their line manager for assessment.

To ensure that their line managers are advised of any changes to their personal contact details, particularly their home address and telephone number(s) as these will be used to contact staff during an emergency.

1.7.10 Corporate Departments

It is essential that corporate departments are fully engaged within the BC process. All plans must routinely be cross referenced against the work of the EPRR team, and other Corporate Groups such as Health and Safety; Governance and Risk Management.

Individual corporate functions which provide key services e.g. Finance; Information Technology; Workforce and Procurement must have in place robust BC plans in the same manner as clinical services.

NB. Process should mirror actions listed in points 1.7.7 through to 1.7.9.

1.7.11 Capital Planning, Estates and Operational services

It is possible that specialist support will be needed in some circumstances e.g. widespread utility failure; Fire; Chemical spillage or building instability. Subject matter experts can be accessed by the relevant Directorate/service manager, via the Capital Planning department.

1.8 Equality Statement

The UHB is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment or gender identity and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the policy. It takes into account the requirements of the Equality Act 2010 and progresses equal opportunities for all.

In carrying out its functions, the UHB must have due regard to the different needs of different protected characteristic groups in our area. This applies to all the activities for which the UHB is responsible, including policy development, review and implementation. The UHB's commitment to equality means that this guidance (supporting the UHB BC Policy (Ref: UHB50)) has been assessed in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

By committing to a policy encouraging equality of opportunity and diversity, the UHB values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The UHB is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence for the benefit of staff, patients and their families/carers.

The UHB will therefore take every possible step to ensure that this policy is applied fairly to all employees regardless of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment or gender identity and pregnancy/maternity or any other basis not justified by law, length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

Where there are barriers to understanding; e.g., sensory loss issues or an employee has difficulty in reading or writing or where English is not their first language or where there are barriers to access in regard to someone's disability additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee or patient/family member/carer is not disadvantaged at any stage in the process.

The purpose of this UHB BC Policy is to maintain essential services and thereby maintain appropriate access to our services regardless of the protected characteristics of patients and their families/carers our service users and our staff. We know that there may well be an impact in regard to age and disability protected characteristics in terms of communication and mobility issues.

Specific planning for the needs of individual patients and their families/carers and staff and their protected characteristics in the event of an emergency is managed at a Clinical Board level

The Protected Characteristics of those members of staff who have specific responsibilities in the event of a Business Continuity response i.e. Clinical Board Directors and On Call Managers have all been considered at the point of appointment to the role.

Business Continuity Plans and planning are necessary to assist in minimising the impact of a business disruption on any patient, family members/carers of members of staff in the event of any plan being invoked.

Care will be taken by those writing BC plans that no one's protected characteristics are impacted on in a negative way. Every attempt will be made to mitigate where possible these circumstances

2.0 Business Continuity Management

2.1 Why have BCM?

BCM has evolved primarily as a result of private sector risk management requirements and experience, and requires some modification before it can be effectively applied within NHS Wales.

In the private sector, risk is assessed in terms of how a disruption might adversely affect the value of the business as perceived by shareholders and financial markets. Whilst in the public sector, risk is more about failure to deliver quality services to the communities it serves

The UHB has key organisational objectives, some of which will be based on statutory requirements. All will be aimed at providing and improving services to the health and social care community.

Any failure, actual or perceived, to deliver a full range of services will have a negative impact on both the UHB and wider community.

Every business activity is at risk of disruption from a variety of hazards and threats, which vary in magnitude.

For example, a minor electrical fire or a burst water pipe may cause limited damage to assets; but if those assets are vital to service delivery, then the result can seriously impair the UHB's ability to deliver that service.

As such, all reasonable measures should be adopted to minimise the likelihood of business or service interruption.

2.2 Risk and BCM

BCM is an important constituent of risk management. It identifies the services which the UHB must deliver, and can identify what is required for the organisation to continue to meet its obligations.

Through BCM, the UHB can recognise what needs to be done before an incident occurs to protect its people, premises, key clinical and support services, and reputation.

With that recognition, the UHB can then take a realistic view on the responses that are likely to be needed as and when a disruption occurs, so that it can be confident that it will manage any consequences without unacceptable delay in delivering its services.

2.3 The BCM Lifecycle

BCM has a lifecycle which splits into four stages:

Stage	Activities	Section
1	**Understanding the Organisation**	**3.0**
	Identify the specific services your area delivers	
	Identify red, amber, green and black services	
2	**Determining the BCM Requirements** *(Using BC Planning Assessment Tool)*	**4.0** *Appendix A*
	Business impact analysis	
	Risk assessment	
	Risk reduction & continuity options	
3	**Developing the BCM Response**	**5.0**
	Implement risk reduction measures	
	Develop BC plans (Incl. initial training, testing & sign off)	*Appendix B*
	Links to wider UHB arrangements	
4	**Train, Exercise, Maintain & Review**	**6.0**
	Train Staff	
	Exercise Plans	
	Maintain & Review	
	Assurance	

3.0 Understanding the Organisation

BCM is NOT a one-off project. It is a continuous process which must maintained to ensure that plans are current, relevant and executable.

- Clinical Boards, Directorate Managers and Service Leads are required to identify the specific services it delivers.
- The specific services must then be categorised as considering the criteria in the table below:

Priority	Definition
Red	Critical service needing to be restored within 0-1 hour.
Yellow	Essential service needing to be restored within 1-12 hours.
Amber	Significant service needing to be restored within 12-24 hours.
Green	Routine service needing to be restored within 3 - 5 working days.
Black	A service which can be restored progressively after 5 working days.

This exercise is just an initial guide to prioritise the services to be taken through the BCM process according to their time criticality.

Clinical Boards, Directorate Managers and Service Leads must consider the impact of loss in respect of:

- Loss of or threat to life
- Human welfare
- Environment
- Legal obligations
- Finance
- Reputation
- Ability to respond to emergencies

4.0 Determining the BCM Requirements

At this stage, Clinical Boards, Directorate Managers and Service Leads will begin to determine how services will be maintained in the event of a business disruption.

INFORMATION MUST BE COLLECTED IN A BCM PLANNING ASSESSMENT TOOL WHICH WILL ENABLE DECISIONS TO BE MADE ON:

- The reduction of risk to service delivery prior to any disruption.
- The requirements for facilitating effective recovery in the event of a disruption.

NB. A template BCM Planning Assessment Tool with supporting notes has been developed to assist Clinical Boards, Directorate Managers and Service Leads.

This information will form the back bone of the BC Plans that will be completed.

Information collected in the BCM Planning Assessment Tool will come through the completion of three related tasks:

4.1 Business Impact Analysis (BIA)

The BIA provides the narrative which:

- **Outlines the details of the service, and its method of delivery.**

  At this point, Clinical Boards, Directorate Managers and Service Leads need to determine what is provided, to whom, how, when, where and why.

  This provides clear scope and a statement outlining the specific service(s) actually delivered. In addition, a full inventory of resources normally employed should be compiled.

- **Identifies the range and determines the severity of different impacts (on ALL stakeholders) of NOT providing the service.**

  Any failure, actual or perceived, to deliver a full range of services will have a negative impact on both the UHB and wider community

  Clinical Boards, Directorate Managers and Service Leads need to identify these impacts – consideration may include:

  - Risk to patient safety
  - Risk to workforce or public safety.
  - Loss of operational capability.
  - Breach of the law.
  - Political or corporate embarrassment.
  - Financial loss / reduced income.

- Loss of goodwill.
- Loss of credibility.
- Increased cost of working.
- Financial penalties.

- **Determines how quickly the service needs to be re-instated.**

  If serious impacts have been identified, then swift reinstatement action may be needed. This will be reflected in the special time considerations (section of the BCM Planning Assessment Tool), which is an indication of the time period within which to achieve a minimum acceptable resumption of that service.

  NB. A planning assumption has been made that the UHB will achieve a 'normal service' within a maximum of one month. However, this does NOT mean everything will be reinstated to a level equal to that prior to the disruption.

  For example, a damaged building may take longer to repair than one month, and this could mean that staff may have to continue to work from temporary locations.

- **Quantifies the resources that will be required to enable the service to be re-instated within the timescales specified.**

  Clinical Boards, Directorate Managers and Service Leads need to determine the minimum resources required to meet the special time considerations. It would be desirable to use the resources normally employed, but this is not likely to be feasible, and would not reflect reality.

  NB. A planning assumption has been made key clinical and support services should be delivered without reliance on corporate ICT/ Property services/ HR support for up to 3 days following a disruption.

4.2 Risk Assessment

Risk assessment for the purposes of BCM is a careful examination of a service to identify the areas which are most likely to be disrupted.

Clinical Boards, Directorate Managers and Service Leads should utilise the current UHB Corporate Risk Assessment Framework (CRAF) to support this activity.

UHB Health and Safety Policy must be applied, ensuring that risk within buildings relating to issues such as fire and building security are managed effectively.

Specific, foreseeable threats to service should be identified. To support this process it is helpful to review any business disruption which has occurred within the last 5 years.

The assessment will identify the severity of the impacts on which could result in one or more of the following:

- Damage or denial of access to workspace.
- Loss or damage to equipment, or a system failure.
- Non-availability of critical staff.
- Non-availability / disruption of other key resources including primary suppliers & utilities.

The outcome of the assessment will determine measures to manage the impacts of business disruption.

4.3 Risk Reduction & Continuity Options

Clinical Boards, Directorate Managers and Service Leads should consider the impacts on the service, whether any cost-effective risk reduction measures can be implemented to address the risk, or reduce it to an acceptable level.

- **Risk reduction options**

Risk Reduction options are measures taken to reduce the likelihood of a disruption occurring.

Where the risk cannot be reduced to an acceptable level, Clinical Boards, Directorate Managers and Service Leads should consider all recovery options.

- **Continuity options**

Continuity options are measures that need to be taken following a disruption in order to resume service provision, and assist the UHB in its return to normality.

Continuity options may include the identification of alternative work areas, temporary staffing options and/or manual workarounds if an IT failure occurs etc.

5.0 Developing A BCM Response

At this stage Clinical Boards, Directorate Managers and Service Leads should establish a work programme for BC within their area of responsibility.

This will include the implementation of risk reduction measures and the development/testing of recovery plans and procedures.

5.1 Implement risk reduction measures

Subject to value-for-money considerations and approval from the Clinical Board, these measures should be implemented speedily.

Delays in introducing risk reduction measures could mean the service carries a higher than necessary risk of disruption or interruption.

NB. Some risk reduction measures will themselves be procedures, and managers should ensure that all staff with a role to play clearly understand what is expected from them. This may involve the provision of training.

5.2 Development of BC Plans

Clinical Boards, Directorate Managers and Service Leads should include the agreed continuity measures in a BC plan.

Again, managers should ensure that all staff with a role to play clearly understand what is expected from them. This may involve the provision of training.

The plan must be tested and signed off by the Clinical Board.

NB. A template BC Plan has been developed to assist Clinical Boards, Directorate Managers and Service Leads.

5.3 Link to wider UHB Plans

So far, this guidance document has focused on developing BCM arrangements for a single service. Any disruption large or small will, however, have some implications for the wider organisation.

If a large disruption occurs affecting more than a single service it may be appropriate to trigger other activities to help the UHB recover or protect itself from further effects of the disruption.

This includes:

- An emergency response.
- Incident management.
- Damage assessment.
- Salvage and recovery of assets;
- Communication with staff, customers, partners and suppliers.

These are outside the scope of the single service BC plan (although they rely on information from Clinical Boards, Directorate Managers and Service Leads), but are nevertheless vital to ensure the eventual return to normality.

5.4 Command & Control

Each BC plan must clarify the reporting procedure to be followed (both in and out of normal office hours) to ensure the response is activated in a timely fashion.

For many incidents this will be sufficient, and the issue can be resolved at an operational management level. However, dependent upon the nature, scale, severity, and predicted length of the disruption it may be necessary to implement the formal Command, Control and Co-ordination process normally associated with a major incident declaration.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The UHB Command and Control arrangements are based upon this system. These arrangements help to ensure interoperability between responders and are set out within the UHB 2017 Major Incident Plan, Section 5.

6.0 Train, Exercise, Maintain & Review

The final stage of the lifecycle ensures that the arrangements continue to be exercised, maintained and reviewed on an on-going basis.

6.1 Train

Staff awareness of the BC Policy and plans is essential to the on-going success of the initiative, and awareness programmes are an integral part of this stage helping to embed BCM at the UHB.

An ongoing programme of education and awareness should ensure that:

- Staff understand the risks, remain vigilant and know how to respond.
- Changes or issues that could affect the UHB's BC Plans are identified and acted upon.
- Team members remain fully aware of their responsibilities and the actions expected from them.

  NB. Some staff may require specific training on particular elements of BC Plan.

6.2 Exercise

Clinical Boards, Directorate Managers and Service Leads can achieve this through a combination of discussions, table-top and live exercises.

Exercising is an excellent way to raise awareness for those with continuity responsibilities. Experience shows that the more rigorously that a plan is exercised the greater the benefit to those involved and to the organisation when faced with a real disruption. Ideally, exercises should be carried out at least every 12 months.

6.3 Maintain & Review

BCM is an ongoing process and needs to be constantly updated and improved. Reviewing the BCM process and building BCM solutions must also be an ongoing process. Integration of BCM in to the culture of the UHB via its policies and procedures is essential to build resilience and safeguard our services.
The EPRR team will retain responsibility for annual review of the BC Policy, corporate guidance, assessment tool and plan template; and for providing both internal and external assurance, as required by the Executive Strategic Lead.

6.4 Assurance

The final process in the BCM lifecycle for the UHB involves obtaining assurance that the quality of the BCM deliverables is acceptable to senior management and the operational processes work satisfactorily.

Clinical Boards are responsible for providing assurance to the Chief Operating Officer (& EPRR team) that the risk reduction measures introduced and the BC Plans developed are fit for purpose.

The EPRR team will also provide internal and external assurance, as required by the Executive Strategic Lead.

NB. Improvements in this process, the development of this guide and BCM solutions for the UHB are an ongoing task which requires a continuous commitment of time and resource.

6.5 Retention & Archiving

In cases of Police investigations/public enquiries and other legal processes it is often necessary to demonstrate that the policy in place at the time of the incident. The Director of Governance must therefore ensure that copies of policies and procedures are archived and stored in line with the UHB Records Management Policy and are made available for reference purposes should the situation arise

7.0 The Next Steps

Clinical Boards, Directorate Managers and Service Leads are now required to undertake the process described in the BC Guidance.

Use the information from this document and the supporting notes in the BCM Planning Assessment Tool (Template) to assist in the collection of information needed to develop robust BC arrangements.

Once the BCM Planning Assessment Tool has been used to undertake a full review; Clinical Boards, Directorate Managers and Service Leads can utilise the information gathered to create BC Plans.

NB. Copies of the Directorate and Service BC plans must be is lodged with the responsible Clinical Board, forming part of an overarching set BC arrangements for the organisation.

(Appendix A)

Business Continuity Management
Planning Assessment Tool

(Insert Service Name)

Prepared by the (insert name)

Version	Issue Date	Purpose / Changes	Author	Circulation
Information…	**Information…**	Information…	**Information…**	Information…

Purpose & Summary of Document

(Insert Service Name) has collected information in the Business Continuity Management Planning Assessment Tool which will enable decisions to be made on:

- The reduction of risk to service delivery prior to any disruption.
- The requirements for facilitating effective recovery in the event of a disruption.

This information will form the back bone of the BC Plans that will be completed, and has come from the completion of three related tasks:

- Business Impact Analysis (BIA)
- Risk Assessment
- Risk Reduction & Continuity Options

Content

1.0 Introduction

1.1 Purpose

The Business Continuity Management (BCM) Planning Assessment Tool outlines the requirements determined necessary to mitigate the effects of a disruption to (Insert Service Name).

It details the information gathered from the completion of three related tasks:

- The Business Impact Analysis (BIA)
- The Risk Assessment

  and the identification and evaluation of;

- Risk Reduction & Continuity Options

(Insert Service Name) will retain this report as a source document for future BCM audit purposes.

It should be amended to reflect any changes, either in the provision of the service, and/or in business continuity arrangements for the service.

(Insert Service Name) will further utilise the information gathered to create BC Plans.

- Notes in **RED** should be replaced with corresponding content
- Information or sections in **BLUE** should be deleted when the BC Planning Assessment Tool has been completed.

(Please also delete this information box)

2.1 Service Description

Briefly describe what is provided to whom, how, when, where and why?

Service Description
Information…

2.2 Service Activities

Briefly describe the activity, including its time sensitivity - i.e. how quickly after a disruption the activity would need to be re-instated.

(Refer to section 2.3.1 BCM Planning Guidance: Red, Yellow, Amber Green & Black. Add/delete rows as necessary.)

Activity	Description	Service Priority
Information…	Information…	**Info…**
Outpatients at UHW Women's Unit	General and specialist outpatient services are provided in a devolved setting within the Women's unit. Clinics operate over 10 sessions per week.	**Amber**
Specialist gynae-oncology New outpatients	Time sensitive, clinically urgent. Need to comply with Cancer standards. This is a significant clinical service and would attract an Amber priority – an alternative provision to facilitate rescheduling of the session would need to be identified within 24 hours	**Amber**
Nurse led cytology clinic	Not highly time sensitive, unlikely to be clinically significant. Service would ideally need to be reinstated within 3-5 working days- so would attract a Green priority	**Green**

2.3 Service Resource Requirement (FULL)

Document the **FULL** range of resources upon which the service depends in order to be able to deliver **ALL** the activities detailed in Section 2.2.

2.3.1 Staff

List all staff, Job title and numbers employed.

(Do not use individual staff names. Add/delete rows as necessary.)

Job Title/Role	Number of Staff
Information…	**Information…**
Consultant surgeon	**01**
Specialist Registrar	**01**
Junior doctor	**02**
Nurse / HCSW	**03**
Clinic Coordinator	**01**

2.3.2 Suppliers

List the key suppliers for the service provided,

(Include names, and contact details. Add/delete rows as necessary.)

Product/Service Provided	Supplier Name	Address	Key Contact	Contact Details
Information…	Information…	Information…	Information…	Information…
Laser	A N Other Ltd	44 Thames Road, London, NW3 4DZ.	Mr J Bloggs, (Manager)	Tel: 0207 302123 Mob: 07770 976875 Fax: 0207 302456 Email: J.Bloggs@anotherltd.co.uk

2.3.3 Premises

Record the location(s) details where the service is delivered, and list the number of staff based there.

Indicate if staff can work remotely (from home etc.) and confirm whether arrangements for them to do so are already in place.

Also note if additional staff work space is available which is not currently utilised. Measure this in the number of staff that could be accommodated at that specific location if the usual place of work is unavailable.

(Add/delete rows as necessary.)

Premises Location – Full Address Including Post Code	Number Of Staff Based In Working Location	Number Of Staff That Could Work Remotely	Number Of Staff Set Up To Work Remotely	Additional Staff Work Space Available
Information…	Information…	Information…	Information…	Information…
Suite 3 UGF Women's Unit, UHW, CF14 4XW	8	1	1	0

2.3.4 Technology: Hardware

The term hardware refers to items such as PCs, laptops, mobile phones. Detail the technology required to operate service.

(Include serial number / UHB asset number if known. Add/delete rows as necessary.)

Hardware Item (Technology)	Quantity
Information…	Information…
Samsung DP500A2D-A01UK 21.5 inch Full HD Touchscreen All in One Desktop PC. **Serial number xxxxxx**	**01**
Epson WorkForce Pro WP-4535DWF A4 Multifunction Inkjet Printer. **Serial number xxxxxx**	**01**

2.3.5 Technology: Software

The term software refers to specialist software packages which are required for service delivery. Also include any service specific databases.

Please consider reliance on systems listed in Appendix C:

(Do **NOT** include Microsoft applications, Email and the internet, these are included as standard. Add/delete rows as necessary.)

Software Package (Technology)	Quantity
Information…	Information…
Cansic database	**01**

2.3.6 Other Equipment

Detail any other equipment required in order to deliver service.

Paper records or documents that are important to the operation of your service should also be identified here.

(Add/delete rows as necessary.)

Equipment	Quantity
Information…	Information…
Short Wave Diathermy, serial number xxxxxx	**01**

2.3.7 Special Time Considerations

Some of the activities may be subject to some special time considerations. These could be based on specific times, dates and months through the year.

Record all such considerations for each of your activities i.e. Monthly outreach clinics; UHB payroll cycle etc.

(Add/delete rows as necessary.)

Activity	Special Time Consideration
Information…	Information…
Joint Gynaecology / Lymphoma	Held monthly. But would need to be rescheduled within 3-5 working days. Unacceptable clinical risk if patients allowed to wait 4 weeks until next scheduled clinic.

2.3.8 Service Level Agreements

List any service level agreements and the potential impacts if an activity is disrupted.

(Add/delete rows as necessary.)

Activity	Service Level Agreement	Potential Liabilities
Information…	Information…	Information…
Tertiary OP service for AN OTHER health board	Provision of xx New OPA, xx DC procedures	Financial penalty

2.3.9 Regulatory Compliance

List any regulatory compliance that the UHB is required to comply with e.g. Human Tissue Act / COSHH.

(Add/delete rows as necessary.)

Activity	Regulation	Compliance Details
Information…	Information…	Information…
Surgical biopsy	Human Tissue Act 2004	The Act makes it unlawful to remove, store or use human tissue from the living or deceased without consent to do so for specified health-related purposes or public display

2.3.10 Internal Dependencies

Considering the information collated, list the internal service dependencies.

NB. Check the contingency arrangements of your internal service dependencies to ensure they can continue to meet your needs in the event of them experiencing a business disruption.

(Add/delete rows as necessary.)

Activity	**Relationship to service**		**Name of the Internal Dependency /Dependant.** (Include brief details of the relationship and time scale needed within)
	Dependency (Required for delivery of an activity)	**Dependent** (Depends on delivery of an activity)	
Information…	Information…	Information…	Information…
Operating theatres	TSSD	Urgent oncology lists	Surgical Clinical Board. Clinically urgent – 31 day cancer pathway. Clinically urgent and may be time critical. May be priority Red/Yellow / Amber dependent upon precise clinical presentation.

3.1 Assessment

(Insert Service Name) has undertaken an assessment to quantify the impact on service in the event of the following:

Impact	Risk/Cause
Damage or denial of access to Workspace.	Fire, arson, vandalism, flood or weather damage, aircraft or vehicle impact, public order or terrorist attack
Loss or damage to equipment, or a system failure.	As above + power failure, technical failure, virus, human error, failure of external provider.
Non availability of critical staff.	Industrial Action, sickness/injury, transport difficulties.
Non availability / disruption of other key resources including primary suppliers & utilities.	Commercial or utility failure, service provider failure, damage to distribution network.

(Insert Service Name) has utilised the current UHB Corporate Risk Assessment Framework (CRAF) to support this activity,

(Link the output to this report.)

UHB Health and Safety Policy has been applied, ensuring that risk within buildings relating to issues such as fire and building security are managed effectively.

Risk reduction measures and BC plans will be developed to mitigate the impacts on the delivery of the service and its varied activities.

3.2 Service Resource Requirement (MINIMUM)

Document the **MINIMUM** resources required in order to be able to deliver key activities **following a disruption**.

(Add/delete rows as necessary.)

Resource	MINIMUM Requirement
Staff	Extracted from section 2.3.1
Information…	Information…
Premises	Extracted from section 2.3.3
Information…	Information…
Technology: Hardware	Extracted from section 2.3.4
Information…	Information…
Technology: Software	Extracted from section 2.3.5
Information…	Information…
Other equipment	Extracted from section 2.3.6
Information…	Information…

4.1 Continuity Options

Document **ALL** practical options for:

- Reducing the likelihood of a disruption occurring
- Continued delivery of key activities **following a disruption**.

(Add/delete rows as necessary.)

Impact	Continuity Options
Damage or denial of access to Workspace.	Information…
Loss or damage to equipment, or a system failure.	Information…
Non availability of critical staff.	Information…
Non availability / disruption of other key resources including primary suppliers & utilities.	Information…

4.2 Continuity Choices

Document the **AGREED** continuity choices for:

- Reducing the likelihood of a disruption occurring
- Continued delivery of key activities **following a disruption**.

(Add/delete rows as necessary.)

Impact	Continuity Choice	Action Required	Action Owner	Target Completion Date
Damage or denial of access to Workspace.	Information…	Information…	Information…	Information…
Loss or damage to equipment, or a system failure.	Information…	Information…	Information…	Information…
Non availability of critical staff.	Information…	Information…	Information…	Information…
Non availability / disruption of other key resources including primary suppliers & utilities.	Information…	Information…	Information…	Information…

(Appendix B)

Business Continuity Plan

(Insert Service Name)

Prepared by the (insert name)

Version	Issue Date	Purpose / Changes	Author	Circulation
Information…	**Information…**	Information…	**Information…**	Information…

Purpose & Summary of Document

This Business Continuity (BC) Plan has been developed by (Insert Service Name) to assist recovery in the event of a disruption. It sets out the roles responsibilities and actions to be taken by (Insert Service Name) in order to continue services and reduce disruption for patients and staff to an acceptable level.

- Notes in **RED** should be replaced with corresponding content
- Information or sections in **BLUE** should be deleted when the BC Plan has been completed.

(Please also delete this information box)

Distribution List

The (Insert Service Name) BC Plan is formally distributed to, and held on file by:-

(Add/delete rows as necessary.)

Copy Number	Name	Job Title	Email
Info…	Information…	Information…	Information…
001	Steve Curry	Chief Operating Officer	Steve.Curry@wales.nhs.uk

(Insert Service Name) will retain responsibility for the annual review and maintenance of the BC Plan. It will be exercised annually or following any significant change to the organisation, and improvements will be fed in.

If changes to service delivery or personnel occur, (Insert Service Name) will update and re-issue the document.

NB. A copy of this BC plan must be is stored with the responsible Clinical Board, forming part of an overarching set BC arrangements for the organisation.

Further Information

Should additional information be required, please do not hesitate to contact (Insert Service Name).

Tel: (Information…)

Email: (Information…)

Content

1.0 Introduction

1.1 Aim

The plan aims to:

- Assist (Insert Service Name) to continue services, and assist recovery in the event of a disruption.

1.2 Objectives

It objectives are to:

- Set out the roles, responsibilities and actions to be taken by (Insert Service Name) in order to continue and/or recover services.
- Reduce disruption for patients and staff to an acceptable level.

1.3 Planning Assumptions

Corporate planning assumptions which have been made:

- Key clinical and support services should be delivered without reliance on corporate ICT/ Property services/ HR support for up to 3 days following a disruption.
- The UHB will achieve a 'normal service' within a maximum of one month. However, this does NOT mean everything will be reinstated to a level equal to that prior to the disruption.

  e.g. A damaged building may take longer to repair than one month, and this could mean that staff may have to continue to work from temporary locations.

2.0 Recovery Objectives

2.1 Overview

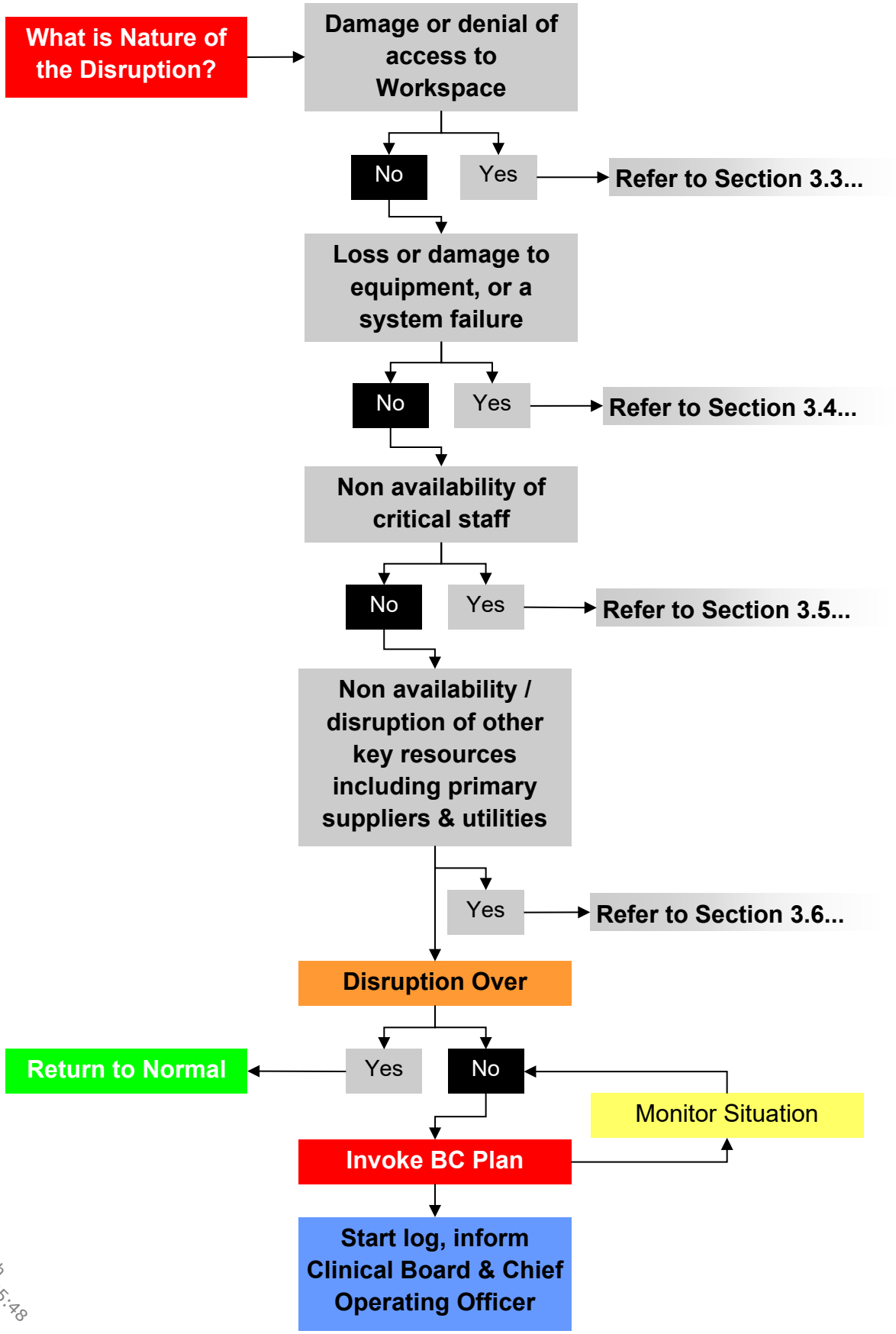
(Insert Service Name) have been identified the service/activity restoration priorities against the following categories:

Priority		Definition
Red	Information…	Critical service needing to be restored within 0-1 hour.
Yellow	Information…	Essential service needing to be restored within 1-12 hours.
Amber	Information…	Significant service needing to be restored within 12-24 hours.
Green	Information…	Routine service needing to be restored within 3 - 5 working days.
Black	Information…	A service which can be restored progressively after 5 working days.

NB: A summary of the resource requirements to recover the Red, Yellow & Amber priority service / activities are detailed in appendix C.

3.0 Plan Activation

3.1 Process



3.2 Activation

The Directorate Manager/Service Lead will be responsible for the activation of the Business Continuity Management Plan.

At the point the plan is activated the Clinical Board must be informed. All staff members will be contacted and advised of the current situation and what their role will be in the recovery phase.

Key staff contact details are listed at Appendix A

Notification of a business disruption may originate from any source. It is envisaged however that it will come from site staff during occupation of premises, or from security/site manager or the emergency services during unoccupied periods.

The following activation sequences (Sections 3.3 to 3.6) will normally be used when informing UHB personnel of the activation of this plan.

Most disruptions should be manageable via existing Clinical Board structures. However, if the disruption escalates or it impacts a number of key clinical and/or support services, then it may be appropriate to trigger other activities to help the UHB recover or protect itself from further effects of the disruption.

This includes:

- An emergency response;
- Incident Management;
- Damage Assessment;
- Salvage and Recovery of Assets;
- Communication with staff, customers, partners and suppliers.

These are outside the scope of the single service business continuity strategy (although they rely on information from Directorate Managers/Service Leads), but are nevertheless vital to ensure the eventual return to normality.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The CVUHB Command and Control arrangements are based upon this system. These arrangements help to ensure interoperability between responders and are set out within the CVUHB 2017 Major Incident Plan, Section 5.

3.3 Damage Or Denial Of Access To Workspace

(Add/delete rows as necessary.)

Objective	Actions/Considerations
Establish the current situation at the affected site / workspace.	• What has happened? • When did it occur? • Are the Emergency Services informed / on-site? • Is there access to the site? • Are the IT systems and services still running? • Who else has been informed (media officer, comms, stakeholders)? • How potentially serious is it? • Are there any casualties? • If so, details?
Decide whether the BC Plan should be invoked?	• How quickly the business will be able to re-enter the affected workspace? • What are the prevailing weather conditions? • Is the service currently responding to an external incident • **IF THE DECISION IS TO RELOCATE KEY STAFF TO THE AGREED ALTERNATIVE ACCOMMODATION:** Alert the site - contact details in table below. • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. • **IF THE DECISION IS MADE NOT TO INVOKE THE PLAN:** Continue to monitor the situation until such time as normal service is resumed.
Communicate with staff	• **IF EVACUATION IS NEEDED**: Follow site evacuation plan taking into account staff, patient and visitor safety. • Keep staff informed at Assembly Points until a decision has been made about whether the building is likely to become available again soon. If the building will not be available,

Objective	Actions/Considerations
	relocate identified key staff to the agreed alternative workspace and send other staff home and tell them to await instructions. Remind them to check the website for updates or their manager will contact them at an agreed time. **Out of Hours**: If the disruption occurs outside office hours, staff communication will be co-ordinated by the senior manager on call.

Alternative Site Contact Details

(Add/delete rows as necessary.)

	Service/Activity	Staff To Be Relocated
Alternative Accommodation Location:	Information…	Information…
Contact Name at Location:	Information…	Information…
Contact Number:	Information…	Information…

3.4 Loss Or Damage To Equipment, Or A System Failure

(Add/delete rows as necessary.)

Objective	Actions/Considerations
Confirm the nature of the disruption	• What has happened? • When did it occur? • Which systems and/or services are affected? • How potentially serious is it?
Decide whether the BC Plan should be invoked?	• Are the systems affected required to support the Time Critical / Important Business Activities? • How long systems will be unavailable? • Is the service currently responding to external incident? • **OPTIONS:** Put staff on standby **or** invoke agreed manual systems to ensure that the service can continue to operate. • **IF BCM IS TO BE INVOKED**: • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. • **IF THE DECISION IS MADE NOT TO INVOKE THE PLAN:** Continue to monitor the situation until such time as normal service is resumed.
Enter specific continuity choices, actions / considerations	Information…

3.5 Non Availability Of Critical Staff

(Add/delete rows as necessary.)

Objective	Actions/Considerations
Confirm the nature of the disruption	• What has happened? • When did it occur? • Which systems and/or services are affected? • How potentially serious is it?
Decide whether the BC Plan should be invoked?	• Are the critical staff affected required to support the Time Critical / Important Business Activities? • How long are critical staff likely to be unavailable? • Is the service currently responding to external incident? • **OPTIONS:** Put staff on standby **or** invoke agreed manual systems to ensure that the service can continue to operate. • **IF BCM IS TO BE INVOKED**: • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. • **IF THE DECISION IS MADE NOT TO INVOKE THE PLAN:** Continue to monitor the situation until such time as normal service is resumed.
Enter specific continuity choices, actions / considerations	Information…

3.6 Non Availability / Disruption Of Other Key Resources Including Primary Suppliers & Utilities

Objective	Actions/Considerations
Confirm the nature of the disruption	• What has happened? • When did it occur? • Which systems and/or services are affected? • How potentially serious is it?
Decide whether the BCM Plan should be invoked?	• Are the resources etc. affected required to support the Time Critical / Important Business Activities? • How long will the resources etc. be affected? • Is the service currently responding to external incident? • **OPTIONS:** Put staff on standby **or** invoke agreed manual systems to ensure that the service can continue to operate. • **IF BCM IS TO BE INVOKED**: • Inform staff that the BC Plan is being invoked - contact details are listed in Appendix 01. • Contact key suppliers if appropriate - contact details are listed in Appendix 02. **IF THE DECISION IS MADE NOT TO INVOKE THE PLAN:** Continue to monitor the situation until such time as normal service is resumed.
Enter specific continuity choices, actions / considerations	Information…

4.0 Supporting Information

4.1 Staff Welfare

(Insert Service Name) recognise that a business disruption may also cause additional pressures for staff. It will ensure that they are:

- Fully aware of their responsibilities and the actions expected from them.
- Given clear direction regarding the priorities of the service, and the UHB.
- Monitored more closely to ensure that their welfare is maintained (e.g. regular breaks due to increased intensity or pressure of work).

NB: If staff have suffered undue stress or even trauma as a result of the business disruption; support can be accessed via the Employee Wellbeing Service.

4.2 Communicating with Staff

(Insert Service Name) recognise that clear and concise communication with staff is pivotal to having an organised response.

- **During Office Hours**

  If the disruption occurs during office hours, (Insert Service Name) will inform staff by (Information…)

  In addition, (Insert Service Name) will also utilise corporate communication channels such as team briefings, email and the intranet.

- **Out of Office Hours**

  The Senior Manager on Call, and Site manager will keep staff up to date until such time as a Clinical Board representative is available.

  (Insert Service Name) will inform staff by (Information…)

4.3 Media / Public Information

In the event of a major disruption the UHBs Communications and Engagement Officer must be contacted to inform them of what has happened and the estimated length of the disruption and possible impacts of the disruption.

NB: Out of hours, the principal contact for media/public information is the Executive on call.

All staff should be made aware that any enquiries from the media must be directed to the UHBs Communications and Engagement Officer.

In line with the statutory duty under the Civil contingencies Act 2004, it is vital to keep the public, key stakeholders and media informed of a major disruption to service.

5.0 Train, Exercise, Maintain & Review

5.2 Train

(Insert Service Name) recognises that staff awareness of the BC Plan is essential to it success. In order to help to embed BCM, (Insert Service Name) will ensure that an ongoing programme of education and awareness is established to ensure that:

- Staff understand the risks, remain vigilant and know how to respond.
- Team members remain fully aware of their responsibilities and the actions expected from them.

5.3 Exercise

Experience shows that the more rigorously that a plan is exercised the greater the benefit to those involved and to the organisation when faced with a real disruption.

(Insert Service Name) will hold an exercise to validate this plan every 12 months.

5.4 Maintain & Review

BCM is an ongoing process and needs to be constantly updated and improved.

(Insert Service Name) retain responsibility for annual review of the BC Plan; and for providing assurance to the responsible Clinical Board.

5.5 Assurance

Clinical Boards are responsible for providing assurance to the Chief Operating Officer (& EPRR team) that the risk reduction measures introduced and the BC Plans developed are fit for purpose.

The EPRR team will also provide internal and external assurance, as required by the Executive Strategic Lead.

Appendix 01: Staff Contact Details

(Add/delete rows as necessary.)

Name	Grade/Position	Office Telephone Number	Home Telephone Number	Mobile Telephone Number
Information…	Information…	Information…	Information…	Information…
Mr J. Bloggs	Senior Officer	029 20 888767	01443 665653	07891 710543

Appendix 02: Supplier Contact Details

(Add/delete rows as necessary.)

Organisation	Name	Position	Office Telephone Number	Mobile Telephone Number
Information…	Information…	Information…	Information…	Information…
Blogs & Bloggs Ltd	Mr J. Bloggs	Senior Officer	029 20 888767	07891 710543

Appendix 03: Service Resource Requirement **(MINIMUM)**

Below are the **MINIMUM** resources required by (Insert Service Name) in order to be able to deliver key activities **following a disruption**.

This information can be directly extracted from section 3.2 of the BCM Planning Assessment Tool

(Add/delete rows as necessary.)

Resource	MINIMUM Requirement
Technology: Hardware	
Information…	Information…
Technology: Software	
Information…	Information…
Other equipment	
Information…	Information…

(Appendix C)

IM&T Systems

Supporting Clinical Boards

IT SUPPORTING CLINICAL BOARDS

MENTAL HEALTH

SERVICES:
Adult Services
Older Persons

SYSTEM PORTFOLIO INTERNAL:

MHCS – PARIS
HBA 86 – Poppy
Prescribing App
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network Access

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Phermacy
NIIAS

PRIMARY, COMMUNITY, INTERMEDIATE CARE PICU

SERVICES:
Locality Directorate
Cardiff and the Vale
OPAIC
Primary Care Contractors

SYSTEM PORTFOLIO INTERNAL:

MHCS – PARIS
Adstra – Comms Hub
HBA 11 – Cardiobase
Digital Records
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network Access

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

CHILDREN AND WOMEN

SERVICES:
Children Services
Obstetrics & Gynaecology

SYSTEM PORTFOLIO INTERNAL:
CH 2000
MHCS PARIS
PMS
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network access
HBA 1- Acubase
HBA 35- Fetal Medicine
HBA 36- Fetal Monitoring
HBA 44- GUM
HBA 48 IVF Services
HBA 50 – Maternity Sys

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

DENTAL

SERVICES:
Hospital Dental
Community Dental

SYSTEM PORTFOLIO INTERNAL:
PMS
Cardiff Clinical Portal
Results Reporting
Email
Telecomms System
Wifi
Network access
HBA 22- Salud Sys
HBA 23- Dental Lab
HBA 24- Dental Server
HBA 25- Dental Storage
HBA 51 Max Factor Sys
HBA 49- Louden Square
HBA 19 Community Dental System

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

SURGERY

SERVICES:
General Surgery, Urology & Vascular
Head & Neck, Maxillio Facial & Ophthalmology
Theatres & Anaesthetics
SSU Day Surgery
Endoscopy & Sterilisation Services

SYSTEM PORTFOLIO INTERNAL:
PMS
WCW
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network access
HBA 3 – Anaesthetics Patient Monitoring
HBA 31 – Endoscopy
HBA 97 – Theatre System
HBA 70 – Open Eyes
HBA 42 – Glaucoma
HBA 5 - Audiology
Bluespear
Digital Records

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

MEDICINE

SERVICES:
Integrated Medicine
Dermatology & Rheumatology
Unscheduled Care:
Emergency Unit
Barry
MIU & MEAU

SYSTEM PORTFOLIO INTERNAL:
PMS
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network access
WCW
EU Workstation
OOH
PARIS
Digital Records

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

SPECIALIST SERVICES

SERVICES:
ALAS
Cardiac Services
Critical Care
Haematology & Clinical Immunology
Nephrology & Transplant
Neurosciences
Medical Genetics

SYSTEM PORTFOLIO INTERNAL:
PMS
WCW
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network access
Digital Records
HBA 2 – ALAS System
HBA 10- CCW – GE system
HBA 12 – ISCV – Philips System
HBA 13 - NAS Storage
HBA 14 – Directorate sys
HBA 93/94 – Renal
HBA 62 – Neurology
HBA 63/64 – Neurophysiology
HBA 52/53/5455 – Med Gen Sevcs
HBA 37 – FH Service
HBA46 – Haemophilia

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

CLINICAL DIAGNOSTICS & THEATRES

SERVICES:
Medicine & Toxicology
Laboratory
Radiology
Pharmacy
Medical Physics & Clinical Engineering
Therapeutics
Poisons & Toxicology
Outpatients – Patient Admin Svcs and Media Resources

SYSTEM PORTFOLIO INTERNAL:
PMS
WCW
Cardiff Clinical Portal
Results Reporting
Email
Telecomms system
Wifi
Network access
Digital Records
PACS
RADIS 1
Telepath
HBA – 83 Poisons

SYSTEM PORTFOLIO NATIONAL:
Integration to : WCCG / MPI / MHOL
WCP (MTeD, TRRR, WPRS, WGPR, WCRS, WRRS)
WLIMS
WRIS
GP Links
Choose Pharmacy
NIIAS

Equality & Health Impact Assessment for

BUSINESS CONTINUITY POLICY (UHB50)

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	**Title:** Business Continuity Policy (UHB50)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	**Executive Lead:** Executive Director of Planning and Strategy. **Author:** Head Emergency Preparedness, Resilience and Response.
3.	Objectives of strategy/ policy/ plan/ procedure/ service	This policy provides a clear commitment to BC which enables the UHB to: • Develop organisational resilience to mitigate the likelihood of disruption of critical infrastructure; • Facilitate enhanced use of personnel and resources at times when both may be limited; • Reduce the period of disruption to the organisation; • Lessen the operational and financial impact of any disruption; • Continue to provide core services at pre-determined levels.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research	In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan. The population of the Vale is projected to increase by around 1% over the next 10 years; however this masks significant growth in the number of people aged 65 or over. The population of Cardiff is projected to increase by around 10% over the next 10 years, or around 35,000 additional people. While much of this growth is among people aged 65 or over, there is also projected to be

	• good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[1] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[2].	considerable growth in the number of children and young people aged under 16. Ref: http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment In emergencies people are more likely to respond reliably if they:- • Have clearly agreed, recorded and rehearsed plans, actions and responsibilities. • Are well trained and competent. • Take part in regular and realistic practice. Consultation has taken place to ensure that the BC policy and Planning Guidance meets the needs of our stakeholders and the Health Board. The consultation undertaken specific to this document was as follows:- • The documentation was added to the Policy Consultation pages on the intranet between 4th October and 1st November 2017; • Comments were invited via individual e-mails from Executive Directors, the Clinical Board Triumvirates, Directorate Managers and other key Service Managers.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This policy applies to all of our staff in all locations including those with honorary contracts.

[1] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[2] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	No specific impact at this stage other than noting the average age of in-house patients being in the 80's which could have a negative impact.	No action required at this stage. However, in the event of a trans individual requiring temporary accommodation Clinical Boards, Directorate Managers and Service Leads should seek to provide a plan for such circumstances.	No action required at this stage.
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health	No specific impact.	In the event of a staff member noting that this might be an issue, Clinical Boards, Directorate Managers and Service Leads should seek to	No action required at this stage.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
conditions, long-term medical conditions such as diabetes		provide interpretation/translation services. .	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	No specific impact at this stage, however confidentiality issues would need to be addressed in terms of any temporary accommodation	No action required at this stage. However, in the event of a trans individual requiring temporary accommodation Clinical Boards, Directorate Managers and Service Leads should seek to provide a plan for such circumstances.	No action required at this stage.
6.4 People who are married or who have a civil partner.	No specific impact. This protected characteristic only applies to employment /	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	staffing issues. It does not apply to service provision.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	No specific impact at this stage. See Recommendations	In terms of pregnant women and this becoming an issue, Clinical Boards, Directorate Managers and Service Leads should seek to provide specific action plans.	No action required at this stage.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No specific impact with the exception of those who may not use English as their first language.	In the event of a staff member noting that this might be an issue, Clinical Boards, Directorate Managers and Service Leads should seek to provide interpretation/translation services. .	No action required at this stage.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No specific impact identified at this stage though this may be dependent on the time of the emergency	In the event of a religious issue arising, Clinical Boards, Directorate Managers and Service Leads should seek to provide contact with the Chaplaincy department.	No action required at this stage.
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	No specific impact identified at this stage.	No action required at this stage.	No action required at this stage.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	No specific impact with the exception of those who may not use English as their first language.	In the event of a staff member noting that this might be an issue, Clinical Boards, Directorate Managers and Service	No action required at this stage

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language		Leads should seek to provide interpretation/translation services.	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No specific impact identified at this stage.	No action required.	No action required.
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No specific impact identified at this stage.	No action required.	No action required.
6.12 Consider any other groups and risk factors relevant to this strategy,	No specific impact	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
policy, plan, procedure and/or service			

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	No specific impact.	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	No specific impact.	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No specific impact.	No action required.	No action required.
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods,	No specific impact.	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	No specific impact.	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	No specific impact.	No action required.	No action required.

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	No Impact.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Clinical Boards, Directorate Managers and Service Leads should seek to make provision in planning for age, equality, gender and religious issues which may arise as a result of a business disruption.	Clinical Boards		No action required at this stage.

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	The policy provides further clarification the accountability and responsibility of Clinical Boards, Directorate Managers and Service Leads regarding business continuity.			No action required.

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
  ○ continues unchanged as there are no significant negative impacts
  ○ adjusts to account for the negative impacts
  ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
  ○ stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	Revised policy to be approved and implemented.
	
	This EHIA will be monitored through/by the EPRR Team as part of the overall review process.
	
	It will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.
	
	The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement) Intranet for consultation, Executive Board.
				No action required.

Reference Number: *UHB063* **Version Number: 6**	**Date of Next Review:** September 2025 **Previous Trust/LHB Reference Number:** *Not Applicable*

Severe Adverse Weather Plan: Heatwave

Introduction and Aim

This plan has been developed to assist managers and staff to deal with a heat wave event that impacts on the normal operating (business continuity) of the Cardiff and Vale University Health Board (CVUHB) and its community.

The aim of this plan is to enhance resilience in the event of a heat wave and to reduce the risks to health associated with extreme heat by alerting health, social and other care agencies and members of the public (especially vulnerable groups) to the dangers of excessive heat.

Objectives

- Collaborating with the South Wales Local Resilience Forum (SWLRF) to ensure the community risk register adequately reflects risk to human health.
- Working with key partner agencies to communicate and minimise the risks to the public and wider community.
- Support the development of strong working links with the media so that advice and information can be communicated promptly both before, and during, a heat wave
- Support co-ordination amongst social and health care agencies to provide appropriate care to the CVUHB catchment population during heat wave conditions
- Maintain effective business continuity management arrangements to minimise the risks to patient's safety.
- Maintaining effective business continuity management arrangements to minimise the risks to staff health, safety and welfare.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts

Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has been completed. The Equality Impact Assessment completed for the policy found here to be a no impact.
Documents to read alongside this Procedure	• Emergency Pressures Escalation Plan • Clinical & Service Board Business Continuity Plans • Major Incident Plan
Approved by	Emergency Preparedness Resilience and Response (EPRR) Strategic Overview Group.
Accountable Executive or Clinical Board Director	Executive Director of Strategic Planning
Author(s)	Head of Emergency Preparedness, Resilience and Response (EPRR)

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	02/06/2011	28/06/2011	To be formally approved by Operational Board of Directors Committee
2	14/12/2011	27/02/2012	No longer Interim
3	02/08/2012	07/09/2012	Minor amendment - colour code on the alert process used by the Meteorological Office.
4	15/01/2015	29/01/2015	Aims enhanced to reflect multi agency cooperation and resilience. Clarifies Civil Contingency Act (2004) requirement to pre identify vulnerable groups, and promote partnership working with other category 1 and 2 responders in advance of a heat wave. Specific roles and responsibilities have been identified. Identifies hazards to infrastructure and the requirement of Capital Planning teams to “design out” risks associated with excessive heat. Control and command structure aligned to UHB Major Incident Plan. Specific trigger points for activation of function Gold command clarified.
5	15/07/2019		Updated temperature threshold definitions. Referenced introduction of Business Continuity Policy and role of Chief Operating Officer.

			Modified Gold commander from Nurse Director to less prescriptive Executive Director role title. Amended reference to “Heat Health Alert Watch” as system alerts no longer supported by Public Health Wales. Enhanced Appendix 4 to include specific actions for individual post holders. Removed Appendix 5 – Communication flowchart. Inserted Appendix 6 - A guide to looking after yourself and others
06	11/09/2022		Greater reference to climate change and potential for new legislation. Addition of telephone contact number for Meteorological Office.

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1. Purpose

This plan has been developed to assist managers and staff to deal with a heat wave event that impacts on the normal operating (business continuity) of the Cardiff and Vale University Health Board (CVUHB) and its community.

Provisional figures show the summer of 2022 - covering June, July and August - had an average temperature of 17.1C. This toed with 2018 for the warmest, according to records stretching back to 1884.

It means four of the five warmest summers on record have happened since 2003, as the effects of climate change are felt on the nation's summer temperatures.

Research shows that climate change is making these events more likely. A scientific study by the Meteorological Office into the Summer 2018 heatwave in the UK showed that it was 30 times more likely to occur now than in 1750 because of the higher concentration of carbon dioxide (a greenhouse gas) in the atmosphere. As greenhouse gas concentrations increase heatwaves of similar intensity are projected to become even more frequent, perhaps occurring as regularly as every other year. The Earth's surface temperature has risen by 1°C since the pre-industrial period (1850-1900).

Climate change will increase the frequency and the intensity of heat waves, and a range of measures, including improvements to hospital designs, management of chronic diseases, and institutional care of the elderly and the vulnerable, will need to be developed to reduce health impacts.

The Climate Change Act 2008 now makes it a requirement for all statutory sectors, including the health sector, to have robust adaptation plans in place. Climate Change Act 2008 is up to date with all changes known to be in force on or before 11 September 2022. There are changes that may be brought into force at a future date

2. Scope

The plan forms part of the Health Board's strategy for minimising the risk to its business and its statutory duty to comply with the requirements of the Civil Contingencies Act 2004.

The development of this plan has been based upon the findings of the risk assessments as set out in the South Wales Local Resilience Forum (SWLRF) Community Risk Register, in conjunction with "lessons identified' from past severe weather events.

This plan should be read in conjunction with the Heat wave Plan for Wales (2012), the UHB Business Continuity Policy and the Major Incident Plan.

3. Aims & objectives

The aim of this plan is to enhance resilience in the event of a heat wave and to reduce the risks to health associated with extreme heat by alerting health, social and other care agencies and members of the public (especially vulnerable groups) to the dangers of excessive heat.

Concurrently, to maintain either the normal business of the Health Board, or an acceptable level of business wherever reasonably practicable, and to support the community in reducing the impact of a heatwave. This will be achieved through meeting the following objectives: -

- *Collaborating with the South Wales Local Resilience Forum (SWLRF) to ensure the community risk register adequately reflects risk to human health.*
- *Working with key partner agencies to communicate and minimise the risks to the public and wider community.*
- *Support the development of strong working links with the media so that advice and information can be communicated promptly both before, and during, a heat wave*
- *Support co-ordination amongst social and health care agencies to provide appropriate care to the CVUHB catchment population during heat wave conditions*
- *Maintain effective business continuity management arrangements to minimise the risks to patient's safety.*
- *Maintaining effective business continuity management arrangements to minimise the risks to staff health, safety and welfare.*

4. Definition

The temperature threshold for declaring an extreme heat condition or heat wave warning is a period of weather that continues for at least 3 days where the daily maximum temperature is 25 Celsius or more.

5. Roles and responsibilities

Chief Executive

The Chief Executive has overall accountability for ensuring that the UHB can respond to the "*Heatwave Plan for Wales*". He is also responsible for ensuring that Meteorological Office adverse weather alerts are effectively communicated throughout the organization.

In the course of routine business, the responsibility for information cascade to Clinical Board triumvirates is delegated to the Head of EPRR.

Executive Directors (on call)

a) Be familiar with the "Heatwave Plan for Wales" and its requirements.

b) Executive Directors must ensure that they provide the necessary support and advice to the senior manager on call and clinical staff, if required.

c) Be prepared to convene and chair a strategic (Gold) command meeting if a level 4 alert (Major Incident) is issued.

Chief Operating Officer

a) Be fully conversant with the "Heatwave Plan for Wales" and its requirements.

b) Be prepared to lead on Business Continuity at alert level 3 and Recovery (Gold) component if a level 4 alert is issued (Major Incident).

c) Customarily support long term service planning to mitigate the effects of adverse weather on the UHB and its resources.

d) Direct and support Clinical Board triumvirates to develop systems to identify and improve resilience of high-risk individuals.

e) Promote the development of business continuity plans to ensure robust systems are in place to cope with extreme temperatures, which might result in power or water shortages to UHB premises and impact upon clinical services.

f) Verify surge plans are up to date and aligned with current Clinical Board bed stock and capacity.

Clinical Board triumvirates

a) Be familiar with the "Heatwave Plan for Wales" and its requirements.

b) Ensure that they develop, implement and monitor a system within their area of responsibility for the rapid dissemination of Heat wave alerts to their staff, paying particular attention as to when key people are absent.

c) Ensure that they develop, implement and monitor a system within their area of responsibility which provides assurance that measures commensurate with the alert levels are undertaken, and that business continuity is maintained.

d) Under the guidance of the Chief Operating Officer the Tactical (Silver) incident control center will also be used to coordinate serious business continuity challenges (level 3 alert).

e) Under the guidance of the Executive Director (Gold) the Clinical Board Triumvirate will lead the Tactical (Silver) UHB response in the event that a Major Incident is called.

f) Under the guidance of the Chief Operating Officer the Tactical (Silver) incident control center will also be used to coordinate serious business continuity challenges (in the absence of Major Incident declaration).

g) Make sure that Situation Reports are produced (as required) and submitted at agreed frequencies.

Lead Nurses / Heads of Department / Service team leaders

a) Ensure they are fully conversant with the with the Clinical Board plan for implementing the information cascade.

b) Confirm that existing and new staff are aware of this policy, and their responsibilities.

c) Develop a business continuity plan that recognises that a severe heat wave may result in higher than usual levels of staff absenteeism. Combined with summer holidays, this may create difficulties in maintaining essential services.

d) Establish operational systems to ensure that the appropriate action, as described in the alert, is taken.

e) Routinely prompt reporting of adverse events through the appropriate channels and ensure that all necessary investigations are completed.

f) Provide assurance that local action is taken as necessary to pre identify vulnerable patient groups.

g) Guarantee all necessary actions are taken to ensure the safety of patients, relatives and staff.

h) Ensure that out of hours, weekends and Bank Holidays that Ward/Team Managers receive alerts by checking the Met Office website and local media reports daily.

i) Ensuring a consistent UHB and Public Health Wales message is conveyed to patients, staff and relatives. Remain mindful that email can an ineffective form of communication for frontline staff and you may need to consider testing other modes of communication, particularly looking into the value of instant messaging services and social networking websites.

Primary care services and General Practitioners
It is recommended by the World Health Organisation (Heat Health Action Plan 2008) that General Practitioners include pre-summer medical assessment and advice in routine care, including on fluid intake, weight changes and medication relevant to heat (see appendix 1).This principle should be applied to all community based clinical teams.

6. Hazards to human health

Cities and urban areas tend to be hotter than rural areas, creating urban heat island effects (see appendix 2). This is due to increased absorption and reflection of the sun on concrete compared with green or brown spaces; reduced cooling from breezes due to buildings; and increased energy production from houses, industry, businesses and vehicles.

High temperatures are also linked to poor air quality with high levels of ozone which are formed more rapidly in strong sunlight; small particles (PM10s) also increase in concentration during hot, still air conditions. Both are associated with respiratory and cardiovascular mortality. Additionally, there may be increases in sulphur dioxide emissions from power stations due to an increase in energy use for air-conditioning. Sulphur dioxide worsens symptoms of asthma.

People gradually adapt to changing temperature trends. Therefore, heatwaves are a relative experience, affecting different people in different ways. The human body responds to heat in a number of different ways. When the ambient temperature is higher than skin temperature, the body regulates its temperature by losing heat through sweating. So, any factor that reduces the body's effectiveness of sweating such as dehydration, lack of breeze, or tight fitting clothing can cause the body to overheat.

Additionally, thermoregulation, which is controlled by the hypothalamus, can be impaired in the elderly and the chronically ill, and potentially in those taking certain medications, rendering the body more vulnerable to overheating. Young children produce more metabolic heat, have a decreased ability to sweat and have core temperatures that rise faster during dehydration. During previous heat waves death rates have been noted to increase in particular for those with renal disease. A peak in homicide and suicide rates during previous heat waves in the United Kingdom has also been observed.

Some people are at particularly high risk during a heat wave. These include

- Older people - especially those over 75 years old and living alone
- People living in residential care or nursing homes
- People who have a history of self-neglect
- People with an already raised temperature from infection
- People with underlying suffering from mental ill health

- Those who rely on help from other people to manage day-to- day activities
- Immobile, bed-bound, or taking certain types of medication
- Suffering from chronic ill health, i.e. Respiratory or cardiac conditions
- Those known to have previously experienced problems in adapting to extreme heat
- People dependent upon excessive alcohol or illicit drugs
- Babies and young children, especially under four years old.

In a moderate heat wave, it is mainly the high-risk groups mentioned above who are affected. However, during an extreme heat wave such as the one affecting France in 2003, normally fit and healthy people can also be affected.

6.1 Symptoms of excessive heat exposure

In a severe heat wave the body can overheat and dehydrate quickly, leading to heat exhaustion or heat stroke. The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. Additionally, there are specific heat-related illnesses including:

Heat cramps– caused by dehydration and loss of electrolytes, often following exercise.
Heat rash – small, red, itchy papules.
Heat oedema – mainly in the ankles, due to vasodilation and retention of fluid.
Heat syncope – dizziness and fainting, due to dehydration, vasodilatation, cardiovascular disease and certain medications.
Heat exhaustion – is more common. It occurs as a result of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse, and is present when the core temperature is between 37ºC and 40ºC. Left untreated, heat exhaustion may evolve into heatstroke.
Heatstroke – can become a point of no return whereby the body's thermoregulation mechanism fails. This leads to a medical emergency, with symptoms of confusion; disorientation; convulsions; unconsciousness; hot dry skin; and core body temperature exceeding 40ºC for between 45 minutes and eight hours. It can result in cell death, organ failure, brain damage or death. Heatstroke can be either classical or exertional (e.g. in athletes).

Heatstroke can develop if heat exhaustion is left untreated but can also occur suddenly and without warning. It can result in irreversible damage to the body, including the brain, or in the most severe cases, death.

6.2 Conditions which increase the risk of dying in a heat wave

Virtually all chronic diseases present a risk of death/illness due to heat and, since the elderly are more likely to have a chronic medical condition, this is another reason why they are at increased risk.

There are several reasons why people with chronic diseases are at increased risk during heatwaves (see also Table 1).

- Any disease that leads to an inability to increase cardiac output, such as cardiovascular disease, will increase the susceptibility to heatstroke and/or cardiovascular failure and death, as thermoregulation during severe heat stress requires a healthy cardiovascular system.

- Peripheral vascular disease, often caused by diabetes or atherosclerosis, may increase the risk of severe heat illness, as it may be hard to increase the blood supply to the skin.

- Diarrhoea or febrile illness, particularly in children, and pre-existing renal or metabolic diseases may increase the risk of heat-related illness and death because these may be associated with excessive fluid loss and dehydration.

- Chronic diseases which affect the number and/or function of sweat glands, such as diabetes, scleroderma and cystic fibrosis, can increase the risk of hyperthermia and heatstroke.

- Any disease or condition that confines someone to bed and reduces their ability to care for themselves or to leave home daily also increases the risk. This is because of a general reduction in the ability to make an appropriate behavioural response to heat.

Table 1

Diabetes mellitus, other endocrine disorders
Organic or mental disorders, dementia, Alzheimer's (mild, moderate, severe)
Mental and behavioural disorders due to psychoactive substance use, alcoholism
Schizophrenia, schizotypal and delusional disorders
Extrapyramidal and movement disorders (e.g. Parkinson's disease)
Cardiovascular disease, hypertension, coronary artery disease, heart conduction disorders
Diseases of the respiratory system, (COPD, bronchitis)
Diseases of the renal system, renal failure, kidney stones

Note. This table only addresses chronic (long-term conditions) and not acute diseases. Infections, fever, gastroenteritis and skin infections are also risk factors for heat-related mortality. *(Source*: adapted from Kovats & Hajat, in press).

Medications can also aggravate heat illness. For example, vasodilators, such as nitrates and calcium channel blockers, can theoretically cause low blood pressure in people who tend to be dehydrated during excessive heat exposure, particularly the elderly. Dehydration and changes in blood volume distribution can also increase medication toxicity and/or decrease the efficacy by influencing drug levels, drug kinetics and excretion and, hence, the pharmacological activity. This includes drugs with a narrow therapeutic index.

Finally, storage of drugs at high ambient temperatures can adversely affect their efficacy, as most manufactured drugs are licensed for storage at temperatures up to
25 °C. This is particularly important for emergency drugs used by practitioners including antibiotics, adrenalins, analgesics and sedatives.

6.3 Reducing the risk

The Civil Contingency Act requires the UHB to work in partnership with local authorities and social care services to identify vulnerable populations to target long-term planning and interventions. Consequently, all service managers must routinely take steps to ensure that vulnerable groups in their care are pre identified as "*at risk*".

This is an essential step to ensuring patient welfare during adverse weather – be it heat wave, severe cold and snow or flooding. Such information would prove invaluable to partner agencies during a civil emergency. Examples being Natural Resources Wales and the Fire and Rescue Service during flooding; or water supply companies at time of drought. Well in advance of the summer months the Health Board and local authorities should review what support primary care, community and other care staff can provide to selected groups of individuals.

As seasons change service managers should routinely monitor weather forecasts in order to obtain advanced warning of any impending adverse weather conditions. This will allow time to review existing care plans in order to assess which individuals are at particular risk, and to identify what extra help they might need in a proactive manner. Consider extra help, where available, from social care services, the voluntary sector, families and others to care for those most at risk. This will be pre-determined locally as part of individual care plans and will be based on existing relationships between statutory and voluntary bodies. This support may include:

- identifying individuals who are at particular risk from extreme heat. Many of these people are likely to already be receiving care;
- identifying and implementing necessary changes to individual care plans for those in high-risk groups, including initiating daily visits by formal or informal carers to check on people living on their own;

- check that the person can contact the primary care team if one of their informal carers is unavailable;
- confirm business continuity arrangements for external companies commissioned to provide services on behalf of the UHB;
- working with families and informal carers of at-risk individuals to raise awareness in respect of the dangers of heat, how to keep cool and put in place simple protective measures e.g. installing appropriate ventilation and ensuring fans and refrigerators are available and in good working order;
- reviewing surge capacity and the need for, and availability of, suitably trained staff support in the event of extreme heat conditions or heatwave, especially if over a prolonged period;
- where individual households are identified as being at particular risk from hot weather, a request can be made to local authority Environmental Health professionals to undertake an assessment using the Health Housing and Safety Rating System. The Health Board can work actively with the local authority lead on the Housing Health and Safety Rating System (HHSRS) to identify and assess those considered most vulnerable during heatwaves (see appendix 3).

Additional practical actions to consider during a period of increased temperatures include:

- ✓ Check patients body temperature, heart and breathing rates, blood pressure and hydration levels at a minimum of 4 hourly intervals
- ✓ Observe for any changes in behaviour, especially excessive drowsiness
- ✓ Watch for signs of headache, unusual tiredness, weakness, giddiness, disorientation or sleeping problems – and have a plan to address these symptoms.
- ✓ Place a thermometer in the clinical inpatient area or client's home to keep a check on the temperature.
- ✓ Turn off non-essential lights and electrical equipment – they generate heat
- ✓ Ensuring south facing windows have blinds or curtains.
- ✓ Keep windows that are exposed to the sun closed during the day, and open windows at night when the temperature has dropped
- ✓ Keep rooms well ventilated
- ✓ Persuade people to stay out of the sun between 11am and 3pm
- ✓ Adjust therapy schedules to occur outside 11am and 3pm if possible
- ✓ Consider moving patients to cooler area if necessary – even for part of the day / night. (This will require advanced planning in secure areas e.g. mental health)
- ✓ Cool areas must be kept at a temperature of no more than 25°C
- ✓ Ensure the ongoing free provision of cool drinks

- ✓ Where possible and in compliance with the patient care plan consider adapting menus to cold meals – encouraging salads and fruit (preferably with a high water content)
- ✓ Discourage caffeine (coffee, tea, colas), very sweet drinks and alcohol
- ✓ Check fans and / or air-conditioning devices are available and in good working order
- ✓ Advise them to wear light, loose, cotton clothing
- ✓ Facilitate a cool shower, bath or body wash
- ✓ Consider the requirement for possible changes in medication
- ✓ Identify any extra help, care or support needed
- ✓ Arrange additional welfare visits for those who live alone or live with an elderly or disabled relative
- ✓ Consider postponing non-emergency surgery
- ✓ Confirm bed availability especially in emergency departments
- ✓ Increase medical care staff to ensure full coverage in case of an increase in admissions
- ✓ Consider moving Hospital visiting hours to mornings and evenings to reduce afternoon heat from increased numbers of people
- ✓ Ensure that discharge planning considers the vulnerability of the patient to high temperatures and the accommodation they will be going back to.

Considerations must also include actions to protect staff. To include:

- ✓ Consider amendment to staff uniform to minimise discomfort. If safe to do so allow staff to wear light, loose-fitting cotton clothes;
- ✓ Factor in addition rest periods for staff and ensure that they avoid extreme physical exertion. This may necessitate additional staff on rotas;
- ✓ Ensure free access to a cold water supply.

7. Hazards to infrastructure

Preparations for dealing with the effects of adverse weather will inevitably concentrate on the preservation of life. However, it is essential that the UHB have plans in place to ensure the reliability and safety of the infrastructure which supports core services.

Heat waves sometimes cause power outages that can threaten the welfare of individuals, who depend on lighting, cooling systems, medical equipment, alarms and other electronically powered systems or devices. Laboratories, pharmaceutical storage and food storage areas in hospitals may be adversely affected by increasing temperatures. Most pharmaceutical products are heat sensitive and start to degrade if stored at higher than room temperature (usually 25ºC).

In addition, there is a potential for information technology servers to overheat and cause disruption to email communication or electronic patient records – this may occur in both primary and secondary care settings. In preparation for adverse weather managers will need to collaborate with support services to assess the resilience of equipment to ensure that it can be maintained at working temperatures and that there is no risk of failure through overheating.

In the medium term (10 plus years) UHB Capital Planning teams will need to focus on building hospitals and primary care facilities to aid passive cooling where possible, and target vulnerable areas (inpatients, medications, IT) with air-conditioning. Welsh Government offer additional guidance on cooling hospital estates as follows:

- Create cooling green spaces in the surrounding environment, with trees, shrubs, trellises, arbours, climbers, green roofs and water features.
- Do not extend car parks at the expense of green spaces – this adds to surrounding heat. Introduce an active transport plan. Plant trees around existing car parks and on top of multi-storey car parks.
- Ensure buildings are well insulated – both loft and cavity insulation helps to reduce heat buildup, (and also reduces carbon emissions and increases energy efficiency).
- Increase opportunities for night-time ventilation either through vents or windows.
- For south-facing windows, consider external shading or reflective glass, reflective paint may help on south-facing walls.

8. Information/Alerts

In recent years the ability to forecast severe weather events has become more accurate. This advance has allowed organisations to plan for these events and ensure that adequate arrangements are in place to minimise the risk to health.

In addition, you can monitor the current situation by checking on the internet (www.metoffice.gov.uk) or listening to local weather news. It is important to ensure a consistent message and to make sure you know what advice to give people at risk. Public information is available from Age Concern Cymru, NHS Direct Wales and from the Chief Medical Officer Wales website

Collaborative epidemiological surveillance arrangements will allow trends in heat-related morbidity and mortality to be tracked and monitored and facilitate the evaluation of intervention effectiveness.

Once the alerts are received by personnel within the UHB it is the responsibility of managers to:

- Cascade the information to all staff groups – especially frontline units;
- Ensure that suitable arrangements are in place to mitigate effects of heat;
- Minimise the risk to the business, health, safety and welfare of both patients, staff and the community;
- Utilise contacts with Regional media teams and the UHB social media sites to issue alerts about keeping cool.

Communication with the Meteorological Office, Public Health Wales and UHB intra-managerial communication will be coordinated by the EPRR Team. However, it is the responsibility of Clinical Board triumvirates to ensure the alerts cascade to frontline staff.

All staff have a responsibility to ensure that they understand this plan and are also expected to follow any safety advice issued.

If patients / families / carers are seeking advice Appendix 6 - A guide to looking after yourself and others – can be printed and distributed accordingly.

9. Alert levels

The heatwave alert levels will be triggered by temperature thresholds in the Heatwave Plan for Wales set according to regional variations. Therefore the Met Office website www.metoffice.gov.uk (Tel: 0870 900 0100) will be the first place to display these alert levels. The alert level will also subsequently be displayed on the Welsh Government, Public Health Wales and NHS Direct Wales websites.

The Meteorological alert system comprises of four levels:

Level 1 (GREEN) **Business as usual**	**Summer preparedness and long-term planning.** This is the minimum state of vigilance during the summer. During this time social and healthcare services will ensure that all awareness and background preparedness work is ongoing.
Level 2 (YELLOW) **Heightened vigilance**	**Alert and Readiness** Triggered as soon as the risk is 60% or above for threshold temperatures being reached in one or more regions on at least two consecutive days and the intervening night.
Level 3 (AMBER) **Business Continuity Incident declared**	**Heat wave Action** Triggered when the threshold temperatures for one of more regions have been reached for one day and the following night, and the forecast for the next day has a greater than 90% confidence level that the day threshold temperature will be met.
Level 4 (RED) **Major Incident declared**	**Major Incident – National Emergency Response** Reached when a heatwave is so severe and/or prolonged that its effects extend outside the health and social care system.

The response levels required to these alerts are described in detail in appendix 4. The alert system is based on threshold day and night-time temperatures as defined by the Meteorological Office. A period of weather that continues for at least 3 days where the daily maximum temperature is 25°C or more is considered as an extreme heat incident.

10. Communication and Coordination

Many of the approaches to planning for and responding to heat-waves draw on generic emergency planning models. As a rule, creating new systems runs the risk that lessons learnt elsewhere will not be applied and, in crises, tried and tested command and control mechanisms work best. Therefore, it is

advisable to use existing local, regional and national systems for emergency response in the planning and response phases of heat-waves.

Nearly all emergency plans require a multiagency and intersectoral approach, and this is also the case for heat-waves. While many of the actions fall to the health sector, active involvement of other sectors is essential. All partners within the SWLRF can and will be of assistance at this time. When a forecast heat wave, or unpredicted event is realised, the overall response must be coordinated. The following principles will apply when planning for an imminent event and the subsequent UHB response;

- Within the UHB alert levels 1 and 2 will be subject to normal reporting mechanisms.

- Level 3 will be dealt with as a serious Business Continuity incident with Strategic leadership provided by the Chief Operating Officer. Tactical (Silver) Incident Control Centre will be activated at this stage.

- Level 4 will trigger a Major Incident and the Strategic Gold Command Incident Centre will be activated and led by Chief Executive / Executive Director. This will in turn activate all communication cascades and control and command structures as outlined within the UHB Major Incident Plan.

  Externally this will trigger a multiagency Strategic Command Group (SCG) at Police Headquarters. The UHB will be represented by the Strategic Civil Contingency manager, and an Executive Director.

- Operational (Bronze) management will be provided in each directorate and will coordinate the deployment of resources and monitor the welfare of patients and staff.

- All service managers are responsible for maintaining the routine business of the Health Board and for the welfare of staff. They must report any potential or actual business disruption to the Lead Nurse / Therapist immediately and provide advice on any corrective action being planned / implemented.

11. Training

Following document approval, the Plan will be posted on the UHB Intranet Site. No formal training sessions will be facilitated.

12. Post incident

A structured debrief will be organised after each heat wave and mangers/staff will be invited to attend to feed back on the response and identify any areas for improvement to this plan and future responses.

Appendix 1 A proactive approach by GPs - Bouchama A (2007)

Doctors should:

• understand the thermoregulatory and haemodynamic responses to excessive heat exposure;

• understand the mechanisms of heat illnesses, their clinical manifestations, diagnosis and treatment;

• recognize early signs of heatstroke, which is a medical emergency; and initiate proper cooling and resuscitative measures;

• be aware of the risk and protective factors in heat-wave-related illness;

• identify the patients at risk and encourage proper education regarding heat illnesses and their prevention; education of guardians of the old and infirm and infants is also important;

• include a pre-summer medical assessment and advice relevant to heat into routine care for people with chronic disease (reduction of heat exposure, fluid intake, medication);

• be aware of the potential side-effects of the medicines prescribed and adjust dose, if necessary, during hot weather and heat-waves;

- make decisions on an individual basis, since there are – according to current knowledge – no standards or formal advice for alteration in medications during 0hot weather;

• be aware that high temperatures can adversely affect the efficacy of drugs, as most manufactured drugs are licensed for storage at temperatures up to 25 °C; ensure that emergency drugs are stored and transported at proper temperature;

• be prepared to monitor drug therapy and fluid intake, especially in the old and infirm and those with advanced cardiac diseases.

Education and counselling of patients

Advice to patients should stress the importance of adhering to the recommendations spelt out in the leaflet for the general public. In addition, individual adjustments of behaviour (particularly for patients with chronic diseases), medication and fluid intake may be necessary according to clinical status. Contact details of social and medical services, helplines and emergency services should be made available.

Appendix 2

Urban Heat Islands

During a heatwave it is likely to be hotter in cities than in surrounding rural areas, especially at night. Temperatures typically rise from the outer edges of the city and peak in the center. This phenomenon is referred to as the 'Urban Heat Island' (UHI) and its impact can be significant. In London during the August 2003 heatwave, the maximum temperature difference between urban and rural locations reached 9ºC on occasions. A range of factors vary between rural and urban areas and contribute to the UHI – for example:

• **Thermal properties** of building and road materials, the height and spacing of buildings and air pollution levels. These factors result in more of the sun's energy being captured, absorbed and stored in urban surfaces compared to rural surfaces during the day and a slower loss of this energy at night, thus resulting in comparatively higher air temperatures.

• **Less evaporation and shading**, with the consequent reduction in associated cooling, taking place in the typically drier urban areas as there is less vegetation.

• **Greater inputs of heat** as a result of the high density of energy use in cities. All this energy, for example from buildings and transport, ultimately ends up as heat.

Strategic planning is therefore required which takes account of the above factors, particularly in the context of climate change. At a local scale these include the modification of surface properties, for example 'cool roofs', 'green roofs' and 'cool pavements'. Planting trees and vegetation and the creation of green spaces to enhance evaporation and shading are other options, as temperatures in and around green spaces can be several degrees lower than their surroundings.

Appendix 3 Housing health and safety rating system (HHSRS)

This is the way in which local housing authorities assess homes under the Housing Act 2004. It is the basis for regulation of housing conditions. Anyone, including health professionals, can request that an assessment be made if they have concerns about how housing conditions could potentially affect someone's health.

The assessment is usually made by an Environmental Health practitioner in the local housing authority. Judgement as to the risk is made by reference to the vulnerable age group for the hazard arising from deficiencies identified on inspection regardless of who is actually living there (for excess heat this is people aged 65 years or over).

There are 29 potential hazards in the system: these include excess cold, *excess heat*, damp and mould, lead, carbon monoxide, noise, entry by intruders, falls associated with baths, falling on stairs, falling on the level, fire, electrical hazards, and crowding and space.

Depending on the severity of the hazards found, the housing authority can require that a person (including landlords) takes action to reduce the hazard; alternatively, the assessment can be used as a basis for housing renewal assistance, e.g. grants or loans. For the most serious of hazards (Category 1) there is a duty on the authority to take action

Appendix 4 Alert levels and detailed actions required

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
UHB status	**Business as usual** **Summer preparedness and long-term planning**	**Heightened vigilance** **Alert and readiness**	**Business Continuity Incident declared** **Heatwave action plan**	**Major Incident declared** **National emergency response**
Command structures	Normal reporting	Normal reporting	Tactical (Silver) Incident Control Centre activated	Strategic (Gold) Incident Command Centre activated
Responsible Officer	Normal reporting	Normal reporting	Chief Operating Officer	Chief Executive / Executive Director
Implications	This is the minimum state of vigilance during the summer. During this time social and healthcare services will ensure that all awareness and background preparedness work is ongoing.	60% risk of a Heat wave in 2 - 3 days' time. This is an important stage for social and healthcare services who will be working to ensure readiness and swift action to reduce harm from a potential heatwave.	Trigger temperatures have been reached in one or more Regions. This stage requires social and healthcare services to target specific actions at high-risk groups. Ensure that high risk patients are carefully	Heatwave is so severe and/or prolonged that its effects extend outside health and social care, such as power or water shortages, and/or where the integrity of health and social care systems is threatened. Illness and death may occur among the fit and healthy,

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
			monitored in accordance with pre-determined care plans.	not just in those at-risk individuals, and will require a multi-sector response at national and regional levels.
Roles and responsibilities				
Chief Executive (CEO)	Business as usual.	Business as usual.	Once this level is reached a Business Continuity Incident will be declared and the UHB Command and Control structures will be activated at operational (Bronze) and Tactical (Silver) level. Watching brief from COO. Be prepared to activate Strategic (Gold) incident command centre. Be prepared to convene and chair a strategic (Gold) command meeting if the situation deteriorates.	Once this level is reached, a 'major incident' is declared and all existing national and local emergency policies and procedures will apply. Formally cascade confirmation that Major Incident has been declared. Attend UHB Strategic (Gold) incident command centre. Chair / nominate Executive Director to Chair UHB Strategic (Gold) meeting. Be prepared to attend multi agency Strategic Command

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
				Centre or the Emergency Coordination Centre -Wales (ECCW).
Executive Directors	Business as usual.	Need to be prepared to receive requests for information around increased admissions due to the heat from Public Health Wales and/or Welsh Government and / or media.	Watching brief from COO and Head EPRR, to include exception reports from Tactical (Silver) control. Be prepared to attend Strategic (Gold) incident command centre.	Attend UHB Strategic (Gold) incident command centre. At this stage a MAJOR INCIDENT will be declared and the UHB will convene a strategic (Gold) command meeting to ensure that all areas of the Health Board are coping with responding to the event. It is highly likely that a multi-agency Strategic Command Group will be activated by the South Wales Police. Be prepared to be nominated to attend the multi-agency SCG.

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
Chief Operating Officer (COO)	Monitor routine business continuity planning within clinical boards. Support long term service planning to mitigate the effects of adverse weather on the UHB and its resources.	Ensure all Clinical Boards are maintaining heightened vigilance and reviewing pre planned interventions.	Formally declare business continuity incident. Provide Strategic level oversight and leadership. Receive exception situation reports from Tactical (Silver) control. Provide Watching brief for CEO / Executive Directors. Ensure that hospital services are in a state of readiness to cope with the anticipated rise in admissions. Discharge planning should reflect local and individual circumstances so that people at risk are not discharged to unsuitable accommodation or reduced care during extreme heat conditions. Consideration	Attend UHB Strategic (Gold) incident command centre. Adopt role of Strategic lead of the Recovery Group focusing upon consequence management.

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
			will need to be given to the effectiveness of different bed-utilisation arrangements.	
Head EPRR	Support routine business continuity planning throughout the UHB. Highlight the importance of regular review, monitoring and evaluation of the business continuity plans so as to ensure that heatwave preparedness and response arrangements are up to date.	Commence weather alert cascade. Disseminate Welsh Government advice and information to all appropriate persons.	Provide professional advice to the UHB Tactical (Silver) Incident Control Centre. Act as link with SWLRF and facilitate multi agency communication if required.	Attend UHB Strategic (Gold) incident command centre. Be prepared to attend the multi-agency SCG.
Strategic Communication and Engagement	Business as usual, including links with the SWLRF Warning and Informing sub group to meet statutory CCA obligation. Foster the development of strong working links with the	Make relevant advice, guidance and information available for members of the public, health, social and other care professionals prior to, and during, extreme heat conditions.	Attend UHB Tactical (Silver) Incident Control Centre. Formally cascade information that a business continuity incident has been declared.	Attend UHB Strategic (Gold) incident command centre. Formally cascade confirmation that Major Incident has been declared.

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
	media so that advice and information can be communicated promptly both before, and during, a heatwave.	Such advice, guidance and information should be readily available and easily accessible to those who need it.	Need to be prepared to receive requests for information around fatalities. Actively promote stay safe, stay cool advice contained within appendix 6.	Activate links with WG and SWLRF communication cells.
Clinical Board triumvirates	Business as usual. Promote routine business continuity planning	Review surge capacity and the need for, and availability of, suitably trained staff support in the event of extreme heat conditions or heat-wave, especially if over a prolonged period.	Attend UHB Tactical (Silver) Incident Control Centre. Formally cascade information that a business continuity incident has been declared to all service leads. Ensure a staff rota for the next 24-48 hours (working a maximum 6-hour shift). Commission additional care and support, involving at least daily contact, as necessary for at-risk individuals living at home. This may involve informal	Attend UHB Tactical (Silver) Incident Control Centre. Formally cascade confirmation that Major Incident has been declared. Ensure a staff rota for the next 24-48 hours (working a maximum 6-hour shift).

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
			carers, volunteers and care workers. Action should be targeted at people with mobility or mental health problems or receiving medication likely to give rise to heat-related risks, and those living in accommodation that cannot easily be kept cool.	
Lead Nurse / Head of Department / Service team leaders	Business as usual.	As death rates rise soon after temperature increases, with many deaths occurring in the first two days of a heat wave, this is an important stage at which to ensure readiness and swift action to reduce harm from a potential heat wave. All staff should ensure that high risk patients are identified and monitored. Where appropriate they or	Establish communication with your service area "Bronze" coordination team, and ensure staff are aware of the route to escalate concerns. On receipt of an amber alert the information must be cascaded to all staff to ensure that high risk patients are monitored in accordance with pre-determined care plans.	At this level, illness and death may occur among the fit and healthy, not just in those at-risk individuals, and will require a multi-sector response at national and regional levels. Formally cascade confirmation that Major Incident has been declared

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
		their carers should be given suitable advice to reduce the risk of adverse effects on their health (See Appendix 6). Indoor thermometers should be installed in each room in which vulnerable individuals spend substantial time (bedrooms and living and eating areas) and, during a heatwave, indoor temperatures should be monitored at least four times a day. If temperatures exceed 26ºC, high-risk individuals should be moved to a cool area that is 26ºC or below. Give consideration to flexible visiting hours. Thereby preventing high numbers of people on wards	Appropriate measures must be taken to minimise the effects of the heat on patients and staff. Ensure that staff know which rooms are the easiest to keep cool and which are the most difficult, and review the distribution of patients according to those most at risk. Create cool rooms or cool areas. High-risk groups that are vulnerable to the effects of heat are physiologically unable to cool themselves efficiently once temperatures rise above 26ºC. Therefore, every ward should be able to provide a room or area that maintains a temperature at 26ºC or below.	

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
		in a short time span; and reducing need for family/friends to travel during the hottest part of the day.	Consider amendment to staff uniform to minimise discomfort. If safe to do so allow staff to wear light, loose-fitting cotton clothes. Factor in additional rest periods for staff and ensure that they avoid extreme physical exertion. This may necessitate additional staff on rotas. Ensure free access to a cold water supply.	
Ward / Dept Manager	Business as usual.	Make sure you know which patients are most at risk. Establish if you have any staff members who should be considered at risk, and who require modified working practices.	Establish communication with your service area "Bronze" control, and ensure staff are aware of the route to escalate concerns. Monitor patients frequently. Check body temperature,	Ensure all staff are aware that a Major Incident has been declared.

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
		Ensure you have protocols / safety briefings to monitor high risk patients and to provide additional support (body temperature, pulse rate, blood pressure and dehydration will need to be monitored regularly). Engage medical staff / pharmacist to ensure a medication review is undertaken for high risk patients. Discourage patients from physical activity and going out during the hottest part of the day (11.00am to 3.00pm). Check that patients have light, loose-fitting cotton clothing to wear.	heart and breathing rates, blood pressure and hydration levels. Observe patients for any changes in behaviour, especially excessive drowsiness. Watch for signs of headache, unusual tiredness, weakness, giddiness, disorientation or sleeping problems. Monitor all patient's fluid intake, providing regular cold drinks, particularly if they are not always able to drink unaided. Oral rehydration salts are suggested for those on high doses of diuretics. Bananas, orange juice and occasional salty snacks can also help replace salts lost due to	

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
		Encourage patients to remain in the coolest parts of the building as much as possible. Move patients so that each spends time in the cool room/area (26ºC or below) – give priority and extra time to high-risk patients or any showing signs of distress (including increased body temperature). Minimise heat generation by turning off non-essential lights and electrical equipment. If patients / families / carers are seeking advice Appendix 6 - A guide to looking after yourself and	sweating (consult dieticians). Advise patients to avoid caffeine (coffee, tea, colas), very sweet drinks and alcohol. Regularly sprinkle or spray cool water on exposed parts of the body. A damp cloth on the back of the neck helps with temperature regulation. Arrange cool showers or baths if possible. Keep curtains and windows closed while the temperature outside is higher than it is inside. Once the temperature outside has dropped lower than the temperature inside,	

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
		others – can be printed and distributed accordingly.	open the windows. This may not be until very late at night or the early hours of the morning.	
Primary care services and General Practitioners	Business as usual. Routine monitoring of vulnerable groups. Where individual households are identified as being at particular risk from hot weather, a request can be made to local authority Environmental Health professionals to undertake an assessment using the Health Housing and Safety Rating System.	Make sure you know which patients are most at risk. Identifying and implementing necessary changes to individual care plans for those in high-risk groups, including initiating daily visits by formal or informal carers to check on people living on their own Ensure you have protocols / safety briefings to monitor high risk patients and to provide additional support (body temperature, pulse rate, blood pressure and dehydration will need to be monitored regularly).	Establish communication with your service area "Bronze" control, and ensure staff are aware of the route to escalate concerns. On receipt of an amber alert the information must be cascaded to all staff to ensure that high risk patients are monitored in accordance with pre-determined care plans. Appropriate measures must be taken to minimise the effects of the heat on patients and staff. At-risk groups include:	Ensure all staff are aware that a Major Incident has been declared.

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
		Work with families and informal carers of at-risk individuals to raise awareness in respect of the dangers of heat, how to keep cool and put in place simple protective measures e.g. installing appropriate ventilation and ensuring fans and refrigerators are available and in good working order. Engage GPs / pharmacist to ensure a medication review is undertaken for high risk patients. Discourage patients from physical activity and going out during the hottest part of the day (11.00am to 3.00pm).	older people, especially women over 75 years old, or those living on their own and who are socially isolated, or in a care home; those with chronic and severe illness, including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson's disease, or severe mental illness. Medications that potentially affect renal function, sweating, thermoregulation or electrolyte balance can make this group more vulnerable to the effects of heat; and those who are unable to adapt their behaviour to keep cool, including those with Alzheimer's or a disability, or who are bed bound.	

	Meteorological Office Alert level			
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
			Ensure details of the PCIC Bronze coordination team are known by all staff (including GPs) to ensure early identification and communication of any safety concerns.	
Capital Planning, Estates and facilities	Business as usual. Promote routine business continuity planning for all critical support services. Promote and facilitate long-term multi-agency planning to adapt to, and reduce the impact of, climate change, including 'greening the built environment', insulating and increasing shading around buildings, improving energy efficiency and reducing carbon emissions.	The Maintenance Department, Estates, will need to be prepared for an increased demand from the organisation for equipment checks. In addition, in conjunction with the Fire Safety Team they will jointly identify any 'at risk' plant that may pose a hazard during hot weather. Where possible, cool rooms or areas should be made available. High-risk groups who are vulnerable to the	Check that there is a supply of fans, and that \ air conditioning working in clinical areas. (But note that energy use tends to go up during a heatwave due to increased use of fans and air-conditioning. These measures generate heat and make air quality worse. Therefore long-term planning should aim to maximise energy neutral cooling mechanisms). Arrange for cool drinks to be distributed regularly to	Ensure all staff are aware that a Major Incident has been declared.

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
	Pro-actively determine the resilience of their estates and equipment, especially medical and IT systems, to ensure that, where necessary, they can be maintained at working temperatures and there is no risk of system failure through overheating.	effects of heat are physiologically unable to cool themselves efficiently once temperatures rise above 26ºC10. Therefore, it is desirable for each care facility to provide a room or area that maintains a temperature of 26ºC or cooler. As a guide, and where possible, hospitals should aim to maintain temperatures throughout the hospital at or below 26ºC during extreme heat conditions. Ensure the dissemination of routine building security advice, whilst acknowledging the increase in temperature may result in a greater number of doors and windows being left open.	patients by catering services. Ensure cool drinking water is freely available to staff. Adapt menus to cold meals (preferably with a high water content such as fruit and salads). Increase outside shading. Spraying water on the ground outside helps to cool the air (avoid creating slip hazards) Monitor temperatures inside the building at least four times a day. Make the most of cooler night time temperatures to cool the building with	

Meteorological Office Alert level				
	Level 1 (GREEN)	**Level 2 (YELLOW)**	**Level 3 (AMBER)**	**Level 4 (RED)**
			ventilation. High night time temperatures have been found to be especially associated with excess mortality.	

Appendix 5 References

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Reference Number: UHB 095 **Version Number:** 04	**Date of Next Review:** September 2025 **Previous Trust/LHB Reference Number:** 343

Severe Adverse Weather Plan: Cold Weather

Introduction and Aim

This plan provides the framework for coordinating the Cardiff and Vale University Health Board (CVUHB) response to a sudden or prolonged period of adverse weather. It is not a standalone document and supplements the existing Major Incident and Clinical Board(s) Business Continuity Plans by providing additional information and guidance specific to mitigating, minimising and responding to the effects of adverse weather.

Objectives

To give guidance, advice and support to managers and employees in the event of adverse weather conditions which cause major disruption to travel services i.e. rail, road or air thus severely affecting the ability of employees to attend work; and /or disrupts the ability of patients to travel to or from UHB premises; and / or negatively impacts upon the stability of the procurement supply chain.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts.

Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has been completed. The Equality Impact Assessment completed for the policy found here to be a no impact.
Documents to read alongside this Procedure	• Emergency Pressures Escalation Plan • Clinical & Service Board Business Continuity Plans • Major Incident Plan
Approved by	Emergency Preparedness Resilience and Response (EPRR) Strategic Overview Group.
Accountable Executive or Clinical Board Director	Executive Director of Planning
Author(s)	Head of Emergency Preparedness, Resilience and Response

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1		01/09/12	New document
2	15/01/15	28/01/15	Updated to reflect current practice at the UHB.
3	07/01/18	Ditto	No requirement to amend / update.
4	09/09/19	11/12/19	Identified as Business Continuity. Clarification of four core cells to support work of Tactical (Silver) incident control team: • Communication • Staffing • Transport • Accommodation All action cards reviewed and updated Introduction of additional card (03) for staff in all areas without direct clinical care responsibilities.
5	09/09/2022		Validated via live activation 2020/21. Addition – Action card 09. Minor terminology amendments relating to role descriptions.

Content

1. Introduction

This plan provides the framework for coordinating the Cardiff and Vale University Health Board (CVUHB) response to a sudden or prolonged period of adverse weather. It is not a standalone document and supplements the existing Major Incident and Clinical Board(s) Business Continuity Plans by providing additional information and guidance specific to mitigating, minimising and responding to the effects of adverse weather.

In line with national guidance the plan is built on effective service and business continuity arrangements; and is intended to be responsive to local challenges and needs. When activated by the Chief Operating Officer this procedure will allow CVUHB to:

- Initiate formal Command, Control and Coordination (C3) structures;
- Receive and cascade Meteorological office notifications;
- Comply with any external reporting requirements (i.e. Welsh Government) and generate local situation reports;
- Reduce impact (including reducing the likelihood of excess deaths);
- Identify service users that are 'high risk' who might be at increased vulnerability during cold weather;
- Ensure that essential services are maintained;
- Cope with localised disruptions to services;
- Provide timely, authoritative and up-to-date information for staff; and
- Return to normal working after a period of adverse weather as rapidly and efficiently as possible

2. Purpose

This plan has been developed as a framework to coordinate resources in the event of severe adverse weather conditions that impact upon the normal operational efficiency of CVUHB.

3. Aim

The plan is designed to give guidance, advice and support to managers and employees in the event of adverse weather conditions which cause major disruption to travel services i.e. rail, road or air thus severely affecting the ability of employees to attend work; and /or disrupts the ability of patients to travel to or from UHB premises; and / or negatively impacts upon the stability of the procurement supply chain.

Adverse weather conditions usually arise from very heavy snowfalls and drifting snow but may also include extremely low temperature; exceptionally high (storm

force) winds; coastal flooding; flooding of rivers, streams; or localised fluvial/pluvial flooding (flash flooding). However, this list is not exhaustive.

During periods of adverse weather CVUHB continues to provide a service, and while we recognise that some employees may experience difficulty in reporting for work and appreciate the efforts made by employees to do so, it is the duty of every employee to make their own arrangements to get to work in the event of adverse weather conditions. All employees are expected to make reasonable efforts to attend work during adverse weather conditions.

4. Compliance Requirements

One of the key tenets of the Civil Contingencies Act 2004 is that organisations use an integrated emergency management approach to develop relevant plans. To comply, CVUHB is required to demonstrate that it is able to deliver a robust response and ensure business and service continuity in the event of any incident or emergency situation.

5. Emergency Preparedness in Wales

The Welsh Government or Wales Office, depending on the subject matter, is represented on relevant committees and forums within the UK government relating to civil protection. They ensure that UK civil protection policy and planning is tailored to Welsh needs. A dedicated team supports multi-agency cooperation in Wales and engagement with the UK government on issues relating to civil protection and emergency preparedness.

Local resilience forums (LRFs) are the principle mechanism for multi-agency cooperation on civil protection issues. The Welsh Resilience Forum (WRF) provides a national forum for multi-agency strategic advice and is chaired by the First Minister.

6. Effects of Adverse Weather on Health

During a period of severe adverse weather, the main effect of cold weather on health is an increased risk of heart attacks, strokes, lung illnesses, influenza and other diseases. There is also an increase in serious injuries where people slip and fall in the snow or ice. In most cases, simple preventive actions can avoid injury. In a short spell of cold weather, it is mainly the high-risk groups (see appendix 1) who are affected. However, during a prolonged period of cold weather normally fit and healthy people can also be affected.

In a crisis effort are often weighted toward ensuring business continuity within the acute hospital secondary care setting. However, we must remain mindful of our responsibilities to those cared for within the community and primary care setting. In February 2008 the Cabinet Office Civil Contingency Secretariat issued guidance entitled *'Identifying people who are vulnerable in a crisis'*. The document expands

on elements of *'Evacuation and Shelter Guidance'* that deals with vulnerable people and *'Emergency Preparedness: Guidance on Part 1 of the Civil Contingencies Act 2004'*.

The guidance primarily focuses on the principles of identifying and building relationships with bodies responsible for vulnerable people, so that the potential scale and mechanism for response can be agreed before an emergency occurs. This guidance is based around four key stages: -

6.1 Building Networks

The most effective way to identify vulnerable people is to work with those who are best placed to have up-to-date records of individuals and who will be aware of their needs. This may range from care homes (older people) to the local hotel industry (tourists).

6.2 Creating Lists

It would be impossible to maintain a central up-to-date list of vulnerable people. Therefore, it is recommended that lists of organisations and establishments are made, who can then be contacted in the event of an emergency to provide relevant information.

6.3 Agreeing Data Sharing Protocols and Activation Triggers

Once relevant agencies have been identified and networks developed, agreed data sharing procedures can be put in place, which should have the flexibility to adjust to changing circumstances with clear agreed triggers between responders.

6.4 Determining the Scale and Requirements

By building networks and agreeing data sharing protocols, the potential scale of requirements of vulnerable people can be estimated in advance of an emergency. This information can then feed into emergency planning in terms of resources and equipment.

Within CVUHB it is the responsibility of Primary, Community & Intermediate Care and Mental Health teams to identify patients in their locality who will be at increased risk. Careful coordination will be required between integrated health and social care teams to ensure that the appropriate organisations have advanced awareness of individuals at risk and are therefore in a position to discharge their responsibilities accordingly.

7. Severe Weather Warnings

The Meteorological office provides alerts that forecast a risk of adverse weather for a given area and this is taken as a trigger for activating this procedure. These warnings are given a colour depending on a combination of both the likelihood of

the event happening and the impact the conditions may have. The basic messages associated with each of the colours are: -

Green	**No Severe Weather: Business as Usual**
Normal operating status. Business should continue as usual - no action required.	
Yellow	**Be Aware: Monitor Situation**
Yellow means that severe weather is possible over the next few days. You should plan ahead thinking about possible travel delays, or the disruption of your daily activities. The Meteorological Office is monitoring the developing weather situation and Yellow means keep an eye on the latest forecast and be aware that the weather may change or worsen, leading to disruption of your plans.	
Amber	**Be prepared: Initiate Tactical (Silver) Control**
Tactical (Silver) control teams must be activated at this point. They will operate from the Tactical Incident Control Centre (Lakeside). There is an increased likelihood of bad weather affecting you, which could potentially disrupt your plans and possibly cause travel delays, road and rail closures, interruption to power and the potential risk to life and property. Amber means you need to be prepared to change your plans and protect you, your family and community from the impacts of the severe weather based on the forecast from the Meteorological Office	
Red	**Take Action: Initiate Strategic (Gold) Command**
Strategic (Gold) Command teams must be initiated at this point. They will operate from the Strategic Incident Command Centre at Wodland House. Red means you should take action now to keep yourself and others safe from the impact of the weather. Widespread damage, travel and power disruption and risk to life are likely. You must avoid dangerous areas and follow the advice of the emergency services and local authorities.	

8. Command and Control

When a forecast or unpredicted event is realised, the overall response must be synchronized using the standardised approach of Strategic, Tactical and Operational command and control arrangements, (also commonly known as Gold, Silver and Bronze).

In the event of an Amber alert CVUHB will adopt the coordination structures normally associated with a Major Incident / Emergency. In practice the response must be proportionate and is most likely to result in the establishment of a Tactical (Silver) control team working from the pre-designated Tactical Incident Control Centre at Lakeside.

The key role of the Tactical (Silver) control team will be to manage and coordinate all resources and to aid effective communication across the UHB and with partner agencies.

This team will be supported by a number of Operational (Bronze) teams. Specific working groups for workface / accommodation / transport / supply chain /utilities / communications etc. may be necessary dependent upon the exact nature of the challenge faced.

A Strategic (Gold) command team should only be necessary in the event of a Red alert; or widespread Regional disruption; complete failure of critical infrastructure; or during a prolonged incident which will severely impact upon the UHBs long term capacity plan. This team will operate from the Strategic Incident Command Centre located at Woodland House.

9. Action Cards

The Summary of Key Actions (appendix 2) outlines the responsibilities for the planning and response to a Severe, Adverse or Extreme Weather Warning and/or event. Explicit responsibilities of staff and departments with specific roles are stated in the relevant action cards.

10. Roles Within the Organisation

The responsibilities for responding to severe weather may vary slightly depending on the time of day that the event occurs, and the duration. However, with the sophistication of weather forecasting it is often now possible to provide reliable information to operational areas in advance in order to proactively respond. Hence every effort should be made to agree key actions during normal office hours.

10.1 Chief Operating Officer/ Executive Director (Action Card 01)

Disruption associated with adverse weather should be considered as a Business Continuity incident. Therefore, the Strategic level leadership will be provided by the Chief Operating Officer, who will take preparatory steps as outlined within Action Card 01.

10.2 All Ward/Departmental Managers (Action Card 02)

All managers are required to monitor cascaded weather alerts, and be aware of any pre-existing business continuity plan relating to their area of responsibility.

When it is evident that the weather is beginning to deteriorate, or upon receipt of "Yellow" weather warning ward / department managers should be prepared to take preparatory steps as outlined within Action Card 02.

10.3 All Areas Without Direct Clinical Care Responsibilities (Action Card 03)

During period of 'Yellow' alert, teams will maintain a heightened awareness of weather alerts. Consideration will be given to potential disruption of day to day services.

Escalation to 'Amber' will require a state of preparedness, and a real time status report for all clinical services. Potential actions necessary to safeguard critical services will be reviewed.

10.4 Clinical Board Teams (Action Cards 04 & 4a/4b/4c/4d)

During period of 'Yellow' alert, Clinical Board teams will maintain a heightened awareness of weather alerts. Consideration will be given to potential disruption of day to day services.

Escalation to 'Amber' will require a state of preparedness, and a real time status report for all clinical services. Potential actions necessary to safeguard critical services will be reviewed; and the UHB must initiate a Tactical (Silver) incident control team. Consideration must be given to the creation of a sustainable rota for the next 48 hours.

At this stage it is likely that the weather may begin to cause travel delays, road and rail closures, and interruption to power supplies. Relevant working cells will be established at this point.

The stated intentions of the Tactical (Silver) Incident Control team will be to:

- Assume the on-site management role for the duration of the response
- Confirm that key supporting roles are covered; and that a 48-hour rota is agreed which identifies replacement senior staff (working 6-hour shifts)
- Ensure that the overall UHB response is coordinated and proportionate
- Establish working groups to address key organisational issues
- Check that the necessary resources are available
- Safeguard staff, patients and critical infrastructure
- Identify, prioritise and endeavour to protect time sensitive / clinically urgent services

- Provide support for staff working under extreme pressure – possibly for a prolonged period of time

A 'Red' alert necessitates immediate action, with the activation of the Strategic (Gold) command function at Woodland House.

10.5 Strategic Planning (Action Card 05)

The Emergency Preparedness Resilience and Response (EPRR) team will be responsible for the cascade of severe weather warning alerts to Executive and Clinical Board teams during normal office hours There is no on call provision for out of hours alerts. EPRR staff will not be part of the actual staff rota in order that they are free to provide Strategic advice and support as appropriate.

Upon receipt of an 'Amber' warning the post holder will ensure that the Tactical (Silver) Incident Control Room is prepared for activation. This will include identification of named individuals to cover the first shift. The EPRR team will communicate the requirement to adopt the coordination structures normally associated with a Major Incident / Emergency. In practice the response must be proportionate and is most likely to result in the establishment of a Tactical (Silver) Incident Control Room in the first instance.

In the event of a 'Red' alert signifying prolonged or widespread Regional disruption the South Wales Local Resilience Forum members will be summoned to the Strategic Coordination Centre. The Head of EPRR will attend in support of / on behalf of the Chief Operating Officer / UHB Executive Director.

10.6 Capital Planning, Estates and Operational Services

(Action Cards 06, 6a, 6b, 6c & 6d)

The UHB Head of Operational services (or nominated deputy) will endeavour to provide as near to normal service as possible in line with priorities identified by Clinical Boards.

Pre-winter planning and development of business continuity plans will ensure scalable contingency arrangements to deal with a range of scenarios from relocation of staff to support critical functions through staff absence, re-planning and allocation of works in higher staff absence levels through daily monitoring of staff availability, reviewing of service activity and review of priorities to support clinical services.

Staff from non-clinical, administrative support or corporate departments may be required to enhance the operational response. Therefore, no department head should take the unilateral decision to release staff from duty. This decision will be communicated via the Tactical (Silver) Incident Control Centre.

Capital Planning: Estates

Under the guidance of the Director of Planning (Capital) the Estates Department staff at each site are responsible for gritting and clearing snow and ice as necessary throughout their respective sites; subject to other urgent maintenance priorities.

Pre-Winter planning has identified priority areas as paths, building access points and ambulance routes to Emergency admission departments. Consideration will also be given to clearing car parks as far as possible, to ensure that vehicles coming on site can park in designated areas and not block access routes.

Upon completion of their core duties, estates staff and a very small cohort of vehicles may be available to support other aspects of the UHB response e.g. transfer of essential staff. However, there should be no expectation that estates staff can provide a wide scale or sustainable staff transportation service. Such an eventuality must be considered within individual Clinical Boards business continuity plans.

Capital Planning: Transport (Vehicle Provision)

It is the duty of every employee to make their own arrangements to facilitate their attendance/ability to undertake their contractual duties. All staff are therefore required to consider their personal travel plans to ensure they can get to work safely during severe weather. Staff are expected to make every reasonable attempt to attend/remain in work.

Where they use a vehicle, staff should review the advice provided by the Highways Agency and motoring organisations when planning journeys to and from their place of work.

In the presence of an increased personal vulnerability e.g. pregnancy or disability staff must ensure that their line managers are informed accordingly. All staff members must remain mindful of their personal safety, and are expected only to make reasonable attempts to attend work. The UHB does not expect staff to put themselves at risk of harm.

During periods of severe adverse weather, the UHB has access to a very limited supply of 4 x 4 vehicles and drivers. Several of these vehicles have primary roles in ensuring the gritting and clearing of sites. It is possible – but not guaranteed - that some of these 4 x 4 resources can be redirected to provide a staff transportation facility once their primary role has been fulfilled. However, staff should not assume that the UHB has the ability to provide a wide scale or sustainable transport solution.

10.7 Communications and Engagement (Action Card 07)

There are general duties under the Civil Contingencies Act 2004 to warn and inform the public before, during and after an emergency.

If the UHB takes the decision to cancel / restrict services as a result of severe weather conditions, every effort should be made to contact individual patients to prevent any unnecessary travel. In addition, a message will be posted on the CVUHB Intranet and appropriate social media sites advising of any restriction to services. Messages will be shared with the Cardiff and Vale of Glamorgan Community Health Council (CVOGCHC), and Social Services to ensure the widespread dissemination of consistent messages. In extreme circumstances information may also be communicated via local television and radio stations

The primary role of the Communication team will be to: -

- Establish procedures for contacting other relevant responder organisations, informing them of action already taken/proposed (procedures could involve creation of a physical media cell, organising conference calls/meetings, activation of the major emergency website)
- Coordinate communications activity, to ensure consistency in messages being issued to the public via the media.
- Ensure the provision of a media facility, and identification of an appropriate spokesperson to work with the media /social networking sites if required
- To prevent potential frightening rumours and misinformation by providing accurate and timely information which will help the public overcome concerns and understand what they should do to protect themselves and their families.

10.8 Procurement (Action card 08)

The Head of Procurement will liaise with NHS Wales Shared Service Partnership, external contractors and the Joint Equipment Stores to ensure that they have adequate contingency plans in place to deal with severe weather.

When the likelihood of severe weather increases the Head of Procurement will ensure that providers of goods or services are prepared to invoke their contingency plans should the need arise.

It is essential that this card holder liaises directly with the Tactical (Silver) Incident Control Centre to provide timely and proactive updates. In addition, to provide for the Corporate Credit for essential out-of-hours expenditure.

11. Notification of Restrictions/Cancellation of Services

In a timely and proactive manner, the Chief Operating Officer and Clinical Board teams will risk assess all available information in order to decide if it is necessary to cancel / restrict / reschedule clinical services.

When making a decision it is essential to consider the actions of WAST in relation to reduction / cancellation of Non-Emergency Patient Transport Service (NEPTS).

Locality Managers will decide if it is appropriate to keep health centres or clinics open and fully operational.

All other Clinical Boards who have staff working within the community will ensure that their contingency plans clearly identify mechanisms for such staff to report back on deteriorating conditions and associated risk to themselves or colleagues. Pre-determined local service leads will be responsible for making the decision to cancel / prioritise and restrict community-based activity.

12. Roles/Responsibilities of Other Organisations

12.1 Welsh Ambulance Services NHS Trust

The Welsh Ambulance Service Trust (WAST) Head of Service will retain responsibility for risk assessing all Patient Transport and Emergency Ambulance journeys. Decisions regarding prioritisation / cancellation / restriction of journeys will be communicated directly to the UHB Head of Patient Access team.

12.2 Local Education Authority

In the event that severe adverse weather affects the operational ability of a school it is highly likely that this will in turn affect UHB staff members. Staff should consult their line manager for relevant Human Resource policy guidance.

There is an expectation that those staff with carer responsibilities consider their personal contingency plan in advance in preparation for any adverse weather event.

12.3 Social Services

The local Social Services Department will need to be engaged at a very early stage to help facilitate the accelerated discharge of patients; or to assist with prioritising the care of vulnerable groups' in the community.

12.4 NHS Wales Shared Services Partnership

The CVUHB Head of procurement / purchasing will be required to liaise with Shared Services Partnership and external contractors to ensure sustainability of the procurement chain, and provide "exception" reports directly to the ICC.

13. Accelerated Discharges

In the event of severe adverse weather there may be a requirement to accelerate / increase the level of discharges into home and community settings to increase the bed availability for urgent admissions.

This process must be completed in a coordinated manner which gives due precedence to the safety of discharged patients. Comprehensive written records must be kept which reflect the decision made, the interim location of the patient and their final discharge destination. Electronic patient records must be updated at the earliest opportunity to ensure that individual patients are not lost to follow up.

If the proposed accelerated discharge is challenged; or there are unresolved concerns in relation to vulnerable individuals; or the validity of a safe and sustainable discharge plan cannot be confirmed then the issue must be escalated. In the first instance this should be via the Lead Nurse accountable for the Directorate concerned. Ultimately if the issues cannot be resolved locally then the Executive Nurse Director will retain overall authority for “Safeguarding” and decision making.

During office hours patients who can be discharged should be transferred to the discharge lounge located on the ground floor of A Block (UHW). There is no corresponding lounge available on the UHL site.

Out of office hours the Tactical (Silver) incident control team will confirm the requirement for accelerated discharges, and identify a staffed holding area if required.

14. Warning and Informing

14.1 Key Messages to Staff

Throughout the winter period, the UHB must regularly promote the key messages, encouraging staff to make their own plan, be resilient, and be weather ready.

The UHB does not have a responsibility to get staff to and from work, however in exceptional circumstances such as severe and prolonged adverse weather or for critical/operational requirements, there may be a need to provide transport arrangements.

Staff are encouraged wherever safe and practical to make their own arrangements and to use formalised local arrangements or use accredited and licensed public transport operators

Where staff make their own arrangements, they are advised to ensure they know the individual and are confident of the safety, maintenance, insurance details of the vehicle and the driver offering transport.

Staff are advised to ensure their personal safety first and foremost and not to place themselves or others at unnecessary risk, this includes sharing your

name address and personal contact details online without knowing the source.

14.2 Communicating with Service Providers

It is essential to establish clear lines of communication with services based outside the acute hospital sites. Ensure early engagement with the communication hub and locality management teams; and work with General Practitioners and district nurses to identify vulnerable patients on their practice lists.

There is an ongoing necessity to work with neighbouring health and social care organisations and voluntary groups to implement measures to protect people in their care and reduce cold-related illness and death in those most at risk.

Service providers have a responsibility to ensure that staff are fit and well, and should facilitate a flu vaccination service to front-line health and social care workers. This will reduce the risk of them passing the virus to vulnerable patients, staff and family members; and help to reduce the level of absenteeism in NHS and care services.

14.3 Engaging the Community

The UHB will provide extra help, where possible, to care for those most at risk, including isolated older people and those with a serious illness or disability. This will be facilitated in conjunction with local authorities, social care services, the voluntary sector, communities and faith groups, families and others. This level of intervention should be proactively determined locally as part of the person's individual care plan.

By ongoing collaboration with partner agencies CVUHB will endeavour to secure additional financial help by ensuring that people are claiming their entitlements to benefits. Also to improve living conditions e.g. Care & Repair initiative.

15. Financial Resources

The UHB may incur additional costs when responding to events of severe weather. It is difficult to predict this and such costs will have to be identified as soon after the event as possible. Finance will provide a financial code for the Tactical (Silver) incident control team to use for any urgent expenditure during the event e.g. staff accommodation in local hotels.

16. De-escalation and Debrief

When public transport resumes the staff coordinating transport requests will be stood down. However key members of the Tactical (Silver) control team may need to continue until all normal services are resumed.

As soon as practicable after an incident, a debrief will take place to ensure that lessons are learned. A debrief can be called by either the most senior person leading the coordination response to the incident or by the EPRR team.

A training needs analysis will be undertaken after each incident debrief in order to ensure that staff are equipped with the correct skills to respond to these events.

17. Non-Conformance

Although this document is not mandatory, failure to comply with the Civil Contingencies Act 2004 and/or Health and Safety legislation could result in prosecution or proceedings being undertaken in accordance with the relevant UHB Policy.

18. Monitoring, Audit and Review

The Head of EPRR will review the effectiveness of this plan every 3 years. Should the UHB experience severe weather conditions where it has been identified that there have been operational difficulties a full review will be undertaken and findings will be reported to the Business Continuity forum chaired by the Chief Operating Officer. In addition, overall accountability will lie with the UHB EPRR Strategic Oversight Group.

19. Equality Impact Assessment

CVUHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards

20. Distribution

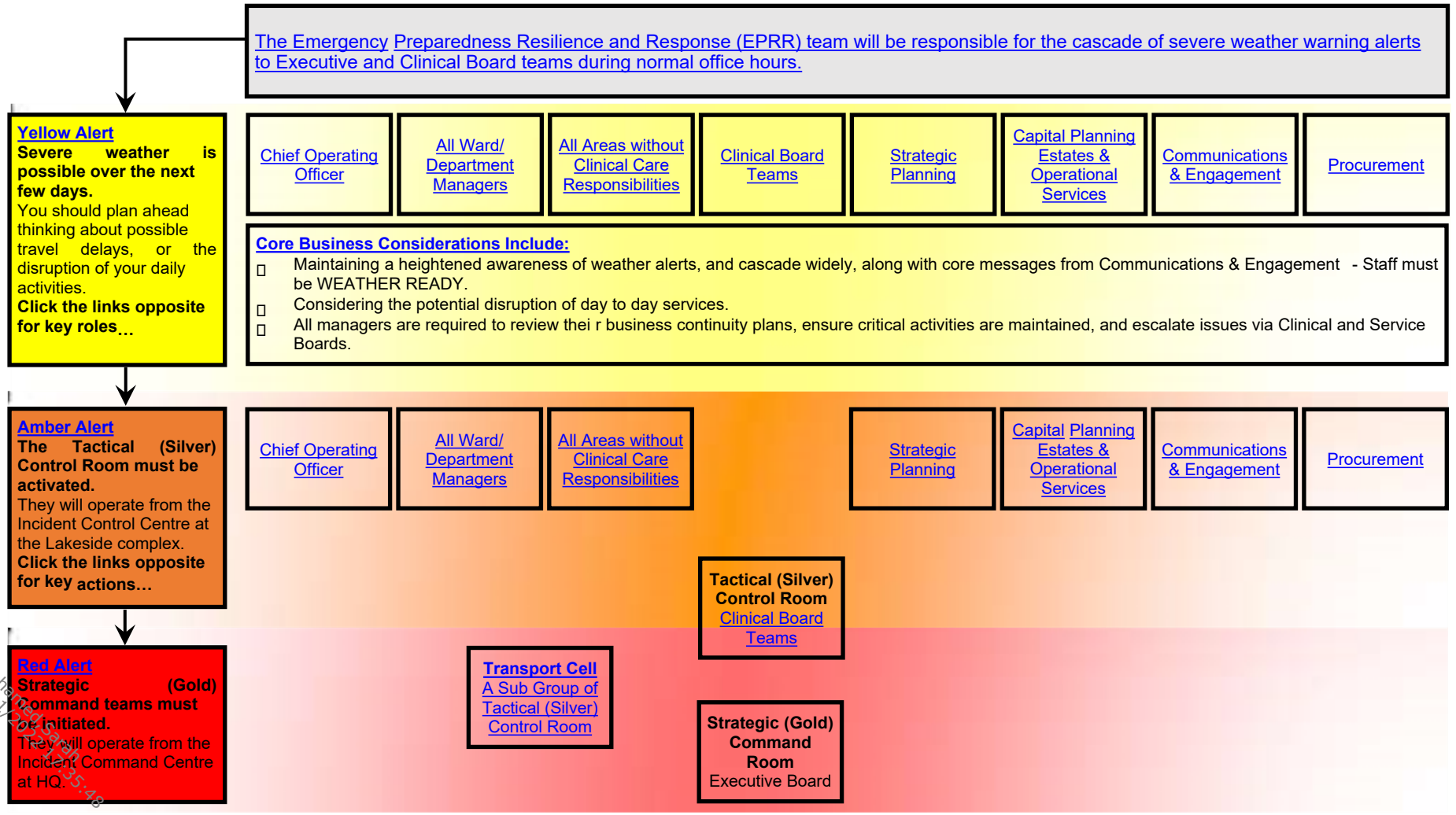
This Procedure will be available for viewing via the UHB Intranet.

Appendix 01: High Risk Groups

The following are examples of sub categories, as well as living conditions and health conditions which may place people at risk: -

- Over 75 years old.
- Otherwise “frail” older people.
- Children under the age of 5.
- Pre-existing chronic medical conditions such as heart disease, stroke or transient ischemic attack (TIA), asthma, chronic obstructive pulmonary disease (COPD) or diabetes.
- Mental ill health that reduces individual’s ability to self-care.
- Dementia.
- Learning disabilities.
- Assessed as being at risk of, or having had, recurrent falls.
- Housebound or otherwise low mobility.
- Living in deprived circumstances.
- Living in houses with mould.
- Fuel poor (needing to spend 10% or more of household income on household heating.
- Older people who live alone, and do not have additional social services support.
- Homeless people, or people sleeping rough.
- Other marginalised groups.

Appendix 02: Summary of Key Actions Flow Chart



Appendix 03: Action Cards

The following section contains action cards as follows: -

Action Card 01: Chief Operating Officer/ Executive Director

Action Card 02: All Ward/Departmental Managers

Action Card 03: All Areas without Direct Clinical Care Responsibilities

Action Card 04: Clinical Board Teams

4a: Communication Cell

4b: Staffing Cell

4c: Transport Cell

4d: Accommodation Cell

Action Card 05: Strategic Planning

Action Card 06: Capital Planning, Estates and Operational Services

6a: Transport (Vehicle Provision)

6b: Staff Accommodation

6c: Linen Services

6d: Catering Services

Action Card 07 Strategic Communication and engagement team

Action Card 08 Head of procurement

Action Card 09 Activation procedure for volunteer drivers

Action Card 01: Chief Operating Officer/ Executive Director

Disruption associated with adverse weather should be considered as a Business Continuity incident. Therefore, the Strategic level leadership will be provided by the Chief Operating Officer/Executive Director.

Responsibilities

- To ensure that the response to adverse weather across the Health Board is proportionate, robust and coordinated.
- To provide strategic leadership, and communicate organisations priorities.

Preparation

- When in receipt of an 'Amber' warning, initiate the Tactical (Silver) control centre.
- Upon receipt of 'Red' alert, activate the Strategic (Gold) command centre

Response

- Ensure that Clinical Boards and corporate departments are implementing their business continuity plans.
- Confirm that supporting cells have been established (Staffing, Transport, Accommodation, and Communication).
- Support the Tactical (Silver) Control team by providing Strategic direction, and specific objectives (if required.)
- Liaise with other Health Boards and agencies as/when required.
- Provide an appropriate response to the media and other external agencies
- If required attend, or delegate an Executive Director to the multi-agency Strategic Coordination Group (SCG). The person attending must have authority to commit UHB financial and staff resources without recourse to anyone else.

Debrief

This action card holder will attend the post incident debrief.

Action Card 02: All Ward/Departmental Managers

Responsibilities

- All UHB employees have responsibilities to ensure the safety of themselves and others.
- It is the duty of every employee to make their own arrangements to facilitate their attendance/ability to undertake their duties. All staff are therefore expected to make every reasonable attempt to attend/remain in work.
- WOD and line managers will provide advice and guidance to staff on attending work during severe weather conditions in accordance with this procedure.

Preparation

- Line managers must identify which essential staff may require transport in the event of a 'Red' alert being issued. (See Action Card 4d). This should be completed in advance of the event and should take into consideration where staff live, any personal limitations or health issues and the anticipated duration of the severe weather event.
- Line managers are to ensure staff contact lists are maintained.
- Staff must be advised that the UHB has very limited access to 4x4 vehicles, and will prioritise all requests for assistance. It is probable that not all request will be accepted.

Response

- Activate Business Continuity Plans.
- Identify essential staff that will be required to ensure continuity of a safe service.
- Wards and departments to identify those staff due to attend work/cover on-call during the next 24-48 hours. Identify where they live in relation to their work base and/or whether they have carer responsibilities.
- Where possible organise shifts/on-call to ensure that those living closest or on a main route and can travel safely to work are covering immediate shifts/on-call.
- Ascertain whether they are able to safely walk/use public or private transport to get to work.
- Transportation or accommodation requests supported by line managers must be escalated to the Clinical Board teams.

- **Please remember that UHB transport and accommodation is VERY limited.** It cannot be guaranteed and must be authorised by line managers. No request will be considered by the Tactical (Silver) incident control team without prior validation by the Clinical Board.

Action Card 03: All Areas without Direct Clinical Care Responsibilities

Responsibilities

- All UHB employees have responsibilities to ensure the safety of themselves and others.
- It is the duty of every employee to make their own arrangements to facilitate their attendance/ability to undertake their duties. All staff are therefore expected to make every reasonable attempt to attend/remain in work.
- WOD and line managers will provide advice guidance to staff on attending work during severe weather conditions in accordance with this procedure.

Preparation

- Line managers must identify which essential staff will require transport in the event of a 'Red' alert being issued. (See Action Card 4a). This should be completed in advance of the event and should take into consideration where staff live, any personal limitations or health issues and the anticipated duration of the severe weather event.
- Line managers are to ensure staff contact lists are maintained.
- Staff must be advised that the UHB has very limited access to 4x4 vehicles, and will prioritise all requests for assistance. It is probable that not all request will be accepted.
- Line managers to be prepared to release available staff to support core clinical functions.

Response

- Activation Business Continuity Plans.
- Do not assume that non-clinical staff can be released at the commencement of an adverse weather event. Direction must be sought from the Tactical (Silver) incident control team, as those members of staff may be redeployed to support the work of the four core support cells or to operational duties.
- All teams to identify those staff due to attend work/cover on-call during the next 24-48 hours. Identify where they live in relation to their work base and/or whether they have carer responsibilities.
- Where possible organise shifts/on-call to ensure that those living closest or on a main route and can travel safely to work are covering immediate shifts/on-call.
- Ascertain whether they are able to safely walk/use public or private transport to get to work.
- Transportation or accommodation requests supported by line managers must be escalated to the Service Board Manager with responsibility for the function.

- **Please remember that UHB transport and accommodation is VERY limited.** It cannot be guaranteed and must be authorised by line managers. No request will be considered by the Tactical (Silver) incident control team without prior validation by the Clinical Board.

Action Card 04: Clinical Board Teams

Responsibilities

Clinical Boards are responsible for ensuring that areas under their control have business continuity plans in place to respond in the event of severe weather, i.e., identify the risk of significant reduction in staff in their areas.

Co-ordinate the UHBs service provision and response to an event by establishing Tactical (Silver) Control Room to support both primary and secondary care services.

Liaise with Chief Operating Officer (Executive Director on Call out of hours) to provide updates and situation reports as and when necessary.

Preparation

- Tactical (Silver) Incident Control Centre will be activated on receipt of an “amber” weather alert. This will be located at Lakeside and must not be moved to the main building.
- On receipt of a “red” weather alert, the Chief Operating Officer (Executive Director on call out of hours) will initiate Strategic (Gold) incident command centre at Woodland House.
- Planning should where possible, compliment other business continuity arrangements and reflect other divisional plans
- Pre-identify non-essential services that may need to be reduced/cancelled during a severe weather event.

Response

Confirm that the operational (Bronze) teams have initiated their Business Continuity Plans and commenced actions on Cards 02 & 03. Issues to consider include: -

- Present demand and capacity profiles
- Reduced staffing
- Necessity to reduce / reschedule / cancel services
- Availability of patient transport for admission / discharge
- Site safety issues for patients, staff and visitors
- Accommodation for staff unable to return home
- Communication difficulties
- Excess demand for catering
- Temporary supply shortages
- Disruption to utilities
- Traffic management problems

NB. Many of these actions could be completed by the establishment of the four core cells – Communication(4a), Staffing(4b), Transport(4c) and Accommodation (4d).

Debrief

This action card holder will attend the post incident debrief.

Action Card 4a: Communication Cell

Card holder(s) Member of the communication and engagement team

Responsibilities

The card holder will establish procedures for contacting other relevant responder organisations, informing them of action already taken/proposed (procedures could involve creation of a physical media cell, organising conference calls/meetings, activation of the major emergency website)

The holder would be required to coordinate communications activity, to ensure consistency in messages being issued to the public via the media, to include the provision of a media facility, and identification of an appropriate spokesperson to work with the media /social networking sites.

The aim being to prevent potential frightening rumours and misinformation by providing accurate and timely information which will help the public overcome concerns and understand what they should do to protect themselves and their families

Action Card 4b: Staffing Cell

Card holder(s) Lead Nurse(s) – as identified by the Tactical (Silver) incident control centre.

Responsibilities

The primary role is to ensure that all clinical areas have activated their Business Continuity Plans to address loss of staff.

Response

- Prepare a rota for staff to support this work for the next 24-48hrs. Shifts should not exceed 6hrs.
- Ensure that all wards and departments have identified essential staff that will be required to ensure continuity of a safe service and are due to attend work/cover on-call during the next 24-48 hours.
- Monitor compliance in accordance with local business continuity arrangements.
- Receive exception reports and escalate to Tactical (Silver) Incident Control Centre if local resolution cannot be achieved.

Action Card 4c: Transport Cell

Card holder(s) Senior non-Clinical Manager – as identified by the Tactical (Silver) Incident Control Centre.

Responsibilities

The primary role is to ensure that under the direction of the Tactical (Silver) Control Room, the cell assists with the management, co-ordination and provision of transport to and from work for essential staff (as identified by the Clinical Boards) in the event of adverse weather.

This will include: -

- Liaison with the Head of sustainable transport.
- Confirmation of 4x4 vehicles to support transportation.
- Confirmation of the number of drivers available.
- Creation of a rota for drivers and vehicles to cover the period of disruption.
- Confirmation of the pre-identified staff collection points.
- Production of driver/vehicle worklists for transport to and from work for essential staff (as identified by the Clinical Boards).
- Communicating with essential staff when transport has been allocated.

Preparation

In advance of adverse weather, the UHB will ensure that:-

- There are a range of vehicles available to support (additional)
- Identify a pool of non-critical staff across Clinical and Service Boards who will participate in a rota to drive 4x4 vehicles in adverse weather.
- Carry out licence checks and provide 4x4 training for the above staff.
- Identify a pool of non-critical staff across Clinical and Service Boards who will participate in a rota to staff the transport cell in adverse weather.
- Provide training for staff working in the transport cell.
- Pre-identify staff collection points, limited to a 10-mile radius from sites (UHW/UHL). Collection from home address is discouraged.
- Support is available from local 4x4 response charities to supplement the internal preparedness.

Response

- On receipt of a 'Red' Alert, the Tactical (Silver) Incident Control Centre Room will be responsible for establishing this cell.
- Prepare a rota for staff to support this work for the next 24-48hrs. Shifts should not exceed 6hrs.
- Receive pre-authorised requests for transportation from Tactical (Silver) Control.
- Receive exception reports, and escalate to Tactical (Silver) Control if local resolution cannot be achieved.

Weather Plan: Cold
Reference Number: UHB 095 Next Review Date: 09 Sept 2022
Version Number: 4 Date of Publication: 11 Dec 2019
Approved By: Management Executive

Action Card 4d: Accommodation Cell

Card holder(s) Head of facilities / Head of Security / Nominated deputy

Responsibilities
To support the UHB Tactical (Silver) incident Control Centre ensuring that UHB on site accommodation usage is coordinated and used efficiently.

In addition to coordinate and document use of private off-site hotel facilities. There is a pre-existing contract with MERCURE Cardiff North Llanederyn) which can be activated by the Head of EPRR.

Preparation
In advance of severe weather, the Head of Facilities / Security would have made arrangements to identify post holders to staff the accommodation cell during normal working hours.

Out of hours this may be subject to dynamic risk assessment and action by the Tactical (Silver) Incident Control Centre.

Response

1. Prepare staff rota to manage the accommodation cell.

   - Monday – Friday 08:00 – 16:00 managed from Pembroke House contactable via 74 3665 and 74 3182.
   - Weekends and Bank Holidays managed from accommodation office collocated within the security control centre.

2. Establish a clear communication channel with the Tactical (Silver) Incident Control Centre.

3. Identify suitable accommodation on all hospital sites for staff required to remain resident to ensure continuity of service.

4. Arrange for accommodation to be provided for staff that are unable to travel home and wish to stay on site in line with the priorities agreed by the Tactical (Silver) Incident Control Centre. However, the availability of such accommodation is likely to be limited. If there is a need for additional room, the accommodation cell will liaise with the Head of Procurement to reserve local hotels.

Action Card 05: Strategic Planning (EPRR Team)

Card holder(s) EPRR Manager

Responsibilities
The Emergency Planning Manager will be responsible for the cascade of severe weather warning alerts to Executive and Clinical Board teams.

In the event of prolonged or widespread regional disruption the South Wales Local Resilience Forum members will be summoned to the Multi Agency Strategic Coordination Centre. The Head of EPRR will attend in support of the nominated UHB Executive Director.

Planning
On a continuous basis the EPRR team will support the COO in ensuring that all areas receive business continuity training and are aware of the requirement to produce business Continuity Plans.

Throughout the winter period, the EPRR Team will work with the Strategic Communications and Engagement Team to regularly promote the key messages, encouraging staff to make their own plan, be resilient, and be weather ready

Response
The EPRR team will provide specialist advice as and when required. The team will not be part of the operational business continuity incident response. This role will change in the event that the situation escalates and is determined to be a Major Incident.

Procedure
Upon receipt of an 'Amber' warning the post holder will:-

- Alert the Chief Operating Officer/Executive Director, to initiate the Tactical (Silver) control room.

- The EPRR team will communicate the requirement to adopt the coordination structures normally associated with a significant business continuity / Major Incident. In practice the response must be proportionate and is most likely to result in the establishment of a Tactical (Silver) Control Room in the first instance – supported by the four core cells identified within the plan.

- Ensure that the Tactical (Silver) Control Room is prepared for activation. This will include identification of named individuals to cover the first shift.

Debrief
The EPRR Team will-ordinate the post incident debrief .

Action Card 06: Capital Planning, Estates and Operational Services

Card holder(s) Director of Capital Planning / Senior Estates Manager

Responsibilities
In the event of adverse weather, Capital and Estates Service will, as far as reasonably possible and practicable within available resources, maintain safe access via roads and pavements to the essential routes on hospital and health centre sites.

Planning
Ensure business continuity plans and escalation processes are in place to continue to provide services (e.g. catering / linen) during severe weather. Plan and prepare for severe weather in advance of winter months to ensure safe access to UHB hospital and clinic sites.

Response
Information received from the met office will determine the course of action required:

- Dynamic risk assessment
- Pre-gritting / Snow / ice clearing
- Signage – on main entrance to site and car parks where appropriate.
- Levels of equipment

Procedure

1. When automatic early and/or flash weather warnings are received the Senior Estates Manager will establish the most appropriate course of action, e.g. gritting, snow/ice clearing.

2. The estates department (on call manager out of hours) will initiate the on call snow rota and identify staff (rota watch) who will be deployed to specific sites.

3. The Estates Department will ensure that gritting and snow/ice clearing equipment and other resources are available: -
    - Salt
    - Equipment, i.e. 4x4, quads, p0loughs, tractors, salt spreaders
    - Staff available to undertake snow clearing duties (on-call rota)
    - Contracts i.e. Local Council road gritting/Hire Companies

4. In the event of severe snow falls, the estates on call manager may make the decision to close car parks.

Liaise with Tactical (Silver) Incident Control Centre to advise of any potential risks

Debrief
This action card holder will attend the post incident debrief.

Action Card 6a: Transport (Advice)

Card holder(s) Head of Sustainable Transport

Responsibilities

- Provide expert advice relating to staff and patient transport in the event of severe weather to the Tactical (Silver) Incident Control Centre and the transport cell.
- Prepare an administration staff rota to support the transport cell.
- To collate and disseminate information to the Tactical (Silver) and strategic communication teams regarding the status of:

    - Local and regional travel information
    - The Welsh Ambulance Services Trust
    - Public transport arrangements
    - The Health Courier Service
    - 4 x 4 transport availability (NHS or St John)

- Maintain a database of all 4x4 vehicles in UHB and confirm process to access fleet during severe weather.
- Maintain data base of approved voluntary agencies who can offer 4x4 vehicles.

Planning

Ensure contracts with key patient transport agencies include business continuity plans and that services have escalation processes in place to continue to provide their services during severe weather event

Debrief

This action card holder will attend the post incident debrief.

Action Card 6b: Staff Accommodation

Card holder(s) Head of facilities / Head of Security

Responsibilities
To support the UHB incident response by ensuring that UHB on site accommodation usage is maximised. Providing accommodation on a 12 hourly rotational basis for staff unable to return home.

Planning
During periods of routine business (status green) the Head of Commercial Services will liaise with accommodation management team to ensure that they have adequate contingency plans in place to deal with severe weather.

Arrangements to include pre-identified roles / posts to staff the accommodation cell during normal working hours. Concurrently demonstrate planning to deal with out of hours requests.

Response
1. Identify suitable accommodation for staff required to stay on site during their rest period (between shifts) to ensure continuity of service.
2. Maximise on site accommodation facilities during period of potential severe weather (either forecast or between November and March).
3. Prepare staff rota to manage the accommodation cell which will be implemented in the event of an adverse weather amber alert.
4. Establish the Staff Accommodation cell to co-ordinate and provide free of charge accommodation for staff who (via Tactical Silver control) are identified as needing this facility.
   - Monday – Friday 08:00 – 16:00 managed from Pembroke House contactable via 74 3665 and 74 3182.
   - Weekends and Bank Holidays managed from accommodation office collocated with the security control room.
   - Pre-arranged keys will be available for collection from the security.

5. Arrange for accommodation to be provided, where available for staff that are unable to travel home and wish to stay on site. However, the availability of such accommodation is likely to be limited.
6. If there is a need for additional room, the accommodation cell will liaise with the Head of Procurement to reserve local hotels.

Debrief
This action card holder may be required to attend the post incident debrief.

Action Card 6c: Linen Services

Card holder(s) Head of Commercial Services / Linen service manager

Responsibilities
To support the UHB incident response by ensuring an adequate and sustainable linen service throughout the period of adverse weather.

Planning
During periods of routine business (status green) the Head of Commercial Services will liaise with external contractors to ensure that they have adequate contingency plans in place to deal with severe weather. They will review these arrangements annually, or upon tendering for new contracts.

Immediate action

1) When the likelihood of severe weather increases (yellow alert) the Head of Commercial Services will confirm that providers of goods or services are prepared to invoke their contingency plans should the need arise.

2) Proactively prepare a delivery schedule for linen services team which can be implemented in the event of adverse weather amber alert thus ensuring stock levels can meet an increase in demand during severe weather event

3) Upon receipt of Amber alert, the Head of Commercial Services must be prepared to provide a situation report to the Tactical (Silver) incident Control Centre. This must confirm that contingency plans have been activated and identify any perceived weaknesses in the linen supply chain.

4) Procure and distribute additional laundry stocks to facilitate the accommodation of staff, both in residences, and designated clinical areas.

5) Staff from non-clinical areas must not assume they can leave site. A core critical mass of staff must be retained during normal office hours to ensure continuity of service, and trouble shoot any issues which occur.

Debrief
This action card holder may be required to attend the post incident debrief

Action Card 6d: Catering Services

Card holder(s) Head of Commercial Services / Senior catering manager

Responsibilities
To support the UHB incident response by ensuring an adequate and sustainable catering service throughout the period of adverse weather.

Planning
During periods of routine business (status green) the Head of Commercial Services will liaise with the Head of procurement and external contractors to ensure that they have adequate contingency plans in place to deal with severe weather. They will review these arrangements annually, or upon tendering for new contracts.

Immediate action

1) When the likelihood of severe weather increases (yellow alert) the Head of Commercial Services will confirm that providers of goods or services are prepared to invoke their contingency plans should the need arise.

2) Proactively Prepare a rota for catering services team which can be implemented in the event of adverse weather amber alert.

3) Upon receipt of Amber alert, the Head of Commercial Services must be prepared to provide a situation report to the Tactical (Silver) incident Control Centre. This must confirm that contingency plans have been activated and identify any perceived weaknesses in the patient and staff catering supply chain.

4) Cardholder must ensure that arrangements are in place to provide additional, 24-hour, service to staff who have to remain on site.

5) Staff from non-clinical areas must not assume they can leave site. A core critical mass of staff must be retained on a 24-hour basis to ensure continuity of service, and trouble shoot any issues which occur.

Debrief
This action card holder may be required to attend the post incident debrief

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Action Card 07: Strategic Communications and Engagement Team

Card holder(s) Head of Strategic Communication and Engagement.

Responsibilities
Support the UHB in discharging the "warning and informing" responsibility contained within the Civil Contingency Act (2004).

The Communications and Engagement Team must be prepared to deploy staff to support:-

- Tactical (Silver) Control Centre (Lakeside) which will be activated on receipt of an "amber" weather alert.
- Strategic (Gold) Command Centre (Woodland House) which will be activated on receipt of a "red" weather alert.

Planning
Throughout the winter period, the Communications and Engagement Team will work with the EPRR Team to regularly promote the following messages, encouraging staff to make their own plan, be resilient, and be weather ready: -

Be WEATHER READY.
Whilst the UHB has a Severe Adverse Weather Plan which provides the framework for coordinating its response to a sudden or prolonged period of adverse weather; we should all be WEATHER READY, and think ahead, and take responsibility for our individual resilience. **Please consider the following steps:-**

- How will you get to and from work in adverse weather?
- Is it feasible to safely walk to work?
- Know your public transport options.
- Is there a family member, neighbour or friend with a 4x4 who can assist?
- Where will you stay overnight if your travel arrangements are disrupted?

What if you are due to attend, or already in work when adverse weather arrives?
It is the duty of every employee to make their own arrangements to facilitate their attendance/ability to undertake their duties. All staff are expected to make every reasonable attempt to attend/remain in work. Therefore, please consider the following:-

- If you have carer responsibilities, who will be able to assist if you need to get to work, or are unable to get home?
- If you are at home preparing to come in – bring an overnight pack (including a sleeping bag) in case you need to stay at the hospital.
- Think ahead – can you stay close by with family, friends or colleagues?

NB. The UHB has extremely limited access to 4x4 vehicles and accommodation. These services will only be activated upon receipt of a RED alert; and can only be made to support essential staff who have not been able to make other arrangements.

I don't have a direct clinical care role, this won't apply to me?

DO NOT assume you will automatically be released from duty. Your role may well be critical to the organisation or you may be needed to help elsewhere. Therefore.....

- Plan how will you get to and from work in adverse weather.
- If you have carer responsibilities, consider who will be able to assist if you need to get to work, or are unable to get home.
- Speak with your line manager about rota flexibility, and potential alternative work location.
- Be prepared to assist with other tasks around the hospital.

Response

1. Receive a brief from the Chief Operating Officer/ Executive Director, support and advise appropriately.
2. Liaise with Tactical (Silver) Incident Control Centre team. If sufficient staff available send a media officer to the Tactical (Silver) Incident Control Centre.
3. Establish procedures for contacting other relevant responder organisations, informing them of action already taken/proposed (procedures could involve creation of a physical media cell, organising conference calls/meetings, activation of the major emergency website).
4. Be prepared to activate an internal communication cell to ensure consistency in messages being issued to the public and staff. Simultaneously to monitor social media for any adverse publicity
5. Ensure the provision of a media facility, and identification of an appropriate spokesperson to work with the media /social networking sites.
6. Use UHB intranet to alert staff to ongoing incident.

Debrief

This action card holder will be required to attend the post incident debrief.

Action Card 08: Head of Procurement

Card holder(s) Head of Procurement / nominated deputy.

Responsibilities
To lead the UHB business continuity planning to ensure a sustainable supply chain.

Planning
During periods of routine business (status green) the Head of Procurement will liaise with external contractors, NHS Wales Shared Service Partnership and the Joint Equipment Stores to ensure that they have adequate contingency plans in place to deal with severe weather. They will review these arrangements annually, or upon tendering for new contracts.

Immediate Actions
1) When the likelihood of severe weather increases (yellow alert) the Head of Procurement will confirm that providers of goods or services are prepared to invoke their contingency plans should the need arise.

2) Upon receipt of Amber alert, the Head of Procurement must be prepared to provide a situation report to the Tactical (Silver) incident Control Centre. This must confirm that contingency plans have been activated and identify any perceived weaknesses in the supply chain.

3) Cardholder must ensure that arrangements are in place to allow the accommodation cell to purchase external (hotel) accommodation if required out of hours.

4) Staff from non-clinical areas must not assume they can leave site. A core critical mass of staff must be retained during normal working hours to ensure continuity of service, and trouble shoot any issues which occur.

Debrief
This action card holder may be required to attend the post incident debrief.

Action Card 09: Activation procedure – DBS checked volunteer drivers.

Card holder(s): Silver or Transport cell.

Memorandum of understanding
A formal agreement is in place with Nathaniel Cars and the Civil Aid Voluntary Rescue Association (CAVRA). Both have agreed to assist CVUHB via the provision of volunteer drivers and vehicles.

Trigger activation of MOU
A Meteorological Office **RED** alert will be the trigger for deploying volunteer drivers in accordance with the MOUs.

However, If UHB services are exceptionally impacted, consideration for activation is acceptable on receipt of an **AMBER** alert.

24-hour advanced notification is required by the providers. Contact details are:

Nathaniel Cars - 07887 777927

CAVRA - 07973 627137

Remit
Drivers are all official UHB volunteers who are DBS checked and have provided proof of licence, insurance and vehicle maintenance to their relevant organisations.

They are authorised to transport CVUHB staff only. Under no circumstances are they permitted to transport patients, relatives, or members of the general public.

Approved CVUHB staff will be collected from / returned to pre-identified locations (e.g. Blue light stations). There will be no facility for door to door home address service provision.

All routes will be limited to a maximum of 10 miles from the main CVUHB sites.

Hours of duty are strictly limited to 07.00 – 19.00hours.

The service can be withdrawn by either side without notice if conditions deteriorate and are risk assessed as unsafe to deploy volunteer drivers.

Report Title:	Corporate Risk Register			Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	15.11.2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Main Report
Background and current situation:

The Corporate Risk Register ('the Register') has been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates. The Register records Extreme risks scoring 20 and above.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the Strategy and Delivery Committee (the "Committee") and were reported to Board on the 29th September 2022, are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since March's Board meeting the Risk and Regulation Team have continued to implement a 'Check and Challenge Process' with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register are correctly recorded in line with the Risk Scoring Matrix detailed within the Health Board's Risk Management and Board Assurance Framework Policy ("the Policy").

This ensures that the Board and its Committees can take assurance that the risks detailed in the Register are consistent with agreed procedures and are a true reflection of the operational risks that the Health Board continues to manage.

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board.

Risk Score (1 to 25) - Clinical Board	15/25	16/25	20/25	25/25
CD&T			1	
Medicine			3	1
PCIC				
Specialist Services			4	
Surgery				
Digital Health				
Estates				
Children and Women			1	
Mental Health				
Capital Estates and Facilities			**6**	
Workforce				
Total: (16)			**15**	**1**

Following the September Committee Meeting the Head of Risk and Regulation has met with the Specialist Services Clinical Board Triumvirate, the Haematology, Immunology & Metabolic Medicine Directorate Manager and the Director of Operations for Planned Care and Cancer Services to discuss Risk 22 of the September Corporate Risk Register.

The full detail of this risk is included within the attached Risk Register and relates to the risk of Cross Infection due to inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant) and compliance with the ever-evolving Joint Accreditation Committee ISCT-Europe & EBMT (JACIE) standards within an ageing infrastructure.

Whilst this Risk has remained on the Haematology Risk Register since 2010, it is certainly not the case that the risk has been left unmanaged.

In an effort to work towards continued JACIE accreditation the Haematology, Immunology & Metabolic Medicine Directorate have, with the support of the Clinical Board, Strategic Planning and Capital and Estates colleagues, worked through a number of solutions to mitigate this risk. Since 2010 a wide variety of improvement plans and proposals have been developed but have, unfortunately, not been successfully implemented. These include, but are not limited to the following.

- Re-location to the 7th Floor at University Hospital for Wales ("UHW")
- A new purpose-built construction between the Dental Hospital and C Block (UHW)
- Re-location to the top floor of the Lakeside Wing

These plans have not been successfully implemented due to a variety of factors which include, prohibitive capital expenditure, logistical difficulties and clinical risk. By way of example, it has not been possible to re-locate to the Lakeside Wing as it is not clinically appropriate to convey immunocompromised patients from the main hospital to the Lakeside Wing via available routes.

The Committee can be re-assured that a large-scale refurbishment of the Clinical Area was undertaken in 2019 following a Bacterial Infection outbreak which went some way to addressing JACIE accreditation concerns. Notwithstanding this work, the Directorate and Clinical Board continue to explore options for the improvement and/or relocation of this clinical area.

The area is currently being considered within the Health Board's Acute Sites Master Plan (alongside Critical Care which is referred to at Risk 21 of Appendix A) with plans being worked up to relocate the department within the current UHW Outpatients footprint. This work will form part of a staged process and is conditional upon a number of factors including Welsh Government Funding, capacity to undertake the relocation exercise for all areas within the Master Plan and sequencing of the moves required. Whilst these plans will take time to be approved and implemented, it is hoped that ongoing work in this area will provide the Committee with reassurance that the described risk continues to be managed and mitigated by the Health Board's Operational teams.

It should also be noted that despite the articulated risk the outcomes from the Bone Marrow Transplant programme are excellent and the service continues to perform well in terms of waiting times and activity.

An updated Register will be shared with the Board at its November 2022 meeting.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The ongoing education and training that continues to be delivered by the Risk and Regulation Team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

Recommendation:

The Committee is requested to:

a) **NOTE** the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy
Safety: Yes/No
No
Financial: Yes/No
No
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
No
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No

No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

CORPORATE RISK REGISTER SEPTEMBER 2022

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital Estates and Facilities	1	Mar-21	**Risk/Issue**: UHW Cardiac Theatre GF AGSS Pump is faulty **Impact**: Failure of scavenging system in Theatre GF would lead to increased medical gas saturation with an impact on staff and patient safety and failure to comply with HTM and H&S regulations/legislation.	5	4	20	Regular inspection and maintenance.	-	-	-	Renew AGSSS Pump and Enclosure	5	1	5	-	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	2	Mar-21	**Obsolete Medical Gas and Air Delivery Equipment and Plant** **Risk/Issue**: Medical Gas (Oxygen) Manifold is obsolete at UHW Maternity (manifolds 1&7), In addition the UHW Medical Gas Pressure reducing set is obsolete. Helipad and Ambulatory Care Medical Air Plant areare non compliant to HTM02-01 MGPS Standards. **Impact:** Equipment failure leading to Loss of Service and interruption of supply. This would adversely impact on patient safety. quality of service and HTM regulatory compliance.	5	4	20	Regular inspection and maintenance	5	4	20	New manifolds and pressure reducing sets required	5	1	5	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	3	Mar-21	**Risk/Issue**: UHW Tunnels corroded Main O2 Pipeline due to building leakage **Impac**t: Equipment Failure leading to Loss of Service and Interruption of oxygen supply to whole of UHL - impacting on patient safety and failure to meet HTM regulations.	5	4	**20**	Regular inspection and maintenance.	5	4	**20**	Repair building leak and renew section's of corroded pipework.	5	1	**5**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	4	Mar-21	**Risk/Issue**: UHL Main Boiler F&E TANKS are badly corroded and require renewing **Impact**: Corrosion causing tanks to leak and loss of Heating throughout Hospital	5	4	20	No controls in place as cleaning tanks may result in leakage	5	4	20	Renew or reline tanks to prevent leaks.	5	1	5	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	5	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU A3N, UHW ITU B3N North, UHW Cardiac ITU C3 Link does not comply with HTM's for Ventilation. **Impact:** Adverse impact on the safety of staff working in these areas, faiulre to comply with HTM regulations.	5	4	20	System is subject to statutory testing and inspection in line with legislation and HTM regulations. Regular maintenance.	5	4	20	Preparing plans to renew the AHU. Look at improving the sytem to comply with current HTMs	5	1	5	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Workforce Capital Assets Staff Wellbeing
	6		**Risk/Issue**: Energy Cost pressures. Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. **Impact**:Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	4	5	20	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	4	5	20	Assurances are through monthly reporting and meetings with finance.	4	4	16	Oct-22	Finance Committee Strategy and Delivery Committee	Financial Sustainability
	7	08/2022	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacanies across the Clinical Board. Secondary to this is the risk of failure to comply with regulatory staffing requirements (Nurse Staffing Levels (Wales) Act 2016).	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximsation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	5	25	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment.	5	3	15	Oct-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Workforce Patient Safety Staff Wellbeing Urgent and Emergency Care
	10	08/2022	There is a risk of Patient Harm due delays in the delivery of patient care and subsequently NRI's reported to the Delivery Unit for delayed cancer diagnosis secondary to the accumulation of therapeutic and surveillance backlog for Endoscopy and due to Covid restrictions. Change in the local lower GI pathway has shifted all USC priority CT pneumocolon requests into secondary care. Implementaton of FIT stool testing into pathway now requires result for some patient groups delaying decision making and waiting times for USC referral.	4	5	20	Clinical validation of lists. Corporate risk stratification cub available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification. High risk surveillance patients started to be listed for procedures.	4	5	20	Directorate to utilise BIS risk surveillance to prioritise patients and reduce potential harm. Administrative team to send patient risk letters for delayed surveillance cases to manage patient risk. Directorate to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance. Clinical validation continues risk assessing using a clinical tool recommended by steering group. Table top exercises undertaken to ensure all actions aligned and updated and will continue to be reviewed.	4	2	8	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety

Medicine Clinical Board	11	01/03/2019	There is a risk to patient safety and wellbeing due to patients remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	**25**	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patients condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assessed by the Triage Nurse/MAN to ensure a patient clinical assessment is conducted. Concern by either party about the length of any dealy or volume of crews being held is escalated to the Senior Controller/EU nurse in charge to Patient Access for usual UHB escalation procedures, or by WAST via Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. Standard operating procedure in place within EU to support 'immediate release' requests by WAST. Joint CB/WAST partnership meeting in place to focus on improvement. The CB is engaged with the NRI process for reporting incidents where WAST delays have resulted in major harm. The Clinical Board work with OPAT and the completion of 'on boarding' when ambulances have been held for 3 hours. Transformational work undertaken across Acute and Emergency Medicine to support flow including RATZ, virtual ward and speciality hub. The appointment of two Band 7 registered nurses to work with Patient Access to support patient flow.	5	4	**20**	Daily review and risks noted within Safety Huddles and EU Controller reports. Escalated to MCB Hub and Patient Access Services. Evaluation of Standard Operating Procedure to reflect any changes required. WAST Immediate Release Standard Operating Procedure in use to support 'Red' calls in the community. Update December 2021: OPAT accross both UHW and UHL to support WAST and patient flow.	5	2	**10**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety
	12	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	**25**	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	**20**	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	**10**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety Staff Wellbeing Workforce
Children and Women CB	15	16.08.21	There is a risk of patient and staff harm due to an inability to discharge or place medically fit children and young people with severe behavioural problems who are inpatients in acute paediatric settings.	5	5	**25**	1. Daily huddles and deployment of nursing resources based on risk and using bank and agency staff where possible 2. Regular discharge planning meetings 3. Regular communication with Local Authority and enhanced staffing from LA sources 4. Daily medical ward round, and review by junior doctors throughout the day as required 5. Use of physical and chemical restraint to manage violent behaviour 6. Relocation of children as necessary across wards to maintain safety 7. Signposting to Healthboard wellbeing services for staff	5	4	**20**	1. Arrange 'safe holding' training for staff who care for these patients 2. Increased numbers of suitably trained staff on wards, in collaboration with community teams. 3. Provision of appropriate Local authority accommodation for these C&YP 4. Earlier provision of psychological and other (eg educational and social) intervention whilst admitted 5. Proper engagement and timely input from the Local Authority 6. Increase targeted support for staff (physical and emotional wellbeing) 7. Assurances from the medical director and executive board regarding risk management and governance of these patients	5	2	**10**	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee Mental Health, Capacity and Legistaltion	Patient Safety

CD&T	17		**Estates and Medical Equipment** There is a risk to the delivery of of modern, safe and sustainable healthcare due to suboptimal estate. Significant aggregated risks acorss the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. Radiopharmacy - failure to meet the requirements of the regulator (MHRA) with potential for improvement notices or closure from the regulator - regional impact on delivery of diagnostic services 3. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank, impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation. 4. Health Records - inadequate storage capacity, security of the Health record, potential for data loss, health and safety risks 5. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 6. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 7. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage resultig in unable to use the system to deliver specimens ina timely manner 8. Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service 9. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 10. UHL Main Occupational Therapy Department - Fabric of building is deteriorating , room unusable , leaks throught the area .Patient records damaged as a result . Poor condition of outpatient portacabins	5	5	**25**	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	**20**	Further work with Capital and Estates to develop prioritised timetabled plans to address known risks Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies Engage with TRaMS project for proposed regional solution to Radiopharmacy Engage with Capital Planning with regards to Mortuary refurbishment project	5	2	**10**	Oct-22	Strategy and Delivery Committee	Capital Estates, Patient Safety
Specialist Services Clinical Board	19	Sep - 21	**Critical Care - Nursing Workforce** There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	**25**	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	**20**	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	**10**	Oct-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety Staff Wellbeing
	20	08/2022	**Critical Care - Bed Capacity** Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care present a risk of avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	**25**	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	**20**	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board.Seek funding for expansion and refurbishment. Clarify commissioning arrangements	5	2	**10**	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Capital Assets Patient Safety
	21		**Critical Care - Estates** There is a risk of patient and staff harm due to aging and obsolete estates and equipment coupled with reduced capacity within the Critical Care Directorate. Aggragated Risk following risk of harm in the following areas: - HCID Level 2 and 3 (Reduced Capacity) - Sub-standard Heating, Ventilation and Air Circulation - Isolation Facilities - LTV unit	4	5	**20**	Prioritisation of clinical need, use of neighbouring facilities and acquiing temporary mobile structures.	4	5	**20**	Business cases to be developed to secure renovation and replacement funding.	4	2	**8**	Oct-22	Strategy and Delivery Committee	Capital Assets Patient Safety

	22	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.	5	4	**20**	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	**5**	Oct-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety